Herefordshire Council

AGENDA

Health and Wellbeing Board

Date: **Wednesday 28 January 2015**

Time: **2.30 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**	
Vice-Chairman	**To be appointed**	
Non Voting	**Jacqui Bremner**	**Healthwatch representative - Carers Support**
	Helen Coombes	**Director of Adults Wellbeing**
	Jo Davidson	**Director for Children's Wellbeing**
	Paul Deneen	**Healthwatch Herefordshire**
	Diane Jones MBE	**Lay Board Member, Herefordshire Clinical Commissioning Group**
	To be confirmed	**Arden, Herefordshire and Worcester LAT**
	Councillor JW Millar	**Herefordshire Council**
	Dr Andy Watts	**Herefordshire Clinical Commissioning Group**
	Jo Whitehead	**Herefordshire Clinical Commissioning Group**

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 7 - 12

To approve and sign the Minutes of the meeting held on 18 November 2014.

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. TO APPOINT A VICE-CHAIRMAN OF THE HEALTH & WELLBEING BOARD

To appoint a Vice-Chairman of the Health & Wellbeing Board, in line with the updated Terms of Reference of the Board.

7. HEALTH AND WELLBEING STRATEGY AND IMPLEMENTATION FOR HEREFORDSHIRE 13 - 20

To agree the consultation process to inform further development of Herefordshire's Health and Wellbeing Strategy.

8. HEALTH PROTECTION, ENVIRONMENTAL HEALTH AND REGULATORY (TO FOLLOW)

To receive a report on Health Protection, Environmental Health and Regulatory.

9. DEVELOPMENT OF CHILDREN AND YOUNG PEOPLE'S PLAN 2015-18 (TO FOLLOW)

To sign off the Childrens Needs assessment and approve the focus and approach for developing Children and Young People's Plan 2015-18.

10. BETTER CARE FUND SUBMISSION 21 - 36

To note and approve an overview of the key elements within the Herefordshire Better Care Fund submission of January 9th 2015, information on the national BCF assurance process, the BCF Performance Management and Governance arrangements and arrangements for delivery of the BCF Plan.

11.	**MENTAL HEALTH CRISIS CONCORDAT** To receive a report on the Mental Health Crisis Concordat Declaration.	37 - 56
12.	**END OF LIFE CARE - HEREFORD POSITION** To receive a presentation on End of Life Care.	
13.	**WORK PROGRAMME** To receive a report on the Board's Work Programme.	57 - 60
14.	**ITEMS FOR INFORMATION** To receive Briefing Notes on the following subjects: • Care Act Implementation • Pharmaceutical Needs Assessment • Public Health Commissioning • Safeguarding Adults - Making Safeguarding Personal	61 - 80

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- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- 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.
- Access to a public Register stating the names, addresses and wards of all Councillors with details of the membership of Cabinet and of all Committees and Sub-Committees.
- Have a reasonable number of copies of agenda and reports (relating to items to be considered in public) made available to the public attending meetings of the Council, Cabinet, Committees and Sub-Committees.
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HEREFORDSHIRE COUNCIL

SHIRE HALL, ST PETER'S SQUARE, HEREFORD.

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HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health and Wellbeing Board held at Committee Room 1, Shire Hall, Hereford on Tuesday 18 November 2014 at 3.00 pm

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

Members: DCI D Barratt, Mr R Beeken, Ms J Bremner, Ms H Coombes, Mrs J Davidson, Mr P Deneen, Mr A Lee, Councillor JW Millar, Dr J Omary and Dr A Watts

In attendance: Councillors CNH Attwood and MD Lloyd-Hayes

68. APOLOGIES FOR ABSENCE

Apologies were received from Mr S Clee, Mrs S Lloyd, Mrs C Keetch, Mr A Neill and Supt Susan Thomas.

69. NAMED SUBSTITUTES (IF ANY)

DCI D Barratt for Supt S Thomas, Dr J Omany for Mrs S Doheny and Mr A Lee for Mr S Clee.

70. DECLARATIONS OF INTEREST

None.

71. MINUTES

The Minutes of the meeting held on the 16 October were approved and signed as a correct record.

72. QUESTIONS FROM MEMBERS OF THE PUBLIC

None.

73. BETTER CARE FUND (BCF) SUBMISSION UPDATE

The Board received an update on the submission of the Better Care Fund in which the following areas were highlighted:

- The Herefordshire BCF Plan had been submitted in September 2014 and was assured with a single condition that related to reaching the required financial and risk share agreements for the national conditions, and developing greater clarity on the expenditure relating to the three BCF schemes.

- a Joint BCF Task & Finish Group with membership from the Local Authority and CCG and invitations for the Health Trust to attend, had been working to progress the BCF Plan to a state that met the National Assurance requirements.

- That a revised BCF Plan would be submitted by way of a fast track option by 28th November.

Resolved: That the report be noted.

74. HEALTH & WELLBEING BOARD DEVELOPMENT

The Board received a report on proposed changes to its terms of reference. The Director of Children's Wellbeing highlighted the following areas:

- The report outlined areas of best practice for Health and Wellbeing Boards, as provided by the Local Government Association.

- That Appendix C of the report outlined a move to more appropriate set of roles and responsibilities for the Board and the proposed balance of membership of the Board reflected its statutory role and the effective working of the Board.

- That Appendix B laid out an effective mechanism to engage all stakeholders not represented on the Board, but who were involved in other Boards which had wider membership.

- That whilst providers would no longer be members of the Board, they would be represented on the Transformation Board which would provide a wide engagement for stakeholders within the County. Reports from relevant bodies would be invited as appropriate.

- That the intention would be to provide a report to the next meeting of Council and resolve the engagement process in order to have a plan for the Board in place by the 1 April.

Resolved

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.

75. HEALTH AND WELLBEING BOARD STRATEGY

The Board received a presentation on the proposed Health and Wellbeing Strategy.

During the ensuing debate the following points and issues were raised:

- Whether or not the overarching strategy reflected sufficiently that the system worked well at a time of crisis.

- That the Board should be aware that the function of the strategy was the broad determination of health. This could include roads, transport, education as well as alcohol and mental health issues.

- That greater prominence should be given to the work of the Transformation Board and the Children's Partnership. Young people's mental health issues should be seen as a priority.

- That agreement was needed around a definition of 'wellbeing'. Consideration should also be given to what the wider assets were, and what solutions to problems were.

- That care should be taken with the use of language, as the strategy was designed to be a public facing document, and not one solely for the use of the Board. It should focus around wellbeing, and the shifts that the Board wanted to make in this area in the County in order to guide resource allocation.

- As there was an increased confidence in the reporting of sexual crimes, that within the themes there should be a greater emphasis on domestic abuse and the inclusion of sexual violence.

- That the voluntary sector were included in the project team that was looking at the consultation for the strategy, and were represented by hvoss.

Resolved:

That:

(a) views on the themes identified thus far in the Health & Wellbeing Strategy be discussed;

(b) Board Members undertook to communicate the key themes of the Health & Wellbeing Strategy within their respective organisations, and ensure feedback be provided; and;

(c) The Board endorsed the approach being taken.

76. KNOWING OUR CHILDREN: PRIORITY SETTING AND PROGRESS OF THE CHILDREN AND YOUNG PEOPLE'S PARTNERSHIP

The Board received a report on Knowing Our Children: priority setting and progress of the Children and young People's Partnership.

The following areas were highlighted:

- That it had been considered that the Partnership had been too passive, and as a result it had been reinvigorated and there were now five key themes that had been prioritised to be effectively addressed through a transformative partnership approach.

- There had been a move across the Partnership away from universality to targeting activity.

- The Partnership had established an Executive Group that fulfilled the statutory requirements, made up of a range of partners and chaired by the Lead Member for Children's Wellbeing.

- Discussions were in hand with the Herefordshire Children's Safeguarding Board regarding the safeguarding agenda and how the wellbeing aspects of this would be taken forward.

- That the Joint Strategic Needs Assessment would provide linkages between individual needs assessments and individual interest groups.

Resolved:

That

a) **the Board note and endorse the development of the Children and Young People's Partnership; and**
b) **the Board consider how children and young people should influence the its work; and**
c) **An update on the work of the Children and Young People's partnership be considered in March 2015.**

77. NATIONAL EXTENDED TROUBLED FAMILIES PROGRAMME

The Board received a report on the extended National Troubled Families Programme. The Head of Commissioning highlighted the following areas:

- The Families First programme, Herefordshire's local branding of the national Troubled Families initiative, identified families with a range of issues affecting both children and adults in the household. The aim locally was to "Turn around" the most chaotic and challenging families within the County, improve family and community outcomes and reduce the demand on public sector services. These aims would be achieved through a multi-agency, coordinated approach building on the eight locality teams that were already operational.

- That since 2012 the Programme had already helped to support 242 families, with 204 families showing a reduction in crime and anti-social behaviour with their children now regularly attending school.

- This was initially a three year national programme to March 2015 to address the needs of 120,000 families; Herefordshire had a target of 310 families. The government agreed that the programme would run for an additional five years from 2015/16 with a target of 400,000 families nationally.

- Herefordshire's target was likely to be around 1,000 families over the extended programme lifetime. This was a significant increase to the current profile. Based on the likely target, total grant funding that could be secured was estimated to be £2.6million over the five years of the programme.

Resolved:

That

(a) The Board confirmed its commitment to the local Families First programme; and;

(b) recommended to Cabinet that the Council, as lead partner, joined the extended national Troubled Families programme.

78. SYSTEM RESILIENCE PLAN

The Board received a report on the Hereford System Resilience Plan. The Director of Operations Herefordshire Clinical Commissioning Group (HCCG) said that the plan had

been assured by NHS England in October 2014 which had triggered the release of £1.1m in allocated monies to support targeted support in the Urgent Care system.

Additional funding had also been allocated from central resilience funds and plans were being put together for the non-recurring £2.6m which would be available in support of the Wye Valley NHS Trust, and the £92k targeted at improving crises care and early intervention in psychosis which would extend liaison psychiatry to Community Hospitals.

The following comments were made in discussion:

- That it was important that the monies within the System Resilience Plan should be recurring, as this would allow medium term planning; over a two year rather than a two month basis.

- That although the funds were not recurrent, the investment that would be made would allow for transformational change.

Resolved: That the Board acknowledge the progress made on the System Resilience Plan

79. SYSTEM WIDE TRANSFORMATION

The Cabinet Member (Young People and Children's Wellbeing) that there would be a workshop at the next Transformation Board which would discuss the commissioning and provider plans. He expected further progress to be made in December.

Resolved: That the report be noted

80. HEALTHWATCH UPDATE

The Board received a report on the activities of Healthwatch.

The Director of Adults Wellbeing thanked the Independent Chairman for the work that had been undertaken by Healthwatch on Adult Social Care. The review was undertaken in a positive manner and had provided feedback which had been incorporated into the Council's strategy.

Resolved: That the report be noted

81. WORK PROGRAMME

The Board received its Work Programme.

Resolved: That the work programme be noted

82. ITEMS FOR INFORMATION

A briefing report was noted.

The meeting ended at 5pm **CHAIRMAN**

Herefordshire Council

MEETING:	**HEALTH & WELLBEING BOARD**
MEETING DATE:	**28 January 2015**
TITLE OF REPORT:	**REFRESH OF THE HEALTH & WELLBEING STRATEGY**
REPORT BY:	**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 and the consultation and engagement focus
- To seek the views of the health and wellbeing board members on the priorities to date
- To propose and discuss criteria for the identification of priorities in the short, medium and longer term
- To consider the key elements of the document

Recommendation(s)

THAT:

(a) Board members discuss and provide views on the development of the strategy to date;

(b) That board members identify their role in championing and communicating the health and wellbeing strategy and action plan;

(c) That 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; and:

(d) That 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.

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

Consultees

14 A range of officers, and elected members of the council have been consulted with as have various officers and chairs of local partnerships. The Supportive Communities Working Group is overseeing the work.

Appendices

Appendix 1 – Health and Wellbeing Strategy Progress Report

Background Papers

None

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

Herefordshire Council

HEALTH AND WELLBEING STRATEGY PROGRESS REPORT

Purpose of Report

To provide board members with a progress report on the refresh of the health and wellbeing strategy and the consultation and engagement focus

To seek the views of the health and wellbeing board members on the priorities and outcomes to date

To propose and discuss criteria for the identification of priorities in the short, medium and longer term

To consider the key elements of the document

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.

The Approach Taken

Forty 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) have taken place or are scheduled in the near future to discuss and identify key areas for inclusion in the Herefordshire H&WBS, their role in implementing the strategy and their insight into the uniqueness of Herefordshire.

In addition information from the Children's Integrated Needs Assessment has been incorporated and the needs identified within the mental health needs assessment will be included.

Priorities/Themes Identified

There are three very strong over-riding themes that are central and specific to achieving the vision of the strategy; a much stronger **focus on prevention** and wellbeing across the entire population but also on an individual basis, a recognition of the role that the **voluntary sector** plays in terms of its reach, diversity and flexibility to deliver, an emphasis on **self-help and self-care** and helping others with professionals supporting rather than DOING or resolving problems.

1.For children - starting well with pregnancy, maternal health, 0– 5 immunisations, breastfeeding, dental health, good education, children with disabilities, young first time offenders, those young people not in education, employment or training.

2. for adults
    - long term conditions
    - lifestyles (alcohol, weight, mental health)

3. for older people – quality of life, social isolation, fuel poverty

4. Impact of housing, and poverty ***reducing long term health inequalities***

5. Special consideration

- returning veterans and armed forces families
- homeless
- non English speaking communities
- women – domestic abuse and sexual violence
- families with multiple needs
- those living in poverty

6. Mental health and wellbeing and the development of resilience in children, young people and adults

7. Hidden issues – alcohol abuse in older men & women

Consulting with the Public, Encouraging Self Care and Maximizing 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.

Our Approach to Consultation

There is a communications plan in place to promote the work to ensure that we consult and engage key groups on the priorities. We are maximizing on what is already taking place as well as reaching a range of groups in the community such as parents, Young Farmers. We are hosting a Listening Event, Communities Are Us and a HVOSS event as well as participating in the Question Time event planned by The CCG.

We are using interactive and visual tools based on a voting/prioritisation approach to gain feedback from larger groups and where we have opportunity to engage small groups are using some key questions in relation to self-care and health and wellbeing.

We are also utilising work that has already taken place that has involved qualitative and participative feedback such as that conducted by the CCG on urgent care, and through recent work undertaken in different depts.in the council.

The consultation period will run from mid January to end of February 2015.

Proposed Criteria for the Identification of Priorities in the Short, Medium and Longer term
Does the priority appear in the JSNA (Understanding Herefordshire) or the Children's Integrated Needs Assessment or the Mental Health Needs Assessment?

Does the priority appear as a challenge in the public health outcomes framework indicator?

Has the priority been identified through the one to one engagement with local stakeholders such as GP's?

Has the priority been identified repeatedly by feedback from key stakeholders?

Will resolving the issue contribute to the prevention and self-help/self-care agenda?

What does the evidence base say about the likelihood of success?

Will the priority lead to a positive change in day to day living?

What is the scale of the problem now?

What is the scale of the problem for the future?

Could we work in a more integrated way across organisations and sectors to deliver the priority?

Has the priority been endorsed through the process of feedback from the public?

Proposed elements of the document

1. Forward and Vision

2. Background Information – the board, the JSNA, criteria for priorities, our approach, the principles, and the case for change
3. What do we mean by Health and Wellbeing and what influences are there?

4. Summary of key issues from the JSNA (understanding Herefordshire and the deep dives of the Children's Integrated Needs Assessment and the forthcoming mental health needs assessment.

5. Making the Case for Prevention

6. Building on the uniqueness of Herefordshire and the assets that Herefordshire has in its people and its places - key theme

7. Summary of key Priorities (and why included mapped to criteria, including consultation feedback from the public).

8. Description of the Future and the Outcomes (and how we will get there)

9. Delivering the Priorities – how we will deliver the strategy and measure progress (through the commissioning process)

10.Linkages between H&WBS to other existing strategies and plans

Herefordshire Council

NHS Herefordshire Clinical Commissioning Group

MEETING:	**Health and Wellbeing Board**
MEETING DATES:	**28th January 2015**
TITLE OF REPORT:	**Better Care Fund Plan Submission and Delivery Plan Report**
REPORT BY:	**Director of Adults & Wellbeing & the Clinical Commissioning Group Accountable Officer**

Classification

Open

Wards Affected

County-wide

Purpose

This report provides:

- An overview of the key elements within the Herefordshire Better Care Fund submission of January 9th 2015
- Information on the national BCF assurance process
- The BCF Performance Management and Governance arrangements
- The arrangements for delivery of the BCF Plan

Recommendations

It is recommended that the Board

(a) Approve the plan that was agreed using the delegated power agreed by the Health and Wellbeing Board on 16th October 2014;

(b) Approve the Performance Management and Governance arrangements for the BCF;

(c) Note the national assurance process and feedback to date;

(d) Agree the delivery arrangements for BCF; and;

(e) Agree the BCF Briefing Note (at Appendix One) for circulation to all Local Authority elected members and Health and Wellbeing Board key stakeholders.

Alternative options

1. There is no alternative option. If the Better Care Fund is not submitted the Clinical Commissioning Group and the Local Authority will not receive the associated funding

allocations.

Reasons for recommendations

2. To ensure that the Health and Wellbeing Board responsibilities for approving and delivering the plan are discharged with full knowledge of the plan and its anticipated impact within the Health and Wellbeing system.

Key considerations

3. The principle of the BCF Plan to use a pooled budget approach in order for health and social care services to work more closely together aligns directly with the vision and principles highlighted in the aspirations of the Health and Wellbeing Board in Herefordshire. This includes a commitment to an integrated systems approach, partnership working and a focus on prevention and early intervention in all areas. The plan and principles link directly to the CCG operational and strategic plans, and the local authority priority of adults maintaining their independence and living healthy lives. It also supports the themes evidenced in the Joint Strategic Needs Assessment for Herefordshire - Understanding Herefordshire 2014, which are to enable our older population to live independently and well; to prevent early death and increase years of healthy life; to improve physical and mental health and well-being; and reduce health inequalities.

4. Our September BCF submission was assured with one condition, with the condition being confirmed on 29th October as: Condition 4b: *The plan must address the outstanding financial risks identified in the NCAR report.* The financial risk identified in the Nationally Consistent Assurance Review (NCAR) report was: *F4-BCF financial risks are not fully identified, inadequate contingencies, lack ownership.*

5. This condition was included as a key area for focus in our 10 week Task and Finish Plan. We have ensured that our Memorandum of Understanding (MoU) and Risk Register reflect the financial risks in our plan; we have identified the steps we will take to address these risks, and our risk sharing agreement is clearly articulated and is fully owned by the partners. We were offered and took advantage of specialist advice from the BCF team, resulting in a dedicated session with a risk share specialist in December which assisted us in finalising our agreement.

6. All Health and Wellbeing areas are expected to set a minimum target reduction for total emergency admissions at 3.5%, although areas are free to choose a different target as long as all parties agree and a clear rationale can be developed to support such proposals. The Herefordshire BCF submission is set at a level of 1.5% which is below the national recommendation taking into account the ambitious overall target that we need to achieve and the context of the scale of the overall planned budget reductions within the Herefordshire Health and Wellbeing system.

7. When considered in total our overall target reduction for non-elective emergency admissions is in fact 6.5%, which is made up of pulling back from the 5% growth in demand in 2014/15 and the additional 1.5% reductions required to deliver the BCF Performance Fund. Following discussions with the BCF National Support Team, this approach to the target has been accepted as a rational and pragmatic approach to the challenges that exist in Herefordshire.

8. The key areas that have been agreed within the January iteration of the Better Care Fund plan are

   a) A total BCF Pooled Budget (Revenue & Capital) of £47,590k. Details are set out in paragraph 22 of this report.

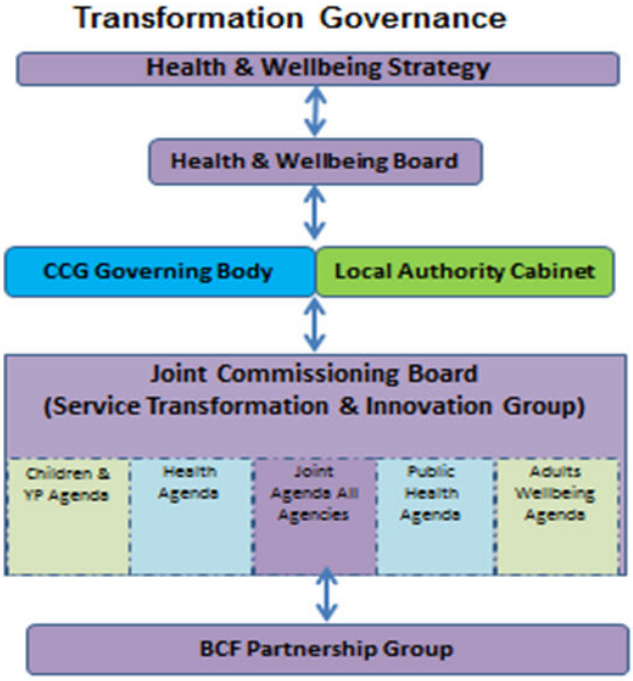
   b) Three BCF Schemes within this Pooled Budget

- **Minimum Protection of Social Care -** The protection of social care is one of the national conditions of the Better Care Fund. The strategic objective of this scheme is to maintain the existing levels of NHS (section 256) investment in social care in order to enable the local authority to support services which meet the wider strategic objectives of the BCF.
  The strategic objective underpinning this protection is the delivery of the Adult Social Care Strategy that describes a new relationship with individuals and communities:
  In order to manage the funding challenge and to ensure the sustainable delivery of personalised care, we need to develop a new relationship with citizens and the local community. Changing the way that existing services are delivered will in most cases not be sufficient. There needs to be a fundamental change in expectations of individuals, communities and service providers if the most is to be made of available resources. The challenge is to develop an approach that benefits both the individual and the council, while discouraging behaviours that create user dependency and incur further costs.

- **Community Health and Social Care Redesign -** The strategic objective for this scheme is to deliver the right Community Health and Social Care services in the most appropriate way by reviewing the current menu and method or models of provision and implementing the changes required to achieve Herefordshire's transformation aims and objectives.
  This scheme will operate and deliver within the System Transformation Programme and be a critical addition to the scope of the Community Collaborative Workstream and the development of an Integrated Care Co-ordination Service. The integrated service draws together health and social care services across all areas of need, organised around the GP practice populations and with structures that support integrated working across professional groups and organisational boundaries.

- **Managing the Care Home Market -** The strategic purpose of this scheme is to deliver more effective market management across Herefordshire to enable the more cost effective purchasing of Residential and Nursing placements through both the Local Authority and Continuing Health Care.
  Savings released through this scheme will be utilised to provide additional funding for the protection of social care above the minimum funding already agreed

c) The overarching governance arrangements ensure that the BCF schemes are tied firmly into the joint commissioning arrangements and delivery of the Health and Wellbeing Strategy.



The Health and Wellbeing Board is responsible for agreeing the Better Care Fund plans and for overseeing delivery through quarterly reports from the Joint Commissioning Board (JCB). The JCB has full delegated authority to act on behalf of the Local Authority Cabinet and the CCG Governing Body on matters relating to the Better Care Fund and other joint commissioning roles and responsibilities. It receives a monthly Integrated Performance Report that includes reporting against the key areas included in the pooled fund.

The Better Care Fund Partnership Group includes representation from provider organisations and is responsible for overseeing implementation of the action plan and for the continuing review and development of the fund.

d) The Performance Management Framework (ref Appendix Two). Oversight and responsibility for the Better Care Fund is embedded within the Senior Leadership Team of both Adults & Wellbeing within Herefordshire Council and the Clinical Commissioning Group. In both cases this is in the form of a senior leader who is able to maintain the profile of this agenda and ensure linkages to wider health and social care matters as well as connection to the corporate council agendas in the case of Adults and Wellbeing.

Coordination of agendas is assured through engagement both within each organisation and in terms of shared forums with colleagues. A dedicated multi-agency group (the Better Care Fund Partnership Group) is supporting focus and progression of the Better Care Fund, acts as the key problem solving vehicle and is accountable to the JCB. The JCB will receive a monthly highlight report from this group with key decisions and issues escalated to the board for resolution as appropriate.

An integrated performance report has been developed and is shared with the JCB on a monthly basis.

This is part of a move towards alignment of our commissioning arrangements, including development of joint strategies and commissioning arrangements, in particular in relation to adult community health and social care services including personal budgets, support to carers, care home market management, mental health and learning disabilities. The

next stages of completion of our BCF section 75 agreement will include confirmation of the future ways of working to support delivery of our shared objectives.

e) The Memorandum of Understanding (MoU) that articulates the risk share arrangements jointly adopted for the Better Care Fund.

f) The Draft Section 75 agreement for the management of the BCF Fund and delivery of the schemes.

g) The Risk Register for the BCF.

9. The initial assessment of the January iteration of the BCF plan will be completed by the 19th January and a telephone conference call has been booked by the assurance team with Chief Officers, the Chair of the Health and Wellbeing Board and the BCF Task and Finish Group on the 20th January to share that assessment and cover any points of clarification as appropriate. After this stage a further assessment will take place with a national group with the final assessment anticipated by early February.

10. Detailed action plans have been developed for the delivery of the plan and work allied to these has already commenced. A summary or high level plan is shown at Appendix Three of this report.

Background

11. In the 2013 Spending Round, the Government announced a national £3.8 billion pooled budget for health and social care services, building on the current NHS transfer to social care services, of £1 billion. The Spending Round document stated that 'the Government will introduce a £3.8 billion pooled budget for health and social care services, shared between the NHS and local authorities, to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people'. This is set against the context of a reduction on overall local government expenditure.

12. It is important to note that this money is not new money, but a transfer of money from the NHS to Local Authorities that may already have been committed to existing NHS services. The funding must be used to support adult social care services, which also have a health benefit. The funding can be used to support existing or new services or transformation programmes where such programmes are of benefit to the wider health and social care system where positive outcomes for service users have been identified.

Community impact

13. The Understanding Herefordshire 2014 and local needs assessments will provide the evidence base to support any redesign of services

14. The system wide Transformation Programme incorporating the Better Care Fund will be directed by the overarching Health and Wellbeing Strategy for Herefordshire which is currently being developed and will be approved by the Health and Wellbeing Board with regular progress reports.

15. There is a strong emphasis within the overarching Transformation Programme, and within both the Local Authority and the Clinical Commissioning Group on developing our community partnerships to ensure services and pathways meet the local need and that communities are able to take a lead role in the design of how services could be delivered in the future

16. Service users, carers and front line staff are and will be actively engaged to support the re

design of services through a number of mechanisms including the Making it Real Board, the Learning Disability Partnership Board and Healthwatch.

Equality and human rights

17. An equality impact assessment will be undertaken for each of the schemes of change within the Better Care Fund

Financial implications

18. The minimum BCF required for the BCF in Herefordshire in 2015/16 is £13,050k, comprising £11,694k revenue expenditure and £1,356k capital.

19. The January BCF submission has extended the pooled budget significantly beyond the minimum fund through the creation of an additional pool for Managing the Care Home Market (indicative value £34,540k) comprised of residential and nursing spot purchase expenditure from the local authority and funded nursing care (FNC) and continuing health care (CHC) expenditure from the CCG.

20. .The minimum fund allocation confirms the maintenance of the current (2014/15) level of protection of social care funding at £4,520k and also includes Care Act implementation funding of £458k. It has been agreed that savings generated from the additional pool will be allocated to the local authority to provide additional protection of social care (up to an agreed maximum of £1,197k. The additional funding will be used to meet projected growth in demand, above normal demographic predictions and to provide additional investment in preventative services such as telecare and 7 day working to support the health system.

21. The BCF also contains a performance fund element which is based upon the target non-elective admissions reduction. For the Herefordshire BCF this represents £392k of the overall pool value and is anticipated to be delivered through the falls scheme. The Department of Health has specified rules through which funding is allocated, or withheld on a quarterly basis dependent upon achievement of the reduction in non-elective admissions.

22. Table 1: **Total 2015-16 BCF Pool for Herefordshire**

Pool 1 – Minimum Fund & Community Health & Social Care Services Redesign			
POOL		**Scheme**	**2015/16 £000**
1.	1.1	Minimum Fund Protection of Social Care	4,520
	1.2	Community Health & Social Care Services Redesign *-Early intervention and Rapid Response - Falls Response Service (123k)* *-Early intervention & Rapid Response -Risk Stratification (800k)* *-Early intervention & Rapid Response – Hospital at Home (800k)* *-Intermediate Care – Step up / down community bed provision (153k)* *-Intermediate Care Re-ablement (484k)* *-Integrated Community Care - Community Health Services (3,879k)* *- Prevention - Carers Support (477k)*	6,716
		Sub Total	**11,236**
	1.3	Implementation of Care Act - Indicative allocation. **(No Scheme document required)**	458
		Total Revenue	**11,694**
		Please Note Capital ***(No separate scheme documents)***	
	1.4	Disabled Facilities Grant	866

Pool 1 – Minimum Fund & Community Health & Social Care Services Redesign			
POOL		**Scheme**	**2015/16 £000**
	1.5	Social Care Capital	490
		Pool 1 Total	**13,050**
2	2.1	Managing the Care Home Market	34,540
		Pool 2 Total	**34,540**
		Total BCF Pooled Budget (Revenue & Capital)	**47,590**

23. The funding contributions from both partners into the BCF pool are summarised in Table 2 below

Scheme / Pool	LA contribution	CCG Contribution	Total Scheme / Pool
Minimum Fund – Protection of Social Care		4,520	4,520
Sub Total Pool 1		**4,520**	**4,520**
Community health redesign		6,716	6,716
Total Pool 1		**11,236**	**11,236**
Managing the Care Home Market (pool 2)	**21,729**	**12,811**	**34,540**
Disabled Facilities Grant	866	0	866
Social Care Capital	490		490
Implementation of Care Act		458	458
TOTAL FUNDING (BCF 2015/16)	**23,085**	**24,505**	**47,590**

24. Whilst the creation of the additional pool for managing the care home market has the potential to deliver additional savings, there are significant challenges in working with the market to release the savings into the health and social care economy. A dedicated project with senior finance support from both partners is already in existence to support and enable delivery of this target.

Legal implications

25. It is a national requirement that the BCF pooled budget is managed under a section 75 arrangement. The agreement has been drafted and will progress through CCG and local authority governance processes in February 2015.

Risk management

26. A memorandum of understanding on the risk share arrangements for the BCF has been developed by the partners together with a comprehensive risk register.

27. Risk will be managed and controlled through the BCF partnership group which meets weekly, with finance and risk share on a four weekly cycle for review.

Consultees

28. A full engagement strategy will be developed for the BCF as elements are implemented. NHS Provider engagement is continuing and informal monthly sessions have been set up with key local stakeholders e.g. Healthwatch

Appendices

Appendix One - .Better Care Fund Briefing Note

Appendix Two – BCF Performance Management Framework

Appendix Three – BCF Summary Action Plan

Background papers

None

Appendix One

Better Care Fund Briefing Note

What is The Better Care Fund?

The Better Care Fund (BCF) (formerly the Integration Transformation Fund) is a £3.8 billion fund put in place *to ensure a transformation in integrated health and social care.* It is a single pooled budget that brings together NHS and Local Government resources that aims to provide *a real opportunity to improve services and value for money, protecting and improving social care services by shifting resources from acute services into community and preventative settings.* The BCF guidance has changed considerably since it was first introduced, for example national expectations on performance related elements in 2015/16 have been amended, and the submission process became more iterative in nature.

More specifically the expectations are that the BCF will

- Reduce pressures on NHS Urgent Care and Emergency services and Social Care Services
- Deliver an ambitious level of savings with evidence of how this will be achieved from reduction in activity
- Provide a clear plan linking specific system changes to credible and quantifiable benefits realisation
- State how the new duties from the Care Act will be met
- Show a level of improvement that will be delivered against each of the national metrics
- Provide clear risk sharing agreements between the NHS and local authorities
- Encourage Acute providers to agree with and participate with the expected direction of travel

What does it mean in Herefordshire?
We have agreed a BCF Pooled Budget of £47, 590k as set out below.

Scheme / Pool	LA contribution £k	CCG Contribution £k	Total Scheme / Pool £k
Minimum Fund – Protection of Social Care		4,520	4,520
Sub Total Pool 1		**4,520**	**4,520**
Community health redesign		6,716	6,716
Total Pool 1		**11,236**	**11,236**
Managing the Care Home Market (pool 2)	**21,729**	**12,811**	**34,540**
Disabled Facilities Grant	866	0	866
Social Care Capital	490		490
Implementation of Care Act		458	458
TOTAL FUNDING (BCF 2015/16)	**23,085**	**24,505**	**47,590**

There are three BCF Schemes within this Pooled Budget

Minimum Protection of Social Care - The protection of social care is one of the national conditions of the Better Care Fund. The objective of this scheme is to maintain the existing levels of NHS (section 256) investment in social care in order to enable the local authority to

support services which meet the wider strategic objectives of the BCF.
The strategic objective underpinning this protection is the delivery of the Adult Social Care Strategy that describes a new relationship with individuals and communities:
In order to manage the funding challenge and to ensure the sustainable delivery of personalised care, we need to develop a new relationship with citizens and the local community. Changing the way that existing services are delivered will in most cases not be sufficient. There needs to be a fundamental change in expectations of individuals, communities and service providers if the most is to be made of available resources. The challenge is to develop an approach that benefits both the individual and the council, while discouraging behaviours that create user dependency and incur further costs.

Community Health and Social Care Redesign - The strategic objective for this scheme is to deliver the right Community Health and Social Care services in the most appropriate way by reviewing the current menu and method or models of provision and implementing the changes required to achieve Herefordshire's transformation aims and objectives.
This scheme will operate and deliver within the System Transformation Programme and be a critical addition to the scope of the Community Collaborative Workstream and the development of an Integrated Care Co-ordination Service. The integrated service draws together health and social care services across all areas of need, organised around the GP practice populations and with structures that support integrated working across professional groups and organisational boundaries.

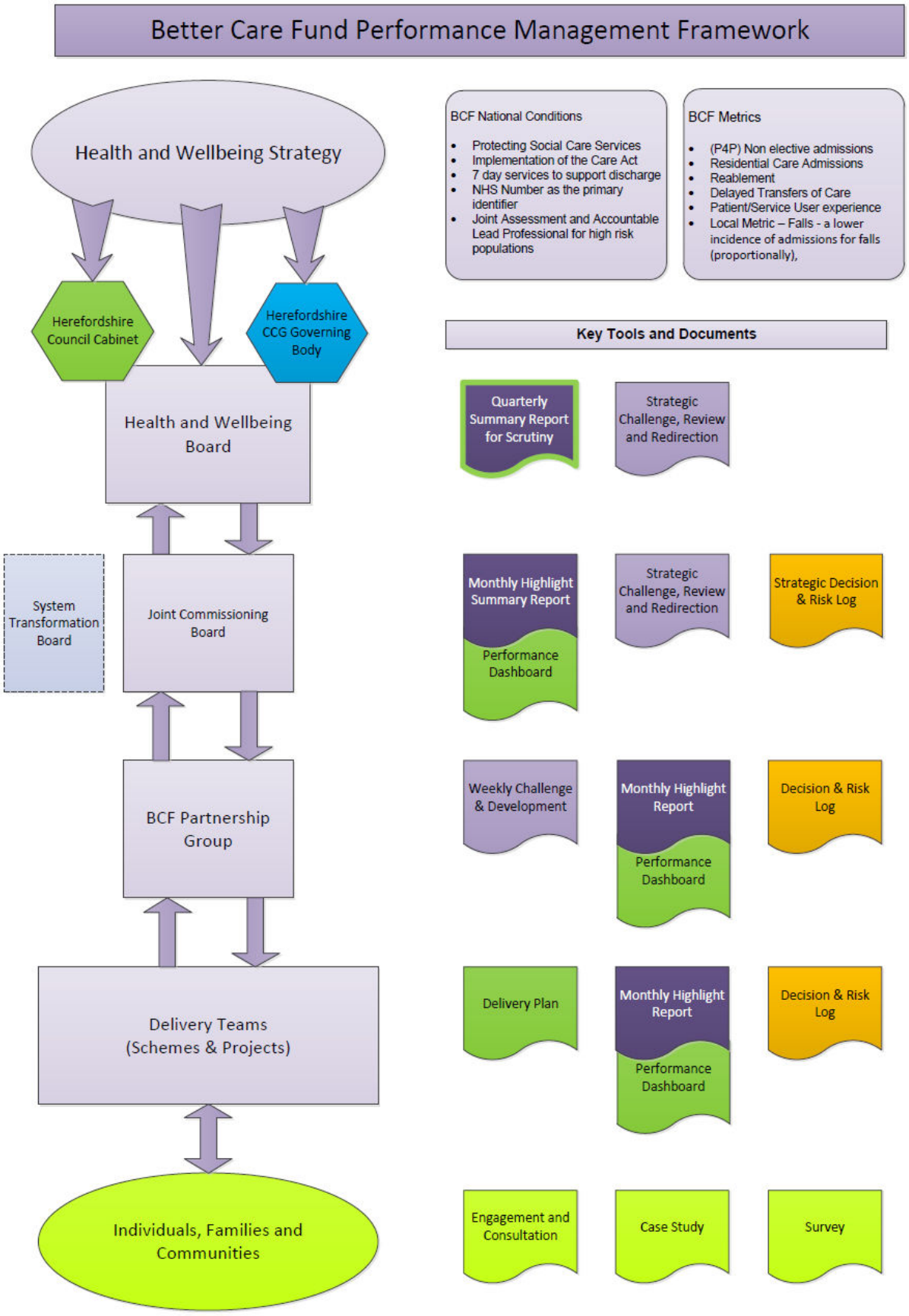
Managing the Care Home Market - The strategic purpose of this scheme is to deliver more effective market management across Herefordshire and to enable cost effective purchasing of Residential and Nursing placements through both the Local Authority and Continuing Health Care.
Savings released through this scheme will be utilised to provide additional funding for the protection of social care above the minimum funding already agreed

All Health and Wellbeing areas are expected to set a minimum target reduction for total emergency admissions at 3.5%, although areas are free to choose a different target as long as all parties agree and a clear rationale can be developed to support such proposals. The Herefordshire BCF submission is set at a level of 1.5% which is below the national recommendation but takes into account the ambitious overall target that we need to achieve and the of the scale of the overall planned budget reductions within the Herefordshire Health and Wellbeing system.

When considered in total our overall target reduction for non-elective emergency admissions is in fact 6.5%, which is made up of pulling back from the 5% growth in demand in 2014/15 and the additional 1.5% reductions required to deliver the BCF Performance Fund. Following discussions with the BCF National Support Team, this approach to the target has been accepted as a rational and pragmatic approach to the challenges that exist in Herefordshire.

Who is responsible for delivering the plan?
The BCF Partnership Group is responsible for initiating and driving delivery of the plan, reporting to the Joint Commissioning Board and ultimately the Health and Wellbeing Board.

Appendix Two



Better Care Fund Performance Management Framework

Introduction

The Better Care Fund (BCF) Performance Management Framework works within the governance, management and project assurance requirements of the commissioning partners and therefore aims not to create a separate process, but to ensure that the role of the BCF as a significant lever for transformation through collaboration and integration is effectively planned, delivered, monitored, reviewed and redirected as appropriate within existing arrangements.

Roles and Responsibilities

The diagram above illustrates the key groups and boards with responsibilities within this framework and the reports that will be utilised. The boards and groups mentioned will have broader responsibilities than BCF but this document only refers to the specific Herefordshire BCF requirements.

The Health and Wellbeing Board will

- **receive quarterly reports** on the progress of the BCF implementation
- and **scrutinise delivery** against the expectations of the Health and Wellbeing Strategy and the BCF outcomes set out in the BCF plan.

The Joint Commissioning Board has formal decision making authority and will

- **receive a monthly Summary Highlight Report** on the progress of BCF implementation
- specifically **challenge progress** against the Joint Commissioning Plan
- **review the Performance Dashboard** and the achievement of agreed outcomes
- **review the Risk and Issues Log** and agree appropriate mitigation requirements
- **Take and record decisions made** in order to ensure delivery against the plan and or changes to the plan that improve the opportunity to deliver the required outcomes

The Joint Commissioning Board also has responsibility for the monitoring of the Section 75, Risk Share and Contingency Plan for the Pooled Budget arrangements. The process for this is covered within the separately documented Governance arrangements but the agendas will run in parallel to ensure that the board has the full picture for decision making.

The System Transformation Board is primarily the board for the System Transformation Programme and will not operate as a direct board for the BCF. BCF Schemes and Projects that are working within the programme workstreams or have high interdependencies with the programme will be reported to this Board (that meets on a monthly basis) as required by the Senior Responsible Officers for the relevant workstreams.

The System Transformation Board will have access to the same information as the Joint Commissioning board as relevant to the workstream detail that is being presented. The only exceptions to this will be any commercial or confidential commissioning information that could give an advantage or create a conflict of interest for providers who sit on the board.

The BCF Partnership Group is the Steering Group for the delivery of the BCF Plan. The membership is commissioners and providers at a senior management level. Members of the group take responsibility for delivery of the schemes or projects that they are leading and communications into and across their organisations in order to ensure effective understanding of the planned activity and outcomes and support for identifying interdependencies and opportunities to great greater benefits.

The group will meet on a weekly basis and operate a four weekly agenda cycle to cover Implementation, Outcomes, Finance & Legal Agreements, Delivery Review. Through this cycle the group will

- specifically **challenge progress** against the individual schemes

- **review the Performance Dashboard** and the achievement of agreed outcomes
- review the **delivery against Section 75, allied agreements** and pooled budget responsibilities
- **receive a monthly Highlight Report** from each scheme indicating progress on implementation and achievement against the required outcomes
- **review the Risk and Issues Log** and agree appropriate mitigation requirements
- **take and record decisions made** (within given authority) in order to ensure delivery against the plan and or changes to the plan that improve the opportunity to deliver the required outcomes
- **agree the summary report** for presentation at Joint Commissioning Board

Delivery Teams may be in the form of existing service delivery teams project teams or task and finish groups. For BCF Plan delivery they will utilise the BCF delivery plan and tracker template (Refer Appendix X) to ensure consistency of approach and ease of review by the partnership group and other Boards. Each team will have a lead officer who will be responsible for

- creation and sign off of the delivery plan
- development of the performance dashboard for the scheme/project
- maintaining delivery momentum
- Maintaining the Decision Log and Risk and Issues Log
- Attendance at the BCF Partnership Group and keeping the group advised of any delivery issues or development opportunities and preferred solutions
- Drafting of the monthly highlight report for the partnership group

Standard templates have been put in place to support consistent planning recording of progress and ease of performance analysis.

The key documents are

- Quarterly BCF Performance Summary Report
- BCF Delivery – Monthly Highlight Report Template
- BCF Delivery Plan & Tracker Template
- Performance Dashboard

Appendix Three

Deliverable	Due Date	Owner
System Chief Officers and Chair of Health and Wellbeing agree to re-submit Herefordshire's BCF plan as part of the 3rd wave on January 9th	**December 2014**	Chair of Health & Wellbeing Board
BCF Governance Structure agreed at CCG Governing Body	**December 23rd 2014**	CCG Accountable Officer
The BCF Partnership Group Commences as the Steering Group for the delivery of the BCF Plan.	**January 2015**	CCG Director of Operations
BCF Scheme 1.2 Community Health and Social Care Redesign confirmed within Community Collaborative Workstream Scope Sign off at System Transformation Board	**21st Jan 2015**	CCG Accountable Officer
Lead Commissioner Identified for BCF Scheme 1.2 - Community Health and Social Care Redesign	**14th Jan 2015**	CCG Accountable Officer
LA Commissioning Support Allocated for BCF Scheme 1.2 - Community Health and Social Care Redesign	**9th Jan 2015**	LA Director Adults & Wellbeing
Joint Commissioning Board Terms of Reference presented to CCG Governing Body	**Jan 27th 2015**	CCG Accountable Officer
Final Section 75 and Risk Share Agreement, (MoU) and Risk Register for pooled budget arrangements agreed Agreement at BCF Partnership Group prior to sign off at Joint Commissioning Board February)	**January 2015**	CCG Director of Operations
Scheme 2.1 Managing the Care Home Market Baseline Service Measures in Place and Verified	**January 2015**	LA Lead Commissioner
Scheme 2.1 Managing the Care Home Market Performance Indicators, Benefit and Impact Measures – Dashboard Agreed	**January 2015**	LA Lead Commissioner
Scheme 2.1 Managing the Care Home Market Profile of Current Referrals and Referee's	**January 2015**	LA Lead Commissioner
BCF Targets, Indicators and Outcome and Indicators for all schemes and activities finalised and agreed Sign off at JCB	**February 2015**	CCG Director of Operations & LA Assistant Director Commissioning
Scheme 2.1 Managing the Care Home Market Profile of Current Service Provision	**February 2015**	LA Lead Commissioner
Draft Outcome Specification for Community Health and Social Care Redesign for Sign Off Sign off at JCB	**February 2015**	CCG Lead Commissioner
Delivery Model Options for Preferred Community Health and Social Care Redesign Decision Sign off at JCB	**March 2015**	Workstream Project Manager
Final Specification & Model for Community Health and Social Care Redesign Agreed Sign off at JCB	**April 2015**	CCG Lead Commissioner
Implementation Plan for delivery of Community Health and Social Care Redesign Agreed	**April 2015**	CCG Lead Commissioner

Deliverable	Due Date	Owner
Sign off at JCB		
Implementation of agreed model of Community Health and Social Care	**April – Sept 2015**	CCG Lead Commissioner & Providers
Final BCF Plan and allied activities Agreed Includes agreement to Joint Commissioning Plan intentions for 2015/16 Sign off at Local Authority Cabinet	**Feb 26th 2015**	LA Director Adults & Wellbeing
Final BCF Plan and allied activities Agreed Includes agreement to Joint Commissioning Plan intentions for 2015/16 Sign off at CCG Governing Body	**February 2015**	CCG Accountable Officer
BCF Performance Dashboard Agreed as part of Integrated Performance Report Initial sign off at BCF Partnership Group Sign off at Joint Commissioning Board	**February and March 2015**	CCG Director of Operations & LA Assistant Director Commissioning
New Joint Commissioning Board Commences	**March 2015**	LA Director Adults & Wellbeing & CCG Accountable Officer
BCF Performance Management Framework implemented	**March 2015**	CCG Director of Operations & LA Assistant Director Commissioning
Scheme 2.1 Managing the Care Home Market Options Appraisal Report – Preferred Option Agreed Sign off at JCB	**March 2015**	LA Assistant Director Commissioning
Scheme 2.1 Managing the Care Home Market Preferred Option Implementation Plan Agreed Sign off at JCB	**March 2015**	LA Assistant Director Commissioning
Better Care Fund Plans 2015/16 including Pooled Fund and Section 75 arrangements commence	**1st April 2015**	LA Director Adults & Wellbeing & CCG Accountable Officer
BCF Performance Management and Governance commences	**April 2015 onwards**	LA Director Adults & Wellbeing & CCG Accountable Officer

Herefordshire Council

MEETING:	**HEALTH & WELLBEING BOARD**
MEETING DATE:	**28 JANUARY 2015**
TITLE OF REPORT:	**CRISIS CARE CONCORDAT**
REPORT BY:	**Programme Manager, Herefordshire Clinical Commissioning Group**

Classification

Open

Key Decision

This is not a key decision.

Wards Affected

County-wide

Purpose

The purpose of this Report is to advise the Health and Wellbeing Board of the progress made against the HM Government guidance document 'Mental Health Crisis Care Concordat, Improving outcomes for people experiencing mental health crisis care' (February 2014) including signing of a local declaration and progress for the development of a Herefordshire Mental Health Crisis Care Declaration and Continuous Action Plan.

Recommendations

THAT:

(a) Herefordshire Health and Wellbeing Board note that the signing of the local declaration occurred within the stipulated timescales;

(b) That the development of a Herefordshire Mental Health Crisis Care Declaration and Continuous Action Plan is prepared by the 1st March 2015 deadline; and

(c) A further update report is submitted to the Health and Wellbeing Board in March 2015.

Alternative Options

1 There are no alternative options as this is a national requirement for each locality to make a commitment to the principles of the Crisis Care Concordat.

Further information on the subject of this report is available from Jade Brooks on (01432) 383634 or jade.brooks@herefordshireccg.nhs.uk

Reasons for Recommendations

2 The nationally published Concordat is a shared agreed statement, signed by senior representatives from all the organisations involved. It covers what needs to happen when people in mental health crisis need help – in policy making and spending decisions, in anticipating and preventing mental health crises wherever possible, and in making sure effective emergency response systems operate in localities when a crisis does occur.

3 The Concordat expects that in every locality in England, local partnerships of health, criminal justice and local authority agencies will agree and commit to local Mental Health Crisis Declarations. These will consist of commitments and actions at a local level that will deliver services that meet the principles of the national concordat. (Our local declaration is in Appendix 1).

Key Considerations

4 This work requires a strengthening of local relationships with key partners, ensuring roles and responsibilities are agreed and understood around mental health crisis care; consideration of the best combination of early interventions services that would support local need; improved monitoring of the frequency and use of police custody and Health settings as places of safety and review the appropriateness of each use to inform Place of Safety provision; workforce development; ensuring effective and appropriate use of restraint and local plans to deliver 24/7 crisis care, seven days a week.

Community Impact

5 The recently developed HCCG's Mental Health Needs Assessment can be used as one of the documents to inform the work of the Crisis Care Action Plan considerations. The feedback from service-users, their carers and members of the public gathered during the development of the Needs Assessment included feedback that people wanted help earlier to avoid crisis and that a crisis action plan was regarded important to service-users.

Equality and Human Rights

6 People with mental health issues and in crisis are amongst the most vulnerable populations in our community. The Crisis Concordat is about improving response; access and services for this population.

7 In addition to that A Criminal Use of Police Cells (CQC, HMIC et al 2013) draws attention to the human rights and dignity issues that are potentially undermined for those being detained under section 136 in Police cells

Financial Implications

8 To be established as part of the development of the Crisis Care Declaration Continuous Action Plan.

Legal Implications

9 None

Risk Management

10 Failure to sign up to the Concordat and develop a local action plan:

- Would not accord with the agreed ADCS and ADASS position.
- May adversely impact on the care arrangements for people experiencing mental health crisis.

11 The major identified risk is lack of effective partnership to sufficiently develop, oversee and hold each agency to account for the actions in the Crisis Care Action plan. This would result in a failure to develop an action plan by the 1st March 2015

12 To mitigate against this risk, a Multi-Agency Mental Health Group, already in existence for the purpose of mental health crisis care, has agreed to develop the Crisis Care Action Plan with each agency supplying named representatives. A mandate for the work has been developed setting out the steps and timetable (appendix 2).

Consultees

13 The Multi-Agency Mental Health Group has been consulted on this report.

Appendices

Appendix 1: The Declaration Statement, which local partners in Herefordshire signed to outline commitment to improve outcomes for people experiencing mental health crisis.

Appendix 2: Project Mandate

Appendix 3: The Crisis care Concordat Principles and Areas of Consideration

Appendix 4: Warwickshire and West Mercia Mental Health Crisis Care Governance Group Terms of Reference (draft)

Background Papers

Non identified

Additional information is available via the following links:

Department of Health - Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis (February 2014) https://www.gov.uk/government/publications/mental-health-crisis-care-agreement

HM Government - Closing the gap: priorities for essential change in mental health. (Jan 2014) https://www.gov.uk/.../Closing_the_gap_V2_-_17_Feb_2014.pdf

Department of Health - Valuing mental health equally with physical health or “Parity of Esteem” (November 2013)
http://www.england.nhs.uk/ourwork/qual-clin-lead/pe/

Department of Health - No health without mental health; a cross government mental health outcomes strategy for people of all ages (February 2011)

https://www.gov.uk/government/publications/the-mental-health-strategy-for-england

Care Quality Commission- ‘A Safer Place to Be’ – a survey of health-based places of safety in England (October 2014)
http://www.cqc.org.uk/content/safer-place-be

Herefordshire Crisis Care Concordat

Introduction

This Report outlines the progress made in Herefordshire to respond to the Mental Health Crisis Care Concordat and to develop an action plan that improves the system of care and support so people experiencing mental health crisis are kept safe and helped to find the support they need.

Background

The DH 'Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis' was published in February 2014. The Concordat includes all age groups from 16 years and beyond.

The Concordat is arranged around the following domains;

- Access to support before crisis point
- Urgent and emergency access to crisis care
- Quality of treatment and care when in crisis
- Recovering, staying well and preventing future crisis.

The following national organisations are signatories to the Concordat:

- Association of Directors of Children's Services
- Association of Police and Crime Commissioners
- British Transport Police
- Care Quality Commission
- College of Emergency Medicine
- College of Policing
- The College of Social Work
- Department of Health
- Health Education England
- Home Office
- Local Government Association
- Mind
- NHS Confederation
- NHS England
- Public Health England
- Royal College of General Practitioners
- Royal College of Nursing
- Royal College of Paediatrics and Child Health
- Royal College of Psychiatrists

The commitment is to work together to support local systems to achieve continuous improvements for crisis care for people with mental health issues across England:

> *"We commit to work together to improve the system of care and support so people in crisis because of a mental health condition are kept safe and helped to find the support they need – whatever the circumstances in which they first need help – and from whichever service they turn to first. We will work together, and with local organisations, to*

prevent crises happening whenever possible through prevention and early intervention. We will make sure we meet the needs of vulnerable people in urgent situations. We will strive to make sure that all relevant public services support someone who appears to have a mental health problem to move towards Recovery. Jointly, we hold ourselves accountable for enabling this commitment to be delivered across England."

Local areas were required to sign their own regional and local agreements by December 2014 to commit to working together across services to make sure that:

- Health-based places of safety and beds are available 24/7 in case someone experiences a mental health crisis
- Police custody is not used because mental health services are not available and police vehicles are not used to transfer patients
- Timescales are put in place so police responding to mental health crisis know how long they have to wait for a response from health and social care workers. This will make sure patients receive suitable care as soon as possible
- People in crisis should expect that services will share essential 'need to know' information about them so they can receive the best care possible
- In areas where black and minority ethnic groups have a higher risk of being detained under the Mental Health Act, this must be addressed by local services in consultation with these groups
- A 24-hour helpline should be available for people with mental health problems and the crisis resolution team should be accessible 24 hours a day, 7 days a week.

Local partnerships between the NHS, local authorities, and criminal justice system should work to embed the Concordat principles into service planning and delivery by agreeing and delivery by agreeing and delivering their own mental health crisis declaration. Local agencies should all understand each other's roles in responding to mental health crises. Local commissioners have a clear responsibility to put sufficient services in place to make sure there is 24/7 provision to meet local need.

Herefordshire

Declaration

In November 2014 a formal request was made to local agencies to agree to sign up to the West Mercia Crisis Care Concordat Declaration (template attached as Appendix 1) led by West Mercia Police, and to join with partner organisations from the region to develop local action plans to implement the recommendations contained in the Concordat.

The deadline for uploading declarations to the national Crisis Care Concordat website was in December 2014, as set by the Department of Health. All local agencies gave their commitment and the resulting declaration was completed on time.

In terms of Herefordshire, essential stakeholders are:

- Herefordshire Council
- Herefordshire CCG
- Herefordshire Mind
- Wye Valley NHS Trust
- 2gether NHS Foundation Trust
- West Mercia Police
- West Midlands Ambulance Service
- Arden, Herefordshire and Worcestershire Area Team NHS England

Development of Crisis Care Action Plan

Following on from the regional declaration, a local Herefordshire action plan will need to be developed to meet the ambitions of the Concordat. In order to achieve this task, an existing multi-agency group that meets for the purpose of mental health crisis care (e.g. section 135/6 issues) has been approached to lead on this work. The Herefordshire Multi Agency Mental Health group is a group that meets every two months and already has representatives from a number of the key stakeholders in regular attendance.

There are a number of areas that will be considered for inclusion in the Herefordshire action plan. Appendix 3 outlines the areas of consideration. To recognise the strengths and challenges in Herefordshire, agencies have been asked to contribute towards an audit against the Concordat domains;

- Access to support before crisis point
- Urgent and emergency access to crisis care
- Quality of treatment and care when in crisis
- Recovering, staying well and preventing future crisis.

The results of the Audit have been collated and a further interagency discussion is scheduled to occur in January 2015 to agree the areas that will go into the emerging Action plan.

West Mercia Police and West Midlands Ambulance Service are developing force-wide Action Plans however the relevant areas from their plans will be embedded into Herefordshire's Action Plan to ensure that one single plan for Herefordshire is available.

Local Governance Arrangements

West Mercia Police have led on discussions to create a regional group (Warwickshire and West Mercia wide). The inaugural meeting occurred on the 15th December 2014. The draft terms of reference are in Appendix 4. This group will monitor the local action plans across the region. Herefordshire is expected to send representatives to the group. This will support cross-boundaries working and standardisation of good practice.

In Herefordshire, the Multi-Agency Mental Health Group will monitor the progress of the Action Plan implementation. Quarterly progress reports will be presented to the Health and Wellbeing Board in line with the expectations of the role of the Health and Wellbeing Board.

Next Steps

This work has been considered as a project, with the required project mandate developed (appendix 2).

The development of an action plan will continue, with final action plan agreed by agencies by March 2015.

Following the publication of the action plan, all agencies will be asked to ensure that the plan is communicated to the public.

An update report will be made available to the Health and Wellbeing Board to agree the contents of the Action Plan.

The 2014 Warwickshire and West Mercia Declaration on improving outcomes for people experiencing mental health crisis Wednesday 3rd September 2014.

We, as partner organisations in Warwickshire and West Mercia, will work together to put in place the principles of the national **Concordat** to improve the system of care and support so that people in crisis because of a mental health condition are kept safe. We will help them to find the help they need – whatever the circumstances – from whichever of our services they turn to first.

We will work together to prevent crises happening whenever possible, through intervening at an early stage.

We will make sure we meet the needs of vulnerable people in urgent situations, getting the right care at the right time from the right people to make sure of the best outcomes.

We will do our very best to make sure that all relevant public services, contractors and independent sector partners support people with a mental health problem to help them recover. Everybody who signs this declaration will work towards developing ways of sharing information to help front line staff provide better responses to people in crisis.

We are responsible for delivering this commitment in Warwickshire and West Mercia by putting in place, reviewing and regularly updating the attached action plan.

This declaration supports 'parity of esteem' (see the glossary) between physical and mental health care in the following ways:

- Through everyone agreeing a shared 'care pathway' to safely support, assess and manage anyone who asks any of our services in Warwickshire and West Mercia for help in a crisis. This will result in the best outcomes for people with illness, provide advice and support for their carers, and make sure that services work together safely and effectively.
- Through agencies working together to improve individuals' experience (professionals, people using services at time of crisis, and carers) and reduce the likelihood of harm to the health and wellbeing of patients, carers and professionals and wider community.
- By making sure there is a safe and effective service with clear and agreed policies and procedures in place for people in crisis, and that organisations can access the service and refer people to it in the same way as they would for physical health and social care services.
- By all organisations who sign this declaration working together and accepting our responsibilities to reduce the likelihood of future harm to patients, service users, carers, wider community, staff and to support people's recovery and wellbeing.

We, the organisations listed below, support this Declaration. We are committed to working together to continue to improve crisis care for people with mental health needs in Warwickshire and West Mercia.

Who should sign a local Declaration?

Many local organisations want to support the Declaration because of their commitment to improve mental health care and may want to make a specific contribution within the action plan for continuous improvements.

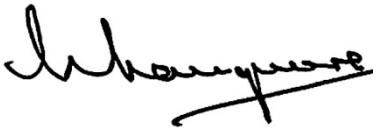
In addition, certain organisations have a formal (statutory) responsibility and/or a professional duty of care regarding people presenting in mental health crisis:

- Clinical Commissioning Groups
- NHS England Local Area teams (primary care commissioners)
- Commissioners of social services
- The Police Service
- Police and Crime Commissioners
- The Ambulance Service

- NHS providers of Urgent and Emergency Care (Emergency Departments within local hospitals)
- Public / independent providers of NHS funded mental health services
- Public / independent providers of substance misuse services

David Shaw
Chief Constable
West Mercia Police Headquarters

West Mercia POLICE

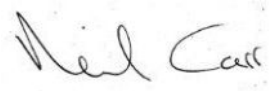


Bill Longmore
West Mercia Police and Crime Commissioner

Office of the Police and Crime Commissioner West Mercia

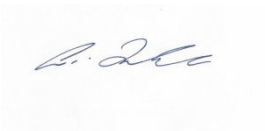
Tom Currie
Assistant Chief Officer
Head of Service NPS West Mercia

National Probation Service



Neil Carr
Chief Executive Officer
South Staffordshire and Shropshire Healthcare NHS Foundation Trust

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust
A Keele University Teaching Trust



Clive Ireland
Chairman
Shropshire Mind

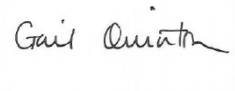
mind for better mental health Shropshire

Simon Hairsnape
Chief Officer
NHS Redditch and Bromsgrove Clinical Commissioning Group
NHS Wyre Forest Clinical Commissioning Group

NHS Wyre Forest Clinical Commissioning Group

NHS Redditch and Bromsgrove Clinical Commissioning Group

Dr Richard Harling
Director
Adult Services and Health
Worcestershire County Council



Gail Quinton
Director of Children's Services
Worcestershire County Council

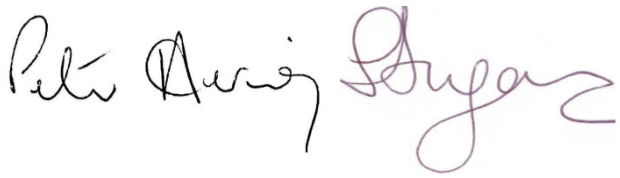
worcestershire countycouncil

Simon Trickett

Chief Operating Officer
NHS South Worcestershire Clinical Commissioning Group

NHS South Worcestershire Clinical Commissioning Group

Further information on the subject of this report is available from Jade Brooks on (01432) 383634 or jade.brooks@herefordshireccg.nhs.uk



Peter Herring
Chief Executive
Shrewsbury and Telford Hospitals (SATH)

The Shrewsbury and Telford Hospital NHS Trust

Sarah Dugan
Chief Executive
Worcestershire Health and Care NHS

Worcestershire Health and Care NHS Trust

Caron Morton
Accountable Officer
Shropshire Clinical Commissioning Group

NHS Shropshire Clinical Commissioning Group

Clive Wright
Chief Executive
Shropshire Council

Shropshire Council

Liz Stafford
Chief Executive
Warwickshire and West Mercia Community Rehabilitation Company

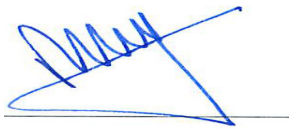
Warwickshire & West Mercia Community Rehabilitation Company PROBATION

Paul Taylor
Director: Health, Wellbeing & Care
Telford & Wrekin Council

a co-operative council Telford & Wrekin COUNCIL

Sue Price
Director of Commissioning
Arden, Herefordshire and Worcestershire Area Team NHS England

NHS England



Richard Kelly
Executive Director
Herefordshire Mind

mind for better mental health Herefordshire

David Evans
Chair & Chief Officer
NHS Telford and Wrekin Clinical Commissioning Group

NHS Telford and Wrekin Clinical Commissioning Group

Dr Ken Deacon
Medical Director/ Interim Director of Commissioning
Shropshire & Staffordshire Area Team
NHS England

NHS England

Penny Venables
Chairman and Chief Executive
Worcestershire Acute Hospitals NHS Trust

Worcestershire Acute Hospitals NHS Trust

Steven Gregory
Director of Nursing and Operations
Shropshire Community Health NHS Trust

Shropshire Community Health NHS Trust

Jo Whitehead
Chief Officer
Herefordshire Clinical Commissioning Group

Richard Beeken
Chief Executive Officer
Hereford Wye Valley Trust

Sam Joyce
Chief Executive Officer
Telford Mind

David Ashford
Head of Clinical Practice – Mental Health

Helen Coombes
Herefordshire Council Adults and Wellbeing

Shaun Clee
2gether NHS Foundation Trust (Herefordshire)

Allan Gregory
Superintendent
British Transport Police

Jo Davidson
Herefordshire Council
Childrens and Family

Appendix 2

Mandate Title: **Crisis Care Concordat Action Plan**

Author: **Jade Brooks**

Board sponsor: Jo Whitehead

Outcomes and deliverables

Why are we doing this project?

The National Crisis Care Concordat was published in February 2014, with 22 national bodies involved in health, policing, social care, housing, local government and the third sector signing the Crisis Care Concordat. It focuses on four main areas:

•Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
•Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
•Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment.
•Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

Local Declarations are the next phase of this work. There are three key elements of a local declaration :

•An agreement endorsed by all local key organisations that mirrors the key principles of the national Crisis Care Concordat.
•A shared Action Plan and a commitment to review monitor and track improvements.
•Evidence of sound local governance arrangements.

This project is the development and implementation of the above three areas.

What are the key deliverables?

i) Signing of declaration

- Drafted by Warwickshire and West Mercia Police
- Submission to Department of Health and publication on MH Crisis Care Concordat webpages

ii) Understanding current position

- Reviewing the availability, quality and gaps in information we need to assess the level of local need for crisis care.
- Developing a baseline assessment of what care is currently being provided and where.

iii) Agreeing and developing a Herefordshire's Action Plan

- Identifying and agreeing priorities for action
- Monitoring the effectiveness of how we respond to people who experience a mental health crisis, including those who are assessed under the Mental Health Act.
- Developing intelligence in this area so that we can review what is happening locally against needs.
- Agency sign-up and agreeing ongoing governance of the action plan

- Publication of the action plan.

Scope, links and dependencies

Scope

- Inclusion: Signing of the declaration, development of an action plan and local agreement for the delivery of urgent and emergency care for people of all ages as a result of mental health need in Herefordshire.

Links or dependencies within other workstreams

- Parity of esteem / mental health redesign
- Urgent care redesign

Stakeholders

- The main stakeholders are the Police, Mental Health services, Social Care and Ambulance service. The signing of the declaration (first milestone) represents evidence of support by the partners to consider, participate and progress an action plan for the county.

Resource implications

Each partner named below will supply a representative to act as a link and co-ordinator from their organisation. The representative will participate in the development of the action plan through engaging as a member of the task and finish group.

- Herefordshire Council
- 2gether NHS Foundation Trust
- Wye Valley NHS Trust
- Herefordshire Mind
- Herefordshire CCG
- NHS England Area Team
- West Midlands Ambulance Service
- West Mercia Police

Resources to meet the action plan activities are unknown at present.

Key Milestones Date	Milestone
November 2014 December 2014 December 2014 January 15 January 15 February 15 February 15 February 15 March 15	1. Declaration agreement and signature by each Partner 2. Completion of action plan template by each agency and returned to JB at HCCG. 3. Issues identified for Herefordshire (compilation of information from returned action plan templates): report produced and circulated for discussion. 4. Task and finish group meeting: agree TOR; Issues discussion. 5. Update to HWB re progress 6. Task and finish group: agree draft action plan and ongoing governance for monitoring of action plan 7. Report to JCB with final draft action plan and proposal for ongoing governance of action plan implementation. 8. Partners sign-off of Action Plan and ongoing governance. 9. Publish Action Plan (including submission to Department of Health).

Appendix 3

Mental Health Crisis Care Concordat Principles and Areas of Consideration

The principles include:

A. Access to support before crisis point
A1. Early intervention – protecting people whose circumstances make them vulnerable

B. Urgent and emergency access to crisis care
B1. People in crisis are vulnerable and must be kept safe, have their needs met appropriately and be helped to achieve recovery
B2. Equality of access
B3. Access and new models of working for children and young people
B4. All staff should have the right skills and training to respond to mental health crises appropriately
B5. People in crisis should expect an appropriate response and support when they need it
B6. People in crisis in the community where police officers are the first point of contact should expect them to provide appropriate help. But the police must be supported by health services, including mental health services, ambulance services and emergency departments
B7. When people in crisis appear (to health or social care professionals, or to the police) to need urgent assessment, the process should be prompt, efficiently organised, and carried out with respect
B8. People in crisis should expect that statutory services share essential 'need to know' information about their needs
B9. People in crisis who need to be supported in a health-based place of safety will not be excluded
B10. People in crisis who present in emergency departments should expect a safe place for their care and effective liaison with mental health services to ensure they get the right ongoing support
B11. People in crisis who access the NHS via the 999 system can expect their need to be met appropriately
B12. People in crisis who need routine transport between NHS facilities or from the community to an NHS facility will be conveyed in a safe, appropriate and timely way
B13. People in crisis who are detained under Section 136 powers can expect that they will be conveyed by emergency transport from the community to a health-based place of safety in a safe, timely and appropriate way

C. Quality of treatment and care when in crisis
C1. People in crisis should expect local mental health services to meet their needs appropriately at all times
C2. People in crisis should expect that the services and quality of care they receive are subject to systematic review, regulation and reporting
C3. When restraint has to be used in health and care services, it is appropriate
C4. Quality and treatment and care for children and young people in crisis

D. Recovery and staying well / preventing future crises
As stated in A1 Early intervention, care planning is a key element of prevention and recovery. Following a crisis, NICE recommends that people using mental health services who may be at risk are offered a crisis plan. This should contain:

- Possible early warning signs of a crisis and coping strategies
- Support available to help prevent hospitalisation
- Where the person would like to be admitted in the event of hospitalisation
- The practical needs of the service user if they are admitted to hospital, for example, childcare or the care of other dependants, including pets
- Details of advance statements and advance decisions made by the person to say how they would like to be treated in the event of a mental health crisis, or to explain the arrangements that are in place for them
- Whether and the degree to which families or carers are involved
- Information about 24-hour access to services
- Named contacts.

A person's transitions between primary and secondary care must be appropriately addressed. Commissioners will ensure a clear criteria for entry and discharge from acute care. This should include

fast track access back to specialist care for people who may need this in the future, and clear protocols for how people not eligible for the Care Programme Approach (CPA) can access preventative specialist health and social care when they need it. The CPA is a particular way of assessing, planning and reviewing someone's mental health care needs.

The principles of integration of care are valuable in this respect, in making sure the pathway of services is comprehensive and is organised around the patient, particularly during transition from acute to community teams.

Meeting the needs of individuals with co-existing mental health and substance misuse problems requires an integrated and coordinated approach across the range of health, social care and criminal justice agencies.

Effective commissioning

Local commissioners have a responsibility to ensure there is 24/7 provision sufficient to meet local need. The Concordat supports a multi- agency approach to deliver excellence in commissioning. Health and wellbeing boards have a key role to play to bring health and social care commissioners together with the local community and wider partners.

Plans should include workforce development, e.g. to ensure staff are properly trained in effective and appropriate use of restraint. This includes the development of NICE guidance on safe and efficient staffing levels in a range of NHS settings, including mental health inpatient and community units. Health Education England is setting up a Mental Health Advisory Board that will advise on policies, strategy and planning of the future workforce for mental health. Police and local government also have a key role. The Home Office is scoping the development of a web portal to enable exchange of effective practice for police, health service and local authority partnerships. Close partnership working will be needed to translate the models of urgent and emergency care being developed by NHS England into local solutions that work for the demographic needs of local areas.

Access to support before crisis point

Need to demonstrate that can intervene early to prevent distress from escalating into crisis, including consideration of:

- a single point of access to a multi-disciplinary mental health team, available to agencies across both the statutory and voluntary sectors
- a joined-up response from services, for people of all ages, with strong links between agencies, for example social care teams and substance misuse services
- help at home services, including early intervention or crisis resolution/home treatment services
- respite away from home or a short stay in hospital as a voluntary patient
- peer support, including access to crisis houses or other safe places where people can receive attention and help
- access to liaison and diversion services for people with mental health problems who have been arrested for a criminal offence and are in police custody or going through court proceedings
- suicide prevention – identifying those groups known to be at higher risk of suicide than the general population.

Primary care, in partnership with others, will have a key role to play in supporting people experiencing mental distress and in crisis. The Royal College of General Practitioners (RCGP) is leading work to support, develop and improve GPs' knowledge and experience of managing people with mental illness and physical health. This includes proposals for extending GP training to include mental health, child health and dementia work-based modules. The RCGP is also currently working to support primary care services to work collaboratively with other services, facilitating and coordinating access to specialist expertise and a range of secondary care services, including crisis and substance misuse services.

The Home Office will is working with police forces to explore quantifying the demand for responses for people in mental health crisis, recording Mental Health Act Section 135/136 needs related to mental disorder or drug and alcohol intoxication.

Urgent and emergency access to crisis care

The Concordat has ambitions for mental health services to be available 24 hours a day, seven days a week.

Equality of access

The Concordat supports Mind's guidance on commissioning crisis care services for BME Communities and recommends early engagement in the commissioning of services and person-centred care that takes cultural differences and needs into account, and access to advocacy services.

The Department of Health plans to work with voluntary sector organisations to understand and respond to inequalities in access to mental health services, particularly for BME communities.

Children and young people should have access to crisis care. The Concordat asks local commissioners to take steps to commission mental health services that meet the particular needs of children and young people, and specifically states that police custody should not routinely be used as a place of safety just because health services are not available. It makes it clear that adult places of safety should be used if necessary.
The focus on the interface between specialist children and adolescent mental health services (CAMHS) and primary care needs to remain a central policy issue in CAMHS planning.

Staff training

Local shared training policies and approaches should describe and identify who needs to do what, and how local systems fit together. Local agencies should all understand each other's roles in responding to mental health crises. It is important that the training ensures that staff from all agencies, receive consistent messages about locally agreed roles and responsibilities.

Appropriate and prompt response

The Concordat recommends that commissioners and providers should work towards NICE Quality Standards13 so that:

- people in crisis who are referred to mental health secondary care services are assessed face to face within four hours in a community location that best suits them
- service users and GPs have access to a local, 24-hour helpline staffed by mental health and social care professionals
- crisis resolution and home treatment teams are accessible 24 hours a day, seven days a week, regardless of diagnosis.

In addition, crisis beds, step-down and community services should be commissioned at a level to allow for crisis beds to be readily and locally available. Existing crisis plans and any advance statements should be followed, where possible.

Reducing the use of police cells as places of safety

NHS commissioners are required by the Mental Health Act to commission health-based places of safety so that any person a police officer believes is suffering from mental disorder, and who may cause harm to themselves or others, can be taken to a designated place of safety for assessment. It is essential that NHS places of safety are available and equipped to meet demand.

The College of Policing will be reviewing their curriculum to support frontline officers and staff receive sufficient mental health training. Improving recognition of vulnerability and risk will help the police decide whether individuals will be detained under Section 136, or whether they can be helped in some other way. Providers and commissioners will record the frequency and reasons for using police cells as places of safety. Local partnerships, while establishing local Mental Health Crisis Declarations, should improve performance in this area, reducing their use and set ambitions for fast-track assessments that minimise the time people spend in police custody because they are ill.

The Department of Health will monitor the national figures on the use of Section 136, and expects to see the use of police cells as places of safety to fall below 50 per cent of the 2011/12 figure by 2014/15.

An evaluation of the street triage pilot schemes is planned in 2014. These are partnerships between NHS organisations and the police, and involve mental health nurses providing advice to police officers to ensure people receive appropriate and timely care.

The Department of Health is updating the Mental Health Act Code of Practice. This will involve reviewing and updating local protocols on intoxication from alcohol and drugs. The Concordat states that intoxication should not be used as a basis for exclusion from places of safety, except when there are risks to the safety of an individual or staff.

Sharing need to know information with all agencies, including police or ambulance staff, have a duty to share essential 'need to know' information for the good of the patient, so that the professionals or service dealing with a crisis know what is needed for managing a crisis and any associated risks to the distressed person or to others.

Within the requirements of data protection legislation, a common sense and joint working approach should guide individual professional judgements. If the same person presents to police, ambulance or emergency department repeatedly, all agencies should have an interest in seeking to understand why and how to support that person appropriately to secure the best outcome.

Improving emergency department care

Clear responsibilities and protocols should be in place between emergency departments and other agencies and parts of the acute and mental health and substance misuse service, to ensure people receive treatment on a par with standards for physical health. The NHS Mandate requires NHS England to ensure there are adequate liaison psychiatry services.

Local mental health partnership boards can support the development of agreement of protocols and escalation of issues around suicide, self-harm and people with co-morbid physical and mental health problems.

The College of Emergency Medicine will be conducting an audit of mental health assessment rooms in emergency departments during 2014, with a view to ensuring service users experience a safe and improved environment and that staff safety is improved.

Improving the 999 system for people in crisis

The Concordat proposals include:

- the provision of 24/7 advice from mental health professionals to or in each 999 ambulance control room
- enhanced levels of training for ambulance staff on the management of mental health patients
- ambulance trusts to work flexibly across boundaries to ensure that an individual's safety (and treatment) is not compromised.

Transportation

To support parity of response to mental health emergencies with physical health urgent care, NHS ambulance services in England are planning to introduce a single national protocol for the transportation of Section 136 patients by April 2014. This aims to provide agreed response times and a standard specification for use by CCGs.

Regulating crisis care

The CQC will place a greater emphasis on inspecting and monitoring the care that people with mental health problems receive in the community, including during a crisis. The accessibility and responsiveness of services to support people through crisis and prevent hospital admission, and the number of people who are admitted to hospital far away from their home area because of local bed pressures, will be a focus.
The Department of Health and CQC will review the effectiveness of the current approach to monitoring approved mental health professional (AMHP) provision and whether the CQC requires additional powers to regulate AMHP services.

Restraint

The Code of Practice requires the organisation to make sure staff are properly trained in the restraint of patients. Adequate staffing levels are also required. The Department of Health and other partners are working on a programme to ensure the use of appropriate and effective restraint in health and care services. It recommends that physical interventions should only be used as a last resort.

Recovery staying well/preventing future crises

Following a crisis, NICE recommends that people using mental health services and who may be at risk are offered a crisis plan. Advanced statements, detailing a person's preferences for their treatment or care, can be drawn upon when a person in crisis cannot express their needs or existing arrangements.
The pathway of care between services should be integrated and organised around the patient. Health and wellbeing boards offer a forum for joining up local services and could coordinate the commissioning of services for people with multiple needs. Joined-up support is particularly important in criminal justice settings, and it is critical that the development of liaison and diversion schemes is closely tied in with existing custody based interventions, such as for drug misusing offenders to maximise their impact on this client group.

Appendix 4

Crisis Care Concordat
Mental Health

Warwickshire and West Mercia Mental Health Crisis Concordat Governance Group

Terms of Reference

1.	**PURPOSE** In February 2014 the Government launched the Mental Health Crisis Concordat requiring agencies:- • To work together to improve care for mental health patients • To develop action plans which are regularly reviewed to track and monitor progress and focus on: Access to support before crisis point Urgent and emergency access to crisis care The right quality of treatment and care when in crisis Recovery and staying well, and preventing future crises • To reduce the use of police stations as places of safety and ensure a fast-track assessment process whenever a police cell is used • To create sound local governance arrangements for delivering the Concordat The Mental Health Crisis Concordat Governance Group (MHCCGG) has been established following the signing of the Warwickshire and West Mercia Mental Health Crisis Concordat Declaration by relevant partners. The Governance Group will ensure the establishment of a task and finish group in each locality (Herefordshire, Shropshire, Telford and Wrekin, Warwickshire and Worcestershire) which will be responsible for devising a suitable action plan that delivers against the requirements of the concordat. The Governance Group will: • Hold local task and finishing groups to account on the progress of their • action plan • Share good practice with other localities • Address any barriers to progress of actions • Explore opportunities to share resources where appropriate The Governance Group will meet quarterly and in keeping with the principles of the concordat it will be expected that agencies will hold each other to account on the delivery of their action plan.
2.	**MEMBERSHIP** Membership will consist of two representatives from each of the Task and Finishing Groups in each locality (Herefordshire, Shropshire, Telford and Wrekin, Warwickshire and Worcestershire). The nominated members will be expected to report to the Governance Group on the progress of local action plans; any barriers to progress, share good practice and where the opportunity presents look to share resources.

	Each locality must ensure that representation is provided for each meeting by either the nominated attendees or an identified deputy. Other members may be co-opted in to the group when required to enable the Governance Group to discharge it duties. This will particularly be the case if a decision is required at more senior level to enable the group to make progress on specific issues.
3.	**CHAIR** The meeting will be chaired by Anna Hargrave, Director of Strategy and Engagement for South Warwickshire Clinical Commissioning Group. Vice Chair – To be agreed.
4.	**QUORUM** The meeting will be deemed to be quorum when at least one member from each area (Herefordshire, Shropshire, Telford and Wrekin, Warwickshire and Worcestershire) is represented at the group.
5.	**ADMINISTRATION/MINUTES** To be agreed.
6.	**MEDIA** The Governance Group will seek to provide a coordinated approach to media releases and publicity to ensure that the public are kept informed of progress in a consistent manner.

Herefordshire Council

MEETING:	**HEALTH AND WELLBEING BOARD**
MEETING DATE:	**28 January 2015**
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 DECEMBER 2014 TO MAY 2015

TIMELINE OF ACTIVITIES AND DECISIONS UPDATED

December 2014

DATES	BOARD MEETINGS
25 March 2015	• Health and Wellbeing Board Strategy • Mental Health Needs Assessment Report • Public Health Annual 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 • Safeguarding Children – progress report • Commissioning intentions
12 May 2015	• Herefordshire Safeguarding Children Board Annual Report • BCF Submission Update

Herefordshire Council

MEETING:	**HEALTH AND WELLBEING BOARD**
MEETING DATE:	**28 JANUARY 2015**
TITLE OF REPORT:	**CARE ACT 2014 UPDATE**
REPORT BY:	**Director of Adults and Wellbeing**

Classification

Open

Key Decision

This is not a key decision.

Wards Affected

County-wide

Purpose

To update the Health and Wellbeing Board on the timeline for Care Act implementation and progress on local implementation activities.

Recommendation

THAT: the Care Act update at Appendix A is noted.

Alternative Options

1 There are no alternative options. The Care Act places new legal requirements on the Council from 1 April 2015. The purpose of the briefing is to provide an update on implementation activity and timescales.

Reasons for Recommendations

2 The Care Act represents the most significant change to adult social care in over 60 years. It is therefore essential that the Health and Wellbeing Board are informed of progress with the Act and its impacts locally.

Further information on the subject of this report is available from
Helen Coombes, Director for Adults and Wellbeing on Tel (01432) 260339

Key Considerations

3 There are two parts to Care Act implementation – those aspects which take effect from April 2015 (most of the Care Act) and those which take effect from April 2016 (which are mostly the funding reform aspects).

4 Locally, implementation activities for the 2015 aspects of the Act are well under-way, although progress in certain areas has been limited as local authorities wait for clarifications from the Department of Health on areas where the regulations and guidance are unclear. Herefordshire, like most local authorities, has adopted a risk analysis approach to prioritise certain aspects of the Act for implementation.

5 Regular engagement with regional and national networks indicates that implementation progress in Herefordshire is very much on a par with other local authorities.

6 The draft regulations and guidance for the 2016 aspects of the Care Act (e.g. the care cap and care account) are due to be released by the Department of Health for national consultation later this month. Once we have sight of these draft documents we will be in a position to start planning for implementation of these other aspects of the Care Act.

7 A significant amount of communications activity has taken place during 2014 to raise awareness about the Care Act both within the council and the wider care and support sector in Herefordshire. Local communications and engagement will continue throughout 2015.

8 A national communications campaign will run in Feb-March 2015 and will focus on the introduction of a national eligibility threshold, carer's rights to assessments and the introduction of deferred payment agreements. This campaign will use various media, including online, local radio adverts and leaflet door-drops to target postcode areas. The local communications plan is in the process of being updated to ensure all stakeholders are briefed and informed on what communications activities are happening when.

Community Impact

9 The Care Act is intended to have a range of positive implications for Herefordshire residents, including service users and their families and carers.

Equality and Human Rights

10 By simplifying the care and support system, the Care Act intends to ensure that all those in need of care and support are treated equally and with respect.

Financial Implications

11 The Care Act will have significant financial implications for Herefordshire Council both in terms of implementation costs and on-going costs going forward.

Legal Implications

12 When the Care Act comes into effect in April 2015 (April 2016 for certain funding reforms), a number of new statutory duties and requirements will be placed on the local authority.

Risk Management

13 As the Care Act introduces a number of new statutory duties and requirements for local authorities, there will be significant risks for the council in failing to meet these new statutory requirements.

Consultees

14 Not applicable – briefing note only.

Appendices

Appendix A – Health and Wellbeing Board Care Act 2014 Update, January 2015

Background Papers

None identified.

Appendix A: Health and Wellbeing Board Care Act 2014 Update, January 2015

Care Act timeline

There are two key components to the implementation of the Care Act – implementation of those aspects of the Act which take effect from 2015 (*this is most of the Care Act*), and those which take effect from 2016 (*which is mostly the funding reforms, such as the care cap and care account*).

National consultation on the regulations and guidance for the 2016 aspects of the Care Act starts (e.g. care cap, care account)	Mid-January 2014
ADASS Local authority Care Act Stocktake (no.3)	Mid-January 2014
Majority of national communications activity	Feb-March 2014
Most of Care Act and the regulations and guidance become law	**1 April 2015**
General election	7 May 2015
Finalised regulations for 2016 Care Act reforms published	October 2015
Local authorities can start assessing self-funders in advance of care accounts starting from April 2016	October 2015
2016 aspects of the Care Act and regulations and guidance become law (e.g. care cap, care account)	**1 April 2016**

Local implementation update

The Care Act implementation work in Herefordshire is well-linked into both regional and national support networks. Through these networks and also the quarterly ADASS stocktakes it is apparent that progress in Herefordshire is very much on a par with other local authorities. As in Herefordshire, most local authorities are using a risk analysis approach to prioritise certain aspects of the Act for implementation - some parts of the Act represent a change that must be in place for April 2014 (e.g. the new eligibility criteria) and other aspects of the Act are less defined and are activities that the authority already does to some degree (e.g. market shaping).

Since receiving the finalised regulations and guidance for the 2015 aspects of the Care Act at the end of October, local implementation activity has stepped-up a gear as we now have a more detailed understanding of the requirements the council must comply with. For certain aspects of implementation however progress has been more restricted as Herefordshire council (along with all other local authorities) are still awaiting from clarifications from the Department of Health on areas where the regulations and guidance are unclear.

Many of the requirements in the 2015 aspects of the Care Act are not brand new to the council – for instance principles such as the importance of person-centered approaches that focus on individual wellbeing, choice and control and supporting people to be as independent as possible have been established national best practice for several years and the Act will simply enshrine these in law.

Progress on the local priorities for implementation is as follows:

Information and advice Work underway with service users to redesign the council's care and support webpages. Commissioning activity in progress to procure an information and advice service, ready to be in place for April 2014.	**Carers** Soft-market testing regarding carers support and services identified that Herefordshire Carers Support (HCS) is the only provider locally. Dialogue with HCS regarding how this service should look in the future is on-going
Transitions We have improved how our IT systems in Children's and Adults communicate so we can better share information. A joint project with Children's Services is in development with the specific aim of improving the outcomes for young people transitioning to adults.	**Safeguarding** Work in progress to refresh local safeguarding processes in line with "Making Safeguarding Personal" approach to make safeguarding more person-centered and outcomes focused *(i.e. what is it the individual wants to achieve and how?*). Work on making the safeguarding board statutory is underway, and the board should receive ratification before April 2015.
Assessment and eligibility A separate project has been set up specifically to implement these changes. We are reviewing all our assessment forms to make them Care Act compliant and are also talking with providers and IT team about introducing a self-assessment facility	**Workforce** Care Act awareness raising is well underway with all staff. We are currently out to tender for training providers and more specific training and support for staff is planned for January 2015 onwards.
Charging and paying for care We are awaiting clarification from the Department of Health where the policy intention of the regulations and guidance is not clear. Following this we anticipate we will need to make some amendments to our charging policy and financial assessment forms.	**Deferred payment agreements** Herefordshire Council already offers deferred payment agreements to service users entering residential or nursing care. We are reviewing our current process to make sure it complies with the Care Act and we are working with legal to write a new policy and agreement form.

Communications update

A significant amount of activity has been happening both within the council and the wider care and support sector in Herefordshire to raise awareness about the Care Act, its implications and what we are doing in the council to implement the changes required.

Examples of communications activity that has happened during 2014:

Internal	External
• Face-to-face briefings for all teams in Adult and Wellbeing (AWB) • Face-to-face briefings for relevant teams in the wider council (e.g. commercial services) • AWB staff forum session on the Care Act • Care Act updates in every AWB directorate email bulletin (usually weekly) • Care Act intranet page set up for staff • Care Act FAQ developed in response to queries from staff • Briefing papers developed, tailored to the requirements of different staff groups • Care Act "stall" at Adult Social Care conference	• Initial impact analysis report circulated to all key partners (e.g. healthwatch, CCG) and providers • Face-to-face updates at provider forums & meetings (registered managers network, Carers Hub, residential & nursing provider forum, older person's interest group, • Face-to-face briefing for service users through the Making it Real Group • Care Act "stall" at Herefordshire Disability United care and support fair • Council Care Act website established • Care Act discussion table at Healthwatch consultation event • Care Act articles in public facing "spotlight" on social care e-bulletin

A national communications campaign will run early in 2015 and will focus on some key aspects of the Act that will take effect from April 2015, namely:

- The introduction of a national eligibility threshold
- Carers' rights to assessment
- Introduction of deferred payment agreements

This national campaign will use a variety of channels, including:

- An online campaign which will start at the beginning of January
- Adverts on local radio stations from mid-Feb to end of March
- Leaflet door-drops to target postcode areas in March

We continue to receive more detailed information about this communications campaign from Public Health England and intend to ensure that our local communications activity is aligned and built around the national plans. In January 2014 we will refresh the Care Act communications plan and ensure that all stakeholders are briefed and informed on what communications activities (both local and national) are happening when.

Key Care Act terms and concepts explained

Care cap

No adult aged 65+ will have to spend more than £72k on meeting their assessed eligible needs. Once the cap is reached, the council will pay for their care and support. Some important details of the cap are:

- The cost is based on what the local authority would pay to meet assessed eligible needs
- If the care and support needs are funded by a combination of local authority and the person's own contribution, the total cost counts towards the cap
- For most adults in residential care, "hotel costs" are excluded (e.g. food, utility bills etc.). This is so that those receiving care at home are not unfairly treated (as they would still be paying these costs). Adults in residential care will continue to pay their "hotel costs" after the £72k limit is reached; this is likely to be set at £12k per annum.

The most significant implication of the cap is that it incentivises self-funders to approach the council for assessment, thus increasing demand on social care assessment functions. National analysis and modelling of how the cap will operate indicates that many individuals will not reach the £72k in their lifetime.

Care account

For every individual with assessed eligible needs, the council will hold a care account which shows the total accrued costs towards that individual's care cap. The council will need to monitor and review this account as well as provide annual individual account summaries.

Deferred Payment Agreement (*April 2015)*

People entering residential care will have a new legal right to defer paying for their care costs, meaning they will not have to sell their home during their lifetime. The council will pay the care costs during this time and then reclaim the costs incurred on the sale of the property after the person has died. The council will be able to charge administration and interest payments and secure the debt by placing a legal charge against the asset. Herefordshire already operates a deferred payment scheme but cannot charge interest under current regulations – the Care Act makes it a duty for all councils to provide them and existing schemes will need revising to ensure they meet the requirements of the Act.

Financial means testing

Following assessment, if an adult has eligible care and support needs they are then offered a financial assessment to determine how much financial support from the local authority they are eligible for. For adults receiving care and support at home or in the community, those with assets over £23,250 (excluding the value of their home) are not entitled to any financial support. Through the Care Act it is proposed this limit be raised to £27,000. The Care Act also proposes that those in residential care with assets over £118,000 (including the value of their home) will not be eligible for financial support.

Minimum eligibility threshold (*April 2015)*

Currently local authorities choose at what level they set their eligibility criteria for social care. Like Herefordshire Council, most authorities set this at "critical and substantial" needs. The Care Act makes provision for this system to be replaced with a standard national eligibility threshold, so as to remove any variation between authorities. The government has attempted to set this threshold at a level equivalent to the existing "substantial and critical" levels.

Market shaping

The council is expected to play a pivotal role in ensuring there is an efficient and effective market of high quality and sustainable care and support services from which people can choose.

Useful links

The Care Act
http://services.parliament.uk/bills/2013-14/care.html

Care Act Regulations
www.gov.uk/government/consultations/updating-our-care-and-support-system-draft-regulations-and-guidance

Care Act Statutory Guidance
www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation

Herefordshire Council Care Act intranet page
http://intranet/intranet/content/64354.asp

Herefordshire Council Care Act website
www.herefordshire.gov.uk/careact

Care Act (easy read)
www.gov.uk/government/uploads/system/uploads/attachment_data/file/317822/Care_Act_easyread.pdf

Department of Health factsheets
www.gov.uk/government/publications/care-act-2014-part-1-factsheets

Herefordshire Council

Briefing Subject: Pharmaceutical Needs Assessment
For the attention of: Herefordshire Health and Wellbeing Board

Pharmaceutical Needs Assessment

Overview

If a person (a pharmacist, a dispenser of appliances, or GP) want to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on either the pharmaceutical or dispensing doctor list. Pharmaceutical and dispensing doctor lists are compiled and held by NHS England. This is commonly known as the NHS "market entry system".

From 1st April 2013, Health and Wellbeing Boards are responsible for developing and updating Pharmaceutical Needs Assessments (PNAs). The primary purpose of a PNA is to guide the commissioning of community pharmacy services. The PNA will also inform the commissioning of services that deliver the same outcome as 'pharmaceutical services'.

A person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet pharmaceutical needs as set out in the relevant Pharmaceutical Needs Assessments.

Information to be contained in Pharmaceutical Needs Assessments

Necessary services: current provision

In order to assess the adequacy of provision, all providers of such services need to be mapped. This mapping will need to include providers and premises within the HWB area and also those that may lies outside but who provide services to the population within the HWB area.

Necessary services: gaps in provision

Having assessed local needs and the current provision of services, the PNA needs to identify any gaps that need to be filled. The PNA may also identify a gap in provision that will need to be provided in future circumstance, for example if a new housing development is being planned.

Gaps in provision are not just gaps in pharmaceutical health needs but also gaps by service type. For example, a locality may have adequate provision of essential services but may have need for more specialist services, such as the management of a long-term condition.

Examples of need, or gaps ion service, that Health and Wellbeing Boards may identify include:

- Inadequate provision of essential services at certain times of the day or week
- Opening hours that do not reflect the needs of the local population
- Areas with little or no access to pharmaceutical services, etc.

Other relevant services: current provision

The Health and Wellbeing Board will have identified those services that are necessary for the provision of adequate pharmaceutical services. There may however, be pharmaceutical services that provide improvements to the provision or better access for the public. The PNA must include a statement of these services.

Improvements and better access: gaps in provision

It is important that the PNA identifies services that are not currently being provided by which will be needed to secure future improvements to pharmaceutical services – common examples of this are major industrial, communications or housing development, service redesign or re-provision. Provision may also change where significant economic downturn is expected.

HWBs can also identify those services, which are currently not being commissioned by NHS England, local authorities or CCGs but may be service that could be commissioned in the future.

NHS England does not have meet the needs identified by the Health and Wellbeing Board.

Other services

The PNA must include a statement outlining the services identified in the assessment which affect pharmaceutical needs. There may be services provided or arranged by the Health and Wellbeing Board, NHS England, a CCG and NHS trust (including foundation trusts) which could, if they were included in a PNA, be provided by pharmaceutical services contractors. For example, a large health centre providing a stop smoking service. Only those NHS services which affect the need for pharmaceutical services or potential pharmaceutical services need to be included.

How the assessment was carried out

The PNA must include a statement setting out:

- how the Health and Wellbeing Board has determined the localities in the area,
- the different needs of different localities in its area including the needs of those people in the area sharing a protected characteristic, for example, a large travellers' site; and
- a report on the consultation undertaken on the PNA.

Maps

All Health and Wellbeing Boards are also required to include a map in their PNA which identifies the premises at which pharmaceutical services are provided. This must be kept up to date.

Current position with regard to Herefordshire's HWB PNA

NHS North West Commissioning Support Unit (NWCSU) has been drafting the PNA, which needs to go out on 19th January 2014 for the formal 60 day consultation period as required by legislation.

Due to the tight deadlines it will not be possible for the draft PNA to be made available to the HWB for document submission for the January meeting. The PNA steering group request the HWB to virtually approve the document and will be given opportunity to comment from the 5th to 13th January 2015. Any amendments identified will be actioned and the HWB will have delegate responsibility to the Cabinet Member for Health and Wellbeing to approve the final document for sending out to consultation.

It is important to understand that once the consultation period ends on 20th March 2015 it will be necessary to collate responses and make any changes necessary to the consultation draft. This will then need to come back to the HWB on 12th May 2015 for approval ready for publication.

Overview and update of project timeline
✓ *October 2014 the PNA project started*
✓ *During 17th October 2014 and 15th December 2014 we surveyed the public, pharmacy and dispensing practices for their opinion of pharmaceutical services in the Herefordshire area.*
✓ *There was limited response to the public survey and a lesson for future surveys would be to carry out sustained social media advertisement (e.g. via Twitter, Facebook etc.) throughout the response period. Also send the survey direct to council listed public focus groups by email for them to urge their members to respond. Also advertisement in a local free newspaper may reach members of the public who would not normally access electronic updates.*
✓ *Data to inform the PNA was obtained from a wide range of sources.*
✓ *A gap analysis was undertaken to look at how pharmaceutical services might be improved in Herefordshire.*
✓ *NWCSU produced a draft version of the PNA during November and December*
✓ *Virtual approval by HWB from 5th January*
✓ *Draft PNA to be approved by HWB on 13th January 2015 for consultation*
✓ *Formal public consultation (minimum of 60 days) will run from 19th January 2015 to 20th March 2015*
✓ *An full analysis of responses to the formal consultation is to be carried out end of March 2015*
✓ *Final draft PNA to be prepared in April 2015*
✓ *Final approval by HWB at 12th May 2015 meeting*
✓ *Publication thereafter between 12th to 31st May 2015*

Key issues for Herefordshire's HWB to consider:

NWCSU will produce the initial draft for 5th January 2015 and share it with HWB members by email or if necessary in hard copy. HWB members will then have until 13th January to provide comments and confirm approval at HWB meeting. Authority to approve the consultation version with any necessary amendments will be **delegated to the Cabinet Member for Health and Wellbeing**. This consultation version will be made available and notified to the statutory consultees on 19th January 2015.

The Health and Social Care Act 2012 transferred responsibility to develop and update Pharmaceutical Needs Assessments (PNA) from PCTs to HWBs. HWB's first PNA must be published by 1 April 2015.

IMPORTANT NOTE: Herefordshire County Council have been fully informed by NWCSU that the timescale agreed within this statement of work will be in breach of NHS No.349 2013: Part 2: Regulation 5. 'Each HWB must publish its first pharmaceutical needs assessment by 1st April 2015.'

Herefordshire County Council understands that there will be a short period of time where there will be an absence of a new and updated PNA, to the timescales designated in regulations above. There is a risk that this could lead to legal challenges against health and care commissioning bodies responsible for the Herefordshire geography, due to the PNA's relevance to decisions about commissioning pharmaceutical services, dispensing doctor services and new pharmacy openings.

Herefordshire County Council will take full accountability for this publication delay and be responsible for any necessary communication, actions and potential external challenge which may arise by the absence of a PNA. NWCSU would provide advice and support should this occur.

Herefordshire Council

Health & Wellbeing Board Briefing Note.

PUBLIC HEALTH COMMISSIONING UPDATE

28 January 2015

Following the Cabinet Member approval to progress tendering activity across the key services managed under Public Health contracts a series of commissioning and procurement activities have been undertaken. The services concerned are:

Drugs and Alcohol, Sexual Health, Health Checks and Stop Smoking and Child Health

The current positions on each of these services are as follows:-

Drugs and Alcohol

- Service Specification developed and consultations completed.
- Provider Update (Briefing Paper) prepared and circulated for all Providers who engaged in the Soft Market Testing exercise.
- Invitation to Tender pack incorporating: Background Information, Instructions to Tenderers, Evaluation questions, Terms and Conditions and Schedules are currently being prepared.
- Contingent upon sign off from the Legal Department the Invitation to Tender is expected to be issued early in February.
- Allowing a sufficient period to enable tenderers to develop an integrated service, tenders are scheduled for submission in mid - April. Following evaluation the contract will be formally awarded in early June.
- A report is presently being prepared to secure approval for appropriate contract extensions to enable both mobilisation and effective transition (TUPE, Property etc). Providers will be informed immediately approvals have been received.

Sexual Health

- A new Commissioning Manager has been appointed to ensure progress can be accelerated and ensure that the process for Sexual Health services can mirror that being undertaken for Drugs and Alcohol. Detailed Specifications are approaching completion.
- The procurement processes for both Drugs and Alcohol and Sexual Health will run in parallel, although the Sexual Health tender will run approximately 6 weeks behind that of Drugs and Alcohol. This is necessary to enable sufficient resource for both tender processing and conducting tender evaluations.

- Consequently, the Invitation to Tender is planned for issue in mid – March, tenders submitted at the end of May with award and implementation in July.

- Again, acknowledging the need for considered implementation and transition, authorisation for an extension of the contract is being requested and Providers will be informed immediately approvals have been received.

Health Checks and Stop Smoking

- A combined tender, configured in two separate lots (one for each service) has been issued. The pack was released to the market just before the Christmas break. The tender seeks applications in the form of an 'Any Qualified Provider' basis.

- Tenderers are currently in the process of completing their submissions which are due for return on 30th January.

- Evaluations and moderation will be completed by mid- February with the successful tenderers being identified by 20th February.

- The conclusions of the evaluation will be presented through the Council's governance process. Award letters and contracts are expected to be issued in early March.

- Implementation and transition are currently under consideration, and since significant change in the provider base is not anticipated, the new contract will commence on 1st April 2015.

Child Health

- A report on the School Nursing Service, requesting a contract extension to enable alignment with the transferring 0-5 Health Visitor Service and Children's Centre's is currently going through the Council's governance process.

- A quotation process to secure a Provider to undertake the Child Dental Health Survey has just been completed and additional resources from within Public Health have been targeted to complete a Dental Health Improvement Programme.

Additional Activity

- A procurement process is concluding to implement interim 'spot purchasing' arrangements for Residential Dettox. These arrangements have been secured until the Drugs and Alcohol tender can be concluded.

- In order to deliver the ASSIST Programme, a process is also underway to appoint a delivery partner. Tenders close on the 23rd January and a contract award is anticipated in mid-February.

Herefordshire Council

Health & Wellbeing Board Briefing Note.

Making Safeguarding Personal

28 January 2015

This Briefing report was originally submitted to the Herefordshire Safeguarding Adults Board (HSAB) in January 2015, and has been brought to the Health and Wellbeing Board for information.

Making safeguarding personal (MSP) began in 2009. It was motivated by the need to understand what works well in supporting adults at risk of harm and abuse. It is an initiative by the Local Government Association (LGA) safeguarding adults programme and by the Association of Directors of Adult Social Services (ADASS).The intention is to facilitate person-centred, outcomes-focused responses to adult safeguarding.
Full report; www.local.gov.uk/publications/-journal_content/56/10180/3961588/PUBLICATION

The statutory guidance for the Care Act 2014 on Adult Safeguarding requires local authorities to make safeguarding a personalised experience which aims to achieve the outcomes identified by adults at risk of harm and abuse. It is expected that all local authorities will participate in developing MSP.

It incorporates the six key principals of safeguarding.

Empowerment: adults being supported and encouraged to make their own decisions and informed consent.
Protection: it is better to take action before harm occurs
Proportionality: the least intrusive response is appropriate to the risk presented
Protection: support and representation for those in greatest need
Partnership: local solutions through services working with their communities
Accountability: transparency in delivering safeguarding

The fundamental shift in professional practice is in placing the adult, their wishes and experience at the centre of safeguarding enquires, to enable them to recover from abuse or neglect and realise the outcomes they want.

The aim of the MSP approach is to understand what people who are at risk of harm or abuse want to achieve, and then help them achieve that by:

- Talking and listening to people about what they want to happen
- Recognizing the person as the expert on their own life
- Giving people greater choice and control
- Working with the individual to attain outcomes determined by themselves
- Improving their quality of life, wellbeing and safety

There needs to be a big shift in culture and practice so that we move from a process supported by conversations to a series of conversations supported by a process.

Overview of implementation work within Herefordshire

Safeguarding Improvement Programme (SIP) commenced in September. The project aim was to redefine the safeguarding process for adults within Herefordshire as outlined by the principles of MSP and the Care Act 2014. A project group was formed to focus on key areas for development.

Phase 1 of this project was to implement MSP to bronze standard across the whole safeguarding process by March 2015.

To achieve bronze standard Hereford will need to

- Enhance social work practice ensuring that Adults have an opportunity to discuss the outcomes they want at the start of the safeguarding process.
- Follow up discussions with the Adult or their representative at the end of the safeguarding to see if their outcomes have been met.
- Record the results of this approach in a way that can be used to inform practice and provide aggregated outcomes information to inform the HSAB.

Implementation plan and work undertaken to achieve this and in readiness for the planned Peer review;

Policy

- Revise and update the safeguarding policy and procedures. Work is in progress with our regional partners to complete this in line with MSP and the Care Act.
- Herefordshire has revised and developed its own decision support tool to support practitioners in deciding when a S.42 Enquiry has been met (attached).

Governance

- SAB reporting
- Care act compliant 'must and should' checklist completed November.
- Map existing governance arrangements (DLT, SAB, H&WB, Making It Real, etc.)
- Plot key decisions, where they have to be taken
- Plot future reporting needs for SAB

Systems

- Data cleansing achieved
- New process developed and framework identified.
- Updated safeguarding forms to ensure compliance with MSP and the Care Act
- Testing of new forms and process are ongoing.
- Business process agreed
- New process mapped against forms and system requirements
- System changes in development
- Frameworki changes go live
- Revised audit framework agreed
- Risk log in place
- Performance processes in place to capture information
- Performance tools in place to measure outcomes-against Adult wishes at beginning and end of safeguarding
- Updated AP1 form is now Care Act compliant**-** awaiting HSAB governance

Workforce development

- Report produced identifying training requirements highlighting policy, process, systems and basic safeguarding understanding

Making Safeguarding Personal

- Report produced summarising MSP requirements for Bronze, Silver and Gold standards
- Gap analysis completed
- Plan of work required to meet standards, consult & engage on areas for possible silver standard ongoing
- cases to identify key areas for MSP engagement and implementation of the statutory guidance
- Engagement with operational team leads and service managers to assist with embedding new MSP learning operationally
- Independent trainers sourced to provide safeguarding training which is MSP and Care Act compliant
- Training on Effective communication for the whole workforce.
- Training on Safeguarding Enquiries and planning and on Managing Safeguarding process due to complete in February.
- All practitioners have completed e-learning on safeguarding
- New standardised approach to minute taking, updated forms awaiting legal oversight to ensure legal compliance**.**
- Identification of clear roles and responsibilities for all staff levels

Communication and Engagement

- MSP presentation to workforce planning group and providers- completed September
- Engagement with operational teams; presentations on MSP taken to the operational teams and issues addressed.
- Presentation to AWB forum MSP and what it means – case study examples and issues raised
- Development of a communications plan for stakeholders involving them in the change process including operational staff ,partner agencies in HSAB, Healthwatch, service users and residents via the Making it Real Group to take ownership of MSP and its principles
- Development of Communications Plan
- Information shared via E bulletin and Core Brief, AWB
- Letter templates developed to communicate with referrers
- Engagement of the expert by experience
- Communications strategy owned by the SAB
- MSP Aide memoire developed for practitioners
- Information leaflet on MSP developed for service users with engagement
- Safeguarding process mapping with Senior Practitioners
- Additional agency senior practitioner will be appointed to support ART with MSP new process to determine if S.42 enquiry met