Herefordshire Council

AGENDA

Health and Wellbeing Board

Date: **Wednesday 25 March 2015**

Time: **1.30 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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If you would like help to understand this document, or would like it in another format, please call David Penrose, Governance Services on 01432 383690 or e-mail dpenrose@herefordshire.gov.uk in advance of the meeting.

Agenda for the Meeting of the Health and Wellbeing Board

Membership

Chairman	**Councillor GJ Powell**	**Herefordshire Council**
Vice-Chairman	**Diane Jones MBE**	**Herefordshire Clinical Commissioning Group**
	Councillor JW Millar	**Herefordshire Council**
	Sue Doheny	**Arden, Herefordshire and Worcester LAT**
	Helen Coombes	**Director of Adults Wellbeing**
	Jo Davidson	**Director for Children's Wellbeing**
	Paul Deneen	**Healthwatch Herefordshire**
	Dr Andy Watts	**Clinical Commissioning Group**
	Jo Whitehead	**Herefordshire Clinical Commissioning Group**
	Jacqui Bremner	**Healthwatch representative - Carers Support**

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 9 - 14

To approve and sign the Minutes of the meeting held on 28 January 2015.

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. HEALTH AND WELLBEING STRATEGY 15 - 22

To receive a report on the development of Herefordshire's Health and Wellbeing Strategy.

7. HEREFORDSHIRE CLINICAL COMMISSIONING GROUP OPERATIONAL PLANS 2015/16 23 - 34

To provide a progress report on the development of Herefordshire Clinical Commissioning Group's (HCCG) operational plan for 2015/16 and to outline key elements of the plan. To seek comments from Board members on the plan and to provide assurance that the HCCG work programme is aligned to the system's health and social care transformation agenda.

8. COMMISSIONING INTENTIONS 2015/16 35 - 38

To highlight in brief commissioning intentions and programmes that promote the health and wellbeing of the population of Herefordshire. The in brief nature recognises the breath of programmes across Children's Wellbeing, Adults Wellbeing and the Clinical Commissioning Groups work plans to assure health and wellbeing and progress allied to inequalities of outcomes for the residents of the County.

9. PUBLIC HEALTH ANNUAL REPORT 39 - 62

To note the statutory annual report of the Director of Public Health on the health of people of Herefordshire as required by the Health and Social Care Act 2012.

Herefordshire Health and Wellbeing Board

Vision and guiding principles July 2012

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

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

Principle 1: personal responsibility

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

Principle 2: information and support

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

Principle 3: sustainable services

Herefordshire Health and Wellbeing Board and its partners will work together to provide a unified service for everyone, through consistently good quality shared care and managed networks. Services will be financially viable, safe and sustainable and affordable for everyone.

Principle 4: working together

Publicly funded services will be delivered in conjunction with the resources of family, friends and community to ensure the right service is delivered, at the right place and time needed. The Health and Wellbeing Board will facilitate the provision of care as close to home as possible and ensure easy access to acute hospital services when needed. Services will protect people's safety, independence and dignity.

Principle 5: a lifecourse approach

There are differences in people's health and wellbeing that start before birth and accumulate throughout life. It is important to work with people throughout their lives to improve their healthy life expectancy. A vital part of this is sustaining a healthy workforce for the county.

Principle 6: the ladder of interventions

Health and wellbeing issues will be addressed, where possible, through the 'ladder of intervention', which provides a means of integrating lifestyle choices and enforcement action into a single strategy for improving health and wellbeing for the people of Herefordshire.

Principle 7: five ways to wellbeing

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

Understanding Herefordshire – The 2012 integrated needs assessment

Understanding Herefordshire provides a single integrated assessment of the needs of the people of Herefordshire, bringing together the Joint Strategic Needs Assessment (JSNA) and the State of Herefordshire Report.

It is integral to the commissioning cycle, providing an explicit evidence base that will enable strategic priorities, commissioning decisions and partnership working to be based upon a clear and comprehensive understanding of need.

It also provides a mechanism to evaluate the effectiveness of commissioning decisions and of interventions, with the ability to monitor or "track" progress over time.

Understanding Herefordshire explicitly identifies the underlying factors relevant to the Health and Wellbeing Board's vision that Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.

The essential point of the Integrated Needs Assessment is that it be used to influence and inform future decision-making.

Recommendations from Understanding Herefordshire are that we:

- Be proactive about our changing demographics, identifying the predicted rise in need for services and ways to address it.
- Develop the infrastructure, services and support networks needed to enable people to live independently. As well as direct service provision this will include housing and accommodation that facilitates independence, the economy, spatial planning, transport, engagement with the third sector and communities, and support for carers.
- Continue to build on a community based approach, developing our assets of volunteers, carers, third sector organisations, active communities and statutory services.
- Adopt this community based approach to provide comprehensive and integrated services and support for people living with Dementia.
- Ensure that the environment and infra-structure enables people to make healthy choices such as cycling and walking, as well as supporting economic growth and improved connectivity.
- Target preventative activities at the major causes of morbidity and premature mortality, in particular smoking, alcohol and falls.
- Make childhood obesity a priority for all stakeholders, tackling the underlying causes as part of a joined up strategy.
- Ensure continued improvement for Early Years and Foundation Programme, primary and secondary school children to achieve top quartile performance.
- Ensure the various strategies targeting families living in poverty are joined up to provide an integrated response.
- Address social inequalities through a comprehensive approach, encompassing opportunities such as employment as well as lifestyle behaviours, access to services and community engagement.
- Undertake more in depth analysis in the following areas:
    - Domestic violence
    - The care needs of people with learning disabilities
    - Impact of changes to the welfare system, particularly on families

June 2012

The Public's Rights to Information and Attendance at Meetings

YOU HAVE A RIGHT TO: -

- Attend all Council, Cabinet, Committee and Sub-Committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting.
- 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.
- Have access to a list specifying those powers on which the Council have delegated decision making to their officers identifying the officers concerned by title.
- Copy any of the documents mentioned above to which you have a right of access, subject to a reasonable charge (20p per sheet subject to a maximum of £5.00 per agenda plus a nominal fee of £1.50 for postage).
- Access to this summary of your rights as members of the public to attend meetings of the Council, Cabinet, Committees and Sub-Committees and to inspect and copy documents.

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HEREFORDSHIRE COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

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HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health and Wellbeing Board held at Committee Room 1, Shire Hall, Hereford on Wednesday 28 January 2015 at 2.30 pm

Present: **Councillor GJ Powell (Chairman)**
Mrs D Jones MBE (Vice Chairman)

Board Members: Ms J Bremner, Ms H Coombes, Mrs J Davidson, Mr P Deneen, S Doheny, Councillor J Millar and Dr A Watts

83. APOLOGIES FOR ABSENCE

Apologies were received from Mrs J Whitehead.

84. NAMED SUBSTITUTES (IF ANY)

None.

85. DECLARATIONS OF INTEREST

None.

86. MINUTES

The Minutes of the meeting held on the 18 November 2014 were approved and signed.

87. QUESTIONS FROM MEMBERS OF THE PUBLIC

None.

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

Dr Watts nominated Mrs Diane Jones as Vice-Chairman for the Board. Mr P Deneen seconded the nomination and Mrs Jones was elected unanimously as Vice-Chairman.

Resolved: That Mrs Diane Jones MBE be appointed as Vice-Chairman of the Health and Wellbeing Board for the term of one year.

89. HEALTH AND WELLBEING STRATEGY AND IMPLEMENTATION FOR HEREFORDSHIRE

The Interim Consultant in Public Health presented a report on the Health and Wellbeing Strategy. In the ensuing discussion the following points were raised:

- The three themes which included a focus on prevention and wellbeing, a recognition of the role of the voluntary sector and an emphasis on self-help and self-care.

- That seven priorities had emerged from consultation, but it would not be possible to undertake work on all seven immediately, hence the need for prioritisation.

- That independent providers should also be engaged as part of the consultation process in order to ensure that they were not disenfranchised.

- That there was an opportunity for care workers to engage the housebound as part of their rounds, so district nurses and practitioners should be involved in this process.

Resolved: That a further report be brought to the next meeting.

90. HEALTH PROTECTION COMMITTEE REPORT

(Dr Watts declared an interest as a provider of child immunisation)

The Committee received a report from the Consultant in Public Health on the health protection services in Herefordshire. The following points were highlighted during the subsequent debate:

- That as the Health Protection Committee met on a quarterly basis, consideration could be given to bringing a regular report from the Committee to the Board.

- That take-up of childhood immunisation, particularly the MMR vaccine, was still an issue in the County. The same was true for flu immunisation rates, particularly amongst pregnant women.

- That the Breast Screening Coverage target had been achieved and that whilst the Cervical Screening Coverage target had not been met, performance was higher than the West Midlands average.

- That the suspected Ebola outbreak had highlighted concerns as to how that sort of situation should be handled, and a debriefing session had laid out a number of recommendations for various organisations. Implementation of these would be monitored by the Multiagency Silver Group.

- That the childhood immunisation statistics were a matter for concern, and it was suggest that the federated GP organisation should have a meeting with Public Health in order to ask them to self-declare the information concerning immunisation. It was pointed out that information governance rules had changed within the NHS after the Primary Care Trusts had been abolished.

- That recommissioning of services and pathways would allow greater choice as to how people accessed the sexual health and immunisation services.

- The Director of Adults Wellbeing said that the resilience of the emergency planning model and action plan would need to be monitored and tested, and suggested that the Minutes of the Emergency Planning Committee should be brought to the Board on a regular basis.

Resolved: That the report be noted.

91. DEVELOPMENT OF CHILDREN AND YOUNG PEOPLE'S PLAN 2015-18

The Committee received a report on the development of the Children and Young People's Plan 2015 – 18. Dr Henri Giller, who was working with the Children and Young People's Partnership to create a new plan for Herefordshire, highlighted the following areas:

- That the Children and Young People Plan would be integrated into the functions discharged by the Health and Wellbeing Board.

- That the plan would run from May 2015-2018, and would provide an opportunity to build partnership working within the priorities of the Health and Wellbeing Board.

- There were a number of issues that needed consideration, and these included key and locality infrastructure, a refresh of case holding responsibilities and a review of joint commissioning arrangements to reflect the partnership needs.

- Clarity was required in the area of governance, and especially with regard to business support by the partnership and when the strategic plan cut across joint partnership areas.

- That six priority need areas were being considered and a robust draft plan would be produced for these areas following consultation.

The Assistant Director, Education and Commissioning tabled the Disabled Children Charter. After a brief discussion, it was agreed that the Health and Wellbeing Board would sign up to this Charter.

Resolved:

THAT:

(a) The children's integrated needs assessment be noted; and

(b) progress being made with the development of the children and young people's plan be noted.

92. BETTER CARE FUND SUBMISSION

The Board received a report on the Better Care Fund Plan Submission and Delivery Plan Report, delivered on 9th January 2015. The following areas were discussed:

- The funding contributions from the Herefordshire Clinical Commissioning Group (HCCG) and the Local Authority into the BCF pool. Whilst the creation of an additional pool that would manage the Care Home market had the potential to deliver savings, there were challenges in working with the market to release those savings.

- Outcomes based commissioning would be undertaken for Care Homes as the intention was to move to a market where support was provided within the community and people were kept at home as much as possible. These were bold and ambitious schemes, and the intention was to change community health services by 1 April 2015. The Board should be clear delivery was possible by this date, because if milestones were missed, the process would struggle to catch up.

- That the overarching governance arrangements would ensure that the BCF schemes were anchored within the joint commissioning arrangements, and would bring clinicians, consultants and Public Health together. The key to the structure was the Joint Commissioning Board, which would be answerable to both the HCCG and the Local Authority. Whilst there were areas of focus that the Board would need to consider as part of this process, the managing role would be undertaken by the Joint Commissioning Board.

Resolved:

That:

(a) The plan that was agreed using the delegated power agreed by the Board on 16th October 2014 be approved;

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

(c) the national assurance process and feedback be noted;

(d) the delivery arrangements for BCF be agreed; and

(e) the BCF Briefing Note be approved for circulation to all Local Authority elected members and Health and Wellbeing Board key stakeholders.

93. MENTAL HEALTH CRISIS CONCORDAT

(Mr P Deneen declared an interest as he had undertaken work for the Police and Crime Commissioner)

The Board received a report on the progress made against the Governments guidance document 'Mental Health Crisis Care Concordat, improving outcomes for people experiencing mental health crisis care'. In the ensuing discussion the following points were made:

- That issues associated with carers were not being listened too, and a conversation was needed with the 2gether NHS Foundation Trust in order to ensure that crises for carers could be averted. Agencies should ensure that they were aware of issues such as this, and clarity was needed as how agencies worked together to ensure that no problem areas were missed.

- That consideration should be given to ensuring that the Section 136 suite in the Police Station was being correctly used, and that this would help to ensure that there was no silo working between partner agencies and the police force.

Resolved:

THAT:

(a) the Board noted that the local declaration was signed within the stipulated timescales;

(f) the development of a Herefordshire Mental Health Crisis Care Declaration and Continuous Action Plan be prepared by the 1st March 2015 deadline

(g) a further update report be submitted to the Board at its next meeting; and;

(h) the report and the Action Plan be submitted to both the Adults and Children's Safeguarding Boards.

94. END OF LIFE CARE - HEREFORD POSITION

A brief verbal report was provided on End of Life Care and Dr Watts highlighted the following issues:

- that the County performed well in terms of the individuals being able to die in their place of choice, but there were cases were improvements could have been made. The End of Life Forum had been set up which included representation from all the providers in the County. Late identification of End of Life Care for non-malignant conditions was an issue within the County

- National Dying Matters Awareness Week was being organised by the Dying Matters Coalition from the 12-18 May, and should be promulgated within the County.

- That a scheme to allow GP's to have conversations about end of life care within Nursing Homes would be set up within the year.

- That a cultural change was needed to ensure that the issues around agencies working together could be addressed, as different systems could cause confusion when dealing with patients. The End of Life Forum would produce standardised systems and paperwork for organisations to use across the system.

During the ensuing discussion, the following points were made:

- That the Board should consider undertaking a project to help demystify death and should involve social care and schools and colleges, as this was also an issue for young people.

Resolved: That the report be noted.

95. WORK PROGRAMME

The Committee noted and updated its Work Programme.

Resolved: That the Work Programme be approved.

96. ITEMS FOR INFORMATION

The Board received and noted Briefings on the following subjects:

- Care Act Implementation
- Pharmaceutical Needs Assessment
- Public Health Commissioning
- Safeguarding Adults - Making Safeguarding Personal

Resolved: That the briefings be noted.

The meeting ended at 16:45 **CHAIRMAN**

Herefordshire Council

MEETING:	**HEALTH & WELLBEING BOARD**
MEETING DATE:	**25 March 2015**
TITLE OF REPORT:	**REFRESH OF THE HEALTH & WELLBEING STRATEGY**
REPORT BY:	**Rod Thomson, Director of Public Health** **Jo Robins, Interim Consultant in Public Health**

Classification

Open

Key Decision

This is a key decision.

Wards Affected

County-wide

Purpose

- To provide board members with the update on the priorities and themes of the refreshed health and wellbeing strategy
- To provide board members with analysis on the feedback received from the public and key stakeholders on the consultation linked to the health and wellbeing strategy
- To seek endorsement for the consultation and engagement findings
- To outline the proposed format of the strategy and action plans

Recommendation(s)

THAT:

(a) The Board discuss the feedback from the consultation;

(b) Board members identify their role in championing and communicating the health and wellbeing strategy and action plans;

(c) The Board endorse both the approach being taken and the priorities

outlined; and;

(d) The Board consider the links between the Health & Wellbeing Strategy and the emerging Economic Masterplan.

Alternative Options

1 There are no Alternative Options as 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 Herefordshire.

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 Herefordshire

Reasons for Recommendations

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

Key Considerations

5 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.

6 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.

7 To ensure credibility for the health and wellbeing strategy consultation with the public needs to take place

8 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.

9 The health and wellbeing strategy will not replace existing strategies and plans but should value to those already in place

10 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

11 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.

12 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

13 None

Legal Implications

14 None

Risk Management

15 None

Consultees

16 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 - Refresh of the Health & Wellbeing Strategy

Background Papers

None.

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

Health & Wellbeing Board

Refresh of the Health & Wellbeing Strategy

1 Purpose of Report

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

2 Key Aim

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

3 Important Drivers

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

4 What do We Already Have in Place?

- Data, performance information, strategic intelligence from the Joint Strategic Needs Assessment (Understanding Herefordshire) and the C&YP Needs Assessment
- The vision for the population of Herefordshire
- A set of principles
    - Commitment from partners about the importance of having an overarching strategic direction
    - Commitment from partners through the transformation programme to develop a whole system approach to health and social care challenges (integration, redesign, and community based, self-care)
    - A commitment to joint commissioning across the council and CCG
    - The Better Care Fund
    - Development of 1600 new affordable houses. Vibrant and willing voluntary sector organisations that are spread across the county
    - A suite of other strategic documents and plans that are already in existence

5 The Approach Taken

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

Desk top analysis of key strategic documents across partner organisations

6 The Themes Identified so Far

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

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

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

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

Feedback on the uniqueness of Herefordshire has highlighted a number of assets both in relation to people and place, including; resilient communities , supportive networks, a high quality environment, resilient workforces, supportive small local businesses, a great place to

bring up children, a strong cultural and creative focus, the outdoor spaces and caring and compassionate communities.

8 Consultation

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

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

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

9 How the Strategy will Help

1. Sets the strategic direction for council and partners to follow, to improve the health and wellbeing of the population with a five year delivery plan
2. Sets out a strong commitment to improving the health and wellbeing of the entire population of Herefordshire
3. Adds value to the existing work programmes
4. Identifies and clarifies priorities for action in short and medium term across partners
5. Enables the board members to hold each other to account for delivery of the priorities.
6. A vehicle for increasing the influence of local people in shaping services
7. Clarity for all including the public on the priorities of the Health & Wellbeing Board
8. An opportunity to engage local people in a conversation about taking control of their own health and wellbeing and supporting others to do the same
9. Recognition of the influence of the wider determinants of health and wellbeing and the importance of joint working around transport, housing, employment, education and crime
10. A leadership role in recognising and addressing rural inequalities
11. Something to benchmark progress against as we move forward (measuring our progress with indicators and outcomes)

11 Timeline and Governance

The Supportive Communities Working Group will act to check the work

Regular reports to the Health & Wellbeing Board

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

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

December 2014– mockup of format/make up of strategy

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

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

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

12 Key Questions for Board Members

What do you think of the themes identified so far?

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

Would you add anything to the consultation approach?

Jo Robins, Consultant in Public Health

November 2014

Herefordshire Council

Meeting:	**Health & Wellbeing Board**
Meeting date:	**25th March 2015**
Title of report:	**Herefordshire Clinical Commissioning Group's Operational Plan 2015/16**
Report by:	**Director Of Operations – Herefordshire Clinical Commissioning Group**

Classification

Open

Key Decision

This is not an executive decision/key decision.

Wards Affected

Countywide

Purpose

To provide a progress report on the development of Herefordshire Clinical Commissioning Group's (HCCG) operational plan for 2015/16 and to outline key elements of the plan. To seek comments from Board members on the plan and to provide assurance that the HCCG work programme is aligned to the system's health and social care transformation agenda.

Recommendation(s)

THAT:

(a) the Board comment on and note the content of the HCCGs 2015/16 operational plan; and;

(b) **Endorse the plan and the HCCGs work programme.**

Further information on the subject of this report is available from
Hazel Braund – Director of Operations on Tel (01432) 261837

Alternative options

1 There are no alternative options to the development of the plan. The CCG is required by NHS England to produce an operational plan that takes account of national planning guidance, but importantly also draws on local strategies and plans designed to deliver improved health outcomes and sustainable health and social care services.

Reasons for recommendations

2 The CCGs operational plan is designed to respond to national requirements as outlined in the NHS 15/16 planning guidance. Importantly, however, it also draws on existing strategies the CCG has been working on with partners together over the last year. The CCG wants to make sure that the plan represents this work and would welcome any feedback if members believe there are any significant omissions or believe it is not cognisant of Herefordshire Health and Social Care systems planned direction of travel.

Key considerations

3 NHS England issued planning guidance for 2015/16 in December: The Forward View into Action: Planning for 2015/16. The CCG is required to refresh its 2 year plans with draft submission in mid-February and final submission by April.

4 A draft summary of the plan is attached to the paper. It provides an outline of the plan and key content compiled to date. NHS England has also now provided all CCGs with a plan on the page template which all have been asked to use and complete. This template is designed to provide assurance to NHS England that the CCG is considering all the key fundamentals that have been outlined in the planning guidance, and is included in the attachments. Further work is being undertaken to ensure improvement plans related to key NHS constitutional targets, outcome measures and saving plans are in place, and are aligned and linked to contract developments with NHS Providers in Herefordshire.

5 Integral to the CCG's work programme is its joint work with Herefordshire Council on the Better Care Fund and the wider Transformation Programme, all of which has informed and been used as basis for the CCG's operational plan. This is focused on delivering seamless services wrapped around the individual and communities. This programme has been established with system leaders across Herefordshire who all recognise the interdependent nature of many of these and the need for collaborative working. For example, a core component of this programme is the Community Collaborative workstream which has been developed jointly with representatives from organisations across the Health and Social Care system. One of its main aims is the continued development of integrated and co-ordinated multi–agency networks of professional and community resources, based around GP registered populations, which is an essential element of the to the CCGs work programme.

6 The CCG and Herefordshire Council have also formed a shadow Joint Commissioning Board which will be the key forum by which significant joint commissioning decisions will be made. These arrangements have been developed in partnership between both bodies and will be central to delivering elements of the Better Care Fund, underpinned by a S75 agreement that will be in place for 15/16. The CCG continues to be actively involved in the Children and Young Peoples partnership and is a member of, as well as leading some of the supporting work streams. Existing plans of these bodies as well as feedback and input from them have informed the content of the CCG's operational plan for 15/16 and will continue

to do so going forward. All the CCG's initiatives and schemes have implementation plans in place or in development. These [will] set out clear targets and deliverables and their status will reported to the appropriate project/programme board or committee regularly throughout 15/16.

7 A final draft of the full plan will be submitted to NHS England at the beginning of April. This draft will take account of feedback from NHS England and other key stakeholders. The development of the plan will also be influenced by contract negotiations.

Community impact

8 The CCG plan will play a key part in delivering Herefordshire's health and wellbeing strategy; it builds on existing plans that are part of the wider system transformation work. The JSNA has informed the case for change and the development of many of the key programmes of work within the CCGs plans.

Equality duty

9 The CCG ensures that its key programmes of work undertake an Equality Impact Assessment and it also adheres to the NHS Equality Development scheme, designed to ensure it pays due regard to the public sector equality standard and improved outcomes for vulnerable groups.

Financial implications

10 The CCG is facing a challenging financial landscape for 2015/16. The CCG work programme includes schemes that are designed to deliver QIPP savings during 15/16.

Legal implications

11 None for this report

Risk management

12 None for this report

Consultees

13 The CCG has drawn on plans and strategies already developed and agreed with key stakeholders and partners. Draft versions of the plan have also been shared with HWBB members for comment prior to the March meeting for feedback.

Appendices

14 Appendix 1 –Summary of CCGs 15/16 Operational Plan

Appendix 2 – CCGs Plan on page and overview of work programme.

Background papers

None Identified

Further information on the subject of this report is available from
Hazel Braund – Director of Operations on Tel (01432) 261837

Appendix 1

Attachment 1: Health & Wellbeing Board Executive Summary

CCG Operational Plan 2015/16

12 March 2015

1. Herefordshire's health care system faces many challenges relating to the sustainability of services in a rural county with a geographically dispersed population. Major transformation is required to deliver an improved and more efficient model of care. The CCG is collaborating closely with partners who all recognise that this needs to happen at pace and are committed to overcoming any organisational-form or estate constraints preventing the development of capable integrated public services.

2. There has been significant progress over the year as system leaders across health and social care commissioning have linked with our main providers to agree a new approach to reshaping health and social care in the county. At the same time the CCG is ensuring that it is true to its principles of putting patients and the public at the heart of everything we do and supporting clinical leadership to guide changes that will deliver maximum benefits to patients.

3. The CCG in 15/16 will have a strong focus on the achievement of NHS Constitutional targets and ensuring high quality care is delivered, in addition it will concentrate its work on the following priorities:

    - Delivering greater integration of care with a focus on seamless services wrapped around the individuals of all ages
    - Enhancing supportive self-management of long term conditions (including CVD and CHD)
    - Strengthening Herefordshire's urgent care system including re-procurement of services and improved system management

4. The CCG, as a system leader has a necessarily ambitious improvement programme that is currently being delivered within the CCG programme management governance structure. The work programme is focused on 8 key areas these are:

    - Preventing ill health and improving health
    - Improving and enhancing planned care
    - Improving Urgent Care
    - Greater Integration of care (health and social care through Better Care Fund)
    - Modernising Mental Health Services
    - Developing Primary Care
    - Improving Health Outcomes for Children
    - High Quality Clinical Services

5. Each work area has a clear set of programmes and projects designed to deliver improvements in NHS Constitution and NHS outcome measures as well as QIPP savings. Key measures of success include delivery of A&E 4 hr waits, referral to treatment times, improved cancer services, improved quality of life for those with long-term conditions, patient satisfaction with health services and emergency admissions.

Further information on the subject of this report is available from
Hazel Braund – Director of Operations on Tel (01432) 261837

6. In developing its plans for 15/16 the CCG has taken account of new local and national policy drivers. Importantly the CCG will be taking advantage of emerging opportunities that are central to our future plans, these include:

   - Co-commissioning of Primary Care – in particular, the opportunity to integrate the strategy for Primary Care with the wider Herefordshire system transformation, recognising that Primary Care clinical leadership has the potential to drive successful delivery
   - Working more closely with the Local Authority in developing our relationships with individuals and their communities, seeking to reframe this relationship to one of mutual responsibility and building our commitment to the personalisation of care
   - Five Year Forward View - responding to the questions and opportunities posed in the Five Year Forward View and the Dalton Review working closely with our provider partners to take a new approach to the challenges in our system
   - The opportunity to review the physical infrastructure through which we provide care and develop system wide solutions that are fit for purpose for the long term.

7. In delivering its work programmes the CCG will ensure that it embraces the following values in all its work:

   - Strong patient and public engagement
   - Quality care is seamlessly provided
   - Access to services is improved
   - Meaningful clinical and staff engagement
   - Operates with openness, integrity and trust

8. The system wide Transformation Programme in Herefordshire provides an opportunity to achieve alignment of priorities and effort across commissioning and providing organisations, with the potential to delivery change at scale and pace. This programme is central to the CCGs work programme. Integral to this is the CCGs and Herefordshire Councils Better Care Fund Plan with a focus on enhancing seamless integrated care focused on communities and individuals. The CCG is committed to the Health and Social Care partners system vision that states:

   '*By 2020 Herefordshire system partners will provide seamless integrated care and support designed around the needs of individuals, their carers and their families.'*

   We want to be at the leading edge of seamless integration of care and support around individuals and their families. For patients, service users and their families this will mean that services "wrap around them", to provide co-ordinated consistent and high quality services across organisational boundaries'.

9. The CCGs 15/16 plan also builds on its 5 year plan that was presented at the HWBB in June 2015. The CCG will continue to test and refresh its plan as Herefordshire's Joint Health and Wellbeing strategy is re-developed. The CCG in particular is committed to playing a full part in the development of the Supportive Communities workstream of the Transformation Programme ensuring that our plans are connected and reflect the systems shared strategic priorities. Critical to this will be the focus on prevention and developing a new relationship with individuals and communities where individuals take more responsibility for their own care, and families and communities are supported to help those individuals to be as independent as possible.

10. An overview of the CCG work programme and plan is provided in the following pages. This includes:

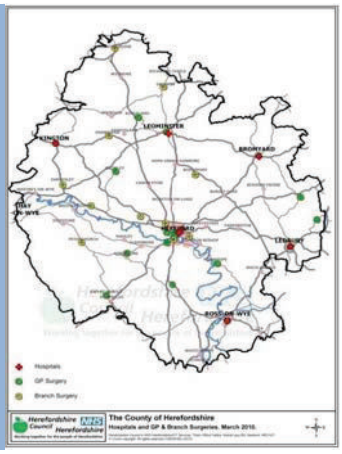
    - The CCG plan on page providing a summary of the CCG's work programme and priorities
    - Summary detail of the CCC's submission to NHS England focusing on schemes and initiatives designed to deliver NHS constitution targets and improvements in outcomes

    A final draft of the full plan will be submitted to NHS England at the beginning of April. This draft will take account of feedback from NHS England and other key stakeholders.

Overview for Herefordshire's Health and Wellbeing Board

This section provides an overview to our plans and work to date

- Foreword & CCG Vision
- CCG Work Programme
- Refreshed Plan on Page



Foreword – Herefordshire Clinical Commissioning Group is committed to transformation and change

"Our vision- High quality, sustainable, integrated health and social care economy with patients and public at the heart of everything we do"

Herefordshire's health care system faces many challenges relating to the sustainability of services in a rural county with a geographically dispersed population. Major transformation is required to deliver an improved and more efficient model of care. The CCG is collaborating closely with partners who all recognise that this needs to happen at pace and are committed to overcoming any organisational-form or estate constraints preventing the development of capable integrated public services.

There has been significant progress over the year as system leaders across health and social care commissioning have linked with our main providers to agree a new approach to reshaping health and social care in the county. At the same time the CCG is ensuring that it is true to its principles of putting patients and the public at the heart of everything we do and supporting clinical leadership to guide changes that will deliver maximum benefits to patients.

The CCG is committed to developing integrated teams of multi-disciplinary health and social care professionals around GP practice populations. We have signalled our intention to work closely with the NHS England Area Team to ensure that Primary Care transformation is an essential component of the agenda. There have been previous attempts to create integrated community teams in Herefordshire and the CCG is well placed to gain from this experience to ensure that the lessons learnt are appropriately applied.

The CCG is on track to radically redesign the urgent care system through an outcomes based approach that will result in improved alignment of services from GP out of hours and ambulance services through to A&E and the Clinical Assessment Unit. Public engagement and clinical involvement have been key features of this work to date. In addition the CCG is working alongside Wye Valley Trust leadership to review and redesign secondary care services ensuring patients have access to clinically safe and effective services.

Our priority is to ensure that patients receive the best care possible from public services and we believe this is best achieved by having a relentless focus on delivery of programmes and projects through to completion. This plan represents an extension of the delivery of HCCG's own Two-Year plan, recognising that the challenges and solutions sit across a number of neighbouring organisations. The CCG is committed to upholding and promoting the NHS Constitution as well as the NHS Mandate, and we embrace the description of the NHS it presents. Our GP members are key to the functioning of the CCG, and we will continue to engage widely with them during the transformation. Last but not least we will also continue to strengthen our engagement and involvement of voluntary sector organisations and individuals who support communities or care for others.

Dr Andrew Watts
Chair

Jo Whitehead
Accountable Officer

The CCG's vision and work programme underpins and supports the delivery of the health and care systems vision

NHS Herefordshire Clinical Commissioning Group

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Herefordshire CCG - Two Year Plan on a Page 2014-16

Our Vision

A high quality, sustainable, and integrated health and care economy, with the patient and the public at the heart of everything we do

Our Priorities

- *Greater integration of care*
- *Supportive self management of Long term conditions*
- *Ensuring parity of esteem*
- *Delivering high quality primary and secondary care*
- *Improving urgent care system*
- *Delivery of NHS Constitution standards*

Our Actions

- *Strong patient and public engagement*
- *Ensuring quality care is seamlessly provided*
- *Delivering improved access to services*
- *Meaningful Clinical engagement*
- *CCG managing the system*
- *Operating with openness, integrity and trust*

Delivering System Change

Current State

- Mixed patient experience and outcomes of care
- Urgent care system under pressure
- Focus on inputs, activity and outputs, not outcomes
- Fragmented provision of health and social care services
- Silo-based commissioning of services
- Embryonic collaboration between system partners
- Poor use of technology and limited sharing of information
- Financial challenge

CCG's plans to deliver change and improvement

- Preventing ill health and improving health
- Improving and enhancing planned care
- Improving urgent care
- Greater Integration of care (health and social care through Better Care Fund)
- Modernising Mental Health Services
- Developing Primary Care
- Improving Health Outcomes for Children
- High Quality Clinical Services

Key measures of success & progress

- Delivery of NHS Constitution commitments
- Reduction of emergency admissions
- Improvement in potential life lost
- Patient satisfaction of care
- Delivery of QIPP savings

Future State

- Excellent patient and service user outcomes and satisfaction with services
- High quality, seamless provision of care services in Herefordshire in the right setting
- Services 'wrapped around' patients and users
- Financially viable and sustainable health and social care economy – 'one system, one budget'
- Joined-up care systems and organisations
- Innovative use of IT and electronic shared care records
- Flexible, motivated and fulfilled workforce

The CCG has a clear work programme designed to ensure NHS Constitution Commitments and long term change are delivered

NHS Herefordshire Clinical Commissioning Group

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In addition to the key areas priorities outlined below, we will focus on the achievement of NHS Constitutional targets and ensuring high quality of care is delivered

- **Delivering greater integration of care with a focus on seamless services wrapped around the individuals of all ages**
- **Enhancing supportive self-management of long term conditions (including CVD and CHD)**
- **Strengthening Herefordshire's urgent care system including re-procurement of services and improved system management**

Access – delivering NHS Constitution standards

- Cancer - focus on reconfigured pathways and processes and investment in local radiotherapy provision
- RTT - robust recovery plan including transfer of work from local DGH to alternative providers, commissioning additional capacity and continued validation of data to ensure 90% standard meet across all specialities
- Urgent care – enhanced system management and escalation procedures and investment in capacity, prevention and rapid discharge aimed to ensure delivery 95% 4 hr standard
- Mental health – improving access to early diagnosis and support for dementia, psychosis, IAPT including children and young people, in order to deliver parity of esteem
- Stroke - development of strengthened 7 day networked TIA service
- Diagnostics - implementation of e-referrals work programme and continued work with providers to identify clinical solutions where over-performance identified
- Primary care development programme designed to deliver equitable access, seven day services, and provision of quality primary care

Improving health outcomes

- Focus on improving CVD and CHD outcomes and reducing associated inequalities
- Greater proactive anticipatory care and supported self-management
- Greater focus on preventative care pathways and reductions in admissions due to alcohol, smoking and obesity related conditions
- Focus on cancer survivorship and prevention
- Development of all-age Mental health and Well-being strategy to ensuing parity of esteem
- Transforming mental health services for children and young people including access to psychological therapies for young people
- Improved outcomes and access to health services for vulnerable children
- Ensuring appropriate referrals from primary to secondary care (including e-referrals)
- Improved signposting for patients and public for health and social care services
- Modernising community services including re-ablement and intermediate care services
- Improvements in mental health crisis care and Liaison psychiatry in Acute Care

Quality

- Implementing of national initiative 'sign up to safety' and endorsing it among commissioned providers
- Focus on reducing avoidable mortality and harm including focus on acute kidney injury & community rehydration programme
- Locally agreed care pathways for key conditions to ensure consistent practice
- Enhanced end of life care strategy and implementation plans
- Clear patient and public engagement and involvement programme, including use of patient experiences, to improve outcomes and develop new models of provision
- Enhanced quality assurance and improvement process in place with renewed focus on nursing and care homes
- Full involvement with acute providers PCIP plan and joint assurance with NHS England
- Service transformation and commissioning plans driven by patient experiences
- Working with partners to establish a model for 7 day working wrapped around the individual
- Improved signposting for patients and public for health and social care services
- Active leadership in enhance partnership safeguarding arrangements to reflect statutory arrangements
- Review and refresh of learning disabilities commissioning arrangements
- Optimise patient and NHS outcomes from medicines e.g. ensure appropriate antibiotic use to reduce resistance

Delivering value

Financially challenged health and care economy (CCG budget 15/16 £222m) will deliver financial resilience by:

- A focus on QIPP delivery by maximising outcomes for patients and making sure £s deliver value for money for carers, public and patients. QIPP programme £8.8m. Key to success is the delivery of demand management schemes, community team roll-out and reduction in emergency admissions. Also central to this is BCF and associated programmes focused on community redesign.
- In line with national planning guidance a 0.5% contingency has been planned for in addition to 1% non-recurrent surplus from 2015/16
- Investments for 15/16 include Stroke services, IAPT and dementia, Improved access to planned and urgent care, urgent care pathway and primary care
- Assumptions 1% demographic growth, 1 % non-demographic growth,1.5% reduction in emergency admissions
- Promote patient safety and quality of care involving medicines to ensure services are safe, appropriate and cost effective

Transformation programmes, reconfiguration plans and re-procurement

- Implementing new models for provision linked to Herefordshire Transformation programme and 5 year forward view - which are clinically appropriate, high quality, patient centred and value for money
- Developing co-commissioning arrangements for primary care with NHS England to establish sustainable models of care
- Developing community teams based around GP practice populations
- Working with the Local Authority to achieve better health and wellbeing for people with LD

Herefordshire CCG's two year plan is focused on eight key strategic work areas aimed at delivering our priorities….

NHS Herefordshire Clinical Commissioning Group

Delivering System Change

Preventing Ill Health & Improving Health
CCG Lead:
Clinical Lead:

- Improving CVD and CHD outcomes and reducing associated inequalities
- Greater proactive anticipatory care and supported self management (TP, BCF)
- Greater focus on preventative care pathways and reductions in admissions due to alcohol, smoking and obesity related conditions
- Focus on cancer survivorship and prevention
- Make greater use of pharmacists: in prevention of ill health

Improving and Enhancing Planned Care
CCG Lead:
Clinical Lead:

- Local agreed care pathways for key conditions to ensure consistent practice
- Ensuring appropriate referrals from primary to secondary care (including e-referrals)
- Enabling effective discharge from secondary to primary care
- Education programme to embed pathways across primary care (GP and Practice Nurses)
- Timely access to appropriate care and advice including diagnostics, cancer)
- Enhanced end of life care

Improving Urgent Care
CCG Lead:
Clinical Lead:

- Improve the delivery of urgent care services by moving to an outcomes based commissioning approach
- Ensure the urgent care system provides high quality accessible services
- Reducing the number of avoidable admissions, readmissions, repeat visits and length of stay
- Enhanced operational urgent care system management
- Managing primary care instigated demand

Greater Integration of Care (linked to BCF)
CCG Lead:
Clinical lead:

- Seamless working across all care settings (TP)
- Improved signposting for patients and public for health and social care services (TP)
- Putting in place a model for seven day working
- Enhanced reablement & intermediate care
- Modernising community services including reablement and intermediate care services (TP)
- Integrated voluntary sector and community support into all care services and pathways
- Information sharing between health and social care (including NHS Number) (TP)
- Greater use of technology e.g. telecare

Improving Health Outcomes for Children
CCG Lead:
Clinical Lead:

- Improved outcomes and access to health services for vulnerable children
- Better respite and short term care for vulnerable children
- Better outcomes for children with disabilities and long-term conditions (BCF)
- Transforming mental health services for children and young people
- Improving health outcomes for children with special educational needs
- Redevelopment of maternity care pathway (including midwifery)

High Quality Clinical Services
CCG Lead:
Clinical Lead:

- Enhanced Quality Assurance process Focus on quality of care in care homes (including assurance process and education)
- Developing new models for provision linked to five year forward view - which are clinically appropriate, high quality, patient centred and value for money (TP)
- Specific work on improving stroke and cancer services
- Robust safeguarding practice (adults and children)
- Engaging public and patients to improve outcomes and develop new models of provision
- Safe ,cost effective and appropriate use of medicines

Developing Primary Care
CCG Lead:
Clinical Lead:

- Ensuring equitable access and provision of quality primary care
- Reducing variation in quality of care and improving standards
- Putting in place a model for seven day working
- Delivering prevention and early intervention (TP)
- Establish future options for sustainable Primary Care services in Herefordshire
- Developing community teams based around practice populations
- Development of Co-commissioning framework

Modernising Mental Health Services
CCG Lead:
Clinical Lead:

- Ensuring parity of esteem of Mental Health with physical health
- Development of all-age Mental Health and Well-being Strategy
- •Improvements in Mental Health crisis care
- Focussing on Patient-centred care and in self-management across care pathways (TP)
- Awareness of dementia and improvement in access to diagnosis
- Using Mental Health needs assessment to inform re-provision
- Embedding Liaison psychiatry in Acute Care
- Improving Access to psychological support for people with anxiety and depression

*programmes linked to BCF & transformation (tp)

The CCG with its partners have developed a vision for Herefordshire's Health and Care system

NHS Herefordshire Clinical Commissioning Group

By 2020 Herefordshire system partners will provide seamless integrated care and support designed around the needs of individuals, their carers and their families.

We want to be at the leading edge of seamless integration of care and support around individuals and their families. For patients, service users and their families this will mean that services "wrap around them", to provide co-ordinated consistent and high quality services across organisational boundaries.

SUMMARY VISION

Our current health and wellbeing system in Herefordshire

There are people, organisations and physical assets such as buildings and spaces in our communities that are not being used most effectively to support residents in their health and well being

Different types of healthcare, healthcare and wellbeing services and services for adults and children are not joined up and don't support people well, meaning that they are less effective than they should be and highly inefficient

Too many people are presenting to services in crisis, creating demand on current services that cannot be met in terms of quality and cost of care and organisational performance

Public sector assets and resources in Herefordshire are too disparate - including staff, skills and facilities

There are stark inequalities in health and health outcomes in relation to people with mental health problems and with other specific groups

What we will do to improve this

Actively and purposefully draw on our communities – people, places, voluntary sector and other agencies to strengthen our communities and to support and enable more people to remain independent and to take greater personal responsibility

Place people and communities at the heart of our plans for integrated community services for children and adults, wrapped around GP registered populations and delivering more coordinated, personalised, technology - enabled care and support outside of hospital

Develop and deliver proactive, targeted risk-based care and support to local populations, based on agreed pathways that support self – care, early intervention and promote recovery and independence following an episode of acute or urgent care.

Jointly commission across health and social care for all ages wherever possible and commission using an outcome-based approach to better pull together different parts of the system

What will be different in Herefordshire in 5 years

Community resilience will have increased through the development of community capacity and local co-ordination

Citizens of all ages will have an increased sense of wellbeing and local access to integrated, personalised, physical and mental health and social care - promoting independence and providing:

› Prevention, early detection and optimal management of long term conditions and frailty

› Access to high quality, safe and effective urgent and emergency care pathways

› Access to high quality safe and effective planned acute care

Health care and social care resources will be utilised more effectively in terms of quality of service delivery and efficiency

Length and quality of life for people with physical and mental health conditions will have improved

Our plans for 15/16 will build on progress to date

A new outcome based approach to **Urgent Care** - based on the experience and care that local people have told us they want to receive when they need an urgent response from the NHS

- Extensive public engagement public 13/14
- Integrated urgent care pathway from NHS 111to A&E with focus on outcomes important to patients and not input measures
- Identification of a potential accountable lead provider

Stroke - a robust plan to secure sustainable improvements in the service that people in Herefordshire receive. Increased investment of £1.1m and clinical network with Gloucestershire to ensure access to the best expertise for our patients; improved local capacity and pathways. Delivery from 1st April 2015 designed to:

- Improved access to TIA clinics to prevent strokes
- Move to earlier assessment and goal directed care planning in partnership with patients and carers
- Where possible Early Supported Discharge to enable rehabilitation in peoples own homes
- Focus on survivorship

Dementia - new county-wide strategy and pathway to address the issue of the estimated 3,000 people in Herefordshire living with dementia, focus on puts earlier diagnosis, better post-diagnosis support and a more joined up approach between health and care providers, to improve quality of life for those with dementia and their carers, and increase diagnostic rates

"**Hospital at Home**" - supporting people in their own homes, to prevent the need for admission and also to ensure that they are discharged from hospital at the earliest appropriate point to support long term recovery and independence service. Evaluation undertaken in Summer 2014

- 187 patients were able to leave hospital earlier than their predicted length of stay when supported by the Early Supported Discharge element of the Hospital at Home.
- 301 patients were discharged from the Hospital at Home by the end of July 2014. Within 28 days of discharge 16 patients (5%) were readmitted to the virtual ward for additional treatment and 47 patients (16%) were admitted to hospital.
- Qualitative interviews articulated overwhelmingly positive reports of the benefits of the care provided.

Falls response - available 24 hours per day every day including Bank Holidays

- Provides a response where no emergency informal contacts are available, and emergency services are not required but would have attended in the absence of alternative informal support services also
- Provide assistance to get up following a fall using appropriate protocols, aids and equipment and light first aid provision.
- Responding with welfare visits to no answer and incoherent calls preventing the default call out of emergency services.
- Assessing risks in the home and signposting with consent to appropriate services, e.g. GP, Falls Prevention Team, Social Workers, and Handyman Service.

Designed to avoid ambulance dispatch and reduce attendance at A&E who have fallen but not injured themselves

Herefordshire Council

Meeting:	**Health & Wellbeing Board**
Meeting date:	**25 March 2015**
Title of report:	**Commissioning Intentions 2015-16**
Report by:	**Assistant Director, Housing and Community Wellbeing**

Wards Affected

Countywide

Purpose

To highlight in brief commissioning intentions and programmes that promote the health and wellbeing of the population of Herefordshire. The in brief nature recognises the breath of programmes across Children's Wellbeing, Adults Wellbeing and the Clinical Commissioning Groups work plans, to assure health and wellbeing and progress allied to inequalities of outcomes for the residents of the County.

Recommendation(s)

THAT:

(a) The Board note the broad and specific commissioning intentions.

(b) To note those areas of commonality and synergy to support increasing opportunities for co-commissioning; and

(c) The development of capability to support commissioning intentions that are evidenced based and demonstrate better outcomes for people.

Alternative options

1. The proposed commissioning intentions are informed by a clear understanding of local and national policy intentions, intelligence derived from the Joint Strategic Needs Assessment, the current state of play allied to commissioned and contracted services and the market for care and support in Herefordshire and the need to make best use of available resources. Therefore the proposed programmes will seek to enhance outcomes and promote choice and control for those requiring care and support.

Reasons for recommendation

2. Commissioning is at the heart of everything that we do in terms of promoting choice and control and making the best use of available resources. As such the list of commissioning intentions will support our Transformation Programmes and the

redesign of services to assure better outcomes. Implicit within our approach is the importance of working together to seize opportunities to do things differently so that we can provide comprehensive, complementary services and where appropriate integration of function to ensure best value in resources that are available.

Key considerations

3. Good commissioning is:

    - **Person-centred and focused upon outcomes –** Good commissioning is person-centred and focused upon outcomes that people say matter most to them. It empowers people to have choice and control in their lives and over their care and support.
    - **Promote health and wellbeing for all –** Good commissioning promotes health and wellbeing, including physical, mental, emotional, social and economic wellbeing. This covers promoting protective factors and maximising people's capabilities and support within their communities, commissioning services to promote health wellbeing, preventing, delaying or reducing the need for services and protecting people from neglect and abuse.
    - **Delivers social value –** Good commissioning provides value for the whole community not just the individual and their carers, the commissioner or the provider.
    - **Demonstrates a whole systems approach –** Good commissioning convenes and leads a whole systems approach to ensure the best use of resources in a local area through joint approaches between the public, voluntary and private sectors.
    - **Well led and uses evidence about what works –** Good commissioning is led by key representatives from all sections of our local community and underpinned by principles of co-production, personalisation, integration and the promotion of wellbeing. Good commissioning draws upon evidence as to what works well and utilises a wide range of information to promote quality outcomes for people, their carers and communities, and to support innovation.
    - **Provides value for money –** Good commissioning provides value for money by identifying solutions that ensure a good balance of quality and cost to make the best use of resources and achieve the most positive outcomes for people and their communities.
    - **Develops the commissioning and provider workforce –** Good commissioning is undertaken by competent and effective commissioners and facilitates the development of an effective, sufficient, trained and motivated health and social care workforce. It is concerned with sustainability, including the financial viability of providers and the coordination of health and social care workforce planning.

4. The commissioning intentions are ambitious and will seek to respond positively to the range of complexities confronting Children's Wellbeing, Adult Wellbeing and the Health Economy, against the continuing financial backdrop of constrained financial resources. The areas identified include, but not exhaustive in nature:

    - NHS and Social Care Nursing Care Provider Framework.
    - Mental Health and Wellbeing Pathway and Commissioning Plan.
    - Learning Disability Pathway and Commissioning Plan.

- Sexual Health Pathway.
- Drug and Alcohol Pathway.
- Obesity and Physical Activity/Behaviour Change Commissioning Plan.
- Older Peoples Day Opportunities Commissioning Plan.
- Information, Advice and Signposting Service.
- Intermediate Care Commissioning Plan.
- Children's Health Pathway and Commissioning Plan.
- Children and Young Peoples Plan.
- Integrated Pathway moving from Pre-birth to transition into Adulthood.
- Commissioning of Post 19 opportunities, supporting young people into local education and training.
- Commissioning Direct Services for children and families, including respite and fostering to support children with disabilities, rather than residential care.
- Housing Prevention Strategy.
- Housing and Affordable Homes Strategy.
- Older Peoples and Specialist Housing Need Pathway and Commissioning Plan.
- Carers Strategy Refresh.
- The redesign of community health services and the development of an adult social care operating framework.
- BCF Commissioning to support the BCF Plan.

5. As indicated this is not an exhaustive list of commissioning intentions and activities and will seek to support the Health and Well Being Board to promote better outcomes for the people of Herefordshire. The above commissioning intentions will give meaning to the Health and Wellbeing Strategy now moving to a conclusion and readiness for implementation.

Community impact

6. The Understanding Herefordshire 2014 and local needs assessments will provide an evidence base to support the commissioning intentions. We will strive to ensure that our approaches are comprehensive and complementary and seize those opportunities for co-commissioning to ensure that we maximise working together.

Equality duty

7. An equality impact assessment will be undertaken for each commissioning work stream and activity to identify problems, or missed opportunities and adjust policy to remove barriers or better promote equality.

Financial Implications

8. Commissioning Intentions will be founded upon robust financial planning to ensure the best use of available resources.

Legal implications

9. Commissioning Intentions will be founded upon rigorous legal conditions to ensure solid governance of activity and procurements.

Risk management

10. Risk will be managed and controlled through the development of robust evidenced commissioning plans that have recourse to the governance infrastructures of the local authority and clinical commissioning group.

Consultees

11. Engagement strategies will accompany the development of commissioning intentions to support implementation. As indicated earlier our approach will embed co-production and personalisation.

Appendices

None

Background papers

None

Herefordshire Council

MEETING:	**HEALTH & WELLBEING BOARD**
MEETING DATE:	**25 March 2015**
TITLE OF REPORT:	**DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2014-15**
REPORT BY:	**DIRECTOR OF PUBLIC HEALTH (INTERIM)**

Classification

Open

Key Decision

This is not a key decision.

Wards Affected

County-wide

Purpose

To note the statutory annual report of the Director of Public Health on the health of people of Herefordshire as required by the Health and Social Care Act 2012.

Recommendation(s)

THAT: The Director of Public Health Annual Report 2014 is received by the Council and is published, as required by the Health and Social Care Act 2012.

Alternative options

1. There are no Alternative Options to receiving and publishing the Director of Public Health's Annual Report as the Annual Report is a statutory requirement.

Reasons for recommendations

2. The report provides the Director of Public Health's view on important issues affecting the health of the population of Herefordshire and fulfils the requirement that the report is published by the local authority.

3. The annual report has as its focus one of Herefordshire Health and Wellbeing Board's key themes – giving our children the best start in life.

4. The annual report supports the priorities of the Children and Young People's Partnership.

5. The Director of Public Health Annual Report is a statutory requirement.

Key considerations

6. This is the second annual report of the Director of Public Health since the transition of public health responsibilities to the local authority under the Health and Social Care Act 2012.

7. The focus of the Director of Public Health's annual report this year is children and young people with a particular emphasis on improving outcomes for 0-5 year olds. In this report the Director of Public Health highlights what can be done to improve a wide range of outcomes for children including health, wellbeing, developmental and educational outcomes. The report has been informed by data in the Children's Integrated Needs Assessment (CINA) published in January and the Joint Strategic Needs Assessment, *Understanding Herefordshire (UH),* and provides a range of practical advice on improving children's outcomes, thereby complementing the recommendations in the CINA and UH.

8. It contains an update on the recommendations from the 2013 Director of Public Health's annual report

9. The topics highlighted in the report are important to the decision making process about local priorities for public health and the local authority for the next planning cycle and beyond.

Community impact

10. The report emphasises the central role of parents, carers, families and communities in ensuring that children get the best possible start in life.

11. Addressing the issues highlighted in these reports has the potential to positively impact on the health and wellbeing of children and young people and the families and communities that they live in.

Equality and human rights

12. The report is the Director of Public Health's view of the needs of the county's population experiencing greatest inequalities and poorest health outcomes. This includes examining equitable access to services. The recommendations support the Public Sector Equality Duty, under section 149 of the Equality Act 2010, which are to:

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act;
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it;
- Foster good relations between people who share a relevant protected characteristic and those who do not share it.

Financial implications

13. The report itself has no financial implications and commits no funding.

Legal implications

14. Section 31 Health and Social Care Act 2012 provides that there is a duty for the Director of Public Health to prepare an annual report on the health of the people in the area of the local authority, and a duty on the local authority to publish the report.

Risk management

15. Failure to produce the Director of Public Health Annual Report would mean as a local authority we are not fulfilling our statutory requirement.

16. Failure to receive the annual report and take action in its decision making could result in the council's failure to improve outcomes for children and young people in Herefordshire.

Consultees

17. Children's Wellbeing Directorate

Appendices

18. Appendix A – Director of Public Health Annual Report

Background papers

19. None identified.

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Herefordshire Council

Foreword by Councillor Graham Powell,

Cabinet Member Adults and Wellbeing

The responsibility for public health transferred from the NHS to local authorities in April 2013 and brought with it a requirement to issue an annual report from the Director of Public Health. I'm pleased to introduce this, the third annual report prepared by the Herefordshire public health team, which has as its focus one of the Herefordshire Health and Wellbeing Board's key themes – giving our children the best possible start in life.

The Health and Wellbeing Board has an overarching vision that:

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

In order to achieve that vision it is critical that we work together to give children and young people the best possible start in life and to put in place the building blocks that will lead them towards a safe and healthy lifestyle.

Herefordshire is a wonderful place for our children to grow up but there are significant differences in health and achievement as we look across the county. This is why I welcomed the publication in January of the Children's Integrated Needs Assessment, which will bring focus onto the provision of services that meet the real needs of our children and young people.

The health and social care system across Herefordshire will face many challenges over the next few years including reductions in funding and an increasing demand on services through population growth and ageing. The Health and Wellbeing strategy is being refreshed to recognise these challenges and to ensure that as commissioners, service providers and residents we work together to improve the health of the residents of Herefordshire.

I welcome this year's report from the Director of Public Health and in particular the focus on children and young people.

Councillor Graham Powell
Cabinet Member, Adults and Wellbeing
Chair of Herefordshire Health and Wellbeing Board

Introduction by Councillor Jeremy Millar,

Cabinet Member Children and Young People

I welcome this report and its focus on 0-5 year olds both as Cabinet Member for Children and Young People's Wellbeing and on behalf of Herefordshire's Children and Young People's Partnership.

Our vision in Herefordshire is that children and young people are raised with their health and wellbeing needs met, that they are kept safe from harm, and that they have the opportunities to make the most of their capabilities. Working together in partnership across the county to ensure that children get the best possible start in life is a fundamentally important part of how we will achieve this.

This report supports the priorities of the Children and Young People's Partnership which are to improve outcomes for our youngest children aged 0-5 years, improve outcomes for children with a disability, develop a "think family" approach and culture across the partnership to target resources and support vulnerable families, improve the emotional and mental health and wellbeing of children, young people and their parents and carers, and reduce the number of young people offending.

This year's report reinforces the central role of families in shaping children's health, wellbeing and development. In addition to reporting on work that is in progress and planned, it provides suggestions for how families can help themselves to support their children in the early years and links to sources of further information. It also challenges us as a community to think about how we can "think family" and support all of our children to get off to a great start in life.

I hope that you will enjoy reading this year's Director of Public Health annual report.

Councillor Jeremy Millar
Cabinet Member, Children and Young People
Chair of Herefordshire Children and Young People's Partnership Board

Acknowledgments:
With contributions from the Herefordshire Public Health Department: Rod Thomson, Alison Merry, Susan Lloyd, Sophie Young and Latha Unny
Designed by Herefordshire Council Design Team: Nick Winwood and Alun Herbert
With thanks to Jo Davidson, Councillor Graham Powell, Councillor Jeremy Millar, Helen Coombes, Arif Mahmood, Kristan Pritchard, Jean Masanyero-Bennie, Andy Hough, Gwen Ellison and Helun Sandifort

Introduction by the Director of Public Health

The starting point for Herefordshire's Health and Wellbeing Strategy is the early childhood years and the importance of supportive communities and families. In recognising Herefordshire Council's commitment to the health and wellbeing of children and young people, my report this year is concentrating on how we can improve the health and wellbeing of our very youngest children.

From birth to 5 years old children grow more than they will at any other time of their lives. Giving a child the best start in life really does set them up for the future. Whilst most families are successful in supporting and caring for themselves and their children, families sometimes benefit from extra support to help children to achieve their full potential. In this report you will read how we are working with families, communities, service providers and the NHS across Herefordshire to ensure that families are able to care for themselves and so that children get the best possible start in life.

Professor Rod Thomson, Director of Public Health (Interim), Herefordshire Council

Herefordshire: A great place to

Starting school is a big life event and we want all our children to be ready for that big day. This means that the first five years of a child's life are vitally important and we know that supporting our children to live in a home in which their health and wellbeing needs are met, where they are kept safe from harm, and where they are encouraged to maximise their capabilities is the key to having healthy and happy children in Herefordshire.

As a council we want to support children and families and to do this we need a good understanding about their lives and what their needs are. This year, with partners, we have undertaken a detailed assessment of the needs of children and young people in Herefordshire – the Children's Integrated Needs Assessment. This was published in January 2015 and is available to read on the council's website (http://factsandfigures.herefordshire.gov.uk/CYP.aspx#Resource_box).

As a result we now have very good information about local children and families, their needs, what is going really well for children and young people and what some of the local challenges are.

From this work, we have identified three particular priorities for the future health and wellbeing of children in the 0-5 age group:

- achieving the best possible physical and mental health and wellbeing,
- ensuring that children are up-to-date with their immunisations, and
- keeping teeth healthy.

All these things will help to ensure that children develop as well as they can in these early years and get off to a great start at school.

Starting well

Breastfeeding gives babies a great start in life and we are encouraging breastfeeding by promoting Start 4 Life, introducing the UNICEF baby friendly initiative, providing information about the benefits of breastfeeding to mums and dads, developing peer support by training mums to support others to breastfeed, and through the support that Health Visitors and Children's Centres provide to parents. Information about the benefits of breastfeeding and on where to find support with breastfeeding in Herefordshire can be found at:

http://www.nhs.uk/start4life/Pages/breastfeeding-benefits.aspx
https://www.herefordshire.gov.uk/health-and-social-care/children-and-family-care/breastfeeding-support
http://www.wyevalley.nhs.uk/services/community-services/health-visiting.aspx

A balanced diet is important for everyone, but pregnant women, new mums and young children may have additional needs and so may benefit from vitamin supplements. During the past year we have been working with the national Healthy Start programme to set up a Healthy Start vitamin scheme in Herefordshire which provides vitamin supplements for young children and pregnant women.

o grow up

We are now working towards increasing the number of outlets where Healthy Start vitamins are available. Parents can find more information about the Healthy Start programme from their Health Visitor, local Children's Centre or by visiting: http://www.healthystart.nhs.uk.

Many of the foods and drinks that children love to eat contain surprisingly high levels of sugar and as a result children often have too much sugar in their diet. This can lead to weight gain and an increased risk of developing diseases such as type 2 diabetes and heart disease in later life. Sugar is also responsible for causing tooth decay. Taking care to limit the amount of sugar that children consume is therefore a very important part of healthy eating and swapping sugary food and drinks for healthier alternatives is a great way to improve children's health and to help keep teeth strong and healthy. There are lots of ideas for sugar swaps here: http://www.nhs.uk/Change4Life/Pages/low-sugar-healthy-snacks.aspx

This year we are also supporting the NHS Sport and Physical Activity Challenge within primary schools.

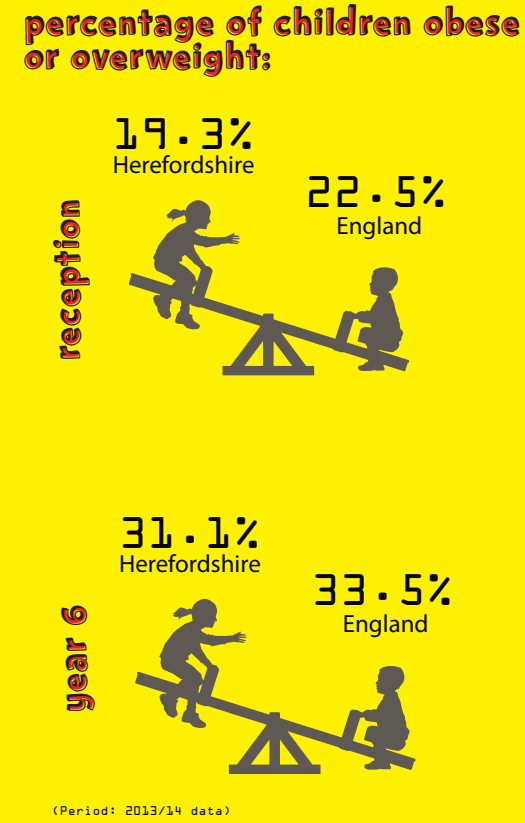
change 4 life

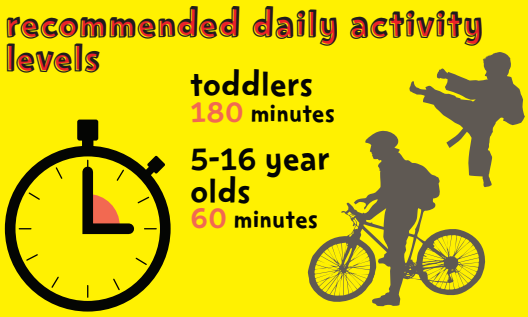
Eat well Move more Live longer

Dental Health

Children in Herefordshire are more likely to have tooth decay at age three and age five than children in other regions of England. In our county around one in every five three year olds has signs of tooth decay and this increases to one in every three five-year-old children. We tend to see poorer dental health in areas of the county that are less economically advantaged.

We are working with Health Visitors and childcare providers to improve the dental health of young children in Herefordshire for example by promoting our "top tips for teeth", by providing dental packs to parents and by setting up supervised toothbrushing schemes.





keeping active

To find out how children can become more active search change 4 Life or visit the NHS Choices website

Our top tips for teeth:

- Start brushing your child's teeth as soon as the first tooth comes through
- Brush your child's teeth twice a day with a family fluoride toothpaste containing at least 1,000ppm fluoride (most toothpastes have 1,000ppm – 1,450ppm fluoride. Toothpastes with less than 1,000ppm fluoride are less effective at preventing decay)
- Make "last thing at night before bed" one of the times when you brush
- Children up to 3 years of age should only use a smear of toothpaste (see below)
- Children aged 3-6 years should use no more than a pea sized blob of toothpaste (see below)
- After brushing, encourage your child to "spit out and not rinse"
- Children need to be helped to brush and supervised by an adult whilst brushing until they are at least 7 years old
- Don't let your child eat or lick toothpaste from the tube.

- Take children to see the dentist regularly
- Start taking your child to the dentist as soon as the first tooth comes through
- REMEMBER - NHS dental care is FREE for children and for pregnant women and for new mums (up to 12 months after birth)

Smear - under 3 years

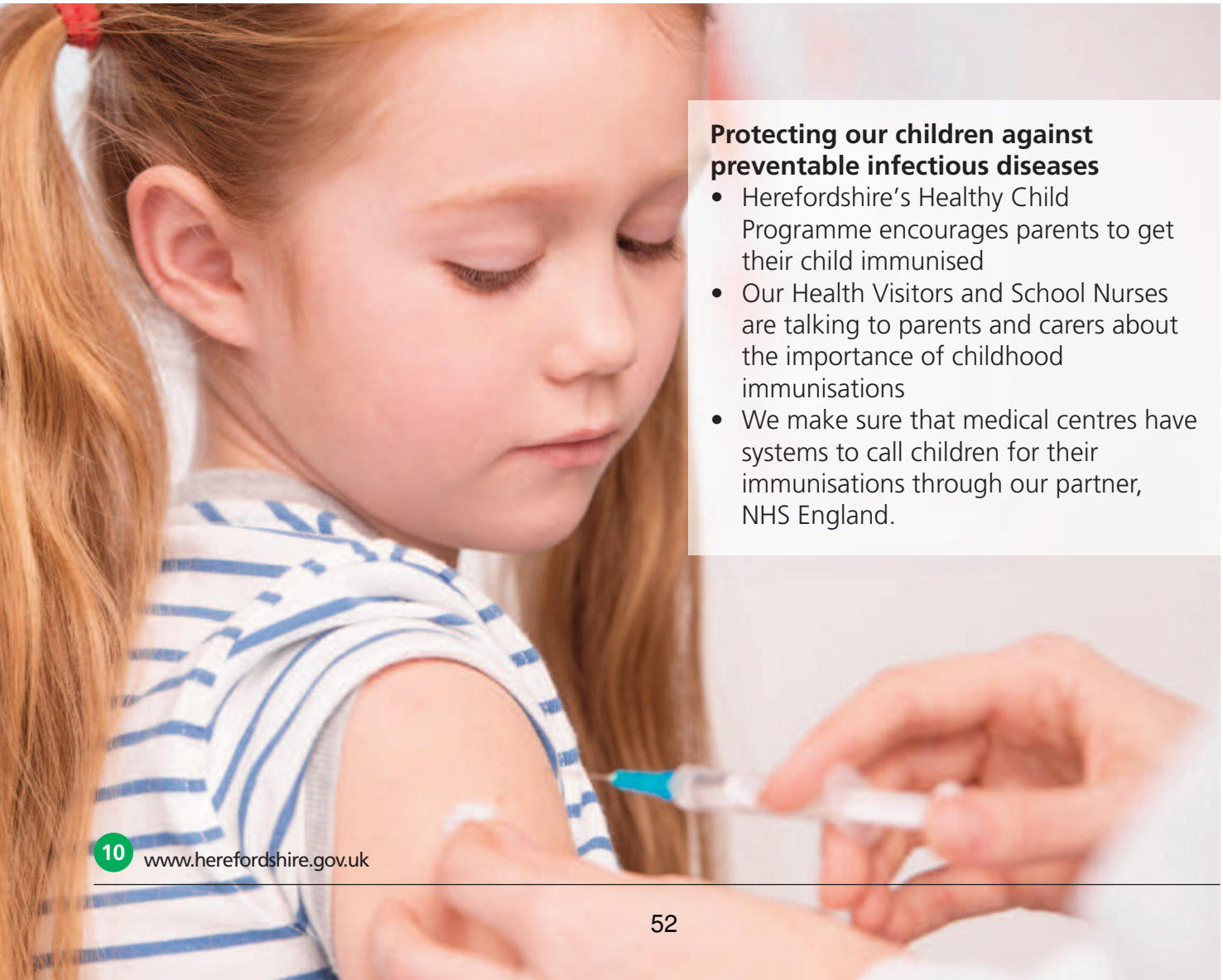
Pea sized blob - 3 years +

Protecting our children from infectious diseases

The NHS provides a programme of routine vaccinations to all children in order to protect them against preventable infectious diseases. Vaccinations work on two important levels. Firstly they offer protection to the individual child who receives the vaccination, and secondly they protect the wider community by reducing the ability of an infection to spread, but only when 95 or more out of every 100 children have been vaccinated (this is called 'herd immunity'). In Herefordshire the percentage of children who are up-to-date with their routine vaccinations is lower than the 95% required to provide the best possible protection for everyone and we are working with the NHS to increase the numbers of local children who are immunised. Up to the age of one year, the majority of children in Herefordshire are immunised with approximately 94 in every 100 children receiving their vaccinations. However, at two years of age the uptake of routine vaccinations for Meningitis C (MenC), Haemophilus influenza type B (Hib) and Pneumococcal vaccine booster (PCV) is lower than the England average. Unvaccinated children are at potential risk of catching these diseases each of which can lead to serious illness and potentially can be fatal.

Make sure your child is protected by taking them along for their routine vaccinations at the recommended time.

You can find out more about routine childhood vaccinations from your Health Visitor, School Nurse or GP practice or by visiting: http://www.nhs.uk/Conditions/vaccinations/Pages/vaccination-schedule-age-checklist.aspx

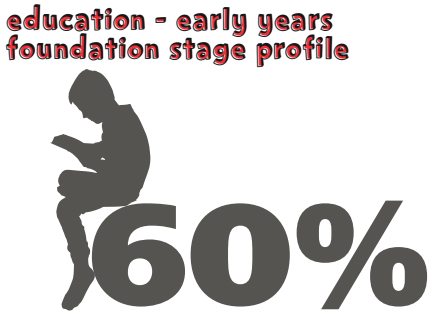


Protecting our children against preventable infectious diseases

- Herefordshire's Healthy Child Programme encourages parents to get their child immunised
- Our Health Visitors and School Nurses are talking to parents and carers about the importance of childhood immunisations
- We make sure that medical centres have systems to call children for their immunisations through our partner, NHS England.

Being ready for school

A child who lives in a family and community in which their health and wellbeing needs are met and where they are kept safe from harm is likely to maximise his/her potential. It's important that before a child goes to school he or she has a basic understanding of speaking, listening and numbers, taking turns and sharing, that they are able to do everyday tasks such as using a knife and fork to eat and that they are toilet trained. This underpins a child's education, which in turn underpins their emotional wellbeing and their growth into a strong resilient adult.



60% of Herefordshire pupils achieved a good level of development at reception age 4-5 years old

In 2013/14, 60 out of every 100 Herefordshire children had achieved a 'good level of development'. This is better than the numbers for the West Midlands (58) and the same as the England average in the same period. However it still means that 4 in 10 children are not achieving a good level of development, hence the importance of helping children and their families.

What are we doing to help children develop their speaking, listening and numbers skills?

We have expanded the number of places for 2 year olds entitled to free education.
We are promoting a campaign to encourage nursery rhymes and reading with children, including annual reading challenges and improved access to neighbourhood libraries.
Our 10 children's centres are supporting parenting and coordinating support services in specific areas of the county.
We are training staff who work with pre-school children to help children to develop their speaking and listening skills and to use phonics to support the development of reading skills.
We deliver accredited parenting programmes in groups and on a one to one basis in children's centres, together with family learning programmes, including work related skills.
We support providers of early years' services to ensure that the transition to reception is as smooth as possible for the child and their family.

What can parents do to help young children to develop their readiness for school?

Parents and families are children's first teachers and are the most important people when it comes to helping young children to develop the skills they will need when they start school. Here are some of the things that parents of pre-school children can do to develop their child's readiness for school:

- Playing with your child and encouraging them to play with other children helps to develop a wide range of skills including speaking and listening, sharing and taking turns, developing confidence and making friends
- Singing nursery rhymes and children's songs helps to develop speaking, listening and simple maths skills
- Introducing your child to books and stories from an early age will help to lay the foundations for reading and writing
- Attending nursery, play-group or other early years' provision helps children to develop many of the skills they will need to get off to a great start at school.

All three year olds and four year olds are entitled to 570 hours of free childcare per year and now some two year olds are also eligible for this. More information on childcare in Herefordshire is available at: https://www.herefordshire.gov.uk/education-and-learning/early-years-and-childcare/childcare

Mental health and wellbeing in children and young people

Supporting parents during pregnancy and the early years is known to impact positively on the mental health of children and young people and a secure parent/child relationship contributes to a positive attachment and helps to create emotional resilience in children.

There are five simple steps that everyone can use to improve their mental wellbeing – **"connect"**, **"be active"**, **"keep learning"**, **"give"** and **"take notice"**. We are using these **"Five Ways to Wellbeing"** in our approach to improving mental wellbeing in children.

We are keen to support the mental wellbeing of local children and young people and their families and the Children and Young People's Partnership has developed a multi-agency strategy to support emotional wellbeing and mental health for children, young people and their families. We want children, young people and their families to:

- Be aware of their own emotional wellbeing and mental health, and that of others
- Develop good emotional wellbeing and mental health
- Be able to get further support, advice and access to more specialised assistance when they need it.

Children and young people with poor mental health are more likely to have poor educational attainment and employment prospects, social relationship difficulties, physical ill health and substance misuse problems and to become involved in offending. We also know from the 2014 Chief Medical Officer's report that children and young people from the poorest households are three times more likely to have a mental health problem than those growing up in better-off homes.

The Five Steps to Wellbeing:

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

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

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

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

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

http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/improve-mental-wellbeing.aspx
#Evidence

We provide extra support for Herefordshire families and children who are vulnerable

- We provide facilities/amenities for disabled children within their homes.
- We act early where children are at risk of homelessness.
- We work in partnership with a number of organisations such as West Mercia Women's Aid which provides outreach services to support children and young people affected by domestic abuse.
- We provide benefits and debt advice to parents in difficulty who need support.
- We have a dedicated team and service which works with looked after children.

For more information visit:
Children with disabilities and special needs:
www.herefordshire.gov.uk/health-and-social-care/children-and-family-care/disabilities-and-special-needs?q=disabled children&type=suggestedpage

Homelessness:
www.herefordshire.gov.uk/housing/homelessness-and-prevention/homelessness-advice-and-support

Domestic abuse:
www.westmerciawomensaid.org

The Healthy Child Programme

In Herefordshire we support the aims of the Healthy Child Programme which include:

- helping parents to develop a strong bond with their child
- encouraging breastfeeding
- encouraging children to stay healthy and safe
- reducing obesity in children by promoting healthy eating and physical activity
- identifying problems as early as possible so that any necessary help can be put in place at the earliest opportunity – for example problems with health and development such as learning difficulties or with a child's safety such as parental neglect
- protecting children from serious diseases, through screening and immunisation
- ensuring that children are prepared for school
- identifying and helping children with problems that might affect their chances later in life.

Health Visiting and School Nursing services are part of the Healthy Child Programme and provide support to children aged 0-5 (Health Visiting) and 5-19 (School Nursing) and to their families and carers.

Herefordshire Council took on commissioning responsibility for School Nursing in 2013 and since then we have worked closely with the local School Nurses to review, redesign and improve the services they offer to 5-19 year olds. In October 2015 the Council will become responsible for commissioning the Health Visiting service and we are already working with the Health Visitors to prepare for this transfer and to ensure that services for 0-5 and 5-19 year olds work efficiently together and are integrated with other services for children, young people and families.

You can find out more about the Healthy Child Programme and about Health Visitors and School Nurses in Herefordshire at the following websites:

https://www.gov.uk/government/policies/giving-all-children-a-healthy-start-in-life
http://www.wyevalley.nhs.uk/services/community-services/health-visiting.aspx
http://www.wyevalley.nhs.uk/services/community-services/school-nursing.aspx

Public health in Herefordshire Council

At the end of March 2014 Herefordshire's public health team celebrated its first full year integrated into Herefordshire Council.

The move to the Local Authority has broadened the way in which health is seen in Herefordshire. Health is no longer the preserve of the NHS and Herefordshire Council has embraced its role particularly in preventing ill health, promoting good health and protecting residents from infectious disease. This has been a major change and has enabled the core public health team to work across the council in a way that has not happened previously, and to contribute to health in children's and adults' services including children's centres, housing and in many other departments.

Later in this report we have written an update on what we have delivered against the recommendations in last year's Director of Public Health Annual Report. In addition, in 2013/14 we also successfully set up the Herefordshire Health Protection Committee, a multi-agency group that assures that residents have appropriate access to immunisation, screening and protection against communicable diseases.

We ran a large number of health awareness campaigns across the county including HIV Testing week, Change 4 Life, Dry January, Sugar Swaps and many more.

Working with colleagues across health and social care has given us the opportunity to contribute an evidence-base where we would not have had the opportunity in the past, including producing the Children's Integrated Needs Assessment which this report is based on.

Progress since last year

Last year the Director of Public Health's Annual report was on the topic of Collaborating for Health in Herefordshire and in it, the Director of Public Health made recommendations about:

1. Tackling health inequalities: a community based asset approach
2. Working together to reduce alcohol related harm
3. Public health and carers

We have chosen to change the format of this year's report and you will find recommendations for action this year in the Children's Integrated Needs Assessment. Below is an update on the public health progress against last year's recommendations.

RECOMMENDATION	PROGRESS
Tackling health inequalities: a community asset based approach	
· To seek out opportunities for collaboration and work together on lifestyle behaviour change.	The Council's Healthy Lifestyle Trainer Service supported a wide range of healthy summer events including promoting Change4Life "Disney 10 minute shake up", Wye Weight – group support programme for healthy weight, Walking for Health and Community Games (linked to the Olympic legacy).
· To gain a better understanding of our communities and work with them to reduce the social gradient in health.	A pilot programme of work is being delivered by South Wye Regeneration Partnership to use community assets (people and community buildings) so that people get involved in making healthy lifestyle changes and tackle inequalities in health.
· To develop our understanding of people's behaviours and influences on behaviour in Herefordshire, gaining insight through social marketing.	A number of social marketing campaigns have been promoted in Herefordshire including: Change4Life No Smoking Day Stoptober Alcohol Awareness Week Sexual Health Awareness Week and our local campaigns "Change a Little, Save a Lot".
· To review existing services and commission healthy lifestyle behaviour change services such as for stop smoking and weight management.	We are recommissioning the current behaviour change services, including NHS Health Checks, a mandatory service, and Stop Smoking support. These will be in place for delivery in 2015/16.
Working together to reduce alcohol related harm	
· That the Health and Wellbeing Board and partner organisations across Herefordshire continue to give priority to reducing alcohol related harm and to developing our strategic intelligence about the complexities of alcohol harm in our community, focusing on identifying areas of overlap where combined efforts have the potential to make the most impact.	We are in the process of re-commissioning an evidence based drug and alcohol service. The new service requires partners across the health and social care system to work jointly and reduce alcohol related harm.
· That partner agencies commit to contributing their data and intelligence in order that we can build a comprehensive understanding of alcohol use and the consequences of alcohol misuse in Herefordshire.	Data continues to be shared at the Drug and Alcohol Operational Delivery Group (see below) providing a picture of alcohol related harm within the County.
· That partner agencies commit to a more coordinated approach to working together to address alcohol related harm so that resources can be targeted following a strategic and evidence-based approach.	A new group, Drug and Alcohol Strategic Delivery Group, has been established to develop a drugs and alcohol strategy for Herefordshire.
· That the Alcohol Harm Reduction Group provides a forum to bring together plans for tackling the influence of alcohol as it impacts on domestic violence and abuse, offender management and Families in Need.	The former Alcohol Harm Reduction Group has changed its terms of reference to include drugs, young people and public places in addition to its work on improving the night time economy and sharing data on alcohol related harm. The group is now called the Drug and Alcohol Operational Delivery Group.

RECOMMENDATION	PROGRESS
Public Health and carers	
· The needs of informal carers should be considered in the scoping of the 2013/14 Herefordshire Integrated Needs Assessment.	Close working with Hereford Carers Support. Needs Assessment to be progressed in 2014/15
· Evidence of good practice should be reviewed for approaches to best support effective and sustainable informal care.	Close working with Hereford Carers Support. Evidence base to be included in needs assessment to be progressed in 2014/15
· When allocating resources, health economics principles should be applied to efficiently meet the needs of informal carers and benefit the wider health and social care system.	The Herefordshire Carers Strategy 2012-2015 recognises the contribution that carers make to the lives of the person they are caring for and the wider society. The priorities within the strategy reflect the national priorities and the need to identify carers at the appropriate time and to support them to have a life of their own. Herefordshire Carers Support provides an element of this through the service they provide.

start 4 life
Eat well Move more Live longer

Herefordshire: a great place to grow up

We are working in partnership with families, service providers and NHS Community groups across Herefordshire so that each child has the opportunity to grow up healthy and happy. There are still challenges, but here are some of Herefordshire's successes:

- Babies are less likely to be born with a low birth weight.
- Babies are more likely to have been breastfed at birth, although the numbers being breastfed at 6-8 weeks are average.
- Children generally are developmentally ready for school.
- Herefordshire's looked after children have better mental health than both the England average for looked after children and the 'norm' for British children who are not looked after.
- Children in reception and year six are less likely to be overweight or obese than children across the West Midlands and England, although two of every ten of our children are overweight or obese by the time they are measured in reception class which is a real cause for concern.
- Herefordshire's children have levels of immunisation coverage for Measles, Mumps and Rubella that are the same as coverage across England.
- Looked after children have better rates of immunisation compared to children in the general population; (92% in 2012-2013; 96% for children who were looked after for 12 months). [3]

What you can do

You can find out more from these websites:

Change for life
http://www.nhs.uk/change4life/Pages/change-for-life.aspx

Herefordshire Council
https://www.herefordshire.gov.uk/education-and-learning/early-years-and-childcare/supporting-parents-of-children-aged-0-4-years

Start 4 Life
http://www.nhs.uk/start4life/Pages/healthy-pregnancy-baby-advice.aspx

[3] Comparisons are with the West Midlands and England norm.

Herefordshire Council

Meeting:	**Health & Wellbeing Board**
Meeting date:	**25 March 2015**
Title of report:	**Assessing Readiness for Implementation of Better Care Fund Plans in 2015-16**
Report by:	**Assistant Director, Housing and Community Wellbeing**

Classification

Open

This is not an executive decision.

Wards Affected

Countywide

Purpose

1. The purpose of this report is to provide update to the Health and Wellbeing in relation to the national expectation that local health and social care communities will complete a national template to assess readiness to implement the Better Care Fund.

Recommendation(s)

THAT:

(a) The Health and Wellbeing Board note the assessment completed by officers from Herefordshire Council and Herefordshire Clinical Commissioning Group.

(b) The assessment is set within the context of the agreed Section 75 Partnership Agreement and the governance arrangements operating allied to the Better Care Fund Plan

(c) Board members comment on the plans.

Alternative options

1. There are no alternative options as this is a national requirement and is a support to Better Care Fund implementation. This process enables local health and social care communities to stocktake progress in relation to local schemes and progress towards implementation.

Reasons for recommendations

2. As indicated above this is a national requirement and reporting acknowledges the role performed by the Health and Wellbeing Board in relation to the Better Care Fund.

Key considerations

3. All 151 health and Wellbeing Boards in England have an agreed BCF plan in place for 2015 –16. These Plans represent an ambitious programme of work to be delivered by local areas from April 2015 onwards. The national BCF Taskforce has put in place a support programme from January to March 2015 to provide tools and coaching to help preparation for implementation, following on from the support provided to help with the planning process. There is a commitment to continuing to provide support in 2015 –16.

4. The purpose of the self-assessment is threefold:

    - To support local areas in carrying out a self-assessment of their own readiness for delivery to inform discussions locally.

    - To inform the planning and allocation of resources and support that will be made available to areas in 2015 -16 to further help implementation and delivery of BCF Plans; and

    - To provide feedback to the national team and the headline results to be shared back with local areas on an anonymous basis. The data will not be shared outside the national Taskforce other than in an aggregated and annoymised form. The self-assessment is not a performance management tool and will not be used as such. It is recommended that the self-assessment is shared with the full Health and Wellbeing Board and this report is illustrative of this to help understanding of issues locally.

5. The process for conducting the self-assessment has been set out nationally and the template has been designed to be simple and quick. The timescale for completion will allow time for the information to be gathered and distilled to feed into planning for 2015 -16.

6. The form is designed to combine the need for responses that can be analysed nationally with room for local areas to choose from a range of possible responses to reflect upon their own positions. The construction of the form is through a range of pre-determined cells with fixed character commentary.

Community impact

7. The Understanding Herefordshire 2014 and local needs assessments will provide the evidence base to support the BCF Plan and the redesign of services. The system wide Transformation Programme incorporating the BCF will be directed by the overarching Health and Wellbeing Strategy for Herefordshire which is currently being developed.

8. 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 local need and

that communities are able to take a lead role in the design of how services could be delivered in the future.

9. Service users, carers and frontline staff are and will be actively engaged to support the redesign of services through a number of mechanisms including Making it Real Board, the Learning Disability Partnership Board and Healthwatch.

Equality duty

10. An equality impact assessment will be undertaken for each of the schemes of change within the Better Care Fund and Commissioning Strategies and Plans. The equality impact assessment will identify potential problems or missed opportunities and adjust the policy to remove barriers or better promote equality.

Financial implications

11. The financial implications are clearly articulated within the Herefordshire Better Care Fund that has been assured nationally and agreed by the local statutory commissioners.

Legal implication

12. The Better Care Fund was announced in June 2013 to drive the transformation of local services to ensure people receive better and more integrated care and support. Section 121 Care Act 2014 provides the Better Care Fund arrangements require a pooled budget established under Section 75 of the NHS Act 2006. A Section 75 Agreement is an agreement between a local authority and an NHS body in England.

Risk management

13. The section 75 Agreement allied to the Better Care Fund contains an understanding which has been developed by the partners allied to the management of risks.

Consultees

14. A full engagement strategy will be developed for the BCF as elements are implemented and the partners will equally ensure proactive provider engagements.

Appendices

Appendix One – Assessing Readiness for Implementation of the Better Care Fund Plans

Background papers

Herefordshire Better Care Fund Plan

Herefordshire Council

MEETING:	**HEALTH & WELLBEING BOARD**
MEETING DATE:	**25 MARCH 2015**
TITLE OF REPORT:	**MENTAL HEALTH NEEDS ASSESSMENT**
REPORT BY:	**PROGRAMME MANAGER CHILDREN AND MENTAL HEALTH SERVICES, HEREFORDSHIRE CLINICAL COMMISSIONING GROUP (HCCG)**

Classification

Open

Key Decision

This is not a key decision.

Wards Affected

County-wide

Purpose

To report on the needs assessment into mental health undertaken by the HCCG between May 2014 and January 20015 for the purpose of understanding the needs of the population and to provide an evidence base for future commissioning. It integrates service mapping; review of published evidence; analysis of population and service data; and engagement of the public and other stakeholders. The report is ready for publication.

Recommendation(s)

THAT:

(a) The Board note that the development of the report has involved over 450 hours of engagement with the public including service-users, carers, local groups, front line staff and other key stakeholders;

(b) The Board note that the Mental Health Needs Assessment is to be utilised in the forthcoming Health and Well-being Strategy and the refresh of the Joint Strategic Needs Assessment; and

(c) The Board agree that the HCCG should publish this report (Appendix A).

Alternative Options

1 The decision to produce a needs assessment was considered a priority by Herefordshire CCG in April 2015 to improve the level of information available about mental health in the county. No other alternatives were identified.

Reasons for Recommendations

2 The Mental Health Needs Assessment is based on a good level of public engagement and consideration of the available evidence base. Over 100 children and young people; over 300 adults and 75 organisations contributed. Statements captured in the interviews are used in the Chapters to ensure that people's views frame the analysis of the needs assessment such as example in Illustration 1 below. Further workshops with service-users and carers led to the creation of local outcomes that the CCG will use in its future outcomes-based commissioning.

Illustration 1: Sample of statements by the Public

> *The last 10 years of my time with the Community Mental Health Services was positive. Luckily I saw the same doctor for this period (many do not have this continuity of care) and this is when I really became empowered to take charge of my illness.*
>
> Patient/ Service User

3 The document represents a comprehensive examination of mental health to inform HCCG commissioning intentions. Since the drafting of the document, it has been acknowledged that the benefits of the assessment are valuable for other partners and partnership activities. For example, the information on children and young people's mental health has informed discussions on the drafting of Children and Young People's Plan and its multi-agency mental health and emotional well-being action plan.

Key Considerations

4 The Mental Health Needs Assessment comprises of chapters on:

- Public Mental Health
- Common Mental Health conditions
- Severe and enduring mental health conditions
- Dementia
- Children and Young People's Mental Health
- Suicide Audit
- Vulnerable Groups (including parental mental health; ADHD)
- Cross-cutting themes / system chapter
- Service mapping

Community Impact

5 There are a number of areas identified for improvement affecting people with mental

health. These include making access to support easier to navigate; improving provision of information and advice and supporting people with self-management to avoid crisis and deterioration.

6 The Board is advised that using the Mental Health Needs assessment in future commissioning will impact on the community in terms of how HCCG will meet the needs of people with mental health and their carers and our communities.

Equality and Human Rights

7 It is widely recognised that parity of esteem between mental health and physical health is desirable. The close examination of mental health in Herefordshire reveals areas for consideration by HCCG and other partners.

8 Specifically chapters on Herefordshire (chapter 2) children and young people (chapter 8) and vulnerable people (chapter 9) consider priority groups and inequalities.

Financial Implications

9 The recommendations in the Mental Health Needs Assessment are largely for HCCG consideration. Other recommendations that might have a multi-agency response and associated financial implications will be considered in the developing Mental Health Strategy and joint commissioning delivery plan.

Legal Implications

10 None

Risk Management

11 The major identified risk is non-publication of the document will impact on level of co-production in future public engagement and public expectation to receive feedback.

12 To mitigate against this, follow-up events were held to demonstrate how the public's views were used in the production of the report; the resulting recommendations and formulation of outcomes. Final publication of the needs assessment will demonstrate continued transparency.

Consultees

13 The Needs Assessment was presented to the Health and Wellbeing Sub Group (Integrated Needs Assessment) on 5th March 2015.

14 There were many consultees including local self-help groups, secondary schools, care homes, voluntary and community organisations, statutory sector organisations. Online and paper questionnaires, workshops and interviews were all part of the methodology.

Appendixes

Appendix A: Mental Health Needs Assessment

Background Papers

http://councillors.herefordshire.gov.uk/documents/s50024821/mental%20health%20needs%20assessment%202015.pdf

Further information on the subject of this report is available from Jade Brooks on (01432) 383634

Herefordshire Council

Meeting:	**Health & Wellbeing Board**
Meeting date:	**25 March 2015**
Title of report:	**Autism self-assessment 2014**
Report by:	**Director of Adult Wellbeing**

Classification

Open

Key Decision

This is not an executive decision.

Wards Affected

County-wide

Purpose

To note that a self-assessment on the progress made by the Council on implementing the 2010 Adult Autism Strategy "Fulfilling and Rewarding Lives", and it's subsequent update, has been submitted to Public Health England.

Recommendation

THAT: The Report be noted

Alternative options

1 There are no alternative options.

Reasons for recommendations

2 The report is for information only

Key considerations

3 In December 2014 Jon Rouse, Director General of Social Care, Local Government and Care Partnerships at the Department of Health and David Pearson, President of the Association of Directors of Adult Social Care wrote to Directors of Adult Social Services informing them of the third national exercise to evaluate progress in implementing the 2010 Adult Autism Strategy Fulfilling and Rewarding Lives and its update, which had been published in April 2014. The assessment was designed to;

a) assist Local Authorities and their partners in assessing progress in implementing the Adult Autism Strategy,

b) see how much progress has been made since the second survey, as at September 2013 and

c) provide examples of good progress that can be shared and highlight remaining challenges.
The deadline for submissions, made via an on-line return to Public Health England, was required by 9 March 2015. Herefordshire's response was submitted on time.

Community impact

4 The self-assessment describes the progress that has been made in the county with regard to the National Strategy. The County has its own local strategy with action plan which is being implemented through the work of a Partnership Board working with a range of local groups and third sector providers

Equality duty

5 The self-assessment in itself does not meet any of these duties however, once it is implemented, the local Autism Strategy will help advance equality of opportunity between people who are disabled and share a relevant protected characteristic and people who do not share it.

Financial implications

6 None.

Legal implications

7 None. This document is for information only

Risk management

8 None. This document is for information only

Consultees

9 The self-assessment was drawn up through consultation with a wide range of colleagues and partners including the CCG, 2G and officers from Adult Social Care. Partners consulted included members of the Autism Partnership Board, people with autism and representatives of the Third Sector. The self-assessment was partially co-authored by members of the Partnership Board who also oversaw the final version before it was submitted to the Department of Health.

Appendices

Appendix 1 Autism Self-Assessment

Appendix 2 Direction of travel assessment comparing 2014 with 2013.

Background papers

- None identified.

Direction of Travel

RAG ratings	2013	2104
Green	2	2
Amber	6	13
Red	9	9

Note 1: More questions were RAG rated in 2014 than in 2013
Note 2: Total of RAGs do no match DOT figures as not all questions were RAG rated

Overall Direction of travel	
↑	13
↔	19
↓	2
New questions	27

Issues to be addressed

- We need to update and complete our Autism action plan
- We need to develop a diagnosis pathway
- We need to improve how we collect and use our data
- We need to improve housing and employment opportunities

Autism Self-Assessment – Comparison of 2013 and 2014

Direction of Travel from 2013 to 2014 DRAFT

Appendix 1

2013			2104			Overall Direction of travel		
Green	2		Green	2		↑	13	
Amber	6		Amber	13		↔	19	
Red	9		Red	9		↓	2	Q16, Q31
						New	27	

2013 question	Response		2014 question	Response		DOT	Notes
1. How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?	One – The Herefordshire Clinical Commissioning Group (HCCG)		1. How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?	One – The Herefordshire Clinical Commissioning Group (HCCG)		↔	
2. Are you working with other local authorities to implement part or all of the priorities of the strategy?	No		2. Are you working with other local authorities to implement part or all of the priorities of the strategy?	No		↔	
3. Do you have a named joint commissioner/senior manager of responsible for services for adults with autism?	No - The Local Authority is the lead commissioner for Learning Disability Services (adults of working age and older adults), and autism is incorporated into these responsibilities. Mental Health commissioning is not covered by joint arrangements however the commissioning plans of partner organisations are aligned		3. Who is the joint commissioner/senior manager responsible for services for adults with autism? Please provide their name and contact details and who they report to.	Name; Mr Ewan Archibald Contact details; Ewen.Archibald@herefordshire.gov.uk Tel; 01432 **261970** Reports to; Mr Robert Vickers		↑	Being able to name a lead officer is an improvement on last year
			4. What is the name of the post for the joint commissioner / senior manager of responsible for services	Lead Commissioner		**New**	

Autism Self-Assessment – Comparison of 2013 and 2014

			for adults with autism?				
			5. What are the responsibilities of the joint commissioner/senior manager of responsible for services for adults with autism?	To commission services for adults with Learning Disabilities including Autism.		**New**	
4. Is Autism included in the local JSNA?	Amber Steps are in place to include Autism in the 2014 JSNA – aka '*Understanding Herefordshire*'		6. Is Autism included in the local JSNA?	Steps are in place to include in the next JSNA.		↔	
			6.01. Does your local JSNA specifically consider the needs of children and young people with autism?	Our Children's Integrated Needs Assessment feeds into our JSNA which will in future specifically include Autism		**New**	
5. Have you started to collect data on people with a diagnosis of autism?	Red Currently there is no systematic recording of this data for Herefordshire.		7. Have you now started to collect data on those people referred to and/or accessing social care and/or health care and does your information system report data on people with a diagnosis of autism, including as a secondary condition, in line with the requirements of the social care framework?	Data recorded on adults with autism is sparse and not collected methodically. Clients with autism are not routinely currently identified within our case recording systems. Generally, autism is only recorded where the adult is also LD. This is something which needs development in the coming months in order to improve our reporting capabilities to support better commissioning activity data.		↔	
6. Do you collect data on the number of people with a diagnosis of autism meeting eligibility criteria for social care (irrespective of whether they receive any)?	No – we currently have no systematic way of collecting data on the health conditions (such as autism) which may give rise to a client's need for social care. In some cases details will be recorded in case notes by care managers as part of the care assessment and planning process where		8. Do you collect data on the total number of people currently known to social care services with a diagnosis of autism (whether new or long-standing) meeting eligibility criteria for social care (irrespective of whether they receive any)	No Clients with autism but without LD are not routinely identified within our case recording systems. This is something which needs development in the coming months in order to improve our reporting capabilities to support better commissioning activity data.		↔	

Autism Self-Assessment – Comparison of 2013 and 2014

	they judge it relevant, but not in any way that can be summarised or reported on.						
			8.02. The total number of people meeting social care eligibility criteria with autism?	107		**New**	
			8.03. The number of people meeting social care eligibility criteria with autism who also have learning disabilities?	89		**New**	
			8.04. The number of people meeting social care eligibility criteria with autism who also have mental health problems?	0		**New**	
			8.05. The numbers assessed as having autism but not meeting eligibility criteria?	3		**New**	
7. Does your commissioning plan reflect local data and needs of people with autism?	No		9. Does your Local Joint Strategic Commissioning Plan reflect local data and needs of people with autism?	No - Clients with autism are not routinely identified within our case recording systems. This is something which needs development in the coming months in order to improve our reporting capabilities to support better commissioning activity data.		↔	
8. What data collection sources do you use?	Amber/Green We maintain a Transition Register which aims to ensure no young person is lost through the transition process, and we also employ 2 FTE SEN Personal Assistants to carry out the S139a LDD assessments. The register uses information from schools but does not get information from GPs.		9.01. What data collection sources do you use?	We have made a start in collecting data and plan to produce a better level of detail within it. The data that we do collect, for example for the SAF does contain data on those with ASD and LD however these two groups are not separated out. We are working with Taurus - the local GP group - to develop the use of specific common codes for the identification of these groups.		↔	This was shown as 'Amber/Green' last year. This rating is not available this year
9. Is your local Clinical Commissioning Group or Clinical Commissioning Groups (including the	Amber The CCG were involved in the development of our Autism Strategy and they have also		10. Is your local Clinical Commissioning Group or Clinical Commissioning Groups (including the support service) engaged in the	Representative from CCG and / or the support service sits on autism partnership board or alternative and are in regular		↔	

Support Service) engaged in the planning and implementation of the strategy in your local area?	been part of the approval process. The CCG will also be part of the Partnership Board which will oversee the implementation of the Strategy.		planning and implementation of the strategy in your local area?	liaison with the LA about planning and implementation			
10. How have you and your partners engaged people with autism and their carers in planning?	Red There was a limited amount of consultation during the recent production of our Autism Strategy. This consultation included people with autism. It is intended that people with autism will be asked to play an active role in the newly created Partnership Board which will oversee the implementation of the strategy		11. How have you and your partners engaged people with autism and their carers in planning?	Some autism specific consultation work has taken place. The Chair of the Autism Partnership Board is on the spectrum and is a parent/Carer of someone on the spectrum. The group is also regularly attended by a number of people on the spectrum as well as their parents/Carers We consulted with a range of people with autism and their carers when writing our strategy. People with autism and their carers are members of our Autism Partnership Board. Members of The Partnership Board, including those with Autism have acted as an Editorial Team in writing this self-assessment.		↑	
11. Have reasonable adjustments been made to everyday services to improve access and support for people with autism?	Red Currently we only have anecdotal examples of adjustments being made to everyday services in order to improve access and support for people with autism		12. Have reasonable adjustments been made to general council services to improve access and support for people with autism?	Only anecdotal examples.		↔	
			13. In your area have reasonable adjustments been promoted to enable people with autism to	There are some examples of reasonable adjustments being made to public services to		**New**	

Autism Self-Assessment – Comparison of 2013 and 2014

			access public services?	improve access for people with autism, across a small range of services			
12. Do you have a Transition process in place from Children's social services to Adult social services?	Yes The process does not require a parental request. The process identifies young people with a potential need for adult social services as they approach transition. The process, which is described in detail in the Transition Protocol, takes the young person through to an Adult Social Care Panel 6 months prior to the young person's 18th birthday.		14. How do your transition processes from Children's services to Adult services take into account the particular needs of young people with autism?	Transition process automatic. Training inclusive of young people's services. Analysis of the needs of population of young people, including those without education health and care (EHC) plans and specialist commissioning where necessary and the appropriate reasonable adjustments made			Shown as Green this year however RAG not required last year
79			14.01. How many children with autism are currently identified and receiving assistance in the transition ages (14 to 17) in the year to the end of March 2014?	30 in the age range specified with statements or EHC plans with primary or secondary need of ASD (hence will have transition plans)		**New**	
			14.02 How many children with autism have been through the transition process in the year to the end of March 2014?	2 YP turned 18 in that year with statements or EHC plans with primary or secondary need of ASD (hence will have transition plans). A further 5 YP turned 19.		**New**	
13. Does your planning consider the particular needs of older people with Autism?	Red Currently there is no dedicated collection of data, assessment of need not specific training in dealing with autism in older people's services.		15. How does your planning take into account the particular needs of older people with autism?	We do not collect this data		↔	
			16. How do your planning and implementation of the strategy take into account the particular	The planning and implementation of our strategy seeks to address the needs of all		**New**	

Autism Self-Assessment – Comparison of 2013 and 2014

			needs of women with autism?	people on the spectrum in our county regardless of gender.			
			17. How do your planning and implementation of the strategy take into account the particular needs of people who have autism in BME communities?	The planning and implementation of our strategy seeks to address the needs of all people on the spectrum in our county regardless of ethnic origin		**New**	
14. Have you got a multi-agency autism training plan?	No		18. Have you got a multi-agency autism training plan?	We have a multi-agency training plan which includes autism		↑	
15. Is autism awareness training being/been made available to all staff working in health and social care?	Amber A day's training entitled 'Autism Awareness' is currently delivered on a regular basis. This training is facilitated by members of the ALD team and coordinated by HOOPLE. It is open to anyone supporting an adult with a learning disability and autism in Herefordshire and is free of charge.		19. Is autism awareness training being/been made available to all staff working in health and social care?	Autism awareness training is not currently made available to all staff working in health and social care separately but is included as part of our focus on improving outcomes The raising of autism awareness amongst all of our front line staff including those who deliver health and social care is a key priority in our local Strategy. Plans are in place to ensure that when services such as our diagnostic pathway (which is currently under construction) are made available for tender, all prospective bidders will be required to offer awareness training to all of their staff. We are also working with our local GP group to ensure that autism awareness is included in locally provided training for staff. A day's training entitled 'Autism Awareness' is currently delivered on a regular basis to		↔	

Autism Self-Assessment – Comparison of 2013 and 2014

				staff in our children's services and we are looking to expand this course to include staff working with adults.			
16. Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?	Green Over 75% of social care staff who carry out statutory assessments have attended autism training.		20. Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?	No specific training is currently being offered however staff can access specialist advice and support through our Learning Disability Health Team on a case by case basis The raising of autism awareness amongst all of our front line staff including those who deliver health and social care is a key priority in the Strategy. Plans are in place to develop training for staff involved in the assessment process. This will include training in ensuring that the Care Act is fully implemented in respect to the rights of the carers of those with Autism.		↓	
17. Have Clinical Commissioning Group(s) been involved in the development of workforce planning and are general practitioners and primary care practitioners engaged included in the training agenda?	No To date they have not been involved in the development of workforce planning or the training agenda There are currently plans to include the CCG in a Task & Finish group which will has been asked to develop an Integrated Adult Social Care Workforce Plan		21. Do Clinical Commissioning Group(s) ensure that all primary and secondary healthcare providers include autism training as part of their ongoing workforce development? All providers produce and deliver equality and diversity training for their staff. We are working with them to ensure that Autism is part of this training offer. This will make autism awareness training mandatory for all health staff in the area.	No		↔	
18. Have local Criminal	No. Although the Local		22. Criminal Justice services: Do	Yes		↑	An improvement

Autism Self-Assessment – Comparison of 2013 and 2014

Justice services engaged in the training agenda?	Criminal Justice System have not been engaged in the training agenda they have been engaged in the development of the Autism Strategy and they will be asked to participate in the newly created Partnership Board which will oversee the implementation of the strategy.		staff in the local police service engage in autism awareness training?	West Mercia Police ensure that officers receive training on dealing with Autism and people on the spectrum. In 2013, all officers underwent training on autism awareness and this had been followed up by mandatory E-Training.			but no RAG rating required
			23. Criminal Justice services: Do staff in the local court services engage in autism awareness training?	No – as part of our Autism Strategy we are seeking to engage with the local court service to improve level of autism awareness training that is offered		**New**	
			24. Criminal Justice services: Do staff in the local probation service engage in autism awareness training?	No – as part of our Autism Strategy we are seeking to engage with the local probation service to improve level of autism awareness training that is offered		**New**	
19. Have you got an established local diagnostic pathway?	Red A local diagnostic pathway is not available for LD services in Hereford.		25. Have you got an established local autism diagnostic pathway?	We currently spot purchase provision on a case by case basis. Although we have an identified pathway this needs to be brought in-house and we are currently working to achieve this through the development of an agreed diagnostic pathway. This issue is something that we need to ensure is addressed in our work in developing a diagnostic pathway		↔	

Autism Self-Assessment – Comparison of 2013 and 2014

20. If you have got an established local diagnostic pathway, when was the pathway put in place?	**Not applicable - see response to question 19**		26. If you have got an established local autism diagnostic pathway, when was the pathway put in place?	Not applicable		↔	
			27. In the year to the end of March 2014, how many people were referred out of area for diagnosis, despite a local diagnostic pathway being in place?	8 4 of the people were referred for Aspergers. 4 of the people were referred for Autism		**New**	
21. How long is the average wait for referral to diagnostic services?	**Not applicable - see response to question 19**		28. In weeks, how long is the average wait between referral and assessment? (Note, this should include all people referred irrespective of prioritisation streams)	Number - Not known We do not have data on average waiting times. This is an area that we are starting to monitor and will build it into the diagnostic pathway which we are currently developing		↔	
			29. How many people have been referred for an assessment but have yet to receive a diagnosis?	Number - 1		**New**	
22. How many people have completed the pathway in the last year?	**Not applicable - see response to question 19**		30. In the year to the end of March 2014 how many people have received a diagnosis of an autistic spectrum condition?	Number - 8 We expect to be able to monitor this more closely next year once our pathway is place.		↑	An improvement in that we were not able to respond last year
23. Has the local Clinical Commissioning Group(s)/support services taken the lead in developing the pathway?	**Not applicable - see response to question 19**		**NOT ASKED IN 2014**				**NOT ASKED IN 2014**
			31. How many of the people receiving a diagnosis in the year to end March 2014 had moved on to appropriate services by end September 2014?	Number – 0 We do not currently have appropriate services in place. Our current pathway goes as far as diagnosis but not onto aftercare. This situation will be improved once our diagnostic pathway has been implemented		**New**	

Autism Self-Assessment – Comparison of 2013 and 2014

24. How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?	**Not applicable - see response to question 19**		32. How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?	Our pathway is still under development and yet to be located within mainstream services. Once it has been developed and approved it will be integrated into mainstream statutory services with specialist awareness of autism within the diagnosis process.		↑	An improvement in that we were not able to respond last year
25. In your local diagnostic path does a diagnosis of autism automatically trigger an offer of a Community Care Assessment?	**Not applicable - see response to question 19**		33. In your local diagnostic pathway does a diagnosis of autism automatically trigger an offer of a Community Care Assessment (or re-assessment if the person has already had a current community care assessment)?	No Our pathway will have this trigger in place to ensure an offer of a Community Care Assessment		↑	An improvement in that we were not able to respond last year
26. What post-diagnostic support (in a wider personalisation perspective, not just assuming statutory services), is available to people diagnosed?	**Not applicable - see response to question 19**		34. Can people diagnosed with autism access post diagnostic specific or reasonably adjusted psychology assessments?	Only people diagnosed with autism **with** LD can access post diagnostic specific or reasonably adjusted psychology assessments		↑	Have assumed that questions 34, 35, 36 & 37 are sub sets of last year's question 26
			35. Can people diagnosed with autism access post diagnostic specific or reasonably adjusted speech and language therapy assessments?	Only people diagnosed with autism **with** LD can access post diagnostic specific or reasonably adjusted speech and language therapy assessments			
			36. Can people diagnosed with autism access post diagnostic specific or reasonably adjusted occupational therapy assessments?	Only people diagnosed with autism **with** LD can access post diagnostic specific or reasonably adjusted occupational therapy assessments			
			37. Is post-diagnostic adjustment support available with local clinical psychology or other services?	No - Only people diagnosed with autism **with** LD can access post-diagnostic adjustment support available with local clinical psychology or other		**New**	No RAG rating required

				services			
27. Of those adults who were assessed as being eligible for adult social care services and are in receipt of a personal care budget, how many people have a diagnosis of Autism both with a co-occurring learning disability and without?	**Not applicable - see response to question 19**		38. Of those adults who were assessed as being eligible for adult social care services and who are in receipt of a personal budget, how many have a diagnosis of Autism both with a co-occurring learning disability and without?			**New**	
			38.01. Number of adults assessed as being eligible for adult social care services and in receipt of a personal budget	**75**			
			38.02. Number of those reported in 1 who have a diagnosis of Autism but not learning disability	**60**			
			38.03. Number of those reported in 1 who have both a diagnosis of Autism AND Learning Disability	**15**			
28. Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?	No – however, improved signposting of services for people with autism is a key aspect of our recently created autism strategy. This process will include employing the services of local third sector experts in signposting people with autism, their carers and their families to local services		39. Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?	We provide a general entry point level of service. We plan to develop more autism specific points of access in future. We are commissioning a new information, advice and guidance hub and service and will expect the provider to provide access to specific autism information We are currently working with our partner Herefordshire Carers Support, our Childrens Team and our Web Team to design an autism-friendly entry point for local services which will include provision such as		↑	No RAG rating required but DOT is positive

Autism Self-Assessment – Comparison of 2013 and 2014

				the 'Local Offer'.			
29. Do you have a recognised pathway for people with autism but without a learning disability to access a community care assessment and other support?	No – however, the creation of such a pathway will be considered as part of our new autism strategy		40. Do you have a recognised pathway for people with autism but without a learning disabililty to access a community care assessment and other support?	No We are currently working with our local NAS branch office to design and implement a pathway for people with autism to access a community care assessment and other support		↔	But potential to improve
30. Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?	Amber There is an advocacy programme in place however, currently, not all advocates have received training in their specific requirements.		41. Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?	There is an advocacy programme in place. We are currently working to ensure that all advocates receive training to meet their specific requirements.		↔	
31. Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an advocate?	Green There are mechanisms in place to ensure that those who require a service can be referred to an advocate.		42. Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an appropriately trained advocate?	There are mechanisms in place to ensure that those who require a service can be referred to an advocate. Local advocacy services are continually working at becoming more autism-aware		↓	
32. Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?	No – to access adult social care personal budgets you must be Fair Access Criteria eligible Broader information, advice and guidance services are available for people who are not eligible but these are not Autism specific		43. Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?	Yes – As a council we have a duty to provide advice and guidance where people are assessed as not eligible and there is access to some preventative services.		↑	This is a poorly worded question. We **do** provide basic advice and information but whether this can truly be regarded as 'support' could be debated.
33. How would you assess the level of information about local support in your area being accessible to people with autism?	Red Currently there is a minimal amount of information regarding appropriate local provision and choice however an improved level of		44. How would you assess the level of information about local support across the area being accessible to people with autism?	There is a moderate level of information available about support services for people with autism which is either incomplete or not readily accessible to people with		↑	

	information and signposting of services for people with autism is a key aspect of our recently created autism strategy.			autism We are currently working to improve the level, quality and accessibility of information about relevant support services available for people with autism.			
			45. Where appropriate are carers of people assessed as having autism and eligible for social care support offered assessments?	Carers assessments are offered to those who are eligible for adult social care Under the Care Act we recognise that carers of people assessed as having autism and eligible for social care support will in future be offered assessments to address their own needs. We are currently working towards ensuring that such assessments are available where and when needed.		**New**	
34. Does your local housing strategy specifically identify Autism?	Red There is no mention of Autism within the current local housing strategy. However, housing requirements of people with autism is a key theme within our autism strategy and they will be more fully reflected in future versions of the housing strategy.		46. Does the local housing strategy specifically identify Autism?	The needs of people with Autism (as distinct from needs of people with other disabilities) not specifically mentioned in our current housing strategy Our Housing Team is currently carrying out a survey on the housing needs of all people with Learning Disabilities or Autism. The survey being used has been discussed and commented upon by our Autism Partnership Group		↔	
			47. Do you have a policy of ensuring that local housing offices all have at least one staff member who has training in autism to help people make applications and fill in	No Increasing awareness of autism amongst our front line staff is a key priority of our Autism Strategy. Staff in local housing		**New**	

Autism Self-Assessment – Comparison of 2013 and 2014

			necessary forms?	offices will be included within any training provision we identify as we implement our action plan			
35. How have you promoted in your area the employment of people on the Autistic Spectrum?	Red To date, there has been minimal work in this area. However, improving employment opportunities and better training of staff involved with people with autism is a key theme within our autism strategy. This will include engagement with the local JobCentre Plus service.		48. How have you promoted in your area the employment of people on the Autistic Spectrum?	Autism awareness is delivered to employers on an individual basis. Local employment support services include Autism. Some contact made with local job centres Employment is a key priority in our autism strategy. Ad-hoc training arrangements are in place with several of our partner organisations and we have made local low level contact with Job Centres. More work is required in this area.		↑	
36. Do transition processes to adult services have an employment focus?	Amber Our recently agreed Transitions Protocol highlights the roles of post 16 education and training providers, Job CentrePlus and schools in preparing and supporting young people for transition into paid employment or volunteering, the provision of information and advice on the range of programmes and grants available to support people into employment or gain new skills and to identify further education opportunities and provision.		49. Do autism transition processes to adult services have an employment focus?	Transition plans include reference to employment/ activity opportunities Childrens Services have created a 'New Horizons Hub' for those aged 19 to 25 offering day college placement in life skills, independent living and employment opportunities. This service is currently offered to those with Learning Disabilities and a similar arrangement is being planned for those with Autism. The Officer who is responsible for transition arrangements and employment sits on our Partnership Group.		↔	

Autism Self-Assessment – Comparison of 2013 and 2014

37. Are the CJS engaging with you as a key partner in your planning for adults with autism?	Red Representatives from the Local Criminal Justice System were engaged in the development of the Autism Strategy and they will be asked to participate in the newly created Partnership Board which will oversee the implementation of the strategy. This process has yet to begin		50. Are the Criminal Justice Services (police, probation and, if relevant, court services) engaged with you as key partners in planning for adults with autism?	Discussions between local authority adult social care services and criminal justice service agencies are continuing; representatives from criminal justice service agencies sit on autism partnership board or alternative Improving the links to the Criminal Justice Services is a key priority for our Partnership Group. We currently have representatives from the local Police Services sitting on our Partnership Group and we are working towards getting representation from the courts and probation services		↑	
			51. Is access to an appropriate adult service available for people on the Autistic Spectrum in custody suites and nominated	There is not reliable access to an appropriate Adult service 'places of safety'		**New**	
			52. What are you doing different because of Think Autism – the update to the 2010 Adult Autism Strategy?	As a direct result of "Think Autism" – the update to the 2010 Adult Autism Strategy we have included dealing with Hate Crime as a key priority within our local strategy. We have included our local Inclusion Officer onto our Partnership Board and he is currently developing a local strategy which will combine the recommendations of the NAS 'Living in Fear' report with best practice that he has gathered elsewhere from across the		**New**	

				region. This will help inform future local decisions and policies. We have also strengthened the presence of our local Community Police force on our Board			
			53. Describe briefly (up to 1500 Long Comment characters) ONE initiative of your Council, relating to the provision of care for people with Autism, which you think has been successful.			**New**	
90			54. Describe briefly (up to 1500 characters) an initiative of your Council, relating to the provision of care for people with Autism, which people with Autism in your area think has been most successful and helpful.	In the past eighteen months Herefordshire has set up an Autism Partnership Board. This was something that had not been in existence in the county previously and it has given people with autism a focus and voice on how services are being thought of and developed. The Board is chaired by someone with autism and who is also a carer for someone with autism. The Board has several regular members who also have autism. The Board has been central to developing the action plan to deliver our strategy and it is continuing to work with a range of partners to improve services. The Board has also raised expectations that something positive will be done to keep improving services and facilities for all people with autism, their carers and their families in		**New**	

				Herefordshire. *Note - This comment was suggested for inclusion by members of the Autism Partnership Board*			
			55. How is your council planning to spend your Section 31 capital grant of £18,500?	We plan to spend the Section 31 capital grant on a range of telecare equipment which will be used for people with autism who are in transition and who need additional support to help achieve and maintain independence. We will also use the funding to work with carers and care providers, through our Autism Partnership Board, to influence the use of accessible communication systems, such as i-pads, to promote service user choice, inclusion, rights and independence.		**New**	
Optional Self-advocate stories	None submitted		**10. Optional Self-advocate accounts of experience**	None submitted			

2014 Autism Self-Assessment Framework – Word version of the submission

1. Introduction			
Question 1:	How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?		One (1)
	Supplementary: Please indicate which ones these are		Not applicable
Question 2:	Are you working with other local authorities to implement part or all of the priorities of the strategy?		No
	Supplementary: If yes, name these local authorities and identify which priorities, including how you are doing this. What partnership representative sits on the Autism Partnership Board or equivalent?		Not applicable
2. Planning			
Question 3:	Who is the joint commissioner/senior manager responsible for services for adults with autism? Please provide their name and contact details and who they report to.	Name; Mr Ewan Archibald Contact details; Ewen.Archibald@herefordshire.gov.uk Tel; 01432 **261970** Reports to; Mr Robert Vickers	
Question 4:	What is the name of the post for the joint commissioner/senior manager of responsible for services for adults with autism?	Lead Commissioner	
Question 5:	What are the responsibilities of the joint commissioner/senior manager of responsible for services for adults with autism?	To commission services for adults with Learning Disabilities including Autism.	
Question 6:	Is Autism included in the local JSNA?	Amber	Steps are in place to include in the next JSNA.
Question 6.01:	Does your local JSNA specifically consider the needs of children and young people with autism?	Our Children's Integrated Needs Assessment feeds into our JSNA which will in future specifically include Autism	
	Supplementary: Provide a web link and page references.	Not applicable	
Question 7:	Have you now started to collect data on those people referred to and/or accessing social care and/or health care and does your information system report data on people with a diagnosis of autism, including as a secondary condition, in line with the requirements of the social care framework?	Red	Data recorded on adults with autism is sparse and not collected methodically. Clients with autism are not routinely currently identified within our case recording systems. Generally, autism is only recorded where the adult is also LD. This is something which needs development in the coming months in order to improve our reporting capabilities to support better commissioning activity data.
Question 8:	Do you collect data on the total number of people currently known to social care services with a diagnosis of autism (whether new or long-standing) meeting eligibility criteria for social care (irrespective of whether they receive any)		No
	Supplementary: Comment briefly if you wish on how you collect these numbers locally. If so, what is: (Note: Some people may be counted in both groups 2 and 3)	Clients with autism but without LD are not routinely identified within our case recording systems. This is something which needs development in the coming months in order to improve our reporting capabilities to support better commissioning activity data.	
Question 8.02	The total number of people meeting social care eligibility criteria with autism?		107
Question 8.03:	The number of people meeting social care eligibility criteria with autism who also have learning disabilities?		89

Question 8.04	The number of people meeting social care eligibility criteria with autism who also have mental health problems?		0
Question 8.05	The numbers assessed as having autism but not meeting eligibility criteria?		3
Question 9:	Does your Local Joint Strategic Commissioning Plan reflect local data and needs of people with autism?		No
	Supplementary: Clients with autism are not routinely identified within our case recording systems. This is something which needs development in the coming months in order to improve our reporting capabilities to support better commissioning activity data.		
Question 9.01:	What data collection sources do you use?	Amber	We have made a start in collecting data and plan to produce a better level of detail within it. The data that we do collect, for example for the SAF does contain data on those with ASD and LD however these two groups are not separated out. We are working with Taurus – the local GP group to develop the use of specific common codes for the identification of these groups.
	Supplementary: Provide a web link to a local published summary of numbers or say where this can be obtained. Not applicable		
Question 10:	Is your local Clinical Commissioning Group or Clinical Commissioning Groups (including the support service) engaged in the planning and implementation of the strategy in your local area?	Amber	Representatives from CCG and / or the support service sit on autism partnership board or alternative and are in regular liaison with the LA about planning and implementation
Question 11:	How have you and your partners engaged people with autism and their carers in planning?	Amber	Some autism specific consultation work has taken place. The Chair of the Autism Partnership Board is on the spectrum and is a parent/Carer of someone on the spectrum. The group is also regularly attended by a number of people on the spectrum as well as their parents/Carers
	Supplementary: We consulted with a range of people with autism and their carers when writing our strategy. People with autism and their carers are members of our Autism Partnership Board. Members of The Partnership Board, including those with Autism have acted as an Editorial Team in writing this self-assessment.		
Question 12:	Have reasonable adjustments been made to general council services to improve access and support for people with autism?	Red	Only anecdotal examples.
	Supplementary: Specify what you did to demonstrate your score. Not applicable		
Question 13:	In your area have reasonable adjustments been promoted to enable people with autism to access public services?	Amber	There are some examples of reasonable adjustments being made to public services to improve access for people with autism, across a small range of services
Question 14:	How do your transition processes from Children's services to Adult services take into account the particular needs of young people with autism?	Green	Transition process automatic. Training inclusive of young people's services. Analysis of the needs of population of young people, including those without education health and care (EHC) plans and specialist commissioning where necessary and the appropriate reasonable adjustments made
Question 14.01:	How many children with autism are currently identified and receiving assistance in the transition ages (14 to 17) in the year to the end of March 2014?	30 in the age range specified with statements or EHC plans with primary or secondary need of ASD (hence will have transition plans)	
Question 14.02:	How many children with autism have been through the	2 YP turned 18 in that year with statements or EHC plans with primary or secondary	

	transition process in the year to the end of March 2014?	need of ASD (hence will have transition plans). A further 5 YP turned 19.	
Question 15:	How does your planning take into account the particular needs of older people with autism?	Red	We do not currently collect this data.
	Supplementary: Comment - This is an issue that we will be addressing in our action plan which will follow this self-assessment		
Question 16:	How do your planning and implementation of the strategy take into account the particular needs of women with autism?	The planning and implementation of our strategy seeks to address the needs of all people on the spectrum in our county regardless of gender.	
Question 17:	How do your planning and implementation of the strategy take into account the particular needs of people who have autism in BME communities?	The planning and implementation of our strategy seeks to address the needs of all people on the spectrum in our county regardless of ethnic origin	
3. Training			
Question 18:	Have you got a multi-agency autism training plan?	We have a multi-agency training plan which includes autism	
	Supplementary: What staff groups and agencies are included? Provide a link if necessary		
Question 19:	Is autism awareness training being/been made available to all staff working in health and social care?	Amber	Autism awareness training is not currently made available to all staff working in health and social care separately but is included as part of our focus on improving outcomes
	Supplementary: The raising of autism awareness amongst all of our front line staff including those who deliver health and social care is a key priority in our local Strategy. Plans are in place to ensure that when services such as our diagnostic pathway (which is currently under construction) are made available for tender, all prospective bidders will be required to offer awareness training to all of their staff. We are also working with our local GP group to ensure that autism awareness is included in locally provided training for staff. A day's training entitled 'Autism Awareness' is currently delivered on a regular basis to staff in our children's services and we are looking to expand this course to include staff working with adults.		
Question 20:	Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?	Amber	No specific training is currently being offered however staff can access specialist advice and support through our Learning Disability Health Team on a case by case basis
	Supplementary: The raising of autism awareness amongst all of our front line staff including those who deliver health and social care is a key priority in the Strategy. Plans are in place to develop training for staff involved in the assessment process. This will include training in ensuring that the Care Act is fully implemented in respect to the rights of the carers of those with Autism.		
Question 21:	Do Clinical Commissioning Group(s) ensure that all primary and secondary healthcare providers include autism training as part of their ongoing workforce development?		No
	Supplementary: All providers produce and deliver equality and diversity training for their staff. We are working with them to ensure that Autism is part of this training offer. This will make autism awareness training mandatory for all health staff in the area.		
Question 22:	Criminal Justice services: Do staff in the local police service engage in autism awareness training?		Yes
	Supplementary: West Mercia Police ensure that officers receive training on dealing with Autism and people on the spectrum. In 2013, all officers underwent training on autism awareness and this had been followed up by mandatory E-Training.		
Question 23:	Criminal Justice services: Do staff in the local court services engage in autism awareness training?	No – as part of our Autism Strategy we are seeking to engage with the local court service to improve level of autism awareness training that is offered	

Question 24:	Criminal Justice services: Do staff in the local probation service engage in autism awareness training?	No – as part of our Autism Strategy we are seeking to engage with the local probation service to improve level of autism awareness training that is offered	
4. Diagnosis led by the local NHS Commissioner			
Question 25:	Have you got an established local autism diagnostic pathway?	Red	We currently spot purchase provision on a case by case basis. Although we have an identified pathway this needs to be brought in-house and we are currently working to achieve this through the development of an agreed diagnostic pathway.
	Supplementary: This issue is something that we need to ensure is addressed in our work in developing a diagnostic pathway		
Question 26:	If you have got an established local autism diagnostic pathway, when was the pathway put in place?		Not applicable
	Supplementary: Not applicable		
Question 27:	In the year to the end of March 2014, how many people were referred out of area for diagnosis, despite a local diagnostic pathway being in place?		Number 8
	Supplementary: 4 of the people were referred for Aspergers. 4 of the people were referred for Autism		
Question 28:	In weeks, how long is the average wait between referral and assessment? (Note, this should include all people referred irrespective of prioritisation streams)		Number - Not known
	Supplementary: We do not have data on average waiting times. This is an area that we are starting to monitor and will build it into the diagnostic pathway which we are currently developing		
Question 29:	How many people have been referred for an assessment but have yet to receive a diagnosis?		Number - 1
	Supplementary: Comment		
Question 30:	In the year to the end of March 2014 how many people have received a diagnosis of an autistic spectrum condition?		Number - 8
	Supplementary: We expect to be able to monitor this more closely next year once our pathway is place.		
Question 31:	How many of the people receiving a diagnosis in the year to end March 2014 had moved on to appropriate services by end September 2014?		Number - 0
	Supplementary: We do not currently have appropriate services in place. Our current pathway goes as far as diagnosis but not onto aftercare. This situation will be improved once our diagnostic pathway has been implemented		
Question 32:	How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?		
	Supplementary: Our pathway is still under development and yet to be located within mainstream services. Once it has been developed and approved it will be integrated into mainstream statutory services with specialist awareness of autism within the diagnosis process.		
Question 33:	In your local diagnostic pathway does a diagnosis of autism automatically trigger an offer of a Community Care Assessment (or re-assessment if the person has already had a current community care assessment)?		No
	Supplementary: Our pathway will have this trigger in place to ensure an offer of a Community Care Assessment		
Question 34:	Can people diagnosed with autism access post diagnostic specific or reasonably adjusted psychology assessments?	Red	Only people diagnosed with autism **with** LD can access post diagnostic specific or reasonably adjusted psychology assessments

Question 35:	Can people diagnosed with autism access post diagnostic specific or reasonably adjusted speech and language therapy	Red	Only people diagnosed with autism **with** LD can access post diagnostic specific or reasonably adjusted speech and language therapy assessments

	assessments?		
Question 36:	Can people diagnosed with autism access post diagnostic specific or reasonably adjusted occupational therapy assessments?	Red	Only people diagnosed with autism **with** LD can access post diagnostic specific or reasonably adjusted occupational therapy assessments
Question 37:	Is post-diagnostic adjustment support available with local clinical psychology or other services?	No - Only people diagnosed with autism **with** LD can access post-diagnostic adjustment support available with local clinical psychology or other services	
5. Care and support			
Question 38	Of those adults who were assessed as being eligible for adult social care services and who are in receipt of a personal budget, how many have a diagnosis of Autism both with a co-occurring learning disability and without?	(Where respondents are able to answer questions 2 and 3, the total should equal the total for question 1)	
Question 38.01:	Number of adults assessed as being eligible for adult social care services and in receipt of a personal budget	75	
Question 38.02:	Number of those reported in 1 who have a diagnosis of Autism but not learning disability	60	
Question 38.03:	Number of those reported in 1 who have both a diagnosis of Autism AND Learning Disability	15	
Question 39:	Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?	We provide a general entry point level of service. We plan to develop more autism specific points of access in future. We are commissioning a new information, advice and guidance hub and service and will expect the provider to provide access to specific autism information	
	Supplementary: We are currently working with our partner Herefordshire Carers Support, our Childrens Team and our Web Team to design an autism-friendly entry point for local services which will include provision such as the 'Local Offer'.		
Question 40:	Do you have a recognised pathway for people with autism but without a learning disabililty to access a community care assessment and other support?	No	
	Supplementary: We are currently working with our local NAS branch office to design and implement a pathway for people with autism to access a community care assessment and other support		
Question 41:	Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?	Amber	There is an advocacy programme in place. We are currently working to ensure that all advocates receive training to meet their specific requirements
	Supplementary: Training in awareness and support for families and carers are two key priorities within our strategy towards which we are currently working		
Question 42:	Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an appropriately trained advocate?	Amber	There are mechanisms in place to ensure that those who require a service can be referred to an advocate. Local advocacy services are continually working at becoming more autism-aware
	Supplementary: Comment:		
Question 43:	Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?	Yes	
	Supplementary: Provide an example of the type of support that is available in your area and how you measure if it is successful		
Question 44:	How would you assess the level of information about local	Amber	There is a moderate level of information available about support services for

	support across the area being accessible to people with autism?		people with autism which is either incomplete or not readily accessible to people with autism
	Supplementary: We are currently working to improve the level, quality and accessibility of information about relevant support services available for people with autism.		
Question 45:	Where appropriate are carers of people assessed as having autism and eligible for social care support offered assessments?	Green	Carers assessments are offered to those who are eligible for adult social care
	Supplementary: Under the Care Act we recognise that carers of people assessed as having autism and eligible for social care support will in future be offered assessments to address their own needs. We are currently working towards ensuring that such assessments are available where and when needed.		
6. Housing & Accommodation			
Question 46:	Does the local housing strategy specifically identify Autism?	Red	The needs of people with Autism (as distinct from needs of people with other disabilities) not specifically mentioned in our current housing strategy
	Supplementary: Our Housing Team is currently carrying out a survey on the housing needs of all people with Learning Disabilities or Autism. The survey being used has been discussed and commented upon by our Autism Partnership Group		
Question 47:	Do you have a policy of ensuring that local housing offices all have at least one staff member who has training in autism to help people make applications and fill in necessary forms?		No
	Supplementary: Comment - Increasing awareness of autism amongst our front line staff is a key priority of our Autism Strategy. Staff in local housing offices will be included within any training provision we identify as we implement our action plan		
7. Employment			
Question 48:	How have you promoted in your area the employment of people on the Autistic Spectrum?	Amber	Autism awareness is delivered to employers on an individual basis. Local employment support services include Autism. Some contact made with local job centres
	Supplementary: Employment is a key priority in our autism strategy. Ad-hoc training arrangements are in place with several of our partner organisations and we have made local low level contact with Job Centres. More work is required in this area.		
Question 49:	Do autism transition processes to adult services have an employment focus?	Amber	Transition plans include reference to employment/ activity opportunities
	Supplementary: Childrens Services have created a 'New Horizons Hub' for those aged 19 to 25 offering day college placement in life skills, independent living and employment opportunities. This service is currently offered to those with Learning Disabilities and a similar arrangement is being planned for those with Autism. The Officer who is responsible for transition arrangements and employment sits on our Partnership Group.		
8. Criminal Justice System (CJS)			
Question 50:	Are the Criminal Justice Services (police, probation and, if relevant, court services) engaged with you as key partners in planning for adults with autism?	Amber	Discussions between local authority adult social care services and criminal justice service agencies are continuing; representatives from criminal justice service agencies sit on autism partnership board or alternative
	Supplementary: Improving the links to the Criminal Justice Services is a key priority for our Partnership Group. We currently have representatives from the local Police Services sitting on our Partnership Group and we are working towards getting representation from the courts and probation services		
Question 51	Is access to an appropriate adult service available for people	Red	There is not reliable access to an appropriate Adult service 'places of safety'

	on the Autistic Spectrum in custody suites and nominated	
9. Local good practice		
Question 52:	What are you doing different because of Think Autism – the update to the 2010 Adult Autism Strategy?	As a direct result of "Think Autism" – the update to the 2010 Adult Autism Strategy we have included dealing with Hate Crime as a key priority within our local strategy. We have included our local Inclusion Officer onto our Partnership Board and he is currently developing a local strategy which will combine the recommendations of the NAS 'Living in Fear' report with best practice that he has gathered elsewhere from across the region. This will help inform future local decisions and policies. We have also strengthened the presence of our local Community Police force on our Board
Question 53: If you wish,	Describe briefly (up to 1500 Long Comment characters) ONE initiative of your Council, relating to the provision of care for people with Autism, which you think has been successful.	
Question 54:	Describe briefly (up to 1500 characters) an initiative of your Council, relating to the provision of care for people with Autism, which people with Autism in your area think has been most successful and helpful.	In the past eighteen months Herefordshire has set up an Autism Partnership Board. This was something that had not been in existence in the county previously and it has given people with autism a focus and voice on how services are being thought of and developed. The Board is chaired by someone with autism and who is also a carer for someone with autism. The Board has several regular members who also have autism. The Board has been central to developing the action plan to deliver our strategy and it is continuing to work with a range of partners to improve services. The Board has also raised expectations that something positive will be done to keep improving services and facilities for all people with autism, their carers and their families in Herefordshire. *Note - This comment was suggested for inclusion by members of the Autism Partnership Board*
Question 55:	How is your council planning to spend your Section 31 capital grant of £18,500?	We plan to spend the Section 31 capital grant on a range of telecare equipment which will be used for people with autism who are in transition and who need additional support to help achieve and maintain independence. We will also use the funding to work with carers and care providers, through our Autism Partnership Board, to influence the use of accessible communication systems, such as i-pads, to promote service user choice, inclusion, rights and independence.

10. Optional Self-advocate accounts of experience *Accounts of experiences by self-advocate stories. Up to 3 stories may be added. These should be only direct accounts <u>provided by self-advocates</u> of experiences they have had requiring or using services. They may be descriptions of good or bad experiences. They need to be short - less than 2000 characters in total. They should not identify any actual people or organisations. For example you should replace names of work schemes with [Work Scheme] etc. All submitted accounts meeting these specifications will be published in full subject only to editing to ensure they are anonymised. Publication will group them in the section headings of the questionnaire so ideally you should specify which section they relate to (although obviously some may relate to more than one section).*	
Question 56.01 Self-Advocate Account 1	

Type of Question: Long Comment Specify the section to which this relates	
Question 56.02 Comment: Section to which Self-Advocate Account 1 relates Type of Question: Comment Specify the section to which this relates	
Question 56.03 Self-Advocate Account 2 Type of Question: Long Comment Specify the section to which this relates	
Question 56..04 Comment: Section to which Self-Advocate Account 2 relates Type of Question: Comment Specify the section to which this relates	
Question 56..05 Self-Advocate Account 3 Type of Question: Long Comment Specify the section to which this relates	

11. Completion details - Which of the following types of partner were involved in the completion of this self-assessment?

60.01	Local authority adult social services	Yes
60.02	Local authority Dept of Children's services	Yes
60.03	Local education authority	n/a
60.04	Health and wellbeing board	No
60.05	Local authority public health department	Yes
60.06	Clinical Commissioning Group	Yes
60.07	Primary Healthcare providers	Yes
60.08	Secondary Healthcare providers	No
60.09	Employment service	No
60.10	Police	No
60.11	Probation service	No
60.12	Court service	No
60.13	Local charitable / voluntary / self advocacy / interest groups	Yes
60.14	People on the autism spectrum	Yes
60.15	Informal carers, family, friends of people on the autistic spectrum	Yes

Note – our Autism Partnership Board helped to write this self-assessment

Sign off

61.01	Director of Adult Social Services	Helen Coombes
61.02	CCG Chief Operating Officer	Jo Whitehead

Note – the submission spreadsheet shows a 92.2% completion rate - the following questions shown as being incomplete;
Diagnosis – Q2 – asks for the date the diagnosis pathway was put in place – we do not have a pathway hence no date given
Diagnosis – Q4 – asked for average wit figures for diagnosis – we do not know these hence no figure given
Diagnosis – Q8 – Asked if our pathway is integrated or specialized – as our pathway is not in place no category given
Care and Support Q1 (partially complete) – we have given the figures – there is no clear reason why this appears to be only be partially completed
Local Good Practice Q2 – optional question which we did not answer
Self-advocates Experiences Q1 – optional question which we did not answer
Completion Details Q1 (partially complete) – these are complete – not clear why they are shown as incomplete
Completion Details Q2 (partially complete) – these are complete – not clear why they are shown as incomplete

Herefordshire Council

Meeting:	**Health & Wellbeing Board**
Meeting date:	**25 March 2015**
Title of report:	**Joint Health and Social Care Learning Disability Self-Assessment Framework 2014**
Report by:	**Director of Adults Wellbeing**

Classification

Open

Key Decision

This is not an executive decision.

Wards Affected

County-wide

Purpose

To note that a self-assessment in response to the Joint Health and Social Care Learning Disability Self-Assessment Framework 2014 has been submitted to Public Health England.

Recommendation(s)

THAT: The Report be noted

Alternative options

1 There are no alternative options.

Reasons for recommendations

2 The report is for information only

Key considerations

3 In September 2014 Andrea Pope-Smith, the Joint Chair of the ADASS Learning Disability Policy Network and Jane Cummings, the Chief Nursing Officer for England wrote to Directors of Adult Social Services informing them of the launch of the annual national Joint Health and Social Care Learning Disability Self-Assessment.
The Learning Disability Health Self-Assessment Framework began being used in England in 2007/8. It has become an important guide for the NHS and Local

Authorities. It has helped them to recognise the overall needs, experience and wishes of young people and adults with learning disabilities and their carers. This has made it easier to bring these perspectives into the tasks of determining local commissioning priorities and monitoring services. The deadline for submissions was the end of January 2015. Herefordshire's response was submitted on time

Community impact

4 The self-assessment describes the progress that has been made in developing services for people with Learning Disabilities in the county. The local Learning Disability Partnership Board has recently been revived and has started work on overseeing the development and provision of services and will be central to the development and delivery of an self-assessment action plan

Equality duty

5 The self-assessment in itself does not meet any of these duties however, the work of developing local services for those with Learning Disabilities will help advance equality of opportunity between persons who share a relevant protected characteristic and those who do not.

Financial implications

6 None.

Legal implications

7 None. This document is for information only

Risk management

8 None. This document is for information only

Consultees

9 The self-assessment was drawn up through consultation with a wide range of colleagues and partners including the CCG, 2G and officers from Adult Social Care. During January a series of consultation meetings were held with service users across the county and their views have helped inform the self-assessment.

Appendices

Appendix 1 - Direction of travel assessment comparator of 2014performance against 2013

Appendix 2 - Joint Health and Social Care Learning Disability Self-Assessment

Background papers

- None identified.

Direction of Travel

RAG Ratings	2013	2014
Total number of questions	27	23
Green	5	6
Amber	14	11
Red	3	6
Not answered	5	0
IHAL to complete *Improving Health and Lives Learning Disabilities Observatory*	0	4

Direction of travel		
	↑	9
	↔	9
	↓	5
Cannot compare		4

Issues to be addressed

- We need an action plan
- We need to develop a Learning Disability Strategy
- We need to improve how we collect and use our data
- We need to develop a strategy to improve job prospects for people with Learning Disabilities.

The LD Self-Assessment Framework - Comparing 2103 and 2014

Appendix 1

	2013	2014
Total number of questions to answer	27	23*
Green	5	6
Amber	14	11
Red	3	6
Not answered**	5	
IHAL to complete	0	4

*There were 27 questions in total however IHAL completed four of them (Shown as X in blue)

**No data was submitted for these questions in 2013 (Shown as X in yellow)

Direction of travel	↑	9	A1	A4	A6	A7	A8	A9	B3	C4	C6
	↔	9	A2	B4	B5	C3	B7	C1	C2	C7	C8
	↓	5	B1	B2	B6	B8	C5				
Cannot compare		4	A3	A5	B9	C9					

All questions read across from 2013 to 2104 with the exception of C9

2013		2014		DOT
A1. LD QOF register in primary care	A	A1: Learning disabilities Quality Outcomes Framework (QOF) register in primary care	G	↑
A2. Screening - People with learning disability are accessing disease prevention, health screening and health promotion in each of the following health areas: Obesity, Diabetes, Cardio vascular disease and Epilepsy	R	A2: Finding and managing long term health conditions: obesity, diabetes, cardiovascular disease, epilepsy	R	↔
A3. Annual Health Checks and Annual Health Check Registers	A	A3: Annual health checks and annual health check registers **To be answered by IHAL**	X	**N/A**
A4. Health Action Plans Health Action Plans are generated at the time of Annual Health Checks (AHC) in primary care	R	A4: Specific health improvement targets (Health Action Plans) are generated at the time of the Annual Health Checks in primary care	A	↑
A5. Screening Comparative data of people with learning disability vs. similar age	A	A5: National Cancer Screening Programmes (bowel, breast and cervical) **To be answered by IHAL**	X	**N/A**
A6. Primary care communication of learning disability status to other healthcare providers	X	A6: Primary care communication of learning disability status to other healthcare providers	A	↑
A7. Learning disability liaison function or equivalent process in acute setting	X	A7: Learning disability liaison function or equivalent process in acute setting	A	↑
A8: NHS commissioned primary care: dentistry, optometry, community pharmacy, podiatry	X	A8: NHS commissioned primary care: dentistry, optometry, community pharmacy, podiatry	A	↑
A9. Offender Health & the Criminal Justice System	X	A9: Offender health and the Criminal Justice System	R	↑

The LD Self-Assessment Framework - Comparing 2103 and 2014

B1. Regular Care Review Commissioners know of all funded individual health and social care packages for people with learning disability across all life stages and have mechanisms in place for on-going placement monitoring and individual reviews.	A	B1: Individual health and social care package reviews Commissioners know that all funded individual health and social care packages for people with learning disability across all life stages are reviewed regularly.	R	↓
B2. Contract compliance assurance For services primarily commissioned for people with a learning disability and their family carers	A	B2: Learning disability services contract compliance Contract compliance assurance – for services primarily commissioned for people with a learning disability and their family carers.	R	↓
B3. Assurance of Monitor Compliance Framework for Foundation Trusts	A	B3: Monitor assurances Assurance of Monitor Risk Assessment Framework for Foundation Trusts	G	↑
B4. Assurance of safeguarding for people with learning disability in all provided services and support	A	B4: Adult safeguarding Assurance of safeguarding for people with a learning disability.	A	↔
B5. Training and Recruitment - Involvement	A	B5: Self-advocates and carers in training and recruitment	A	↔
B6. Commissioners can demonstrate that providers are required to demonstrate that recruitment and management of staff is based on compassion, dignity and respect and comes from a value based culture.	G	B6: Compassion, dignity and respect. To be answered by self-advocates and family – carers. Family carers and people with a learning disability agree that providers treat people with compassion, dignity and respect.	A	↓
B7. Local Authority Strategies in relation to the provision of support, care and housing are the subject of Equality Impact Assessments and are clear about how they will address the needs and support requirements of people with learning disabilities.	R	B7: Commissioning strategy impact assessments Commissioning strategies for support, care and housing is the subject of Impact Assessments and are clear about how they will address the needs and support requirements of people with learning disabilities.	R	↔
B8. Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, whistleblowing experience	G	B8: Complaints lead to changes Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, whistleblowing experience	A	↓
B9. Mental Capacity Act & Deprivation of Liberty	A	Data in relation to Mental Capacity Act and Deprivation of Liberty will be sourced from nationally **To be answered by IHAL**	X	**N/A**
C1. Effective Joint Working	G	C1: Effective joint working Effective joint working across health and social care.	G	↔
C2. Local amenities and transport	A	C2: Local amenities and transport	A	↔
C3. Arts and culture	G	C3: Arts and culture	G	↔
C4. Sport & leisure	A	C4: Sports and leisure	G	↑
C5. Supporting people with learning disability into and in	A	C5: Employment	R	↓

employment				
C6. Effective Transitions for young people	X	C6: Preparing for adulthood	G	↑
C7. Community inclusion and Citizenship	A	C7: Involvement in service planning and decision making	A	↔
C8. People with learning disability and family carer involvement in service planning and decision making including personal budgets	A	C8: Carer satisfaction rating.	A	↔
C9. Family Carers	G	C9: Overall rating for the assessment. **To be answered by IHAL**	X	**N/A**

Where have done worse than in 2013?

B1, B2, C5 (all downward DOT into Red from Amber) & B6, B8, (all downward DOT into Amber from Green)

		2013 What did we say?		**2014 What did we say?**	**Notes**
B1		Between 1st April 2012 to 31st March 2013 - 296 LD Clients received a SAQ, Support Plan or Support Plan Review. All LD Services users with eligible needs for a service from the LD Team and who are open to the team are on a plan to be reviewed this year (2013-14). We have 3 joint funded service users and they were reviewed on 24.9.12, 19.10.12 and 25.06.13. For NHS funded patients a database of placements now in place. An OOC reviewing officer has been appointed to lead an MDT approach to reviews which will be carried out on a face to face basis. All clients have been reviewed in the last year. All local authority funded placement packages are administered via Frameworki. Commissioners therefore have access to all information concerning LA-funded packages of care, as well as details of assessments and reviews. The local authority has a clear process in place for the annual review of packages of care that they are responsible for. Joint-funded packages are agreed by commissioners from both funding bodies and the information on service users is shared. **AMBER (Moving to green in 2014)**		During 2013/14, Adults Social Care supported 585 clients (RAP P1). Of this total, 400 clients had an assessment, re-assessment, support plan or review completed during the year and a further 13 carers received an assessment/reassessment, care plan or review. This performance is below target, but in 2014/15 we will aim to improve upon this through projects such as the review of high cost placements where a number of Learning Disability clients will be reviewed. We recently have consulted with an LD User Group and they felt they had been included in their support planning to set goals and to promote self-advocacy. They also felt supported and safe in the community	This question asked us to achieve **higher than 90%** which **we have not** therefore we have to step down to RED (Note –last year we were confident of stepping up to a green)
B2		91% of cases received a quality assurance visit last year. We also conduct an annual quality self-assessment and obtain on going service activity data including monthly		84% of learning disability providers received a quality assurance visit throughout the year April 2013 to March 2014. These visits included gaining	This question asked us to achieve **higher than 90%** which **we have not** therefore

		returns from providers		feedback from services users and staff through the use of a questionnaire, as well as talking to individuals during the visit. We also conduct an annual quality self-assessment. We work closely with providers who come into our Quality Concerns process, carrying out further supportive quality assurance visits. We also receive service activity data from our providers who are commissioned to provide a service in the community. This is provided on a regular agreed basis. We recently have consulted with an LD User Group who felt supported and included within their annual reviews but also felt that greater support could be provided to help the customers realise that they can ask for a review of their services at any time should they wish to change services.	we have to remain RED
C5		Following on from being part of work based projects at our Ryefield centre four Service Users were employed (part time) by a recycling firm. This particular employment has now ceased, with currently 1 Service User being in paid employment one day per week at a local factory. The majority of activity projects at our centres have an element of "work" and work ethic. For example the Ryefield Caf project currently has 5 trainees undergoing work based training / work experience. 2 Service Users at the St Owen Centre have paid employment in the form of paper rounds and 16 Service Users volunteer at work based projects. 2 Service Users have part-time paid employment. At the Widemarsh Centre 3 Service Users volunteer to external organisations (God's acre, Red Cross, cathedral gardens) and 6 Service Users are in work based projects We have a Skills for Daily Living framework contract with a range of providers that is designed to support people in the community and this can include into employment. We are keen to ensure that changes are made nationally so that people with a learning disability are able to access Apprenticeship funding		We are able to plot a, employment pathway for people with LD. A number of our supported living providers, together with Mencap and ECHO, support people into voluntary work or short term paid employment schemes. Where an individual has the capacity to move into full time work then the Shaw Trust support them to find and sustain work of more than over 16 hours per week. An example of a local social enterprise which is working with people with LD to find employment is the Community Interest Company; 'MiEnterprise', (see http://www.mienterprise.org.uk/) They currently support 6 people in supported self-employment with 2 more working towards self-employed status. We have recently consulted with an LD User Group. They were able to identify that there were organisations (such as those mentioned above) that were able to aid them to get employment. They also identified that in the past some had been engaged in temporary working schemes that had now finished.	We **do not have a "clear published strategy** for supporting people with learning disabilities into paid employment" – this is a minimum requirement for Green or Amber therefore a RED

B6		There have been significant changes in commissioning practices during 2013 within the local authority. New commissioning principles have been established and agreed with the market with a focus on quality. All practitioners are expected to sign up to social care commitments and the Dignity in Care charter. Our contracts include a Quality Schedule which includes a clear strategy for gaining feedback from customers about the quality of services and their experiences of those services. We also have an annual plan of how customer feedback will be sought and how it will be fed back to commissioners. There is an action plan relating to changes introduced as a result of customer feedback with evidence of the implementation of service change and improvement. We also ask for evidence of monitoring and review of service change and improvement The organisation uses a range of mechanisms of gain feedback from a cross section of customers. We have a clearly identified lead within the organisation and all providers are required to maintain up to date person centred care plan in respect of individuals and providers systematically provide evidence of changes in demand, service shortfalls and customer unmet need to commissioners. Customer experience targets form part of appraisal for key staff. In addition, reviews of safeguarding protection plans evidence outcomes achieved and better risk management		This rating is based upon responses to questions asked of Herefordshire Carers Support, who were able to survey a sample of cases where both the service user and the carer had both received services. Despite this only being a small sample, there was a mixture of responses. Over half of respondents said that agreed that all or most providers treated people with compassion, dignity and respect. The respondents who suggested that they were not treated with compassion, dignity and respect did, in some cases, suggest that the lack of resources and funding was the cause for this. We also have recently consulted with an LD User Group. The group agreed that they had been supported to be self-advocates, had circle of supports and, if required, could access independent advocacy.	This year we were reliant on the opinions of carers and service users themselves. In order to remain a green family carers and people with a learning disability had to agree that **all** providers treat people with compassion, dignity and respect. **As they did not agree we can only be an Amber**
B8		We have specific examples where complaints and whistle blowing have changed service practice. Management has given assurances on effective use of whistle blowing policies. A whistle blowing clause is written into the terms and conditions of our contracts. Residential Agreements state that providers must comply with all statutory regulations and enactments which includes whistle blowing. The Quality and Review team also ask about Whistleblowing on their monitoring visits of these		There were 23 complaints received by Adults Social care in 2013/14. As a result of complaints, changes to delivered services were made. One specific example was a Supported Living facility where, following complaints from parents and social workers, a new specification was drawn in co-production with parents and services users. This was followed by a co-produced retendering process which saw a new contractor take over. We also have a rolling programme of quality	To be green "90% or more of commissioned services can demonstrate improvements based on the use of feedback from people who use services," **As we have only audited 84% we have to be Amber**

		providers. For the majority of the Domiciliary Care contracts, the Public Interest Disclosure Act 1998 which covers Whistleblowing is on the list of regulations, within the contract, which the providers have to adhere to. Having a Whistleblowing procedure is also part of the approval process for new providers and the Quality and Review team review this during their visits.		monitoring of providers. As part of this programme, 84% of LD service providers were audited in 2013/14 As part of the contract terms and conditions for providers in Herefordshire, complaints, safeguarding and whistleblowing policies are required.

Where have we done the same as in 2013?

A2, B4, B5, B7, C1, C2, C3, C7, C8

		2014 What have we said?	**Notes**
A2		We have up-to-date records of numbers of patients with Learning Disabilities in each practice who have relevant comorbidities. Disease-specific reviews are included within the QOF and Herefordshire practices score very high in the clinical section of the QOF. We do collect data for prevalence of all 4 conditions in all practices in the general population and in those with LD. We intend to collect specific outcome measures in the future However according to the guidance for this SAF we only comply with a Red rag rating as we have no comparative data with the population that do not have a learning disability. We recently have consulted with an LD User Group. They indicated that they are supported to access services and have good relationships with GP's clinics and pharmacies. They have had recent health checks and have health action plans. Most have hospital passports to support and inform medical staff should they be admitted to hospital	We need to have comparative data to be Amber or Green – we do not therefore Red
B4		Further improvements have been seen to the safeguarding arrangements for all clients during 2013/14. Herefordshire Safeguarding Adults Board (HSAB) continues to work towards the improvement of safeguarding within Herefordshire and a new independent chair for the group is in place. To improve the operational performance of safeguarding, there is currently a group looking to further improve these safeguarding arrangements, implementing and embedding 'Making Safeguarding Personal' and also ensuring Care Act compliance. There was a small increase in the number of alerts raised for LD clients during 2013/14 and the proportion of these progressing to referral has also increased. This would suggest that reporting of safeguarding for clients with learning disabilities is becoming more appropriate. We have consulted with LD Users who felt that there was good support around safeguarding, that they had access to safe places	We are asked to say that *"Comprehensive evidence of robust, transparent and sustainable governance arrangements in place overseen by a Safeguarding Adults Board…"* as this response was supplied by the Safeguarding Team this should remain an Amber
B5		There have been a number of training events that have had the direct involvement of service users, carer's and families in presenting and talking to staff from the Learning Disabilities Team as well as staff from other parts of Adult Wellbeing. There has also been a re-focusing of the Learning Disability Partnership Board which now has a far greater number of its members who are 'experts by experience'	To be green we are asked to show that all services are involving people with learning disabilities and

		In future we need to ensure that we maximise the involvement of service users their carer's and family in recruiting staff to the Community Learning Disability Team. We recently have consulted with an LD User Group. They were able to demonstrate that they had been included in staff recruitment and training. An LD drama group is currently looking into make a training DVD to enable wider organisations such as transport companies or shops to be more aware of the needs of people with learning disabilities..	families in recruitment and training. **Our response does not indicate this so it remains an Amber**
B7		We are currently developing our overarching LD strategy which will include our strategies for LD employment, LD safeguarding, Autism and LD housing. We are also working to ensure that all of our Impact Assessments are up to date and are in place. The timeline for completion recognises the importance of co-production and listening to and involving people with learning disabilities and their parent/carers. Equally the importance of scheduling and reporting to the Learning Disability Partnership Board. The Plan will be across health and social care and is a building block to the Herefordshire Better Care Fund. Changes made during the past 12 months, such as transferring of the Day Opportunities to a new provider, have had EIA's. As part of the significant changes planned in 2013/14 for transfer of LD day opportunity services in April and September 2014, significant consultation was undertaken.	To be green or amber all commissioning strategies and Impact Assessments are in place and up to date **We cannot say that our plans and strategies are up to date and in place – remain a Red**
C1		A Section 75 agreement is in place between the Local Authority and the Clinical Commissioning Group. The Health and Wellbeing Board meets regularly and it oversees production of the Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). Our Learning Disability Partnership Boards has been reinvigorated. It meets regularly and its membership consists of service users, carers, experts by experience, the CCG, service providers, Councilors and Council Staff. We have an active Autism Partnership Board which also has a wide ranging co-productive membership. Our Joint Commissioning Board is in place and is developing a partnership approach to the co-commissioning of Learning Disability Services. The intention is that this approach will be co-produced to assure stakeholder ownership and will distil the key objectives contained within 'Valuing People' and 'Valuing People Now' to ensure outcomes based approaches to commissioning.	**Already a green - No need to uprate**
C2		There are Safe Places around the county where people with a learning disability can go to for help if they feel threatened. Safe places are located in Hereford City, all the market towns as well as the Newton Farm and Yarpole Community Centres. We have a Changing Places facility at the newly built 'Old Market' shopping complex and there are also plans to include a Changing Places facility at the recently upgraded Hereford Leisure Centre. On public transport we issue concessionary bus passes to people with LD allowing free travel on bus services throughout England and services into Wales. Additionally for pass holders we can, on confirmation of need from their GP's or other recognised representative, issue Companion Passes which enables another person to accompany the pass holder should they be unsuitable to travel alone.	To be Green we need to show *"Extensive and equitably distributed examples of people with learning disability having access to reasonably adjusted local transport services, changing places and safe places, (or similar schemes), in public venues and evidence that such schemes are communicated effectively."*

			We can only show local (not widespread) examples so remains an Amber
C3		Facilities of the Council and its providers are provided in line with Herefordshire's Equality & Human Rights Charter. One of our providers, ECHO, runs an active theatre group – the 'About Face Theatre Company' - for LD Service Users. In June of 2014 the company, in conjunction with the Bulmers Foundation held a celebration of orchards at Lyde Court Herefordshire. This consisted of a series of presentations and performances to an audience of 100 plus. The new Odeon Cinema in the recently opened Old Market shopping complex holds Autism Friendly showings of films on Sunday Mornings. We recently have consulted with an LD User Group who felt that access in the local theatre – the Courtyard - and the new cinema, was good and felt they were well supported to attend these venues	To be green we need to show "Extensive and equitably distributed examples of people with learning disabilities having access to reasonably adjusted facilities and services etc " **Green last year – green again this year**
C7		We involve people with learning disabilities and family carers in the work of our Learning Disability Partnership Board and our Autism Partnership Board. We also ensure that people with learning disabilities and family carers are fully involved in the work of our 'Making It Real' Board which ensures that changes to services are discussed and understood. An example of how we have worked using a co-production approach can be seen at a local Supported Living facility where we worked with people with learning disabilities and family carers to design the specification, interview contractors, award the contract and assist in the mobilisation process We have recently consulted with an LD User Group. The Group were all able to identify that customers and their circle of support had been included in making and reviewing their care and support plans. People did not always know what the name of the document was e.g. health action plan but were able to express what they did and how they did it.	To be Green we need to show *"Clear evidence of co-production in universal services and learning disability services"* **We are able to show some co-production but not universal co-production – remains Amber**
C8		This rating is based upon responses to questions asked of Herefordshire Carers, who were able to survey a sample of cases where both the service user and carer had both received services. Despite there only being a very small response rate (five respondents in total), there was a mixture of responses. Two of the respondents were happy that their needs were being met and one was neither satisfied nor dissatisfied. The remaining two were not satisfied that their needs were being met. For these respondents, again resources were one of the main issues; both that there are few services available where carers have been identified and continuity of staffing.	To be Green "Most carers are satisfied that their needs were being met" – **our HCS survey only showed "Most Carers were satisfied " {Note – the HCS survey only generated 5 responses so this is not statistically sound – remains an Amber**

THIS IS THE TEXT AND FIGURES AS SUBMITTED ON THE PHE SPREADSHEET **Appendix 2**

Joint Health and Social Care Learning Disability Self-Assessment Framework 2013/14 Guidance
Section A – Staying healthy.

Standard description	Guidance notes
A1: Learning disabilities Quality Outcomes Framework (QOF) register in primary care	There is concern that many people with learning disabilities (LD) are unknown to services and do not subsequently get access to the healthcare they need. This indicator aims to encourage the building of accurate registers to ensure equity of access to healthcare for people with learning disabilities. All people with learning disabilities need to be identified using the QOF. Local data needs to be scrutinised and systems put in place in primary care to ensure that all people with learning disabilities are put on the QOF register.

	Measure	Local lead for measure/notes
	LD registers reflect prevalence data AND data stratified in every required data set (e.g. age / complexity / autism diagnosis / black and minority ethnicities etc.).	We have up-to-date records of numbers of patients with Learning Disabilities in each practice. Learning Disability and Down Syndrome Registers reflect prevalence data and are stratified by complexity and age / autism / ethnicity.
	LD registers reflect prevalence data but are not stratified in every required data set (e.g. age / complexity).	
	The numbers of people on LD registers reflect the requirements outlined in the QOF.	

Standard description	Guidance notes
A2: Finding and managing long term health conditions: obesity, diabetes, cardiovascular disease, epilepsy	Currently there is little specific comparative data between the health of people with learning disabilities and the non-learning disabled population, yet we know that people with learning disabilities have poorer access to healthcare and die younger than their non-learning disabled peers. There is a lack of robust data from which the JSNA and Health and Well-Being Strategy can be informed. This indicator looks at four major long term health conditions (obesity, diabetes, cardiovascular disease and epilepsy) to enable localities respond more effectively to clinical needs and be in a strong position for future planning of reasonably adjusted health services for people with learning disabilities.

	Measure	Local lead for measure/notes
	We compare treatment and outcomes for all four conditions between people with learning disabilities and others in: the area and at local GP level.	
	We compare treatment and outcomes for some of the conditions between people with learning disabilities and the general population in the area.	

	No comparative data available.	We have up-to-date records of numbers of patients with Learning Disabilities in each practice who have relevant comorbidities. Disease-specific reviews are included within the QOF and Herefordshire practices score very high in the clinical section of the QOF. We do collect data for prevalence of all 4 conditions in all practices in the general population and in those with LD. We intend to collect specific outcome measures in the future However according to the guidance for this SAF we only comply with a Red rag rating as we have no comparative data with the population that do not have a learning disability. We recently have consulted with an LD User Group. They indicated that they are supported to access services and have good relationships with GP's clinics and pharmacies. They have had recent health checks and have health action plans. Most have hospital passports to support and inform medical staff should they be admitted to hospital

Standard description		**Guidance notes**
A3: Annual health checks and annual health check registers		***IHAL will complete this measure for all localities from the national data source. Not to be completed locally.***
Measure		**Local lead for measure/notes**
	80% or more of people with learning disability on the GP DES Register had an annual health check.	
	Between 41% and 79% of people with learning disability GP DES Register had an annual health check	
	Fewer than 40% of people with learning disability on the GP DES Register had an annual health check.	

Standard description	**Guidance notes**
A4: Specific health improvement targets (Health Action Plans) are generated at the time of the Annual Health Checks in primary care	The LD DES (2013/14) guidance puts the onus on GPs to generate meaningful health improvement targets (health action plans) at the time of the annual health check to address health priorities. Integrated annual health checks and health improvement targets (health action plans) will ensure person centred care and improved individualised health outcomes. This indicator provides an opportunity to improve primary, secondary and specialist community team engagement which supports the reduction of inappropriate secondary care referrals. It also provides the person with a learning disability (and their carer, if appropriate) with a clear understanding of 'what needs to happen' over the next 12 months

Measure		**Local lead for measure/notes**
	70% or more than of Annual Health Checks generate specific	

	health improvement targets (health action plan).	
	50% - 69% of Annual Health Checks generate specific health improvement targets (health action plan).	We have up-to-date records of numbers of patients with Learning Disabilities in each practice having a Health Action Plan (HAP). The proportion is high and has been audited however we can only comply with Red - No evidence that the Annual Health Check and Health Action plans are integrated. We recently have consulted with an LD User Group. They identified they have action plans which are included in their development and reviews.
	Fewer than 50% of Annual Health Checks generate specific health improvement targets (health action plan).	

Standard description		**Guidance notes**
A5: National Cancer Screening Programmes (bowel, breast and cervical)		***IHAL will complete this measure for all localities from the national data source. Not to be completed locally.***
Measure		**Local lead for measure/notes**
	Screening takes place for the same proportion (+ or – 5%) of eligible people with learning disabilities as the general population (23%).	
	Screening takes place for half the proportion or more of eligible people with learning disabilities compared to the rate of screening for the general population.	
	Screening takes place for less than half the proportion of eligible people with learning disabilities compared to the rate of screening for the general population or data unavailable.	

Standard description	**Guidance notes**	
A6: Primary care communication of learning disability status to other healthcare providers	Healthcare providers continue to state that having no prior warning of somebody's learning disability and specific needs resulting from their disability prevents them from being able to fully meet their needs through reasonable adjustments. This indicator encourages the development of standardised local systems to address this problem. The patient journey of people with learning disabilities needs to be trackable as identified within primary and secondary care. By including the learning disability status in the referral will give notice to the secondary care provider enabling them to make reasonable adjustments if necessary. This will potentially lead to a reduction in DNA's, length of stay and inappropriate repeat attendances.	
Measure		**Local lead for measure/notes**
	Secondary care and other healthcare providers can evidence that they have a system for identifying LD status on referrals based	

	upon the LD identification in primary care and acting on any reasonable adjustments suggested. There is evidence that both an individual's capacity and consent are inherent to the system employed.	
	There is evidence of a local area team/clinical commissioning group wide system for ensuring LD status and suggested reasonable adjustments if required, are included in referrals. There is evidence that both an individual's capacity and consent are inherent to the system employed.	The strategic health Facilitator for learning disabilities has worked locally with all the GP practices on the coding of Learning disability patients in general practice being given a standardized code (918e – On learning disability register), this ensures that when referrals and summaries are produced by the GP practice it will high light the patient has LD. The strategic health facilitator in conjunction with service users has developed a 'Hospital Passport' that accompanies patients with LD to hospital to highlight their needs so reasonable adjustments can be made. Some training also takes place with certain groups of staff from acute services to raise awareness of LD and the need to make adjustments
	There is no local area team/clinical commissioning group wide system for ensuring LD status and suggested reasonable adjustments are included in the referrals.	

Standard description	**Guidance notes**
A7: Learning disability liaison function or equivalent process in acute setting	In *Healthcare for All (recommendation 10)* the value of advocacy, including learning disability liaison is clearly described, as well as a clear call for Trust Boards to publicly report they have effective systems to deliver reasonably adjusted health services. Many Trusts have appointed learning disability liaison nurses though there is more than one way in which the learning disability liaison function can be delivered. This indicator seeks to explore the full extent of the learning disability liaison function in England. Of particular importance is whether providers and commissioners are gathering and using HES data to inform decisions on where the greatest need for a learning disability function may be given trends and evidenced need.

	Measure	**Local lead for measure/notes**
	Designated learning disability function in place or equivalent process, aligned with known learning disability activity data in the provider sites and there is broader assurance through executive board leadership and formal reporting / monitoring routes.	
	Designated learning disability liaison function or equivalent process in place and details of the provider sites covered has been submitted. Providers are not yet using known activity data to effectively employ LD liaison function against demand.	Currently the strategic health facilitator goes some way to fulfilling this role however it is only on an ad hoc basis. Strategic health facilitator also provides training to some staff groups within the hospital, i.e. HCAs, Student Nurses, Paramedics, some wards on a needs led basis.

		We have the hospital passport scheme for people with LD in Hereford hospital and it is also an integral part of the admission paperwork to ask if patient has LD and if they have brought a passport with them.
	No designated learning disability liaison function or equivalent process in place in one or more acute provider trusts per site.	

Standard description	**Guidance notes**
A8: NHS commissioned primary care: dentistry, optometry, community pharmacy, podiatry	Any health service accessed by a person with learning disability may need to reasonably adjust what it does in order to meet their additional needs. This indicator captures examples of where this is happening well in wider primary care services including dentistry, optometry, community pharmacy and podiatry. In order for reasonable adjustments to occur routinely, services need a way to both record the patients learning disability status and describe the reasonable adjustment required. This measure is specifically about the 4 listed, NOT those services specifically commissioned for people with a learning disability.

Measure		**Local lead for measure/notes**
	All people with learning disability accessing/using service are known and patient experience is captured. All of these services are able to provide evidence of reasonable adjustments and plans for service improvement.	
	Some of these services are able to provide evidence of reasonable adjustments and plans for service improvements.	For some of these services, such as dentistry, we are content that reasonable adjustments have been made and that plans are in place for service improvements. We are still working on other areas such as podiatry. There is evidence that some services can flag patients with LD and make reasonable adjustments, this is in GP care and dentistry, but this does not however as yet reach across all Primary care service We recently have consulted with an LD User Group and they identified that they have had positive experiences of using dentistry, community clinics and pharmacy services and they feel they have had their needs met in these areas.
	People with learning disability accessing/using these services are not flagged or identified. There are no examples of reasonable adjusted care.	

Standard description	**Guidance notes**
A9: Offender health and the Criminal Justice System	Evidence suggests 7% of the prison population, and a greater number in the criminal justice system have learning disabilities. It is important that these individuals have access to a range of health services. Information gathered from local criminal justice systems on prevalence will inform provision regarding: • What is available including prevention

	• Development required • Ensuring accessible health services. This indicator captures local information and data about people with learning disabilities in prison and the criminal justice system and how their health needs are being met.

Measure	Local lead for measure/notes
Local Commissioners have and act on data about the numbers and prevalence of people with a learning disability in the criminal justice system. • Local commissioners have a working relationship with regional, specialist prison health commissioners AND • There is good information about the health needs of people with LD in local prisons and wider criminal justice system and a clear plan about how such needs are to be met AND • Prisoners and young offenders with LD have had an annual health check which generates a health action plan, or are scheduled to have one in the coming 6 months AND • Evidence of 100% of all care packages including personal budgets reviewed at least annually.	
In the absence of the above (or elements of the above) an assessment process has been agreed to identify people with LD in all offender health services e.g. learning disability screening questionnaire. Offender health teams receive LD awareness training to know how best to support individuals to meet their health needs AND There is easy read accessible information provided by the criminal justice system	
There is no systematic collection of data about the numbers of people with LD in the criminal justice system. There is no systematic learning disability awareness training for staff within the criminal justice system. The local offender health team does not yet have informed representation of the views and needs of people with learning disability.	Herefordshire does not have a prison located within its boundaries. We do however have an LD prison population in the sense that we have residents with LD placed outside the county for criminal justice purposes. We know that there are also young people with LD within the YOT system. We are aware of the locations of these people however we are at this time unable to say with certainty that staff where our residents are placed do undergo awareness training or that they carry out regular reviews.

Joint Health and Social Care Learning Disability Self-Assessment Framework 2013/14 Guidance
Section B – Staying safe

Standard description	Guidance notes
B1: Individual health and social care package reviews	Regular Care Review – This measure is about ensuring that in all cases where a person with a learning disability is receiving care and support from commissioned services, the needs behind this support are reviewed in a co-productive and inclusive way.

Measure	Local lead for measure/notes
Commissioners know that all funded individual health and social care packages for people with learning disability across all life stages are reviewed regularly.	
Evidence of 100% of all care packages including personal budgets reviewed within the 12 months are covered by this self-assessment.	
Evidence of at least 90% of all care packages including personal budgets reviewed within the 12 months are covered by this self-assessment.	
Less than 90% of all care packages including personal budgets reviewed within the 12 months is covered by this self-assessment.	During 2013/14, Adults Social Care supported 585 clients (RAP P1). Of this total, 400 clients had an assessment, re-assessment, support plan or review completed during the year and a further 13 carers received an assessment/reassessment, care plan or review. This performance is below target, but in 2014/15 we will aim to improve upon this through projects such as the review of high cost placements where a number of Learning Disability clients will be reviewed. We recently have consulted with an LD User Group and they felt they had been included in their support planning to set goals and to promote self-advocacy. They also felt supported and safe in the community

Standard description	Guidance notes
B2: Learning disability services contract compliance	This measure asks localities to demonstrate how thorough their contracting processes are. This is important to ensure individual reviews are complimented by robust contract management.

Measure	Local lead for measure/notes
Contract compliance assurance – for services primarily commissioned for people with a learning disability and their family carers.	

	Evidence of 100% of health and social care commissioned services for people with learning disability: 1) have had full scheduled annual contract reviews; 2) demonstrate a diverse range of indicators and outcomes supporting quality assurance and including un announced visits. Evidence that the number regularly reviewed is reported at executive board level in both health and social care.	
	Evidence of at least 90% of health and social care commissioned services for people with learning disability: 1) have had full scheduled annual contract reviews; 2) demonstrate a diverse range of indicators and outcomes supporting quality assurance. Evidence that the number regularly reviewed is reported at executive board level in both health and social care.	
	Less than 90% of health and social care commissioned services for people with learning disability: 1) have had full scheduled annual contract reviews; 2) demonstrate a diverse range of indicators and outcomes supporting quality assurance.	84% of learning disability providers received a quality assurance visit throughout the year April 2013 to March 2014. These visits included gaining feedback from services users and staff through the use of a questionnaire, as well as talking to individuals during the visit. We also conduct an annual quality self-assessment. We work closely with providers who come into our Quality Concerns process, carrying out further supportive quality assurance visits. We also receive service activity data from our providers who are commissioned to provide a service in the community. This is provided on a regular agreed basis. We recently have consulted with an LD User Group who felt supported and included within their annual reviews but also felt that greater support could be provided to help the customers realise that they can ask for a review of their services at any time should they wish to change services.

Standard description	**Guidance notes**
B3: Monitor assurances	Following the publication of Healthcare for All in 2008 the Care Quality Commission (CQC) developed a number of essential standards for healthcare providers to meet in order to assure a minimum standard of care, to be offered to people with learning disability. Subsequently MONITOR (the independent regulator of Foundation Trusts (FT) adopted the same standards into their compliance framework. As these are minimal quality standards it would be expected that all FT's should be meeting these. This indicator not only seeks confirmation that this is the case but expects commissioners to demonstrate the evidence gathered from providers to confirm this and the evidence that where trusts strive to achieve foundation status, commissioners support the attainment of monitor standards.

Measure		Local lead for measure/notes
Assurance of Monitor Risk Assessment Framework for Foundation Trusts		
	Commissioners review monitor returns and review actual evidence used by FT's in agreeing ratings. Evidence that commissioners are aware of and working with non-FT's in their progress towards monitor compliance.	The 2gether Foundation Trust is commissioned by the Local Authority to provide mental health, older adults and working age adult assessment services and specialist learning disability health community assessment and treatment services. Wye Valley Trust (WVT) are not a Foundation Trust but provides all other acute and community health services. There is a named lead for LD link for WVT and WVT plan elective admissions closely with service users and carers. WVT have a joint working group involving members from acute/LD team/carers/PALS/voluntary sector and Herefordshire council. The aims of this group include an improved LD service user and carer experience. There is a Carer Policy and the Herefordshire Carers charter has been adopted by WVT. There is also a wide use of Hospital Passport by LD service users and there is a good understanding of its use by WVT staff. Further development work to include an assurance that LD training is embedded in staff training trust wide is underway
	Commissioners review monitor returns of FT providers. Evidence that commissioners are aware of and working with non-FT's in their progress towards monitor compliance.	
	Commissioners do not assure themselves of the on-going compliance via monitor returns for each FT OR for non-FT. Commissioners are not aware of the Trust's position in working towards monitor standards and FT status.	

Standard description	Guidance notes
B4: Adult safeguarding	Governance, safety, quality and monitoring. Learning from the Winterbourne View review and good commissioning practice identifies failures and risks within the quality and safety of people's placements, both individually and across organisations. This must cease. This measure asks localities to robustly evidence the safeguarding governance for people with learning disability in all provided services and support.

Measure		Local lead for measure/notes
Assurance of safeguarding for people with a learning disability.		
	Comprehensive evidence of robust, transparent and sustainable governance arrangements in place overseen by a Safeguarding Adults Board which has representation from chief officers and representatives of people who use services and their families.	

	Every learning disability provider service has assured their board and others that quality, safety and safeguarding for people with learning disabilities is a clinical and strategic priority within all services. There are contractual clauses requiring providers to work in line with the local multi-agency policy for safeguarding. There is evidence of active provider forum work addressing the learning disability agenda in relation to safeguarding which has produced action plans for and evidence of change in response to learning from Serious Case Reviews and Local Learning From Experience Exercises. Assurance is received by the local Safeguarding Adults Board which includes using DH Safeguarding Adults Assurance Framework (SAAF) or equivalent AND reported measures of whether people's desired outcomes of the beginning of the process were met at the end.	
	Some Evidence of robust, transparent and sustainable governance arrangements in place overseen by a Safeguarding Adults Board which has representation from chief officers and representatives of people who use services and their families. Some evidence that every learning disability provider service has assured their board and others that quality, safety and safeguarding for people with learning disabilities is a clinical and strategic priority within all services. There are contractual clauses requiring providers to work in line with the local multi-agency policy for safeguarding. There is some evidence of active provider forum work addressing the learning disability agenda in relation to safeguarding. Limited assurance is received by the local Safeguarding Adults Board which includes using DH Safeguarding Adults Assurance Framework (SAAF) or equivalent AND reported measures of whether people's desired outcomes of the beginning of the process were met at the end.	Further improvements have been seen to the safeguarding arrangements for all clients during 2013/14. Herefordshire Safeguarding Adults Board (HSAB) continues to work towards the improvement of safeguarding within Herefordshire and a new independent chair for the group is in place. To improve the operational performance of safeguarding, there is currently a group looking to further improve these safeguarding arrangements, implementing and embedding 'Making Safeguarding Personal' and also ensuring Care Act compliance. There was a small increase in the number of alerts raised for LD clients during 2013/14 and the proportion of these progressing to referral has also increased. This would suggest that reporting of safeguarding for clients with learning disabilities is becoming more appropriate. We have consulted with LD Users who felt that there was good support around safeguarding, that they had access to safe places
	There is little or no evidence of clear local governance and action in relation to safeguarding people with learning disabilities.	

Standard description	Guidance notes
B5: Self-advocates and carers in training and recruitment	This measure is about the nature and benefit of involving 'Experts by Experiences'. A number of best practice reports suggested that there are improved outcomes when families and people with learning disabilities are involved in services. Localities should provide evidence from providers of routinely involving people with learning disabilities and family carers in recruitment and training.

Measure		Local lead for measure/notes
Training and recruitment: involvement.		
	In learning disability specific services there is evidence of all of services involving people with learning disabilities and families in recruitment and training. Commissioners of universal services can provide evidence of contracting for learning disability awareness training (for example as part of Disability Equality training).	
	In learning disability specific services there is evidence of some services involving people with learning disabilities and families in recruitment and training. Commissioners of universal services can provide evidence of contracting for learning disability awareness training (for example as part of Disability Equality training).	There have been a number of training events that have had the direct involvement of service users, carer's and families in presenting and talking to staff from the Learning Disabilities Team as well as staff from other parts of Adult Wellbeing. There has also been a re-focusing of the Learning Disability Partnership Board which now has a far greater number of its members who are 'experts by experience' In future we need to ensure that we maximise the involvement of service users their carer's and family in recruiting staff to the Community Learning Disability Team. We recently have consulted with an LD User Group. They were able to demonstrate that they had been included in staff recruitment and training. An LD drama group is currently looking into make a training DVD to enable wider organisations such as transport companies or shops to be more aware of the needs of people with learning disabilities..
	There is no evidence of involvement in recruitment and training and appropriate levels of disability equality training.	

Standard description	Guidance notes
B6: Compassion, dignity and respect. To be answered by self-advocates and family - carers	Commissioners can show that providers are required to demonstrate that recruitment and management of staff is based on compassion, dignity and respect and comes from a value based culture. It is clear from the Winterbourne View report and wider evidence from Six Lives and the Confidential Inquiry that compassion is core to the best care for people. This measure asks commissioners to think about how this can be assured in all care for people with a learning disability. This is a challenging measure but it is felt to be vital that all areas consider this. In this year's self-assessment commissioners are requested to ensure

	that this question is answered by people who use services and their family members. The reason for this is that they are best placed to answer the question on the basis of their experience. This question will be best answered by the local Learning Disability Partnership Board (or equivalent) representatives of family carers and self-advocates.

Measure	Local lead for measure/notes
Family carers and people with a learning disability agree that providers treat people with compassion, dignity and respect.	
Family carers and people with a learning disability agree that all providers do.	
Family carers and people with a learning disability agree that some providers do.	This rating is based upon responses to questions asked of Herefordshire Carers Support, who were able to survey a sample of cases where both the service user and the carer had both received services. Despite this only being a small sample, there was a mixture of responses. Over half of respondents said that agreed that all or most providers treated people with compassion, dignity and respect. The respondents who suggested that they were not treated with compassion, dignity and respect did, in some cases, suggest that the lack of resources and funding was the cause for this. We also have recently consulted with an LD User Group. The group agreed that they had been supported to be self-advocates, had circle of supports and, if required, could access independent advocacy.
Family carers and people with a learning disability agree that few or no providers do.	

Standard description	Guidance notes
B7: Commissioning strategy impact assessments	This measure is about how effectively your locality assesses and addresses the needs and support requirements of people with learning disabilities through local and health authority strategies with clear reference to current and future demand. In particular impact assessments will ensure that Equality Act 2010 duties are met.

Measure	Local lead for measure/notes
Commissioning strategies for support, care and housing is the subject of Impact Assessments and are clear about how they will address the needs and support requirements of people with learning disabilities.	
Impact Assessments and strategies have been developed with and presented to people who use services and their families.	
Up to date commissioning strategies and Impact Assessments are in place.	

	Not all commissioning strategies and Impact Assessments are in place.	We are currently developing our overarching LD strategy which will include our strategies for LD employment, LD safeguarding, Autism and LD housing. We are also working to ensure that all of our Impact Assessments are up to date and are in place. The timeline for completion recognises the importance of co-production and listening to and involving people with learning disabilities and their parent/carers. Equally the importance of scheduling and reporting to the Learning Disability Partnership Board. The Plan will be across health and social care and is a building block to the Herefordshire Better Care Fund. Changes made during the past 12 months, such as transferring of the Day Opportunities to a new provider, have had EIA's. As part of the significant changes planned in 2013/14 for transfer of LD day opportunity services in April and September 2014, significant consultation was undertaken.

Standard description	**Guidance notes**
B8: Complaints lead to changes	This standard requires evidence of a learning organisation that integrates learning from complaints, incidents, patient, carer and staff feedback with wider learning from national reports and incidents to improve the quality safety, safeguarding and provision to people with learning disabilities. Failings by Services to respond to concerns raised about the quality of services are at the centre of the Winterbourne View Review. Evidence need to be provided of robust partnership working to assure the safety, quality and safeguarding of people's commissioned placements.

	Measure	**Local lead for measure/notes**
	Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, whistleblowing experience	
	90% or more of commissioned services can demonstrate improvements based on the use of feedback from people who use services, (e.g. complaints, surveys and quality checking). There is evidence of effective use of a whistleblowing policy where appropriate.	
	50-89% of commissioned services can demonstrate improvements based on the use of feedback from people who use services, (e.g. complaints, surveys and quality checking). There is evidence of effective use of a whistleblowing policy where appropriate.	There were 23 complaints received by Adults Social care in 2013/14. As a result of complaints, changes to delivered services were made. One specific example was a Supported Living facility where, following complaints from parents and social workers, a new specification was drawn in co-production with parents and services users. This was followed by a co-produced retendering process which saw a new contractor take over. We also have a rolling programme of quality monitoring of providers. As part of this programme, 84% of LD service providers were audited in 2013/14

		As part of the contract terms and conditions for providers in Herefordshire, complaints, safeguarding and whistleblowing policies are required.
	Less than 50% of commissioned services can demonstrate improvements based on the use of feedback from people who use services, (e.g. complaints, surveys and quality checking). There is evidence of effective use of a whistleblowing policy where appropriate.	

Please note: Data in relation to Mental Capacity Act and Deprivation of Liberty will be sourced from nationally available data sets and therefore will not need submitting as part of this Self-assessment (as it was in the 2012/13 version).

Joint Health and Social Care Learning Disability Self-Assessment Framework 2013/14 Guidance

Section C – Living well.

Standard description	**Guidance notes**
C1: Effective joint working	This measure looks for the evidence that formal arrangements are in pace which foster the best joint working between commissioners. Informal arrangements and evidence of good practice are also welcomed, as are future plans, particularly where these have been signed up to formally if not yet implemented.

Measure		**Local lead for measure/notes**
Effective joint working across health and social care.		
	There are well functioning formal partnership agreements and arrangements between health and social care organisations. There is clear evidence of single point of health and social care leadership, joint commissioning strategies and or pooled budgets, integrated health and social care teams.	A Section 75 agreement is in place between the Local Authority and the Clinical Commissioning Group The Health and Wellbeing Board meets regularly and it oversees production of the Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). Our Learning Disability Partnership Boards has been reinvigorated. It meets regularly and its membership consists of service users, carers, experts by experience, the CCG, service providers, Councilors and Council Staff. We have an active Autism Partnership Board which also has a wide ranging co-productive membership. Our Joint Commissioning Board is in place and is developing a partnership approach to the co-commissioning of Learning Disability Services. The intention is that this approach will be co-produced to assure stakeholder ownership and will distil the key objectives contained within 'Valuing People' and 'Valuing People Now' to ensure outcomes based approaches to commissioning.
	There are some examples of functioning formal partnership agreements and arrangements between health and social care	

	organisations. There is clear evidence of at least one of the following: • Single point of health and social care leadership • Joint commissioning strategy and/ or pooled budget • Integrated health and social care teams	
	Joint working has not met either of the above measures.	

Standard description	**Guidance notes**
C2: Local amenities and transport	This measure asks for evidence of reasonable adjustments within providers and across the broader strategies for the community, reflecting the specialist needs of people with a learning disability. It is important that the assurances are provided by commissioners of those services which show that they are ensuring that local amenities and transport are provided in a way that makes reasonable adjustments for people with learning disabilities.

Measure		**Local lead for measure/notes**
	Extensive and equitably distributed examples of people with learning disability having access to reasonably adjusted local transport services, changing places and safe places, (or similar schemes), in public venues and evidence that such schemes are communicated effectively.	
	Local but not widespread examples of all of these types of schemes.	There are Safe Places around the county where people with a learning disability can go to for help if they feel threatened. Safe places are located in Hereford City, all the market towns as well as the Newton Farm and Yarpole Community Centres. We have a Changing Places facility at the newly built 'Old Market' shopping complex and there are also plans to include a Changing Places facility at the recently upgraded Hereford Leisure Centre. On public transport we issue concessionary bus passes to people with LD allowing free travel on bus services throughout England and services into Wales. Additionally for pass holders we can, on confirmation of need from their GP's or other recognised representative, issue Companion Passes which enables another person to accompany the pass holder should they be unsuitable to travel alone.
	Reasonably adjusted levels of support in these schemes do not reach any of the standards above.	

Standard description	**Guidance notes**
C3: Arts and culture	This measure asks for evidence of reasonable adjustments within providers and across the broader strategies for the

	community, reflecting the specialist needs of people with a learning disability. It is important that the assurances are provided by commissioners of those services which show that they are ensuring that local amenities and transport are provided in a way that makes reasonable adjustments for people with learning disabilities.

Measure		Local lead for measure/notes
	Extensive and equitably distributed examples of people with learning disabilities having access to reasonably adjusted facilities and services that enable them to use amenities such as cinema, music venues, theatre, festivals and that the accessibility of such events and venues are communicated effectively.	Facilities of the Council and its providers are provided in line with Herefordshire's Equality & Human Rights Charter. One of our providers, ECHO, runs an active theatre group – the 'About Face Theatre Company' - for LD Service Users. In June of 2014 the company, in conjunction with the Bulmers Foundation held a celebration of orchards at Lyde Court Herefordshire. This consisted of a series of presentations and performances to an audience of 100 plus. The new Odeon Cinema in the recently opened Old Market shopping complex holds Autism Friendly showings of films on Sunday Mornings. We recently have consulted with an LD User Group who felt that access in the local theatre – the Courtyard - and the new cinema, was good and felt they were well supported to attend these venues
	Local but not widespread examples of people with learning disabilities having access to reasonably adjusted facilities in these amenities. The accessibility of such events and venues are communicated effectively.	
	Reasonable adjustments of these amenities do not reach any of the standards above.	

Standard description	Guidance notes
C4: Sports and leisure	This measure asks for evidence of reasonable adjustments within providers and across the broader strategies for the community, reflecting the specialist needs of people with a learning disability. It is important that the assurances are provided by commissioners of those services which show that they are ensuring that local amenities and transport are provided in a way that makes reasonable adjustments for people with learning disabilities.

Measure		Local lead for measure/notes
	Extensive and equitably geographically distributed examples of people with learning disability having access to reasonably adjusted sports and leisure activities and venues for example use of local parks, leisure centres, swimming pools and walking groups. Designated participation facilitators with learning disability expertise are available. There is evidence that such	The community learning disability team physio department, in conjunction with local leisure providers has worked towards providing inclusive leisure and exercise choices for people with LD locally. They also worked with Halo to promote International disability day on 3rd December 2014 which saw over 60 participants with disabilities taking part. It is hoped to make this an annual event. Additionally, inspired by the London 2012 Olympics we have held a series of

	facilities and services are communicated effectively.	Community Games which have focused on communities coming together to celebrate sporting and cultural achievements. Herefordshire's 2nd Community Games was held in September 2014 It is planned that further games will be held in 2015. We have recently consulted with an LD User Group who felt that that access to sports and leisure services were good. They felt supported and welcomed when they attended, but they found that attending facilities was sometimes restricted due to limited transport opportunities.
	Local but not widespread examples of people with learning disability having access to reasonably adjusted sports and leisure activities and venues for example use of local parks, leisure centres, swimming pools and walking groups. Designated participation facilitators with learning disability expertise are available. There is evidence that such facilities and services are communicated effectively.	
	Reasonable adjustments of these amenities do not reach any of the standards above.	

Standard description	**Guidance notes**
C5: Employment	This measure is about the importance of employment and the support that needs to be provided to people with learning disabilities to ensure they have the best chance of getting a job. Evidence of initiatives that find the appropriate mix of support by mainstream and specialist agencies, and data of the local picture are important. There is an important link to the standard relating to support for preparing for adulthood (C6) where strategies and pathways should include access to support to get jobs.

Measure		**Local lead for measure/notes**
	Clear published local strategy for supporting people with learning disabilities into paid employment. Relevant data is available and collected and shows the strategy is achieving its aims.	
	Clear published strategy for supporting people with learning disabilities into paid employment but limited evidence of aims being met or outcomes achieved.	
	Not meeting either of the above measures.	We are able to plot a, employment pathway for people with LD. A number of our supported living providers, together with Mencap and ECHO, support people into voluntary work or short term paid employment schemes. Where an individual has the

		capacity to move into full time work then the Shaw Trust support them to find and sustain work of more than over 16 hours per week. An example of a local social enterprise which is working with people with LD to find employment is the Community Interest Company; 'MiEnterprise', (see http://www.mienterprise.org.uk/) They currently support 6 people in supported self-employment with 2 more working towards self-employed status. We have recently consulted with an LD User Group. They were able to identify that there were organisations (such as those mentioned above) that were able to aid them to get employment. They also identified that in the past some had been engaged in temporary working schemes that had now finished.

Standard description	**Guidance notes**
C6: Preparing for adulthood	Delivering effective transitions for young people is recognised as a way of addressing the difficulties confronted by young people with learning disabilities and their families at transition. Previous research has demonstrated that information is a key need at this time, the delivery of a 'local offer' within the scope of the Children and Families Act will support this. A foundation for good support during the transition from childhood to adult life is co-production of local plans and having a sound knowledge base of future need to inform commissioning strategies. This descriptor ascertains if localities have good plans in place to ensure locally available provision of the future mainstream and specialist health and social care services needed to support young people approaching adulthood.

	Measure	**Local lead for measure/notes**
	There is a monitored strategy, service pathways and multi-agency involvement across education, health and social care. There is evidence of clear preparing for adulthood services or functions that have joint health and social care scrutiny and ownership across children and adult services.	We have regular multi agency meetings to discuss and plan for Transitions. Meetings are attended by Education, Children's Services, Adult Services with representatives from Health also involved. The 'Local Offer' is available on Herefordshire Councils website There is also a protocol for Transitions that describes the pathway to be followed towards Transition from age 14 onwards. Adults Services have a part time social worker within the Adult Learning Disabilities Team who manages the Transition pathway. She has developed positive partnerships across Children's service and education. As such approval has now been given for the appointment of a full time Senior Practitioner and an Assistant Social Worker so that there will be an even greater focus on Transitions and the development of multi-agency planning. All planning for young people as they move towards adulthood takes into account the Education Health Care Plan (EHCP).
	There is some evidence of clear preparing for adulthood services	

	or functions that have joint education, health and social care scrutiny and ownership across children and adult services.	
	There is no evidence of clear preparing for adulthood services or functions that include joint education, health and social care scrutiny and ownership across children and adult services.	

Standard description	**Guidance notes**
C7: Involvement in service planning and decision making	This is about people with learning disabilities and family carers involvement in service planning and decision making, including personal budgets. This measure seeks to stimulate areas to continually review and improve the involvement of people who use and rely on services in strategic development and planning.

Measure		**Local lead for measure/notes**
	Clear evidence of co-production in universal services and learning disability services. The commissioners use this to inform commissioning practice.	
	Clear evidence of co-production in all learning disability services that the commissioner uses to inform commissioning practice. Inconsistent or no evidence of co-production in universal services.	We involve people with learning disabilities and family carers in the work of our Learning Disability Partnership Board and our Autism Partnership Board. We also ensure that people with learning disabilities and family carers are fully involved in the work of our 'Making It Real' Board which ensures that changes to services are discussed and understood. An example of how we have worked using a co-production approach can be seen at a local Supported Living facility where we worked with people with learning disabilities and family carers to design the specification, interview contractors, award the contract and assist in the mobilisation process We have recently consulted with an LD User Group. The Group were all able to identify that customers and their circle of support had been included in making and reviewing their care and support plans. People did not always know what the name of the document was e.g. health action plan but were able to express what they did and how they did it.
	There is no evidence that people with learning disability and families have been involved in co-production of service planning and decision making.	

Standard description	**Guidance notes**
C8: Carer satisfaction rating.	Consultation on the SAF raised a strong call for family carers to be given a place to specifically contribute about their needs in

	the measures. This measure asks for evidence that family carers are involved not only in service design and commissioning, but in wider strategies as not all people with learning disabilities and family carers are known to or use services but need a voice in the shaping of the community. This measure should be rated by family carers. Examples of the forums that could do this are Carers' Partnership Boards, Carers Centres or local carer networks. It is important to include as wide a range of family carers as possible. • This measure uses a question informed by the National Valuing Families Forum: How satisfied are you that your needs as a family carer are met? • Consider carers' health checks from GP's, carers' assessments from the Local Authority and relevant information advice and guidance/ training from mainstream and carers' services. We will want to know how this question was answered and how many carers were involved in the process.

Measure	Local lead for measure/notes
Most carers are satisfied that their needs were being met.	
Most carers were neither satisfied nor dissatisfied that their needs were being met.	This rating is based upon responses to questions asked of Herefordshire Carers, who were able to survey a sample of cases where both the service user and carer had both received services. Despite there only being a very small response rate (five respondents in total), there was a mixture of responses. Two of the respondents were happy that their needs were being met and one was neither satisfied nor dissatisfied. The remaining two were not satisfied that their needs were being met. For these respondents, again resources were one of the main issues; both that there are few services available where carers have been identified and continuity of staffing.
Most carers thought that their needs were not being met.	

Standard description	Guidance notes
C9: Overall rating for the assessment. To be answered by IHAL	THIS WILL CREATE A NEW OVERALL RATING FOR THE ASSESSMENT. This will be completed by IHAL following submission of the self-assessment and will total ratings for all questions to provide an overall rating of how your Health and Wellbeing Board Area is doing in relation to getting and staying healthy, being safe and living well.

Joint Health and Social Care Learning Disability Self-Assessment Framework 2013/14 Guidance
Section D – The context in numbers

Standard description	Guidance notes	Local lead for measure / notes
A: Demographics	This question asks how many people with learning disabilities are known to the health service in your area. This information should be obtained from GPs. The definition of having a learning disability should follow QOF register rules for identifying people with learning disabilities. This may either be done directly by the CCG or commissioning	CCG or Area team

	support unit using MiQuest queries, or by direct liaison with practices. People living in the area and registered with GPs in the area should be included. Complex or profound learning disability here means learning disability complicated by severe problems of continence, mobility or behaviour, or severe repetitive behaviour with no effective speech, (i.e. representing severe autism). (Ref Institute of Public Care (2009) Estimating the prevalence of severe learning disability in adults. IPC working paper 1.) http://ipc.brookes.ac.uk/publications/pdf/Estimating_the_prevalence_of_severe_learning_disability_in_adults.pdf)	

How many people are there in your locality:	**NUMBER of people known to GPs as having a learning disability**	**NUMBER of people known to GPs as having a learning disability who have complex or profound learning disabilities (See note)**	**NUMBER known to GPs as having a learning disability who also have an Autistic Spectrum Disorder**
Aged 0 to 13 inclusive?	18	5	3
Aged 14 to 17 inclusive?	27	14	11
Aged 18 to 34 inclusive?	306	184	64
Aged 35 to 64 inclusive?	481	231	45
Aged 65 and over	103	57	3
Aged 0 to 17 inclusive and recorded as being from an ethnic minority?	3	4	
Aged 18 and above and recorded as being from an ethnic minority?	16	7	
If you are unable to provide an age breakdown at this level of detail then complete either A OR B below:			
A. Aged 0 to 17 inclusive?			
A. Aged 18 and older?			
B. All ages?			4
Changes - No change in this indicator.			

Standard description	**Guidance notes**	**Local lead for measure / notes**
B: Cancer screening	This question asks for the number of people eligible for each of the three national cancer screening programmes and the number who have had the prescribed screening examination. In each case you are asked for numbers for the whole population and for people with learning disabilities. This information should be obtained from GPs. This may either be done directly by the CCG or commissioning support unit using MiQuest queries, or by direct liaison with practices. Directors of Public Health should be monitoring this routinely as an equalities issue.	CCG or Area team

Cervical Cancer Screening	**Whole Eligible Population (this**	**NUMBER of the Whole**	**NUMBER of women with**	**NUMBER of women with**

	includes women with and without learning disabilities)	Eligible Population who had a cervical smear test*	learning disabilities who are eligible	learning disabilities who had a cervical smear test*
How many women are there in the age range 25 to 64 inclusive and who have not had a hysterectomy (ie are eligible for cervical cancer screening)?	42853	20020	267	40
Breast Cancer Screening	**Whole Population (this is the non-learning disability and people with learning disability populations)**	**NUMBER of the Whole Eligible Population who had mammographic screening in the last three years?**	**NUMBER of women with learning disabilities who are eligible**	**NUMBER of women with learning disabilities who had mammographic screening in the last three years?**
How many women are there in the age range 50 to 69 inclusive (ie are eligible for breast cancer screening)?	25984	17541	98	41
Bowel Cancer Screening	**Whole Population (this is the non-learning disability and people with learning disability populations)**	**NUMBER of the Whole Eligible Population who satisfactorily completed bowel cancer screening in the last two years**	**NUMBER of people with learning disabilities who are eligible**	**NUMBER of people with learning disabilities who satisfactorily completed bowel cancer screening in the last two years**
How many people are there in the age range 60 to 69 inclusive (ie are eligible for bowel cancer screening)?	25344	18376	92	13
Changes - No changes in this indicator.				

Standard description	Guidance notes	Local lead for measure / notes
C: Wider health	This question asks about the Body Mass Index (BMI) profile of people with learning disabilities and the numbers who have common and important health conditions which are monitored in the general population as a result of registers maintained by GPs for the Quality and Outcomes Framework. This information should be obtained from GPs. This may either be done directly by the CCG or commissioning support unit using MiQuest queries, or by direct liaison with practices. These are routinely available measure of major health issues that should be monitored by Directors of	CCG or Area team

	Public Health.	

All questions relate to the 31st March 2014	**NUMBER of people with learning disability**
On the 31st March 2014 - How many people are there aged 18 and over who have a record of their body mass index?	317
On the 31st March 2014 - How many people are there aged 18 and over who have a body mass index in the obese range (30 or higher)?	125
On the 31st March 2014 - How many people are there aged 18 and over who have a body mass index in the underweight range (where BMI is less than 18.5 Note threshold changed from SAF 2014 to align with national obesity observatory work and international standards)?	13
On the 31st March 2014 - How many people aged 18 and over are known to their doctor to have coronary heart disease? As per the QOF Established Cardiovascular Disease Primary Prevention Indicator Set	10
On the 31st March 2014 - How many people of any age are known to their doctor to have diabetes (include both type I and type II diabetes here)? As per the QOF Established Diabetes Indicator Set	74
On the 31st March 2014 - How many people of any age are known to their doctor to have asthma? As per the QOF Established Asthma Indicator Set	60
On the 31st March 2014 - How many people of any age are known to their doctor to have dysphagia?	6
On the 31st March 2014 - How many people of any age are known to their doctor to have epilepsy? As per the QOF Established Epilepsy Indicator Set	198
Changes - No change in this indicator.	

Standard description	**Guidance notes**	**Local lead for measure / notes**
D: Mortality	This question asks about the numbers of people with learning disabilities who have died in the past year. These will be used along with the population numbers given in Question A above to calculate standardised morality ratios. On the basis of recommendation 17 in the Confidential Inquiry into Premature Deaths of People with Learning Disabilities, Directors of Public Health will want mechanisms to monitor this.	CCG or Area team

How many people with a learning disability resident in your locality died between 1st April 2013 and 31 March 2014?	**NUMBER of people with learning disability**
Aged 0 to 13 inclusive	0
Aged 14 to 17 inclusive	0
Aged 18 to 34	1
34Aged 35 to 64 inclusive	1
Aged 65 and older	7
Changes - No change in this indicator.	

Standard description	Guidance notes	Local lead for measure / notes
E: Annual health checks and health action plans	Last year the following questions were asked. As a result of changes in the mechanisms for national data collection this year all but one can be answered through national sources. The outstanding question (Health action plans) is the subject of a RAG rating. **THESE DATA WILL BE PROVIDED BY THE LEARNING DISABILITIES OBSERVATORY – YOU NEED TAKE NO ACTION.**	**DATA PROVIDED BY LEARNING DISABILITIES OBSERVATORY.**
How many people with a learning disability aged 18 and over were agreed as eligible for an Annual Health Check under the Directed Enhanced Scheme between 01 April 2012 and 31 March 2013?		
How many people with a learning disability aged 18 and over had an Annual Health Check under the Directed Enhanced Scheme between 01 April 2012 and 31 March 2013?		
How many people aged 18 and over with a learning disability have a Health Action Plan?		
On the 31 March 2013 - How many GP practices are there in your area?		
On the 31 March 2013 - How many GP practices signed up to a LES or DES for the learning disability annual health check in the year 2012-2013?		
Changes - DATA PROVIDED BY LEARNING DISABILITIES OBSERVATORY.		

Standard description	Guidance notes		Local lead for measure / notes
F: 1 Use of general hospital services	All NHS Foundation Trusts hospital services are required to assure Monitor that they have systems in place to identify and make appropriate adjustments for people with learning disabilities and that they audit these systems regularly and make the findings public. The Care Quality Commission has recently started to ask about similar issues in all hospitals at inspections. You should obtain the answers to the following questions by asking the general hospitals providing a substantial amount of care your local residents. It is not necessary to enquire about tertiary care or to enquire after patients admitted to distant hospitals.		
Please provide the sum total number from all general hospitals providing care to the area		**NUMBER of spells / attendances / people where the person was identified by the provider as having a learning disability**	**NUMBER of spells / attendances / people - all people (to provide context - these will be used to calculate percentages)**
How many HOSPITAL PROVIDER SPELLS of inpatient Secondary Care were been received under any consultant specialty EXCEPT the psychiatric specialties (Specialty codes 700-715) between 1st April 2013 and 31st March 2014		14	
Comment		There were 14 admissions for 2013/14 where Learning Disability was recorded as a diagnosis (any position). The UK prevalence is	

	approximately 2.1% (1.5million people nationally) which would imply that we could expect to have approx 800 inpatient admissions per year. It appears that we will not be able to accurately identify admissions for learning disabilities with our SUS data	
How many Secondary Care Outpatient ATTENDANCES were been received by people under any consultant specialty EXCEPT the psychiatric specialties (Specialty codes 700-715) between 1st April 2013 and 31st March 2014		
How many ATTENDANCES at Accident & Emergency between 01 April 2013 - 31 March 2014		
How many PEOPLE have attended Accident & Emergency 01 April 2013 - 31 March 2014 more than 3 times?		This figure only required for people with learning disabilities
Changes - Questions and wording modified to clarify.		

Standard description	**Guidance notes**	**Local lead for measure / notes**
F: 2 Use of general hospital services	Continuing Health care and Section 117 After Care	
Please provide the sum total number from all general hospitals providing care to the area		
Continuing Health care - How many people with learning disabilities are in receipt of continuing health care (CHC)?	168	
Section 117 - How many people with learning disabilities are in receipt of care funded through an arrangement under Section 117 of the Mental Health Act?	45	

Herefordshire Council

MEETING:	**HEALTH & WELLBEING BOARD**
MEETING DATE:	**25 MARCH 2015**
TITLE OF REPORT:	**CRISIS CARE CONCORDAT**
REPORT BY:	**PROGRAMME MANAGER CHILDREN AND MENTAL HEALTH SERVICES, 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 update 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) regarding the development of a local Action Plan.

Recommendation

THAT: the Board endorse the Crisis Care Concordat Action Plan 2015/16.

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)

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).

4 A paper outlining the declaration and intention to construct an action plan was presented to the Health and Well-being Board on the 28th January 2015. The Board recommended that the Safeguarding Boards be consulted in this work and that the final action plan should be presented to the Health and Wellbeing Board.

5 Herefordshire Action Plan represents a number of service transformation objectives that will improve delivery of care. The Plan also represents an improvement in all agencies co-operating to monitor and share information so that a better understanding is available.

Key Considerations

6 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

7 The recently developed HCCG's Mental Health Needs Assessment has informed the work of the Crisis Care Action Plan considerations as well as coroner's inquest report and local case studies. The feedback from service-users, their carers and members of the public gathered during the development of the Needs Assessment stated that people wanted help earlier to avoid crisis and that a crisis action plan was regarded important to service-users.

Equality and Human Rights

8 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.

9 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

10 To be established as part of individual actions within the Crisis Care Action Plan.

Legal Implications

11 Adherence to the implementation of the recently published revised Code of Practice for the Mental Health Act.

Risk Management

12 The major identified risk is implementation of the action plan by partners during 2015/16.

13 Mitigation of this risk will be through the regular oversight of the Multi-Agency Mental Health Group, already in existence for the purpose of mental health crisis care.

Consultees

14 The following Partnerships have been consulted during the production of the Action Plan:

- Herefordshire Safeguarding Children's Board 9th March 2015
- Herefordshire Safeguarding Adults Board 16th March 2015
- Herefordshire Community Safety Partnership 23rd March 2015
- Multi-Agency Mental Health Group 11th March 2015.

Appendices

Appendix 1: Herefordshire Crisis Care Concordat Action Plan

Background Papers

Crisis Care Concordat paper to Herefordshire Health and Wellbeing Board 28th January 2015

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. (January 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

Further information on the subject of this report is available from
Jade Brooks on (01432)

Further information on the subject of this report is available from
Jade Brooks on (01432)

Herefordshire Council

Meeting:	**Health and Wellbeing Board**
Meeting date:	**25 March 2015**
Title of report:	**Children's Safeguarding Update**
Report by:	**Head of Safeguarding and Review**

Classification

Open

Key Decision

This is not an executive decision.

Wards Affected

Countywide

Purpose

The purpose of the report is to brief the Health and Wellbeing Board of the outcome of the Department for Education Review and the Herefordshire Safeguarding Children's Board Local Government Association Peer Diagnostic as well as providing progress to date on the Ofsted Action Plan

Recommendation(s)

THAT the following be noted:

(a) outcome of the Department for Education review (as detailed at Appendix 1) conducted on 15 and 16 December 2014;

(b) outcome of the Herefordshire Safeguarding Children's Board Local Government Association peer diagnostic (as detailed at Appendix 2) conducted between 17-19 November 2014; and

(c) progress to date on the Ofsted action plan (as detailed at Appendix 3).

Further information on the subject of this report is available from
John Roughton, Head of Safeguarding and Review on Tel (01432) 260804

Alternative options

1. There are no alternative options as the purpose of the report is to provide a briefing on children's safeguarding.

Reasons for recommendations

2. To enable the Health and Wellbeing Board to consider whether there is adequate progress in improvements in safeguarding services, in the light of external reviews and monitoring of progress against the improvement plan..

Key considerations

Department for Education Review

3. As reported to Health and Wellbeing Board on 16 October 2015, Ofsted carried out their inspection of children's safeguarding in May 2014 and judged safeguarding to be "requires improvement".

4. As part of the process of lifting the Department for Education intervention notice which was issued in 2012, the Department for Education carried out a review on 15 and 16 December 2014.

5. The purpose of the review was to establish whether the council had maintained its improvement since the Ofsted inspection.

6. As result of the review, the Department for Education have been broadly reassured as to the progress the Local Authority has made against the Ofsted Action Plan, and recognised the pace of improvement by the Council and partner agencies, and in particular the cross party political support towards the prioritisation of safeguarding vulnerable children in Herefordshire.

7. The Department for Education were particularly pleased to see progress with respect to:

- Senior management team and lead members continue to be visible, approachable and supportive. This is valued by staff and partners.
- There are open communications and lots of dialogue. People feel listened to, consulted and included in changes and new ways of working - for example the Children of Herefordshire Improvement and Partnership Programme.
- Frameworki is improved, is more user friendly, and contains additional bespoke fields for capturing voice of child and child sexual exploitation intelligence.
- There is increased management oversight, supervision and audit – all fully "on the agenda" now.
- The offer for social workers is good. The support and mentoring for newly qualified social workers remains effective and well received. There are now opportunities for progression to senior social worker roles and the Academy for growing your own is well supported.

- Council commitment to the children's service agenda is clear.

There are areas which were identified which require further attention. These issues are in line with our own assessment:

- Evidencing the child's voice is improving but there is more work to do on embedding this across every partner organization as the norm.

- Concerns remain over the internal Business Support function – some staff feel overwhelmed with "admin type" work, and are concerned that reduced administrative support will affect available time for reflective practice and training.

- There are capacity issues with police partners, where presence is required across adult and children meetings/conferences/boards and attendance levels cannot be maintained.

- There is increasing confidence in the figures, and the data being produced is much richer and more reliable – although some operational staff rely on management analysis rather than using the data themselves to drive better practice.

8. The Department for Education were keen to ensure that clear transitional arrangements were in place to step responsibility for driving improvement forward across from the Improvement Board, and that the recommendations of the Local Government Association peer diagnostic had been used to inform future plans. They were also keen to ensure that the process of recruiting to a new Independent Chair of the Board would not deflect from progress. As such, the Department for Education are positive that on receipt of such assurances that they will be recommending to the Minister to withdraw the intervention notice upon the local authority before the dissolution of parliament and the general election in May 2015.

Herefordshire Safeguarding Children's Board Local Government Association peer diagnostic

9. As part of its approach to continuous improvement, the Herefordshire Safeguarding Children's Board arranged for the Local Government Association to conduct a peer diagnostic. The diagnostic took place between 17-19 November 2014. Herefordshire was one of five pilot authorities to undertake a diagnostic.

10. The purpose of the diagnostic was to provide evidence that the Herefordshire Safeguarding Children's Board were able to take over the function of the Herefordshire supporting and protecting children improvement Board (improvement board) should the Department for Education decide that the intervention notice could be lifted.

11. A copy of the letter outlining the recommendations from the Local Government Association is attached at appendix 2.

12. The key areas for improvement are:

- Developing synergy of plans across the Herefordshire Safeguarding Children's Board, Children and Young People's Partnership and Health and Wellbeing Board to ensure key priorities are shared and understood

- Sharpen focus on outcomes for children and ensure the council and its partners know how the Herefordshire Safeguarding Children's Board is making a difference

- Adopt the principles of the Children of Herefordshire's Improvement and Partnership Programme (CHIPP) in the Herefordshire Safeguarding Children's Board's work develop a project management culture to support the Boards work

- Prioritise the priorities – identify key priorities to focus on and develop performance scorecards for each

- Strengthen the Business Unit to ensure capacity to deliver

13. The key areas of strengths are:

- Excellent progress since the peer review 14 months ago, in particular in the development of the Multi Agency Safeguarding Hub
- Ambitious: to be good by 2016/17
- Strong cross party political commitment to the safeguarding agenda
- Clear prioritisation of children's agenda within the council
- There is a strong commitment to corporate parenting
- The Children's Integrated Needs Assessment provides a valuable tools to enable clear prioritisation
- Excellent progress in responding quickly to the challenge of Child Sexual Exploitation
- Regular meetings Independent Chair of the Herefordshire Safeguarding Children's Board and Chief Executive, Director for Children's Wellbeing and Cabinet Member for Children's

Ofsted Action Plan

14. Following the Ofsted inspection in May 2012, the council was required to produce an action plan to address the areas for improvement identified during the inspection. The first version of the action plan was presented to Cabinet on 1 October for comment prior to submission to Ofsted on 6 October. Ofsted have confirmed their satisfaction with the action plan and recognise that it provides a robust framework covering all the areas for improvement identified from their Inspection in May 2014, and the progress already made in response.

15. Work on the action plan is continuous and is delivered through the children's wellbeing transformation programme. A progress report is attached at appendix 3, together with a copy of the action plan (appendix 4).

16. Within the progress report, it is worth noting:

- Significant developments within Frameworki to support staff in undertaking their child protection work and improve performance reporting
- Increased focus and capacity deployed to the children with a disability service
- Development of the Child Sexual Exploitation strategy and operational response within Herefordshire and across the West Mercia Alliance
- The implementation of a robust quality assurance framework
- The development and implementation of the new Levels of Need guidance

17. All the above have been recognised as good practice developments in response to our Ofsted recommendations by the Department for Education and the Local Government Association Peer Diagnostic.

Progress since the reviews

18. The pace of progress since these review has not relented, and significant developments in response to the recommendations are in train, including;

- A review and restructure of business support functions, with increased capacity to support to the workforce. This will go live from 1st April 2015 from when it is hoped that we will have a more stable business support workforce. There have particular challenges in the interim phase with numbers of temporary admin staff supporting the child protection conference chairing processes, albeit performance to timescales has been maintained.

- A contract to coordinate the development of our children's voice work, to ensure the new children and young people's plan is fully inclusive has been awarded. The objective of this service will be to develop and implement a system for collecting and analysing the views of children and young people on their needs and on their experiences of services. This intelligence on the "voice of the child" will form part of the local joint strategic needs assessment and will be used to inform the planning, delivery and improvement of a range of local services and to ensure that services meet the needs of children and young people.

- The partnership agreement to fund the development of the Safeguarding Board's business unit, to incorporate the community safety partnership agenda and functions . This development will help to ensure Herefordshire Council's legal compliance with the Children's and Adult statute, provide the necessary assurance to support with compliance with recommendation 156 of the recent Ofsted inspection, support the development and implementation of an effective strategic approach in line with Safeguarding best practice principles that ensures the protection of Herefordshire's service users and carers and oversee progress of the improvement agenda for Children's Wellbeing Services.

- The recruitment to a new Independent Chair of the Herefordshire Safeguarding Children's Board has taken place, and from 1 April 2015, Sally Halls will take over from Dave McCallum in this role. Sally is a highly experience Board chair, acting in this capacity for both Shropshire and Somerset.

- It is also right to reflect on the Board's learning from the peer diagnostic, Department for Education review and the transition from the Improvement Board. A number of systemic themes have emerged, which are perhaps resonant with wider partnership experiences. These centre on the clarity of governance arrangements and the need to ensure the identification of cross cutting priorities without duplication of activity. Beneath this is the need to ensure appropriate challenge mechanisms are in place and the impact they are having is evidenced. Equally critical will be the need to demonstrate the impact of the boards work on the lives of individual children and young people, a challenge for all partnership working, to measure the impact of strategic activity in practice.

- As part of the board's challenge role, there is more work to do in holding partner agencies accountable with respect to the outcomes of single agency inspection activity. Both West Mercia Police and Wye Valley Trust have been

through such processes and have received a number of recommendations with respect to safeguarding improvements required, and the Board needs to increase its scrutiny role to hold such organisations to account over the delivery of resultant action plans than has been the case. A part of this process will be reinforcing this aspect of the boards statutory function with partner agencies.

Community impact

19. The successful implementation of the action plan will bring about further improvement towards achieving the council's priorities of keeping children and young people safe and giving them a great start in life and enabling residents to live safe, healthy and independent lives; improving access to learning opportunities at all levels and improved outcomes for children and young people.

Equality duty

20. As the action plan continues to be implemented, equality impact assessments will be carried out where relevant to ensure that due regard is paid to the public sector equality duty as set out below:

- "A public authority must, in the exercise of its functions, have due regard to the need to -
- eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Financial implications

21. The actions included in the plan in appendix 3 can be contained within the current year's budget. Each of the areas for improvement is being progressed within the context of the directorate's transformation programme, the Children of Herefordshire's Improvement and Partnership Programme (CHIPP). As the transformation programme develops, detailed financial planning will be taking place with regard to the actions and where appropriate further reports will be presented to cabinet or the cabinet member.

Legal implications

22. There are no legal implications.

Risk management

23. Risks associated with the failure to implement the action plan are:

- Reputation - should the council remain under an improvement notice. In particular, this has the impact of adversely affecting the recruitment and retention strategy and associated caseload management problems, which in turn have the potential to negatively impact on performance and quality of service for children and families. The council returns to a position where there are widespread failures to protect children and young people from harm.

- The Herefordshire Safeguarding Children's Board is unable to demonstrate to the Minister its ability and capacity to effectively govern the improvement of the multi-agency response to safeguarding children, to enable him to be sufficiently reassured to lift the improvement notice.

- These risks are being mitigated through the production of a robust transition plan to ensure that the improvement function imposed on the Local Authority by the Department for Education has been transferred to the Herefordshire Safeguarding Children's Board, in full consultation with the Department for Education to their satisfaction. The independent chair of the Improvement Board will continue to act as a 'critical friend' to the Local Authority over the next six months to support and ensure continued focus on key improvement priorities.

Consultees

24. The views of the Herefordshire Safeguarding Children's Board and the Herefordshire Improvement Board have been included within the report and the action plan.

Appendices

Appendix 1 Department for Education letter

Appendix 2 Letter from Local Government Association in connection with the Herefordshire Safeguarding Children's Board peer diagnostic

Appendix 3 Progress update on Ofsted action plan

Appendix 4 Ofsted action plan

Background papers

- None identified.

Department for Education
Local Authority Improvement
& Interventions Unit
Ground Floor
Sanctuary Buildings
Westminster
SW1P 3BT

www.education.gov.uk/help/contactus

Jo Davidson
Director of People's Services
Herefordshire Council
Brockington
35 Hafod Road
Hereford
HR1 1SH

16 January 2015

Dear Jo,

Angela Windle and I would like to thank the Council's senior leadership team; Councillors; staff (in particular, Caroline and John for organising the focus groups and logistics); and partners, for contributing to the Departmental review on 15 and 16 December 2014.

Our discussions and the information you provided gave a comprehensive picture of improvement and impact since the Improvement Notice was issued in February 2013. A summary of our key findings is attached at Annex A, and I would be very grateful if you could arrange for this to be shared with all those concerned.

Our overall assessment is that the Council has made good progress since we last visited in April 2014. This improvement has also been evidenced by the outcomes of the recent Ofsted inspection and the LGA diagnostic peer review of the LSCB in November.

It was evident that pace has increased since the last DfE review and that the senior management team continues to drive change throughout the service. The workforce demonstrated confidence, strength, and passion in their commitment to effective safeguarding practice.

We heard your plans to create the conditions for success and to be a learning organisation with a stable and experienced leadership team. We heard how you plan to improve practice by further development of management oversight

and timely decision making; improved management confidence; clear evidence of the voice of the child through assessment; meaningful and valued supervision; and building resilience in the system to embed confidence, challenge, and escalation.

We heard that there is cross-party political support and commitment to improving children's services and it was good to hear that funding will be protected and that leaders show an active interest in the work of front-line social work teams. There were strong messages from leadership that safeguarding and child protection practice in Herefordshire would not be allowed to slip back as it has in the past; and that improvement is on a long term course to get to 'good'.

There were a number of key messages we wanted to share with you, these included a strong sense of delivery and drive in the MASH; a workforce that feels safe and which is clear on its role; and a culture of improvement and consultation is now evident. Staff reported that management oversight and supervision had improved and that there were now opportunities for training and development and movement between teams to augment and strengthen learning. Managers, some staff, and partners now have regular access to performance data and the various audit processes are starting to embed.

Staff continued to welcome the visibility of the Lead Member, Councillors and senior staff and the recent stability at management level. Overall staff reported morale as good, and were proud to be part of the service improvements and seem optimistic for the future.

Partners were positive about the recent pace in improvement and the MASH. They valued council investment in children's services and in Frameworki, and welcomed the increased level of challenge, improved data reports and partners feeding back information from their agencies. There is now stronger group partnership working and effective working between the IB, HSCB and other Boards.

A number of key issues were raised during the focus groups. In particular, staff, and partners especially, need to understand the future vision and within that how you plan to get to 'good'. It is important to communicate clear messages and plans to all stakeholders on roles and responsibilities and what still needs to be achieved, and how. Concerns remain in some teams about the Business Support (BS) and what your internal review will bring, it seems that some teams have closer working relationships with BS than others and therefore levels of support are not equitable.

In the next phase of implementation we would expect to see, and therefore recommend, that:

- improvement work is fully embedded, sustained and becomes the standard for the Council;
- Herefordshire addresses the over-reliance of agency staff and aims for workforce stability at all levels;

- immediate plans are put in place to recruit a new HSCB chair and the necessary arrangements for a smooth handover are implemented;

- a clear plan for the transfer of Improvement Board work to the HSCB, Children's Trust, and the authority and partners is developed and agreed to ensure clarity of what responsibilities transition to where; which outlines your vision of getting to 'good', and when the intervention is stepped down will provide confidence to Ministers and stakeholders; and

- gap analysis on the performance data is undertaken which focuses on areas of non-compliance and offer explanations and solutions.

The Improvement Notice continues to remain in place until the Minister can be confident that the quality of practice and service performance is embedded and sustainable and, in particular, that transition arrangements from his Improvement Board to the HSCB are robust. We therefore look forward to speedy progress on the recommendations outlined above.

In the meantime, Angela will draw together messages from the focus group discussions, your self-assessment, the letter from Tony Johnson and the reports from Paul Curran and Dave McCallum in readiness to provide evidence of progress to the Minister.

I am copying this letter to Councillor Tony Johnson, Councillor Jeremy Millar, Councillor Attwood, Alistair Neill, Paul Meredith, Dave McCallum and Paul Curran.

Yours sincerely

OLIVER BROOKE

Annex A

Herefordshire 18 month review – summary of feedback from focus groups

Key positive messages

- The "Requires Improvement" rating from the last inspection feels right.
- SMT and Lead Members continue to be visible, approachable and supportive. This is valued by staff and partners.
- Senior management stability is welcomed but still feels new – staff would become concerned if this "unravels" as some contracts are due to end shortly.
- There are open communications and lots of dialogue. People feel listened to, consulted and included in changes and new ways of working - for example CHIPPS.
- There is increasing confidence in the figures, and the data being produced is much richer and more reliable – although some operational staff rely on management analysis rather than using the data themselves to better drive practice.
- Morale seems good and there is an evident passion within the MASH.
- Staff (including agency) have opportunities to move around the service, learn different practices and now have time to train – with some staff involved in delivering training.
- Caseloads remain at a managable level but vary from team to team and within teams. It may be helpful to set a standard for each team as well as trigger points to identify where remedial action is required should these triggers be reached.
- Frameworki is improved, is more user friendly, and contains additional bespoke fields for capturing voice of child and CSE intelligence. Increased smarter use of performance data at many different levels internally and externally is welcomed. Partners were grateful for real, trustable data and noted that the Council's financial investment in the system is clear.
- There is increased management oversight, supervision and audit – all fully "on the agenda" now.
- There is greater connectivity and communication between teams within the Council.
- Staff are now clear about what is required of them and case progression is much more effective as a result.
- The offer for social workers is good. The support and mentoring for NQSWs remains effective and well received. There are now opportunities for progression to senior SW roles and the Academy for growing your own is well supported.

- Partners reported more joint-working and increased challenge – both ways.
- People feel the service infrastructure is much stronger so that when processes and changes need making this can now happen quite quickly.
- Council commitment to the children's service agenda is clear.

Less positive messages

- Some partners were unclear as to how to the council would "Get to Good" in terms of what the next steps are and what that means for the future for the council and for their organisations, this will require further planning and communication of the vision.
- Changes at senior management level have been unsettling and potential for more changes is a concern to staff.
- Evidencing the child's voice is improving but there is more work to do on embedding this across the system as the norm.
- Concerns remain over the internal Business Support function – some staff feel overwhelmed with "admin type" work, and are concerned that reduced administrative support will affect available time for reflective practice and training.
- Although caseloads are currently manageable, some staff had concerns over potential "caseload creep" and the effect on finding time to reflect, and undertake training.
- There are capacity issues with police partners, where presence is required across adult and children meetings/conferences/boards and attendance levels cannot be maintained.
- Partners are unclear about funding levels for the HSCB Business Support Unit moving forward.

Jo Davidson
Director of Children's Services
Herefordshire County Council
Plough Lane
Hereford

22nd November 2014

Dear Jo,

Herefordshire County Council
LSCB Diagnostic Pilot

On behalf of the team I would like to thank Herefordshire County Council, partner agencies and the HSCB for commissioning the recent LSCB diagnostic pilot. Your diagnostic was one of five pilots that will inform the January 2015 roll out of the LGA LSCB diagnostic programme.

It is important to emphasise that this was not an inspection but a critical friend diagnostic delivered by a team of peers. The aim was to provide an informed, external perspective on the quality of the LSCB, its key strengths and areas for improvement. The team interviewed key stakeholders, either individually or as part of a focus group, as well as undertaking a comprehensive review of current documentation. At your request two optional elements were added; first, an audit validation exercise focusing on initial plans; second, a review of police engagement and child sexual exploitation processes.

This letter sets out in detail our findings which were initially presented to an invited audience at the conclusion of the diagnostic.

Following an executive summary our findings are set out under the following headings

- Overarching messages
- Working Together Compliance
- Board Effectiveness
- Evidence of Challenge and Holding to Account
- Capacity, Training and Managing Resources
- Vision, Strategy & Leadership
- Audit validation – initial plans
- Child sexual exploitation
- Recommendations

Appendix one provides additional analysis of the audit validation exercise.
We are grateful to Andy Churcher, Caroline Marshall, Chris Jones and Betty Lynch for the efforts they put into preparing for and supporting our visits. The people we met were very welcoming and demonstrated a willingness to use

the diagnostic as an opportunity for learning. We recognise that many of these people made themselves readily available to us at short notice and we thank them for their flexibility.

Executive Summary

You have made considerable progress in the fourteen months since the LGA safeguarding peer review of autumn 2013; there is a renewed confidence within the council and its partners. HSCB is recognising priority areas for improvement and driving learning. The Herefordshire Safeguarding Children Board is clear sighted about the extent of the improvements to reach good and the Intervention Notice still remains. Nevertheless you are now confident in your own ability to manage the future and to take over oversight of improvement from the Improvement Board and driving improvements on the effectiveness of the Herefordshire Safeguarding Children Board itself.

In our view, the key to future Board success is a clear focus on a small number of immediate priorities that drive the work in every element of the Board. At present, priorities are not particularly well co-ordinated across the various levels of activity. The employment of project management techniques will help you to work smarter and achieve demonstrable impact.

There is strong corporate support on improvement, and although needing to become more formalised, you have begun to ensure effective coordination and liaison across key strategic relationships and fora.

You have strengthened challenge, and can point to a number of successful challenges by the Board, such as ensuing the inclusion of the voice of the child within the Children's Partnership Plan and taking on the findings from multi agency audits. There is a greater degree of transparency and openness at the Board and you recognise the scale of improvements that are needed. Whilst there is clear evidence of improvements in performance reporting you know that this has to improve further so that HSCB can maximise its effectiveness.

There is clear evidence that multi agency training and learning from your SCR is having an impact at the frontline. You recognise the need to provide the Board with more effective and better resourced business support and are working with partners to secure sustainable levels of funding to achieve this.

You are aware that in making the effective transition from the Improvement Board, the current pace, depth and relevance of the Board will need to increase. Your improved sense of purpose and focus as a partnership has served you well so far and you are confident of taking Board oversight to the next level and we identified the capability for you to undertake this task effectively.

You have already begun to plan for the transition from the Improvement Board. You need to include in your transition plan risk analysis and

contingency planning. A six month programme of transition support, including coaching and mentoring for key Board members, would help to ensure that the Board maintains sufficient and effective oversight, challenge and pace in the period after the Intervention Notice.

Overarching messages

- **Clarity of role and priorities for HSCB:** We believe that there is a need to clarify and assert the oversight and challenge role of the HSCB, and to focus down on driving a small number of immediate priorities that will continue to enhance improvement of frontline safeguarding. At the moment that which distinguishes the role of the HSCB from the Improvement Board, and other fora such as the Children's Partnership and Community Safety Partnership is not clear to everyone. HSCB activity is not coordinated on a small number of key priorities that drive the strategic board, the steering group and your sub groups.
- **Take the initiative on improvement:** You have been under the spotlight in terms of improvement but we saw a renewed confidence that you can manage this process yourselves; and a willingness to take the sometimes difficult decisions that will inevitably be necessary
- **Reactive to proactive:** We feel that you need to move from reacting to external critique and inspection to a proactive approach based upon forthright self assessment, where you use your own self knowledge, constantly re-evaluated, to identify and act on areas for improvement
- **Process to outcomes:** At the moment you are too process focused, the aim of structures is to achieve measurable outcomes for children; processes will only take you so far and the Board needs to concentrate on what will achieve measurable improvement in practice against key outcomes and keep reporting this
- **Do less but focus:** You are spreading your resources across many areas, we suggest that you do less but focus your attention upon circa six key priorities that link across the work of the strategic board, the steering group and your subgroups, that way you can begin to show impact
- **Network network network:** You are open to external learning opportunities and continuing to make the most of the support and new ideas that these bring is essential, and this is having an impact; as you take over from the Improvement Board you will continue to need the support and guidance these networks give you as a sounding board and to provide coaching and mentoring
- **Beg borrow and steal:** You can save yourself time and energy by using the success of others wisely; do not be afraid to beg, borrow and steal ideas to save developing your own solutions to everything
- **It's about the big picture not just ticking the box on documents:** We have seen that sometimes completing a task is equated with achieving improvement; for example in May 2014 HSCB completed a self assessment but this does not appear to be updated or re-evaluated to reflect whether/how the Board has progressed. By consistently revisiting the findings and using the self assessment as a living document that you self evaluate against at subsequent meetings you will improve its value in supporting improvement. The value of a self assessment, or QA report findings, or challenge to an agency on lack of progress, lies solely in what you do with it on an ongoing basis to ensure something of value occurs on the back of the original action.

Working together compliance

Strengths

- You have renewed and reinvigorated your local threshold document; this has been widely disseminated and is helping to drive improvement in frontline practice. Staff value the document you have produced

- The SCR and Child Death Review arrangements are working well and we were impressed by the quality of the people we interviewed. The case review decision process referral form is effective and there are clear escalation processes. Staff could readily refer to learning from the HH SCR

- You have recognised the need to improve the functioning of the safeguarding board and have held a number of successful development events. We thought that the joint meeting with the Children's Partnership was a very productive initiative, and heard reports that the CSE event was very useful

- Your statutory core membership is compliant with regulations

- The proposed induction arrangements and training/mentoring for Board members is a very positive step forward to maximise effective participation in the work of the Board and we also welcome the training initiative to improve councillor awareness of safeguarding

- The buddy system to embed challenge in the way you undertake Section 11 audits is a very positive improvement

Areas requiring improvement

- Although there is an established protocol between the Health and Wellbeing Board and HSCB, this needs to be strengthened and brought up to date and include the Adults Safeguarding Board, the Children's Partnership and the Community Safety Partnership; terms of reference do not yet effectively delineate these key strategic relationships

- You undertook Section 11 audits in 2013 to hold partners to account and drive improvement but the impact of these has been diluted by not being able to evidence effective follow up. At that time, some agencies didn't have clear statement of responsibility towards children, and a number of agencies reported that safeguarding needs to be a standing item at senior management meetings. The discrepancy between your own section11 findings and the recent CQC inspection of Wye Valley Trust need to be investigated to ensure that all Section 11 audits are undertaken with the necessary rigour in the future and that the Board follows up progress assiduously.

- Your S175 (maintained schools) and S157 (independent and academy schools) analysis needs to be carried out and any learning fed back; this process could help to strengthen the role of schools and academies on HSCB

- You have some well established working relationships with the education sector, and board representation - 'they are part of the family' - but equally acknowledge that this is a work in progress that warrants improved engagement and communication to move beyond those 'already signed up' as well as including the early years sector

- We recognise that your learning and improvement framework is at an early stage of development. A more joined up and cohesive learning and improvement framework will help you to better understand the safeguarding system; especially if informed by service user feedback. HSCB attendance logs should be maintained and regularly reviewed to ensure reach is maximised

- You could use the Annual Report more smartly to explore vulnerable groups of children, to identify priority areas of business and to influence planning and commissioning linked to Children's Integrated Needs Assessment which will also reinforce a single plan. An improved focus in the annual report on performance reporting linked to key priorities and thematic audits is needed. At the moment audit is effective in what it sets out to do but is limited in impact on improvement because of the focus on remedial action to address individual learning from cases. Audit - and Board performance monitoring - needs to be thematic not case reactive

- You have recognised the need to update procedures and these are part of your improvement plan, but in order for the HSCB to have an effective grip and control we think you should review the three year timeframe on this. HSCB will also need to endorse the Local Authority assessment framework as per Paragraph 62 (Chapter1) of Working Together 2013

- In Working Together 2013 early help is a key feature. This was not within our remit for the diagnostic so we are unable to form a view on this.

Board effectiveness

Strengths

- Good will, ambition, willingness to work together

- Drive and ambition within the sub groups, the strategic board and the steering group

- Intent to create structure to achieve coordination across the Community Safety Partnership, Children's Partnership and Health and Wellbeing Board

- Case review learning processes involving front line practitioners provide a line of sight to the frontline

- QA process

- Delivery of training strategy based on needs analysis

Areas requiring improvement

- Pause and take time to know yourself. You have had to undertake a very considerable improvement journey. We think now is the time to take stock of where you are, identify what you do well, and where you have to be more effective, and focus on getting it right all the time. That will make you an effective forum for challenge and oversight, a function that will be all the more important if the Intervention Notice is shortly to be lifted

- Learn to trust your own judgement. You are very used to receiving external definitions of your areas for development, and have used those judgements well to drive improvement. To achieve your own ambition of 'good by 2016' you will have to become an effective learning organisation that consistently is self aware on both success and failure and continuously monitors its own working arrangements and progress on key goals. At the moment you are beginning this process and your May 2014 self assessment provides the basis for stepping up to the challenge if it is used smartly to regularly reassess how you are performing. A simple review of progress against the self assessment would be a useful way to conclude board meetings and could be incorporated as a standing final item on the agenda, focussing on a small set of easily understandable questions such as how much have we done to address deficits and improve our own working as well as frontline practice, how well have we done it, and what difference have we made today against each of our priorities?

- One plan to take you forward, focus on making a difference. You are all working hard on many fronts but need to focus all that activity upon what is most important At present the HSCB does not have a small and consistent set of key priorities that inform its work from strategic board to sub groups, nor do other strategic plans yet align fully across with your own. Success will only come with a consistent focus for your and others' activities on those small number of factors that will make a difference now, that the HSCB monitors regularly and challenges when necessary. A golden thread needs to link across all strategic fora and within the HSCB from the strategic board down through the steering

group to each and every sub group; all need to share the same work programme with their own work stream clearly linked to the overarching priorities and feeding into to them

- Project management. The Children of Herefordshire Improvement Partnership Programme has proved that you have effective project managers within the partnership. Use this expertise to improve rigour and robustness within the Board. Using a project management approach, and a smaller but clearly delineated set of common priorities, will help to improve rigour and robustness of performance monitoring and subsequent holding to account for under performance

- Pace up. You are ambitious to take over from the Improvement Board their responsibilities. This will require increased responsibility and oversight by HSCB to ensure the pace of improvement is maintained. You are planning how you will achieve this increase in responsibility and oversight at the next HSCB meeting. This meeting provides a good opportunity to start to employ a project management approach to plan for and take through to conclusion this transition. You are aware that you may need to put in place transitional arrangements and support/mentoring and are investigating who is best placed to provide this. It is equally important that you develop a risk register, for the wider improvement journey, as well as for the transition to taking over from the improvement board and use this to move forward effectively; and contingency plan to minimise deficit and failure. Key questions to take you forward include; do you know where you are in getting to good? Are you clear what taking on the scrutiny role post the Improvement Board actually means in practice for the HSCB? What are the risks and what is needed to be put in place to secure this role for the HSCB going forward?

- Where does the real power lie and how does this impact on wider engagement? We heard the steering group described as the engine room but this group is chaired by the Assistant Director, Children's Safeguarding and Family Support and not by the HSCB Independent Chair. If this is the engine room we feel it should be chaired by the Independent Chair; and if indeed it is to continue as the engine room, what implications does this have for the strategic board, is the strategic board to become just a rubber stamp for the steering group, and, if so, how will that impact on engagement and ownership of improvement across the wider partnership on that strategic board? The messages given out by how your structure is actually perceived to work in practice will influence how well engaged all partners are with the Board

- You have good police attendance at the Board but the current arrangements put in place by the merged police forces (the strategic alliance) may not best serve the Board; we think this is an issue that needs to be raised on a pan regional basis and would advise that this is taken forward in conjunction with your neighbouring Boards through the

developing arrangements in which the Chair of the HSCB and the DCS are engaged.

- The voice of the child, and family, is not very well developed at Board level. You acknowledge this and are planning to address this in the near future. The views of young people and families can inform HSCB business priorities and provide effective challenge on improvement through user feedback

Evidence of challenge and holding to account

Strengths

- The HSCB now operates with a stronger degree of challenge. There is more honest discussion of for example the deficits revealed by the case audits and the need for the partnership as a whole to work smarter. We were told that there is now much greater transparency in partnership discussions when it is identified that things have gone wrong

- The two recently appointed lay members are reported to add significant value to the work of the Board and to have enhanced challenge within Board meetings

- HSCB can be proud of a number of 'challenge successes'. These include taking on the findings from the programme of multi agency audits, challenging the Children's Partnership to include the voice of the child within the children's partnership plan, and negotiating for the Children's Integrated Needs Analysis to supplement for the lack of a children's safeguarding focus within the JSNA

- Case specific escalation via the QA sub group has been very effective in raising case specific deficits at Board level and is a good first step to a successful QA sub group

- There is widespread recognition of the need to produce a data set that is fit for purpose and work is ongoing to achieve this linked to the ongoing transformation programme for the Frameworki computer system in social care

Areas requiring improvement

- Increase in data quality and evidence of impact. You are working to improve data quality but the focus is on producing better quality and fit for purpose quantitative data. A positive enhancement of the data set would be to include qualitative measures, including user and family feedback. This has begun with the most recent feedback from families and professionals on the effectiveness of child protection conferences.

- HSCB should prioritise establishing a set of indicators against each Board priority and have these set out in regularly updated performance scorecards. This would help to give assurance to the Board that frontline practice improvements were being embedded and sustained.

- A strengthened QA sub group is needed to drive development. The QA subgroup is very active and has raised many useful issues but at heart it is reactive to the deficits of individual cases. The sub group needs to move to looking at findings from individual cases as a pointer to wider thematic issues that hold back improvement and move from individual case review to thematic practice based audit. The group meets monthly but only four multi agency audits were undertaken last year. A more focused and productive work programme needs to be developed that will feed in to the newly revised key priorities of the Board

- Much smarter QA reporting would provide the Board with the information it needs to challenge on its priorities. HSCB is already aware of a number of potential thematic and practice focussed issues e.g. the waiting times for CAMHs and the Speech and Language Service. Currently, although well known practice issues, there has been little escalation or challenge via HSCB on either of these. There is potential here for the QA subgroup to focus on these areas as an exemplar of future working practices which will also enable the Board to drive improvement across the multi-agency partnership.

Capacity training and managing resources

Strengths

- You have recognised that you need to increase capacity of the business unit, and that synergies can be obtained by coordinating business support across other fora. A plan is in place to enhance business support and negotiate a sustainable multi agency funding stream

- We saw evidence of an effective training cycle in operation, one recent good example of which was the development and commissioning of DV training on the back of this being flagged as an issue in the staff survey

- We heard lots of positive feedback on the training and development events delivered by the Board and you looking at implementing evaluation of impact

- Learning from the HH SCR was evidenced in our discussions with frontline staff

Areas requiring improvement

- In the post Improvement Board world HSCB will have to work much smarter. One obvious example is in the regular use of performance management techniques to drive forward improvement. This can be brought in e.g. by consulting with colleagues who have employed this successfully within the Children of Herefordshire Improvement Partnership Programme.

- You are planning to look at how you put in transition arrangements to support the Board in the immediate period following the lifting of the Intervention Notice and to do this successfully you need to undertake risk analysis, contingency plan and put in place the kind of transitional leadership support that we set out below

- You need to secure the future funding across partner agencies for a strengthened business unit as without that the work of HSCB will be compromised. The business unit is not resourced effectively at the present time and struggles to provide the high standard that it sets itself in terms of support to the two safeguarding Boards

- It would be useful to set out clearly what the next year will look like in terms of the Board. What does a 3, 6, 12 month trajectory on HSCB improvement look like? What are the milestones that you need to see and the actions necessary to achieve the step change in oversight that HSCB is aiming for, and how will you report on and know you are making progress? Setting these out clearly and simply and agreeing them with the whole partnership will start to make your work more outcome focused and provide focus for the work of the various sub groups. It will help to identify skill deficits within the Board so these can be addressed in a systematic and timely way

- There is a wider capacity issue that HSCB needs to address, namely capacity and fitness for purpose of the children's workforce in the widest sense. We have mentioned above access to specialist services such as CAMHS and Speech and Language Services but there are other capacity issues where the board needs to secure improvement e.g. management oversight and decision making as well as stability of the children's workforce. These require analysis, holding to account and challenge at Board level. Again these provide a good starting point for effective project management of key issues and priorities and are examples of the work which the Safeguarding Children Board will be taking over from the Improvement Board.

Vision strategy and leadership

Strengths

- Excellent progress has been made since the peer review 14 months ago, and there is coordinated and effective working with key players to identify improvement targets and to address deficits

- You are ambitious and are committed to achieving the improvements necessary to have articulated what 'good' is in Herefordshire, and be judged 'good' by Ofsted by 2016/17

- There is strong cross party political commitment to the safeguarding agenda, and a clear prioritisation of the children's agenda within HCC

- We saw a strong commitment to corporate parenting which is to be strengthened by mandatory councillor training which will continue after the 2015 elections

- The detailed analysis of need provided by the new Children's Integrated Needs Assessment will help to focus attention on achieving improved outcomes

- You are working well to address local and regional CSE issues

- The HSCB Chair has regular meetings with the Chief Executive, the Director of Children's Services, the Portfolio Holder and the Police and Crime Commissioner

Areas requiring improvement

- You are aware you need to increase the current pace depth and relevance of the Board to secure the handover from the Improvement Board of their responsibilities – we would advice a programme of coaching and mentoring for key players to maintain progress in what could be a risky period.

- You need a simplified and coordinated shared vision of the safeguarding priorities that drives the work of the partnership and informs the challenge function of the Board. This should include continued work to achieve and maintain the culture shift that safeguarding is not just a local authority responsibility

- You need an HSCB identity, and for the HSCB to become more influential and visible

- Simple clear roles and priorities for the HSCB would help to define its true purpose – you need to avoid the current blurring of Board roles, to help you to distinguish between what is HSCB and what is Children's Services

- If you continue with this structure we are strongly of the belief that the Independent Chair should chair and drive the steering group. This will enable the Independent Chair to have increased oversight of the work being taken forward in the sub groups and to ensure that the work of the sub groups reflects and aligns with HSCB priorities

- We were not convinced that there is clarity, discussed and agreed across the partnership, on the role and remit of the steering group, nor its relationship to the strategic board. There is a fundamental question to answer here, namely where do you want your power house to be, and who do you want to lead it? At the moment this is unclear to us, and this lack of clarity may well be shared with others

- Current MASH governance via a HSCB sub group is an example of the blurred roles we discuss above. We know why you chose this arrangement initially; nevertheless this is an operational delivery function and with the MASH reinvigorated do you still need governance via HSCB?

- Capture and gather the voice of the child and feedback from families– the voice of children and families should be at the heart of everything HSCB does and a major influence on how HSCB pushes for change

- Police regularly attend the Board meetings; however, we do believe that it would be worth exploring with your police representatives firstly, how police plans interact across the Protecting Vulnerable People Plan, the local delivery plan and the CSE strategy to deliver better safeguarding outcomes and, secondly, whether current arrangements for Board representation by the Police deliver local knowledge and focus

- We feel that current arrangements for meetings between the Independent Chair and key senior managers, politicians and stakeholders should be formalised with a clear, set agenda that includes performance reporting and holding to account through the Annual Report

Audit validation - commentary on the findings of four cases

The audit validation was bespoke and focused on a safeguarding system approach to child protection planning and working together, to achieve improved outcomes.

Strengths

- Staff were engaged and appeared to communicate with each other

- Staff were aware that practice needs to improve in order to improve outcomes for children subject to Child Protection Plans

- Staff acknowledge a range of issues that currently impact on performance e.g. turnover of staff

- Staff welcome further training to improve practice; they were reflective in the focus groups and would welcome more time for case reflection

Areas requiring improvement

- Plans were not robust – neither SMART nor linked to outcomes
- We saw a lack of contingency planning
- Expectations on parents were not made clear
- Managers did not consistently attend conferences and core groups. Effective management oversight is key to ensuring progression of Child Protection Plans
- There was some evidence of drift in both assessment and intervention; a major cause of this was the high number of changes of social worker
- We saw numerous changes in social worker between conferences
- The parenting assessments we saw were neither robust nor timely
- There was a lack of escalation from all partner agencies when progress was not made on plans by any agency
- Decision making wasn't clearly recorded with the rationale and the risk management clearly set
- Multi agency training on conferencing needs further developing

CSE

- You have put in place a strategy and action plan, there is a reinvigorated structure, a specialist CSE unit has been established, there is currently a new specialist social worker in this unit, to be joined by a police post in the next financial year
- The new strategy complies with national recommendation and is based on national guidelines
- The action plan is a positive step forward, however, it has numerous actions but no real outcomes. It is lengthy, and there is a real need to prioritise the priorities! With so many outcomes it is unrealistic for them all to be completed. A focus on a smaller number of key priorities in the immediate term is needed, with consideration of how additional priorities can be rolled out over time. As yet the action plan has not been effectively disseminated

- The new CSE team (that was only in place during the week of our visit) have been very quick off the mark and reports from other frontline staff are positive, which is very impressive for such a new development. There is the potential that demand will swamp this new provision so there is a need for tightly controlled and managed referrals to the unit

- The police are committed to increase their involvement and resources over the coming twelve to twenty four months

- The Board structure is now clear with a CSE group and an operational group below this

Recommendations

You might wish to consider the following recommendations. These are based on what the team has read, seen and heard over the course of the LSCB diagnostic.

- Identify a small number of HSCB priorities aligned across other strategic fora - and stick with them, when refining your priorities decide which are immediate priorities to be put in place now and what are aspirations for the longer term

- Fund and implement a reinvigorated and fit for purpose business unit

- Review the Board structure in the light of your priorities and statutory requirements and streamline the steering group and make this a chair of chairs group

- Make sure all members of the strategic board are fully engaged and understand their relationship between being on the Board, improving agency practice and achieving impact on outcomes for children

- Make all agencies accountable for what they have committed to at the Board

- Locate MASH governance within Children's Services operational management structure

- Use formal challenge by HSCB to other agencies to escalate concerns revealed through audit and feedback from the staff and families

- Evidence impact of HSCB challenge and the better outcomes that HSCB has achieved

- Project manage everything especially the transition from the Improvement Board

- You are seeking tangible improvement in children's lives and need an outcome focus to ensure that what you do achieves this

- User voice will give the Board confidence and understanding of what has and has not made an impact

Throughout this letter we have sought to outline the strengths of the LSCB arrangements in Herefordshire, along with areas for consideration and improvement. You and your colleagues will no doubt now wish to reflect on the team's findings and consider how our findings might inform future plans and activities.

For further improvement support you can contact the LGA's Principal Adviser for the West Midlands region, Howard Davis, who can be contacted via howard.davis@local.gov.uk or on 07920 006 1971 . In addition, you can contact Claire Burgess, LGA Children's Improvement Adviser covering the South West Region for specialist support. Claire can be contacted via claire.burgess23@gmail.com or on 07854 407337.

Once again, thank you for participating in the LSCB pilot diagnostic and please pass on our gratitude to everyone involved.

Yours sincerely

Peter Rentell
Programme Manager (Children's Services)
Local Government Association

Appendices:

Appendix 1 - Audit validation - initial plans

Appendix 1 – Audit validation initial plans

LGA LSCB pilot diagnostic Herefordshire County Council
LGA peer: Jonathan Williams
Date: 17-19 November 2014

Audit validation – initial plans - summary

Five cases were looked at; four of these involved meeting with a focus group and two of these involved the inclusion of a parent. The fifth case was linked to the observation of a CP conference. It was unfortunate that the conference could not be observed because the parent did not consent. A telephone conversation later took place with the CP chair.

Notes about the individual cases are outlined below

Strengths

- Staff were engaged and appeared to communicate with each other
- Staff were aware that practice needs to improve in order to improve outcomes for children subject to CP Plans
- Staff acknowledge a range of issues that currently impact on performance e.g. turnover of staff
- Staff would welcome training to improve practice; they were reflective in the focus groups and would welcome more time for case reflection

Areas requiring improvement

- Plans were not robust – neither SMART nor linked to outcomes
- We saw a lack of contingency planning
- Expectations on parents were not made clear
- Managers did not consistently attend conferences and core groups. Effective management oversight is key to ensuring progression of CP plans
- There was drift in both assessment and intervention
- We saw numerous changes in social worker between ICPC and RCPC
- Parenting assessments were neither robust nor timely
- There was a lack of escalation from all partner agencies when progress was not made on plans
- Some decisions made could have made children vulnerable and left organisations at risk
- Multi agency training on conferencing needs developing

It would appear that the main focus of improving plans has been linked to the redesign of Framework I and the reformatting of the iitial plan layout. Only one of the cases had this plan in place as it had only been introduced in the last two weeks; the plan did look better.

However a systems approach to approving plans may be required.in addition to the newly introduced format; this would entail for instance asking the following questions from a multi-agency perspective - how much have we done, how well have we done it and has it made a difference?

During the audit validation we saw a number of issues that impacted on effective planning

- Changes of social worker (one case had four changes of social worker in the period from assessment to first review);
- Lack of risk analysis (often there were blanket risk statements, eg mother smokes cannabis. It did not state how much, when, frequency, storage, whether the child was present etc. – there was little connection with the impact on the child);
- Poor management oversight (little evidence of managers attending CP conferences or core groups) – is this linked to capacity, managing high caseloads and frequent changes of staff? Managers from focus groups seemed engaged, intelligent, insightful and reflective with a genuine aim of improving outcomes for children. Therefore wider issues need to be explored
- Ineffective plans. It is the role of the Chair to steer, facilitate and provide guidance and leadership. However partner agencies need to own the plan and contribute to it at conference. There is a lack of training and direction in relation to the model of conference. There are snippets of strengthening families being used but this is only by Social Care. The LSCB could take a view on what model needs to be taken forward and develop it accordingly, including the commissioning of training.
- All participants need to be responsible for escalation of issues, especially when there is drift on case because of agencies' ineffectiveness to provide a service. The two parents who attended the ICPC's were not given copies of the complaint procedure in relation to agencies where progression of the case was being hindered because of agency engagement. In addition, agencies did not escalate when there were changes in social workers, when actions were not completed, when services were not being delivered; this is not solely an issue for social care and the chair.

A number of key questions arise from the audit validation in relation to oversight by the LSCB.

First is a series of questions in relation to oversight of performance and practice

- The LSCB could use the above analysis as a starting point to investigate how far what has emerged from our findings is leading to an increase in CP plans

- Are the issues raised in the audit validation exercise currently being measured by the LSCB, and, if so, in what way do you need to amend or improve oversight, and, if not, how is the LSCB to investigate further the findings of the audit validation exercise?

- Is the current method of scrutiny of the LSCB data set and associated quality assurance activity via the sub group fit for purpose so as to reassure the Board that front line practice is – and will continue to be - safe and effective?

Second how the work of the LSCB links with improving front line practice

With regards to the front line staff's view of the LSCB, staff from focus groups demonstrated the following

- Learning from the recent SCR HH – staff understood the issues. There was some query about delay of the Framework I LAC notification being put on the system.
- Good training for multi-agency staff at operational level including learning from the HH SCR e.g. CSE, Framework I and Domestic Abuse.
- Training is not as relevant for middle and senior managers
- The threshold document is understood by partner agencies
- Referral pathways have improved, especially since there have been developments in the MASH

Children's Wellbeing Directorate

The Journey to Good – Progress Report

September 2012 to December 2014

1. INTRODUCTION

1.1. The Council and its partners have the ambition to secure good safeguarding services by 2016/17. This document sets out the journey that the council and its partners have made since the Ofsted inspection which judged the Council to be inadequate; current performance features and the future plan to get to good.

1.2. The Council and its partners were clear in 2012 that the Ofsted judgement was fair and that the previous ten year profile of adequate/inadequate performance was unacceptable. The improvements to date have been staged to ensure there is sustainable change which establishes the right culture and environment within which staff can give of their best.

1.3. At the end of the day, we all work together in order to make a positive impact on the experiences of children and families and their outcomes. Good outcomes for children within the resources we have available is at the core of our vision for safeguarding in Herefordshire, and our plan to achieve this rests on the development of:

- Effective child protection practice
- Direct work with children and families using evidence based theoretical models of intervention

1.4. Our strategy development focusses on the belief that families and communities bring up children best. Through effective strategies we will:

- Understand our communities and target our resources as early as possible through effective use of data and intelligence
- Use the assets in our communities to support families, including volunteers
- Give families independence, choice and control where possible, building on strengths
- Where families cannot look after their own children, we will use family based models of care
- Over time, move resources from expensive, institutionalised forms of support to community based approaches
- Establish integrated pathways of support so that children and families experience seamless approaches, wherever support and intervention comes from

2. HOW WE WERE: SEPTEMBER 2012 – SEPTEMBER 2013

2.1. In September 2012, Ofsted found an inadequate safeguarding system. This was typified by a system which did not know itself well, did not understand what effective child protection practice was, and which had fragmented understanding of the regulations. Children and young people were not a priority and, despite investment, some child protection services were in the bottom quartile of funding nationally despite having demand which outstripped statistical neighbours.

2.2. In contrast, early help services were well organised and reasonably well resourced; there were effective multi-agency groups which evidenced a strong focus on improving outcomes for children and working together as agencies.

2.3. Leadership was weak overall, and whilst people were working extremely hard, services had become complacent, against a backdrop of ten years of performance which had been judged as adequate or inadequate at various stages.

2.4. Following the Ofsted judgement, the Council and its partners focussed on four things:

- The judgement was fair and the priority had to be on addressing the findings, not defending the indefensible

- This was a system wide responsibility, not just a social care one to put right
- Improvement needed to be rapid, but also sustainable. This meant getting underneath all the performance issues and building up from the basics again.
- The culture had to change - to be an honest, learning culture, challenging and learning from each other, focussed on children's outcomes and building on strengths

2.5. The improvement trajectory was set – adequate/requires improvement by 2014/15 and good by 2016/17.

2.6. Things we did well:

- Taking rapid steps to set up an independently chaired improvement board and an improvement plan
- Not wasting time on denial
- Securing additional council resourcing for child protection services
- Establishing children as the top priority for the Council
- Changing the political and officer structure to disaggregate the People Directorate and member role and establish dedicated Lead Member and senior officer structure
- Establishing the start of the learning culture through the auditing of over 1000 cases, drawing out the learning from that and the establishment of a small quality assurance function
- Establishing the Multi-agency safeguarding hub
- Establishing the Social Work Academy
- Unpicking the data
- Establishing the early stages of a performance culture
- Securing effective support and external challenge, with externally monitored staging points to make sure we were moving forward and not slipping back

2.7. Things which didn't go so well:

- The significant destabilisation of social work staffing – 4% agency to 40% agency staff in 9 months
- Not establishing the practice standards and expectations clearly enough with staff
- Slow progress with establishing effective leadership at every level

- Difficult start to the MASH evidencing weaknesses in project planning, implementation and oversight
- An overambitious and under prioritised improvement plan – on reflection, people were too focussed on the future and insufficiently focussed on making the changes to the day to day practice
- Slow progress with improving the case management system which also caused significant difficulties with the accuracy of performance data

2.8. The end result of this was practice improvement and impact which was too slow.

2.9. The Council and partners, through the Safeguarding Children Board and the Improvement Board, were clear at the outset that for improvement to be effective, we needed external monitoring and challenge at set points. As we were changing a decade of underperformance, we knew that the most difficult things to change are old habits; and that sound judgement takes practice to get right.

2.10. Therefore, twelve months after this inspection in October 2013 a Peer Review took place, commissioned by the Council in partnership with the HSCB via the Local Government Association in order to evaluate progress. This highlighted that progress had started on the improvement journey but that the pace had been slow. The review recognised that these were early days.

2.11. *"You are addressing failings in social work practice highlighted in previous inspections however, despite action on this; the review team found that social care practice and supervision across all teams is not yet achieving the required levels of quality and consistency."* – Peer review feedback letter 23rd October 2013

2.12. Equally, the peer review feedback also reinforced that the fundamental issue for Herefordshire to resolve lies in the recruitment, development and retention of high quality staff, now and for the foreseeable future.

3. SEPTEMBER 2013 - MAY 2014

3.1. The Peer Review was an important staging post for us to enable a re-focussing of the Improvement Programme and the overall approach being adopted for the next stage of improvement. Whilst building on what was beginning to work well, it was appreciated that a different approach was required if the goal of achieving our aspirations of a good safeguarding service by 2016 is to be realised.

3.2. The approach taken since October 2013 comprised::

- A reconfigured management team with new personnel leading:
  - A streamlined and refocused Improvement Plan used as a key driver for change within new Business Planning and Transformation Management Programmes
  - Enhanced emphasis on achieving good performance in key social work tasks with clear expectations developed with staff and based on effective social work practice.
  - Embedding a performance culture throughout the department, with the emphasis on self-responsibility, reliability of information and honest analysis.
  - Increasing the social care resources available within the MASH and throughout the Social Care teams to take a much stronger leadership role, reasserting the Council's responsibilities as lead agency for child protection.
- The ongoing strategic prioritisation of Children's Wellbeing by the Council. Resources have been both protected and enhanced for safeguarding services as far as possible within the austerity measures.
- Investment has been prioritised in the areas of:
  - MASH, 16+, Children with Disabilities, Fostering, Adoption and Children in Need services
  - Quality Assurance, IRO and CPC service and Performance Management
  - A completely new Transformation Programme for the computer system Frameworki
  - Child Sexual Exploitation
  - The development of a Programme Management Office (PMO) to oversee the broader transformation of the directorate through programme and project management approaches, This transformation programme has been branded as the Children of Herefordshire's Improvement and Partnership Programme (**CHIPP**).
- The development of:

- Local family based services as a direct alternative to using costly and ineffective institutional forms of care. This will achieve better outcomes for young people and also free resources to invest in preventative direct work services
- A suite of direct work services to work alongside fieldwork services using evidenced based therapeutic approaches in order to improve long term outcomes for children and families and reduce the need for statutory interventions.
- The development, over time, of 7 day per week integrated service models in MASH, Vulnerable Young People and CWD.

4. SOCIAL CARE WORKFORCE STRATEGY

4.1. Underpinning all these developments is a revamped Social Care Workforce Strategy. Staff need the right environment to perform their best. The focus has been on:

- Practice expectations and development programmes
- managing poor performance,
- enhanced incentives to join Herefordshire and to stay here,
- more NQSWs so that we grow our own high calibre staff over the longer term
- Social work academy development to support the first three years of a social workers career
- enhanced management capacity and effective supervision
- reduced caseloads – now averaging 16 from the previous 30
- improved working environment.

4.2. This approach has shown some encouraging signs as evidenced in the feedback from a Peer Review Follow-up Exercise which was commissioned in February 2014 to assess progress in the MASH and related activities. This reported “Clear effort has been made by the senior management team and whilst very early days the new systems and structures look promising. There is evidence that Herefordshire have taken positive steps to address the significant issues in the *MASH; new systems have been introduced, the direction looks right although it is early days”*

4.3. In March 2014, the DfE carried out a 12-month follow up review. This review confirmed that Children's Wellbeing Services were progressing their improvement journey and highlighted the following:

- Positive progress identified
- Performance in MASH highlighted
- Lower Caseloads
- Improving morale
- Stability in management
- Good recruitment strategy
- Partnership work needs more attention

5. OFSTED SINGLE ASSESSMENT FRAMEWORK INSPECTION 29 APRIL – 21 MAY 2014

5.1. The work undertaken above placed the local authority in a positive position to rise to the challenge of demonstrating to Ofsted the progress made since the previous inspection, and the difference being made specifically to vulnerable children and families. The outcome of the inspection was that Herefordshire both in terms of the Council and its partners and the HSCB were judged as 'requiring improvement' overall..

5.2. The inspection recognised the significant progress made in the preceding 18 months, in particular with respect to the improvements in MASH, the quality of direct work undertaken and the evidence of the child's voice on a case by case basis. During the course of the inspection, no children were found to be unsafe.

5.3. However, they also commented on the relative infancy of some of the changes and improvements, and that more time was needed to evidence their sustainability.

- Children clearly key priority for Council
- Becoming good is a golden thread
- Elected Members are diligent and well engaged
- Performance Management & collection and use of good reliable data needs much improvement
- Strategic use of data and evaluation to inform developments needs improving

5.4. Pleasingly, Ofsted noted that there was an early growing confidence amongst the social care workforce.

6. MAY 2014 - PRESENT

6.1. There is a new found confidence within services, which is giving added impetus to the progress being made. Whilst there is still significant work to do to reach a secure quality of good services – for example, improvements are not yet fully embedded and the staffing situation is still relatively fragile - the foundations have been laid on which we can continue to build and improve the overall effectiveness of the child protection services, and radically improve outcomes for vulnerable children and young people in Herefordshire.

6.2. The Improvement Plan has been further refreshed to build in the new Ofsted recommendations and continue to focus on the outstanding improvements required. Since May, the following developments have taken place:

- Permanent staffing has stabilised further, with only one permanent social worker leaving since April 2014
- Agency social worker profile has reduced to 31% of the staffing establishment
- Caseloads have remained at an average of 16
- The first cohort of NQSWs have completed their AYSE
- The Frameworki case management system is 75% through the reconfiguration programme, saving significant time for social workers and improving significantly the accuracy of performance information and quality of casework recorded
- The Council and partners have commissioned a new Intensive placement support service which goes live in spring 2015 and provides multi-disciplinary 7 day per week therapeutic support for children and their carers which will begin the move from institutional forms of care to family and community based provision
- The MASH has continued to develop well and has expanded to provide its first specialism in the area of child sexual exploitation
- Performance has continued to improve and stabilise across all key measures.

7. LGA PEER DIAGNOSTIC

7.1. The continuous improvement framework which is now in place, places value on specific external scrutiny. The HSCB was one of five local authorities to pilot the new Local Government Peer Diagnostic for Safeguarding Children Boards in November 2015, This was planned specifically in Herefordshire, to assist in planning for the Board to taking on from the Improvement Board the full responsibility for ensuring effective multi agency safeguarding practice.

7.2. Themes which were reinforced by the review were:

- Evidence that the authority and its partners know ourselves well
- sustained progress made since the May inspection
- the continuing strength of the MASH and our CSE arrangements.

7.3. The peer review also urged us to trust our own judgement

7.4. Recommendations to support the further development of the board in undertaking its full responsibilities, include;

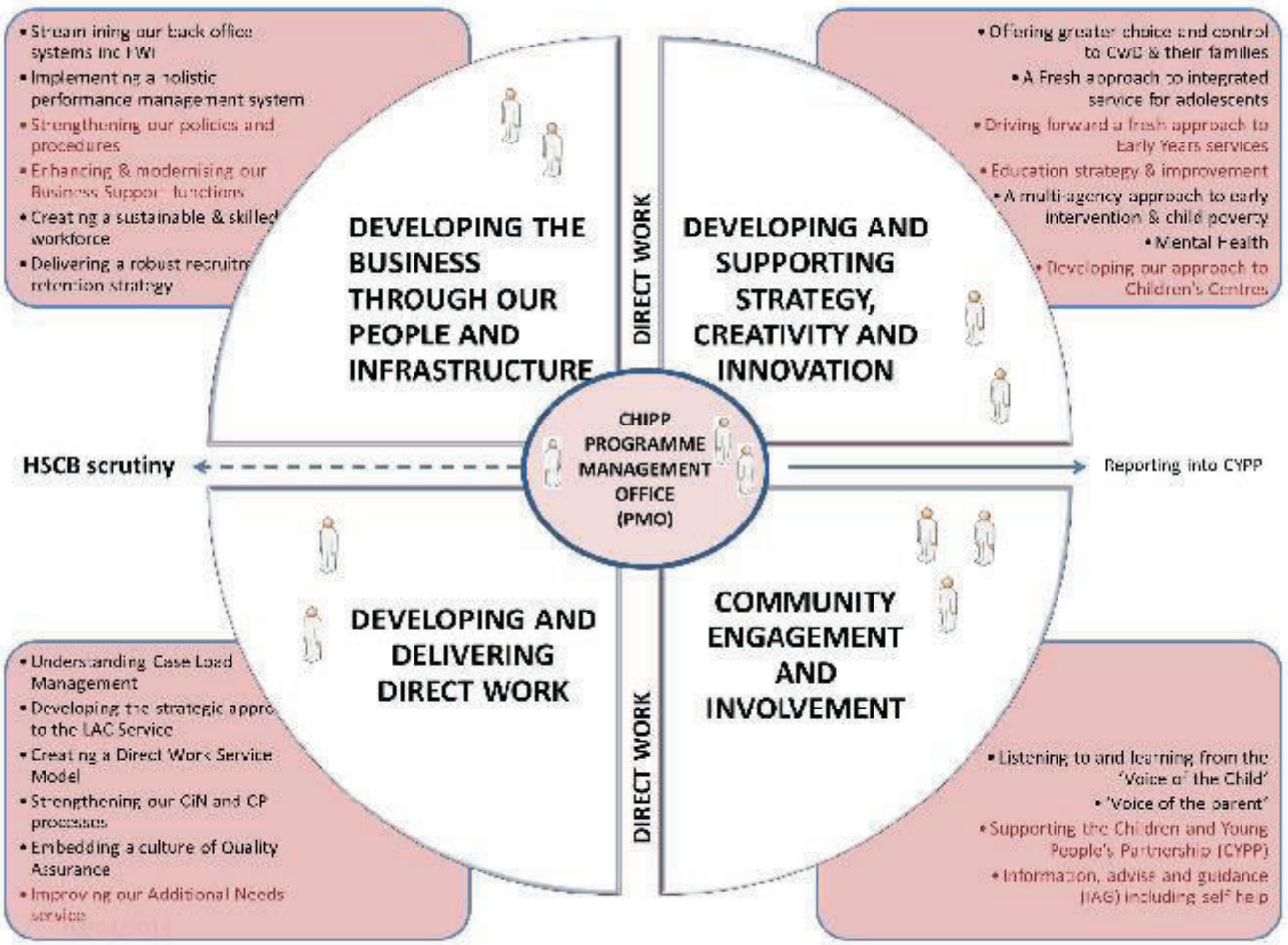
- Identify and align priorities and stick with them throughout every element of the Board structure and functions
- Fund and implement a reinvigorated and fit for purpose business unit
- Make sure all members of the strategic board are fully engaged and understand their relationship between being on the board and improving frontline practice and impact on outcomes
- Make all agencies accountable for what they have committed to
- Use formal challenge and evidence its impact on the achievement of better outcomes
- Develop a project management approach to the business of the board

8. GETTING TO GOOD BY 2016

8.1. In 2012, the Council and its partners had no clear or confident vision about the quality and type of services it wished to secure to improve safeguarding services and improve outcomes for children.

8.2. One of the most significant changes is the absolute intent to be good by 2016/17. The road ahead will not all be plain sailing, and there are still issues which may knock things off course. However, the evidence is there that planning and preparation for change is improved, the knowledge and expectation about effective safeguarding practice is better and when things do not progress as planned, we know that for ourselves and can put it right.

8.3. Getting to good will rely on a unified, more strategic approach to service change, which tackles the underlying causes of harm, as well as a relentless focus on basic effective practice. Our approach for this is encapsulated in our transformation programme, CHIPP (Children of Herefordshire's Improvement and Partnership Programme) which is represented the following diagram:


• Streamlining our back office systems inc FWI
• Implementing a holistic performance management system
• Strengthening our policies and procedures
• Enhancing & modernising our Business Support functions
• Creating a sustainable & skilled workforce
• Delivering a robust recruitment retention strategy
DEVELOPING THE BUSINESS THROUGH OUR PEOPLE AND INFRASTRUCTURE
DIRECT WORK
DEVELOPING AND SUPPORTING STRATEGY, CREATIVITY AND INNOVATION
• Offering greater choice and control to CWD & their families
• A Fresh approach to integrated service for adolescents
• Driving forward a fresh approach to Early Years services
• Education strategy & improvement
• A multi-agency approach to early intervention & child poverty
• Mental Health
• Developing our approach to Children's Centres
HSCB scrutiny
CHIPP PROGRAMME MANAGEMENT OFFICE (PMO)
Reporting into CYPP
• Understanding Case Load Management
• Developing the strategic approach to the LAC Service
• Creating a Direct Work Service Model
• Strengthening our CiN and CP processes
• Embedding a culture of Quality Assurance
• Improving our Additional Needs service
DEVELOPING AND DELIVERING DIRECT WORK
DIRECT WORK
COMMUNITY ENGAGEMENT AND INVOLVEMENT
• Listening to and learning from the 'Voice of the Child'
• 'Voice of the parent'
• Supporting the Children and Young People's Partnership (CYPP)
• Information, advise and guidance (IAG) including self help

8.4. A refreshed Health and Wellbeing Strategy and a new Children's Plan are under development, drawing from the JSNA and the bespoke Children's Needs Assessment commissioned by the Children's Partnership. These plans will secure the longer term system wide transformation changes necessary to ensure children grow up in caring families and communities. The Boards charged with making these changes are much clearer about their role and responsibility, and the governance requirements will continue to be the subject of our focus.

8.5. The risks to these plans relate predominantly to:

- Recruiting, retaining and developing the right staff – not just social workers, but key staff in other professions
- Delay in making service change in line with national budget reductions, which create further financial challenges which require urgent and unplanned budget cuts
- A lack of confidence or belief in the ability of Herefordshire to drive forward change.

8.6. For each of these risks we have plans in place:

- Our social care workforce plan is robust and we are well on course for further recruitment of new and experienced social workers during this year. We are also one of the few local authority areas nationally which is revising its children's workforce strategy to ensure we have robust workforce plans for the system as a whole.
- We have introduced a strong programme and project management approach, initially through CHIPP, and now extending into the HSCB and Children's Partnership, which is bringing the resilience and momentum behind actual delivery of service change and delivery of resource change also.
- Confidence is growing, and is backed up by the successful development of the Multi-Agency Safeguarding Hub, the quality assurance culture and the impact of the social work academy on newly qualified social workers. This will be further enhanced by the implementation of HIPSS and TISS. These developments have created an environment where people can be honest about what they want to see, can have difficult conversations and reach difficult decisions and can predict and mitigate problems before they occur.

9. Most importantly though, the work we are doing and continue to do, is done through a strengthening learning culture. We do not get things right all the time, but we learn by doing. We become stronger as a system as a result of that learning.

10. Finally, our role is to ensure that families and communities are able to bring up children well, and that those children have good outcomes. We know from direct feedback from children and families, that when we work with them, build on their strengths and create consistent honest relationships with them, that we create the right environment for those families and children to put right their issues, and move on. Ensuring that at every level of the system we know what things are like for those children and families is fundamental to our next step of getting to good.

OFSTED INSPECTION MAY 2014 - IMPROVEMENT PLAN

Key:

- Ofsted Para Number refers to the Area of Improvement identified in the Ofsted Inspection Outcome of 30 June 2014
- Children of Herefordshire's Improvement and Partnership Programme (CHIPP) is the transformation programme for children's wellbeing and associated partners which will be the vehicle through which all the Ofsted areas for improvement will be delivered. Each area for improvement therefore has been allocated within the programme to ensure a clear lead and consistent approach to its delivery.
- An evidence library has been created in order to ensure that we can evidence impact against each area for improvement.

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
1.	17. (57, 138)	Ensure that caseloads in children in need and looked after children's teams remain manageable	Assistant Director, Safeguarding and Family Support (PM)	Caseloads for CiN and LAC teams remain at 16-18 cases on average per social worker	Ongoing	Weekly case loads reports are produced to evidence this. Lower case loads impact positively on timeliness of CP and LAC statutory visits.		Weekly caseload reports are considered at Safeguarding and Family Support Heads of Service meeting. Caseloads and timeliness of CP and LAC statutory visits form part of the monthly performance report. The report is discussed by teams within Safeguarding and Family Support, HSCB and monthly performance challenge meetings If performance dips without an adequate explanation and response from lead officer, HSCB independent chair will escalate to Director for Children's Wellbeing.
2.			Assistant Director, Safeguarding and Family Support (PM)	Review of Medicare contract.	August 2014	Completed. All cases now transferred back to the fieldwork teams	G	Weekly caseload reports. Monthly reports to Monthly Children's performance challenge meeting with Leader, CX, Cabinet

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
								Member and Group Leaders.
3.			Head of Fieldwork (KP)	Profile caseloads to establish what a reasonable caseload would look like across the service	August 2014	Weekly reports now developed to enable trend analysis and ensure that action can be taken quickly if peaks emerge. Pilot of Caseload Management tool (weighting) undertaken during September and evidence that case loads continue to be at a manageable level - completed.	G	Safeguarding and Family Support Heads of Service
4.			Assistant Director: Safeguarding & Family Support	Forecasting of support services medium term staffing requirements based on assessment of performance data to inform direct work service development.	November 2014	Assessment of performance data in progress	G	Monitored through CHIPP. Health and Social Care Overview and Scrutiny Committee.
5.			Assistant Director: Safeguarding & Family Support (PM)	A review and evaluation of the whole service which will be undertaken to establish whether the infrastructure is right and to inform service staffing and management arrangements.	Septembe r 2014	Completed.	G	Directorate Leadership Team CHIPP Programme Board and Directorate Leadership Team
6.	17. (138)	Reduce caseloads within the Children with Disabilities service so that all social workers have sufficient time to provide children with the level of service they require.	Head of Children with Disabilities and Practice Development	Two additional social workers to be employed in the service	June 2014	Completed as at June 2014	G	

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
7.			Head of Children with Disabilities and Practice Development (DC)	An interim review of the CWD service to take place to ensure that there is sufficient capacity in light of the Children and Families Act 2014 and the Care Act 2014	October 2014	A further five social workers have been recruited to the CWD team as from December 2014. An experienced permanent team manager has now also been appointed who has substantial child protection experience.	G	Childcare Managers
8.			Head of Children with Disabilities and Practice Development (DC)	A comprehensive review of the CWD service to be undertaken over a 12 month period to consider to the potential for an integrated service model in the context of the Care Act 2014 and the Children's and Families Act; the innovation programme, personalization, adults wellbeing transformation programme and health organisations and the potential for a different integrated service model. .	Septembe r 2015	This review is now a project within CHIPP and a project manager will be appointed.	G	Directorate Leadership Team Children and Young People Partnership Health & Wellbeing Board Cabinet
9.			Head of Children with Disabilities and Practice Development (DC)	To support the CWD review, external expertise and/or consultation will be needed. The lead manager for the CWD review will investigate best practice to incorporate within the review.	December 2014	The Improvement Outcomes for Young People in Herefordshire external consultant report will inform the CWD project. Visits to other local authorities to look at best practice will be ongoing and conducted by the Heads of Services and Team Manager for CWD.	G	Safeguarding and Family Support Heads of Service

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
10.	18. (96, 122, 130, 131,132 , 133)	Ensure that the electronic case and performance management system in children's social care provides accurate performance information.	Frameworki Transformatio n Manager (MG) in conjunction with Service Manager – ICT Strategy and Commissionin g (DL)	Frameworki Transformation Manager is implementing the project plan, with full system revision to be completed by end 2014/15. Development of FWI and integrated data sharing across health, social care and public health. .Development and upgrades of FWI will take place .	June 2015	The transformation of frameworki is progressing on schedule. The project has been re-based line to finish in June 2015 due to the focus on reporting performance priorities. Where there is a spike or dip in performance indicators, then consideration to the reasons why is given. There are ongoing discussions with operational managers as to the quality of data being entered into Frameworki Comparator data via the West Midlands Consortium is used to establish whether Herefordshire is within range of its comparators.	G	QA Framework and performance management reports will focus on impact of changes to practice Service Manager – ICT Strategy and Commissioning The quality of analysis and commentary within the monthly performance report gives confidence to HSCB, monthly performance challenge meetings and Department for Education as to the integrity of data.
11.			Frameworki Transformatio n Manager in conjunction with Service Manager –	As the project is reaching closure a benefits review will be undertaken to establish the skills and capabilities required to maintain and develop the system	April 2015	Due to the rebasing of the project, this will now be completed by by April 2015.	A	CHIPP Joint Senior Management Team Service Manager – ICT Strategy and Commissioning

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
			ICT Strategy and Commissioning					
12.			Head of Children with Disabilities and Practice Development (DC)/HSCB Business Manager	Children's social care QA and performance framework is being integrated within the HSCB's framework following the journey of the child through the partnership and its systems and services	December 2014	Completed	G	HSCB Steering Group HSCB QA sub group
13.	19. (134)	Ensure that audit and performance management is robustly and routinely undertaken by managers across children's services and is effectively used to develop services and to improve the quality of practice.	Head of Children with Disabilities and Practice Development (DC)	Children's social care QA Framework has been approved and is being implemented. Any irregularities in the performance reports will be routinely audited by the QA and Compliance Team and relevant corrective action will be taken. Quarterly reports will be presented to Heads of Service and DLT. An action plan with respect to deficit issues identified will be incorporated into the report. Learning from audit to inform training and development needs of service through integration of QA and Compliance Team with Social Work Academy	September 2014 September 2014	Owing to sickness and the appointment of some new team managers there has been some slippage in audit completion by team managers. Heads of Services will be discussing the situation with the relevant team managers. QA and Compliance managers are providing the support to the Heads of Service and Team Managers. Due to capacity issues within the division, it has been agreed by Safeguarding and Family Support Heads of Service that the requirement to complete audits have been reduced by 50% for a three month period. Overview Audit Issues Log has been introduced so that themes can be	A	Quarterly reports to Improvement Board HSCB QA Sub Group HSCB Steering Group Safeguarding & Family Support Heads of Service Quarterly Performance Cabinet Reports

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
						captured from monthly case audit activity. The log is updated on a monthly basis and reviewed.		
14.	20. (58, 128)	Ensure that consistent and high quality formal supervision of social care staff is provided and that all staff have regular supervision that provides reflection and challenge.	Head of Children with Disabilities and Practice Development	All managers to be trained in reflective supervision and in line with the expectations of the supervision policy.	September 2014 January 2015	Supervision training will be undertaken by Advanced Practitioners for all new managers. An audit of supervision will then be conducted in July / August 2015 to ensure that embedment.	**A**	QA Framework
15.			Head of Children with Disabilities and Practice Development (DC)	Supervision survey commissioned with Bristol University taking place in June 2014 and will be in September to Childcare Management and joint senior management team	September 2014	Completed.	**G**	Childcare Managers Joint Senior Management Team
16.			Head of Children with Disabilities and Practice Development (DC)	Supervision Audit as part of annual cycle of audits is due to take place in July/August 2014, reporting in Sept 2014. As part of the outcome, there will be recommendations as to required actions and further audit activity with respect to supervision.	December 2014	Completed	**G**	HSCB QA Group HSCB Steering Group Safeguarding and Family Support Heads of Service Directorate Leadership Team
17.	21. (134)	Ensure that regular case file audits and re-audits within social work teams are undertaken and are used to identify areas of strength and development and to measure the effectiveness of	Head of Children with Disabilities and Practice Development	QA Framework has been approved and is being implemented. for Safeguarding and Family Support which will be refreshed on an annual basis.	July 2014	The QA Framework will be refreshed in April for approval by Safeguarding and Family Support and	**A**	Quarterly reports to Improvement Board HSCB QA Sub Group

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
		actions taken to improve performance.	(DC)	Learning from audit to inform training and development needs of service through integration of QA and Compliance Team with Social Work Academy is underway.		DLT, HSCB QA Sub Group.		HSCB Steering Group Safeguarding & Family Support Heads of Service
18.			Head of Safeguarding and Review (JR)	QA and Compliance service capacity increased.	September 2014	Completed	G	
19.			Head of Children with Disabilities and Practice Development (DC)	The creation of a new lead manager will oversee QA and the Social Work Academy integration, including its training and development function. This post holder will have lead responsibility for ensuring the review and revision of the quality assurance framework and will track progress against the QA action plan in accordance with the agreed governance arrangements.	September 2014	Completed	G	HSCB QA Group HSCB Steering Group Safeguarding and Family Support Heads of Service Directorate Leadership Team
20.	22. (48, 50, 52, 54)	Ensure that thresholds for access to children's services are understood and consistently applied by local authority staff and partner agencies, so that children and families get the right help at the right time.	Head of Safeguarding and Review (JR)	Embedding levels of needs awareness in induction of new staff across the partnership.				
21.			Head of Children with Disabilities and Practice Development	Audit activity includes evidence of levels of need guidance being applied in decision making to refer to MASH				The QA quarterly report to Safeguarding and Family Support Heads of Services and HSCB.

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
			(DC)					
22.				Review and revision of Levels of Need / thresholds guidance .	Septembe r 2014	Completed	G	HSCB P&P Group HSCB Steering Group Children & Young People's Partnership Health and Wellbeing Board
23.			Head of Safeguarding and Review (JR)	Launch and implementation of new guidance.	October 2014 – March 2015	Multi-agency workshops are being held throughout October to March 2015 to launch the new guidance.	G	HSCB Strategic Board Children & Young People's Partnership HSCB MASH Governance Group
24.			Head of Children with Disabilities and Practice Development (DC)	Regular thematic audits will be undertaken to establish the embedding and effectiveness of the guidance.	January 2015	Regular thematic audits planned in line with the QA Framework.	G	HSCB QA Sub Group HSCB Steering Group
25.	23. (55, 56)	Ensure that the independent reviewing officers effectively structure and manage child protection conferences and develop specific and measurable child protection plans.	Head of Safeguarding and Review (JR)	Introduction of an ongoing parental feedback mechanism. The feedback will be analysed and used to inform service delivery. This will also enable an ongoing check back as to the success of the plans to improve CP Plans detailed below.	October 2014	Completed. Data collection from parental feedback will continue and the findings from that data will be analysed quarterly and the findings reported to childcare managers and HSCB. Any findings will then feed into any learning. The next quarterly report will be delivered to HSCB	G	HSCB Steering Group Safeguarding and Family Support Heads of Service and Childcare Managers.

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
						and Safeguarding and Family Support Heads in April 2015.		
26.			Head of Safeguarding and Review (JR)	Introduction of time limited agency feedback mechanism. This will provide critical feedback on the quality and effectiveness of CP Conferences to secure a strong evidence base to establish the scale of any issues identified and pinpoint the developmental needs.	October 2014	Completed. Time limited agency feedback will be conducted for one month on an annual basis (November). The analysis of the findings will then be reported into childcare managers and the HSCB.	G	HSCB Steering Group Safeguarding and Family Support Heads of Service and Childcare Managers.
27.			Head of Safeguarding and Review (JR)	Improve the quality of the formulation of the Outline CP Plan by benchmarking what a good "Outline" CP Plan from other local authorities	January 2015	Completed. A sample review of the new outline CP plan will take place in January to ensure that they are being embedded. A report on the review will be available by the end of February for consideration at the May HSCB Steering Group. Work will continue to ensure that the quality SMART CP plan continue to improve. This is being monitored through regular dip sampling with ongoing development sessions with the CP chairs to improve practice.	G	HSCB Steering Group Safeguarding and Family Support Heads of Services

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
28.			Frameworki Transformation Manager (MG)	Improve Frameworki to better support the formulation of a quality Outline CP Plan at Conference	December 2014	Completed	G	Performance framework
29.			Head of Safeguarding and Review (JR)	Direct observations of conference by service manager and key partner agencies (Named Nurse)	December 2014	Direct observation by service manager and named nurse has commenced and it is planned that 10 conference will be observed and a report provided for HSCB QA Sub Group. The remaining observations will take place during January and a report will be prepared for the HSCB QA Sub group for March 2015.	A	HSCB QA Sub Group
30.			Head of Safeguarding and Review (JR)	The HSCB diagnostic has been commissioned through the LGA to support the evaluation of the successful implementation of the above.	December 2014	The LGA have conducted their review and the Health and Social Care Overview and Scrutiny Committee will be receiving a report on 4 February 2015. Extraordinary Meeting of HSCB took place on 2nd December 2014 to review the findings, which inform the proposal as to the development of the HSCB structure at it's January	G	HSCB Steering Group QA Framework Health and Social Care Scrutiny Committee

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
						meeting		
31.	23. (67?, 80)	Ensure that there is effective leadership, practice, quality assurance and capacity within the Independent Reviewing Officer service.	Head of Safeguarding and Review (JR)	Review of Safeguarding and Review service (incorporating conference chairs and IROs) underway and action plan as above to be developed.	January 2015	.The review and scoping exercise has been completed and a project plan will be drawn up to support implementation as part of the CHIPP programme.	**A**	Safeguarding and Family Support Heads of Service HSCB Steering Group Directorate Leadership Team CHIPP Programme Board
32.			Head of Safeguarding and Review (JR)	The business plan for the service will be reviewed to ensure that all the issues are contained within the business plan.	November 2014	Completed	**G**	Safeguarding and Family Support Heads of Service
33.			Head of Safeguarding and Review (JR)	Immediate recruitment to current vacancy underway.	August 2014	Completed	**G**	
34.			Head of Safeguarding and Review (JR)	Secondment of SM into the service with specialist expertise in LAC from August.	August 2014	Completed	**G**	
35.			Head of Safeguarding and Review (JR)	Self-assessment against IRO Handbook and Care Planning Regulations to be undertaken to establish where the gaps are and to prioritise the actions needed in order to ensure the service improvement.	April 2015	SEF identified key areas for priority built into action plan and scoping document for service development.	**G**	Childcare Managers CHIPP Project Board
36.			Head of Safeguarding and Review	Improve business process so that minutes are distributed in accordance with agreed timescales	Septembe r 2014	Completed. Full implementation as from September 2014. Tracking mechanism now	**G**	Monthly Safeguarding and Review meeting takes place between the Head of Service, Service Manager and Business Support to review

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
			(JR)			established to monitor compliance.		business processes, tracking of performance and agree remedial action when required. If an impasse is reached between Safeguarding and Review and Business Support, the issue will be escalated to the Assistant Director for Safeguarding and Review for resolution There will be evidence of CP cases not drifting and minutes distributed within agreed timescales and that CP conferences take place within statutory timescales.
37.	24. (66)	Ensure that all children with a disability known to children's services are rigorously assessed to ensure that their needs are met and that the local authority is fulfilling its statutory functions.	Head of Children with Disabilities and Practice Development (DC)	An audit of all high cost placements is being undertaken to establish the quality of assessments and that needs have been correctly identified. The outcome of the audit will inform priorisation as to practice issues and any relevant training and development.	August 2014 September 2015	The findings from the audit will form part of the CWD project within CHIPP.	**G**	Complex Needs Panel Joint Group Commissioning Directorate Leadership Team
38.			Head of Children with Disabilities and Practice Development (DC)	A comprehensive review of the CWD service to be undertaken in the context of the Care Act and the Children's and Families Act; Adults Wellbeing Transformation Wellbeing; health organisations; the innovation programme, personalization and the potential for a different integrated service model. .	September 2015	This is now a project with the CHIPP programme and a project manager will be appointed	**G**	Directorate Leadership Children and Young People Partnership Health & Wellbeing Board Cabinet

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
39.	25. (62, 64, 65)	Ensure that information about children who go missing is effectively shared and robustly analysed between partner agencies.	Head of Safeguarding and Review (JR)	Develop HSCB mechanism for the ongoing strategic oversight of coordinated multi-agency responses for children who go missing. The CSAR sub group will ensure the analysis of missing children data and identify specific themes, groups and trends which may identify risk areas within the county and regionally and develop an appropriate response.	September 2014	Multi-agency operational group is established to share information, identify themes and trends to respond consistently – completed but further work on embedding processes and the data set continues within this group	G	HSCB Business Plan 2014/15 HSCB Strategic Board HSCB Sexual Exploitation and Trafficking Strategic Group
40.			Frameworki Transformation Manager (MG)	Develop a reporting mechanism within frameworki to ensure best identification and best practice in respect of missing children and enable performance reporting including return interview outcomes.	October 2014	Completed. A detailed and summary report is produced. And is considered by the MASH Governance and Head of Fieldwork and HSCB CSAR Operation Group.	G	Performance framework
41.	26. (68)	Ensure that the partner agencies and the community are aware of the need to notify children's social care services of private fostering arrangements.	Head of LAC (JK)	Training of frontline staff around private fostering. Refresh of private fostering awareness raising strategy. This to include local press, schools (exchange students) and children's centres early years settings and the public at large.	July 2015	Practice standards drafted by Head of Children with Disabilities and Practice Development (DC) which need to be signed off. Work package included in CHIPP to focus on family and friends placement, to include private fostering. Training to frontline staff will be part of this project moving forward	A	HSCB Steering Group Scrutiny

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
42.			Head of LAC (JK)	Refresh of current posters and information leaflets and consider wider strategy as to information sharing and awareness sharing.	December 2014	completed	G	Childcare Managers
43.			Head of LAC (JK)	Analysis of data from comparator and good performing authorities as to what number of private fostering arrangements would be expected in Herefordshire and learn from approaches they take.	April 2015	Private fostering has been transferred to the kinship and SGO hub so that there is greater outsight. Comparative data will be one of their primary tasks. Alison Forshaw is due to meet with MASH to review the number of referrals being received as to establish capacity within the SGO and Kinship Hub to ensure 6 weekly visits can be completed. Work package included in CHIPP to focus on family and friends placement, to include private fostering. Training to frontline staff will be part of this project moving forward	G	Corporate Parenting Panel
44.			Head of LAC (JK)	Clarification of what a private fostering arrangement is as part of the practice standards for kinship and private arrangements.	December 2014	Practice standards have been drafted. We are working with our partners in Worcester to try and bring consistency around kinship arrangement heard in court. This has also included joint training around kinship placements.	A	Internal Policy and Procedures Group

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
						Work package included in CHIPP to focus on family and friends placement, to include private fostering. Training to frontline staff will be part of this project moving forward		
45.			Head of LAC (JK)	To provide sufficient leadership and capacity to achieve above actions, responsibility for private fostering to move into the Kinship and SGO hub	April 2015	Monitoring of Private fostering has been added to the roles and responsibilities of SGO and Kinship Team Manager, who will report to Childcare Managers six monthly. . . Alison Forshaw is due to meet with MASH to review the number of referrals being received as to establish capacity within the SGO and Kinship Hub to ensure 6 weekly visits can be completed. Team is now at full establishment which will support this work being taken forward.	**G**	Childcare Managers monthly
46.			Head of LAC (JK)	Update private fostering workflow on frameworki as currently not fit for purpose to enable effective monitoring and performance reporting of such arrangements.	December 2014	This will be delivered within the frameworki performance project plan. .	**A**	Performance framework
47.	27. (70)	Ensure that the Emergency Duty Team effectively supports young people held in police custody out of hours and that appropriate alternative accommodation is	Head of Fieldwork (KP)	Review of EDT operational protocols	October 2014	Lead Commissioner, HoS LAC and HoS Fieldwork have reviewed operational protocol. Updated draft has been shared with	**A**	Joint Senior Managers HSCB Steering Group

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
		available to prevent young people being held in police custody overnight.				Worcestershire and in consultation stage. Review Meeting scheduled bi-monthly. Next Meeting to take place in March 2015 and the final document/protocol will be presented to HOS and Policy and Procedures Sub Group for sign off. A new EDT incident and event referral record has been devised and implemented.		
48.			Head of Fieldwork (KP)	Review with YOS and police colleagues as to expectations and practice	November 2014	YOS Commissioning, Performance and Quality Assurance Manager is currently investigating issues around overnight detention of young people work with the West Mercia EDTs.	A	HSCB Steering Group YOS Management Board
49.			Head of Fieldwork (KP)	Identify providers of appropriate accommodation	November 2014	Exploring Worcestershire's existing "Safe Base" contract as a potential model to follow, or as an option the EDT should already have access to.	A	Joint Senior Managers
50.			Head of LAC (JK) and Head of Fieldwork (KP)	Reporting arrangements to be discussed and agreed with police	October 2014	Cases where young people are held in custody overnight are now flagged by the EDT duty manager and the duty HOS is contacted were agreement/ challenge is brought around the terms	G	Childcare Managers

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
						for the young person being held and whether or not they should return to placement.		
51.			Head of Looked Children	Develop clear strategy with police to trouble shoot such issues locally including definition of 'secure'.	October 2014	Remand Protocol has been shared at HOS level and will need to be progressed through governance. Peter Merry has complied a very good report following the police inspection which will look at recognizing offenders under 18 as children and improving the current custody suit arrangements in Hereford. There is also greater clarity around the term 'secure' and how this is used. Ongoing Meeting held Jan 2015 – work required in partnership with the police.	**A**	HSCB Steering Group
52.			Frameworki Transformation Manager	Develop performance report to monitor and evaluate progress in reducing frequency of use of custody inappropriately.	December 2014	The EDT episode is now live in Frameworki and will capture a range of data previously not reportable, including the reason why a young person is at the police station. Worcestershire's EDT staff still need to be trained on the new episode. It is anticipated that this will take place by the end of March.	**A**	HSCB Steering Group YOS Management Board

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53.	28. (73)	Fully utilise Family Group Conferences to inform care planning, particularly where care proceedings are being considered.	Head of Fieldwork (KP)	Review and resource FGC service to ensure robust response to requirements of Public Law Outline, and case law implications.	December 2014	All cases that are presented to Legal Gateway (new name for the meeting) now have an action to convene a FGC.	G	Childcare Managers
54.			Frameworki Transformation Manager (MG)	Performance reporting on FGC activity and outcomes developed.	December 2014	Work on this module will commence when the service determine what their reporting requirements will be.	A	CHIPP Project Board
55.	29. (51 , 147)	Ensure that diversity issues and the ethnic and cultural identity of children and their families are thoroughly assessed and addressed.	Head of Additional Needs (LK)	Council and partnership wide strategy to be developed which will include actions and monitoring and evaluation mechanisms.	January 2015	A meeting has taken place with the Head of Additional Needs. An audit has been requested which looks at good and bad practice in connection with diversity Head of CWD and Practice Development will liaise with the children and young people's consultant to ensure that this matter is contained within the new children and young people's plan	G	Cabinet Children and Young People's Partnership Health & Wellbeing Board
56.			Head of Children with Disabilities and Practice Development (DC)	Engage with Equalities Manager to ensure that children's diversity issues are fully embedded within the council's diversity strategy.	November 2014	Completed as this will be encompassed with the children and young people's plan.	G	Management Board
57.			Head of Children with Disabilities	Develop enhanced reporting and QA of assessments to evaluate quality of awareness of diversity	June 2015	An audit will take place to identify good and bad practice. This will then	G	QA Framework

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
			and Practice Development	issues to inform training needs.		inform training needs for safeguarding and family support.		
58.			Head of Children with Disabilities and Practice Development	Identification of good practice examples where diversity issues have been thoroughly considered.	June 2015	The audit of cases will provide examples of good practice.	G	QA Framework
59.	30.	Implement and monitor a robust system for making timely decisions to ensure there are no delays in accommodating children when they need to be looked after.	Head of LAC (JK) and Head of Fieldwork (KP)	Review of processes for decision making including resource panel, legal planning and CNS.	November 2014	Legal gateway terms have been reviewed and implemented. CNS has been reviewed and signed off Nov 2014. TOR for resource panel/ placement panel has now been updated and circulated to staff and agreement to accommodate a child is now being raised at assistant director level and signed off when appropriate. The placement agreement process has been communicated out to all staff	G	Childcare Managers Directorate Leadership Team
60.			Head of LAC (JK)	As part of review, reporting arrangements to be developed to evidence timeliness of decisions and escalation process if delay is identified.	November 2014	Work on the looked after children workflow is not yet in FWi. The permanence process for LAC is being developed CHIPP. Additional work is also being completed with the IRO service around their	A	Childcare Managers

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
						role in escalating cases.		
61.			Head of LAC (JK)	Continued joint working between Edge of Care and resource panel. Direct work service development to ensure dedicated edge of care response to ensure all actions have been taken to support the child remaining within the family.	December 2014	A representative from family support has now been identified and will present a report at resource panel in order to monitor young people on the edge of care.	G	Childcare Managers CHIPP Project Board
62.	31. (78)	Ensure that plans for permanency are made and clearly recorded at children's second looked after review in line with national guidance.	Head of LAC (JK)	Development and roll out of permanency policy and its implementation.	November 2014	Permanence policy is in draft but has to be agreed by a multi-agency group before being signed off. This will be looked at as part of CHIPP.	A	Policy approval: Cabinet/Cabinet Member
63.			Frameworki Transformation Manager	Performance measurement reports to be developed to evidence compliance	1 April 2015	The LAC module is now being built and it is anticipated that the module will go live on 1 April 2015	A	Performance to be reported within the broader performance framework
64.			Head of Safeguarding and Review (JR)	Secondment of SM into the service with specialist expertise in LAC will lead on self-assessment against Care Planning regulations and LAC Review Process improvement agenda.	August 2014	Completed	G	
65.			Head of Safeguarding and Review (JR)	Revised LACR Records drafted and due to be trialed – these give greater focus to permanence planning and better evidence QA by IROs	September 2014	Documents completed and are being trialed. Work on the LAC module will be completed by the end of January 2015	G	QA Framework
66.	32.	Develop specific assessment methods to inform decisions about whether siblings should be	Head of LAC (JK)	Refresh guidance documentation and share best practice examples	September 2014	Sibling assessments are being completed by the advanced practitioner	G	QA Framework

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
	(81)	permanently placed together or apart. Record assessments and decisions in detail to reflect the significance of the decision being made.		across the service.		service. Clear matching document already being used to match children to appropriate placements.		
67.			Head of Children with Disabilities and Practice Development (DC)	Ensure QA processes incorporate analysis of impact of use of this guidance in improving outcomes	August 2015	The audit will be included within the LAC audit which will take place during 2015/16.	**A**	Safeguarding and Family Support Heads of Service
68.	33. (79)	Ensure that regular analysis and reporting from the advocacy service provides an accurate account of emerging themes.	Head of Children's Commissioning (PG)	Review of the contract to ensure analysis of information gathered informs future commissioning, good practice and most effective means of service delivery Agree outcomes for the service that demonstrate the difference advocacy has made to the experience of the child	November 2014	Contract is formally monitored on a quarterly basis with the provider. Continuous discussions about operational aspects, and themes emerging to improve services. Outcome measures have now been developed which will evidence difference the service has made – reporting on these is still in its infancy and the fact it is only on a quarterly basis	**A**	Joint Senior Management Team Corporate Parenting Panel
69.			Head of Children's Commissioning (PG)	Specific developments of advocacy arrangements for younger children and CWD as part of contract refresh.	November 2014	The contract has been reviewed and provision for younger children and CWD is within the existing contract; this has been addressed with the provider and internal staff made aware	**G**	Joint Senior Management Team Corporate Parenting Panel
70.			Head of Children's	Analysis of resource required to achieve expectations of voice of	November	Awarded contract to Participation People with	**G**	Joint Senior Management Team

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
			Commissioning	child strategy	2014	start date of April 2015		Corporate Parenting Panel
71.	34.	Ensure that the virtual school develops and implements a strategy to narrow the gap in attainment between looked after children and all other children in Herefordshire.	Virtual Head Teacher (SL)	Increase our understanding of the educational needs of the current LAC cohort to identify barriers to learning and to include the strengths and weaknesses in core curriculum subjects.	September 2014	Analysis session with Education Liaison for LAC service planned for 12th September Session held and analysis sheet being completed by team members Analysis and development session planned for 27 November with Senior LAC Education Officer Interventions being developed to support development of emotional health of primary aged looked after children. Trial delivery now underway	G	Joint Senior Management Team Corporate Parenting Panel
72.			Virtual Head Teacher (SL)	Develop a core data package for Education Liaison for Looked After Children Service to ensure that all information required to understand the barriers to learning of the individual child coming in to the care system is gathered and used to develop appropriate packages of support.	December 2014	Data Gathering sheet now operationalfor work required to analysis data.	G	Joint Senior Management Team Corporate Parenting Panel
73.			Virtual Head Teacher (SL)	Identification of critical friend to act as challenge to ensure robust strategy.	September 2014	Completed	G	Joint Senior Management Team Corporate Parenting Panel
74.			Virtual Head	Conduct review of ELL Service working practices and workloads,	October	Discussion underway with senior management to	A	Joint Senior Management Team

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
			Teacher (SL)	including exploration of extending remit of Virtual School from 0 – 25.	2014	restructure service.		Corporate Parenting Panel
75.			Virtual Head Teacher (SL)	Develop ICT monitoring to allow closer tracking of progress and attendance.	September 2014	Looked After Call engaged to provide data for those placed out of county. Set up meeting arranged for week commencing 14th September Looked After Call now collecting Out County Data held with eGov Digital to look electronic PEPs as a way of gathering data.. Looked After Call now collecting in county data. This now includes collection of attainment information. ePEP recommendation in review paper.	G	Joint Senior Management Team Corporate Parenting Panel
76.			Virtual Head Teacher (SL)	Develop intervention strategies at county, school, group and individual level	November 2014	To follow from session on 12th September. Team promoting strategies and making use of Education Endowment Fund website information. Emotional health intervention in development.	G	Joint Senior Management Team Corporate Parenting Panel
77.			Virtual Head Teacher (SL)	Use of EP time, commissioned with Pupil Premium money to help with understanding and planning for	December 2014	No applicants and a further advert placed.	G	Joint Senior Management Team

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
				those LAC with particularly challenging needs		Two assessments completed by current team members. EP recruited, start date agreed as 20/04/015		Corporate Parenting Panel
78.			Virtual Head Teacher (SL)	Develop intervention strategies at county, school, group and individual level	September 2014	Initial trawl of strategies recommended by team planned for session on 12th September. Session held, follow up to be held with Designated Teachers during November network meeting (planned for 12 November) Designated teachers conference planned for 27 March, will look at closing the gap.	**G**	Joint Senior Management Team Corporate Parenting Panel
79.			Virtual Head Teacher (SL)	Develop data on comparative effectiveness of interventions by demonstrating progress to support decision making in choice of appropriate interventions for LAC.	January 2015	Developing using Education Endowment Fund website. Discussed at designated teacher meeting in December, will be part of the conference in March.	**G**	Joint Senior Management Team Corporate Parenting Panel
80.			Virtual Head Teacher (SL)	Demonstrate good progress for all and accelerated progress for the majority	September 2015	Year end data required	**A**	Joint Senior Management Team Corporate Parenting Panel
81.			Virtual Head Teacher (SL)	Assess immediate impact of Letterbox Club on initial cohort	December 2014	Project to be offered to Trainee Educational Psychologist when she starts.	**G**	Joint Senior Management Team Corporate Parenting Panel

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
						Trainee EP is developing evaluation methodology. . Evaluation complete.		
82.	35. (87, 88, 89)	Ensure that all looked after children and young people make consistently good or better progress at every stage of their education and close the attainment gap between looked after children and all children in Herefordshire.	Virtual Head Teacher (SL)	Analyse current LAC cohort to identify barriers to learning and to include the strengths and weaknesses in core curriculum subjects.		Analysis session with Education Liaison for LAC service planned for 12th September. As above	**G**	Joint Senior Management Team Corporate Parenting Panel
83.			Virtual Headteacher	Annual report to Corporate Parenting Panel on LAC attainment	November 2014	Report prepared.	**G**	November Corporate Parenting Panel
84.			Virtual Head Teacher	Develop termly report for Looked after Children Placement Operation Group (LACPOG) to show progress again key strategic targets and identifying key cases causing concern	December 2014	Report prepared and updated on a monthly basis.	**G**	Joint Senior Management Team Corporate Parenting Panel
85.	36.	Ensure effective joint working with the police and youth offending services to routinely record and analyse information about looked after children engaged in offending behaviour.	Head of LAC (JK)	Audit of cohort of young people with history of offending and reoffending.	October 2014	This task has been started but is still ongoing. Outstanding task linked to work being completed within CYPP.	**A**	YOS Board Corporate Parenting Panel
86.			Frameworki Transformation Manager (PG)	Review of recording and analysis arrangements to ensure robust and regular reporting and response to issues is in place	December 2014	Performance and Frameworki Transformation Manager to liaise with the police and YOS to ensure there are robust reporting arrangements in place.	**A**	Performance framework arrangements

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
						This will be linked to the review of the LAC module within Frameworki which commenced in August. This will now be live as from January 2015. Education, YOS and Frameworki Manager will meet by the end of February to agree the information sharing arrangements.		
87.			Head of LAC (JK)	Scoping of Prevent and deter work with LAC young people 11+	October 2014	This is being looked at as part of integrated youth approach. Joint meetings have taken place between YOS, 16+ and youth contracts.	**A**	YOS Board Corporate Parenting Panel
88.			Head of LAC (JK)	Development of Northumberland Risk Model.	October 2014	Policy and terms of reference now agreed. Need to agree panel composition and frequency of meetings. Consideration being given to the strategic CSE group hearing these cases given the need for senior officer outsight and agreement to actions. Draft plan has been compiled by Angela Robinson and shared with HSCB.	**A**	YOS Board Corporate Parenting Panel
89.			Head of LAC	Development of Integrated youth approach with YOS/ 16+/ Youth	October	Outstanding task. Angela Robinson has drafted a	**A**	CHIPP Project Board

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
			(JK)	Contract/Police/ Health.	2014	proposal but this is subject to further discussion with partners and is linked to work being undertaken within CHIPP. This is also subject to changes within YOS.		Children & Young People's Partnership Health & Wellbeing Board Cabinet
90.	37. (93)	Develop and implement working arrangements with local Child and Adolescent Mental Health Service providers to enable better access to treatment for looked after children.	Assistant Director: Education & Commissioning (CB)	Refresh of CAMHS Strategy which will then feed into wider recommissioning of mental health services. Strategy will contain actions for 12 months to improve emotional health and wellbeing	December 2014	Emotional health and wellbeing strategy agreed at Children and Young People's Partnership Oct 2014, implementation to be overseen through steering group. Highlighted at health and wellbeing board Nov 2014. Review meeting taking place w/c 19 Jan 2015	**A**	Cabinet Children and Young People's Partnership provide monitoring Health & Wellbeing Board
91.			Assistant Director: Education & Commissioning (CB)	Ensure CAMHS Strategy includes early years component	December 2014	Completed	**G**	Cabinet Children and Young People's Partnership provide monitoring Health & Wellbeing Board
92.			Head of LAC (JK)	Ensure relationship between CAMHS Strategy and services and the HIPPS and TISS developments are clearly defined.	December 2014	Meeting has taken place with CAMHS local office (Mark Hemming) and agreed that we need a relaunch of the service in the form of a partners event and clarity around criteria for referring cases. Performance data	**G**	Children and Young People's Partnership provide monitoring Health & Wellbeing Board Joint Commissioning Group

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
						requested from CAMHS. CAMHS are members of the HIPSS steering group to ensure that children and young people are sign posted to the right service.		
93.	38. (94)	Ensure that the children in care council is effective, is representative of the range of looked after children and has membership of the council's corporate parenting group.	Head of LAC (JK)	Head of LAC (JK), chair of corporate parenting, chair of CiC council and care leavers champion to develop approach to inform corporate parenting strategy.	September 2014	Completed. Review to assess impact will take place in August/September 2015	G	Corporate Parenting Panel
94.			Head of LAC (JK)	As from September 2014, young people will have membership of corporate parenting panels	September 2014	Completed	G	Corporate Parenting Panel
95.			Head of LAC (JK)	Head of LAC (JK) to be sent minute from CiC for information and action when required.	September 2014	Completed	G	
96.			Head of LAC (JK)	Adopt and publish the Pledge for Looked after Children, as a demonstration of the commitment of the Corporate Parent to our Looked After Children.	September 2014	Completed.	G	Corporate Parenting Panel
97.			Head of LAC (JK)	Develop CiCC website to ensure it is representative of the voice of our LAC and is a useful resource for them	October 2014	Successful development day completed and draft web site now in place. Next development day is due to take place in April 2015.	A	Corporate Parenting Panel
98.	39. (125,	Ensure all local authority elected members understand and effectively undertake their role as	Head of LAC (JK)	Members' Seminar in October/November re Corporate	October 2014	Completed.	G	Corporate Parenting Panel

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
	136)	a corporate parent.		Parenting.				Joint Senior Management Team
99.			Strategic Business Intelligence Manager	Programme of Members' Seminars in place up until February 2015. New rolling programme to be developed after 2015 local elections.	February 2015	Ongoing. Have also agreed to send bi monthly updates on how are LAC cohort are getting on and any patterns or trends which members could support to address.	G	Corporate Parenting Panel Joint Senior Management Team
100.			Head of LAC (JK)	Survey of Members' understanding of their corporate parenting role to be undertaken and repeated following programme of seminars to evaluate impact.	March 2015	Follow up questionnaire to be sent prior to March 2015 following Corporate parenting seminar. Outstanding	G	Corporate Parenting Panel Joint Senior Management Team
101.			Cabinet Member: Children's Services (JM)	Work being undertaken by Cabinet Member Children's Wellbeing to make proposals to the Group Leaders re mandatory training for all Councillors at the start of each administration year to attend safeguarding and corporate parenting seminars. The proposal will recommend that failure to attend will result in members allowances not being paid.	August 2014 with effective from May 2015	Note to Group Leaders had been drafted and is to be agreed.	G	Cabinet
102.			Cabinet Support Member Children's Services (JM)	Cabinet Support Member is liaising with various local business leaders about apprenticeships and work experience for looked after children.	November 2014	Being addressed within context of wider apprenticeship and barriers to work project within CHIPP	G	Cabinet Corporate Parenting Panel CHIPP Project Board
103.	40. (103?)	Refresh and re-launch the recruitment strategy to increase the number of adopters for children with complex needs and for larger sibling groups.	Head of LAC (JK)	Recruitment to a marketing and recruitment post within the adoption and fostering service with particular investment in social media.	July 2014	Marketing and recruitment post in adoption now appointed. Fostering marketing and recruitment post advertised.	G	Childcare Managers

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
104.			Head of LAC (JK)	The recruitment strategies across the West Mercia have been developed and are due to be signed off in September.	October 2014	Completed.	G	Childcare Managers
105.	41. (110, 111)	Ensure that all pathway plans are up to date, are of good quality, are based on a robust analysis of need, with clear and agreed goals and are regularly reviewed.	Head of LAC (JK)	Development of Pathway plan with young people and partners	July 2014.	Pathway plan is now at point of sign off through Corius. Training delivered Nov 2014	G	QA Framework
106.			Head of Children with Disabilities and Practice Development (DC)	Audit activity with respect to the impact and quality of pathway plans will be undertaken as part of the QA framework and any learning will be incorporated.	March 2015	Completed	G	QA Framework
107.			Mentoring and Participation Officer (DB)	In conjunction with the above process a survey of young people will take place to understand their experience of the pathway planning process.	March 2015	On track	G	QA Framework
108.	42. (112)	Ensure that all care leavers receive a copy of their health records.	Head of LAC (JK)	Development of health passport for care leavers.	January 2015	Best practice example identified and being adapted for Herefordshire. Children and young people moving from foster care are continuing to use the full health passport, care leavers will be more condensed but will include advice and medication details for life limiting illnesses. This is not being used consistently at this stage due to pressures within	A	Childcare Care Managers QA Framework

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
						the 16+ service.		
109.	43. (82, 117, 137)	Ensure that all looked after children and care leavers understand their rights, responsibilities and entitlements and receive the guidance, support and resources to realise them.	Head of LAC (JK)	Refresh of Corporate parenting strategy to include the rights and children and young people, incorporating monitoring and evaluation arrangements to ensure all children are enabled to understand their rights.	January 2015	Corporate parenting strategy to be updated for January 2015. A monitoring mechanism will be incorporated with the review of the LAC review of frameworki module and will also link to the Voice of the Child Group. Rights of the child will also feature on the young people website.	G	Corporate Parenting Panel
110.	44. (135)	Ensure that learning from complaints and representations from children and young people, parents and carers and service users is systematically collated and analysed and is used to improve service delivery and development.	Head of Children with Disabilities and Practice Development (DC)	Children's social care complaints procedure and guidance has been revised and incorporated within the QA and Compliance Service to strengthen accountability, knowledge, understanding, learning and dissemination of learning	March 2015	Completed. Following a recent analysis of complaints, further guidance needs to be produced in relation to documentation that independent investigating officers have access to ensure that Data Protection legislation is not breached and what they have received.	G	Quarterly reports to Heads of Service Half yearly report to Joint SMT and members Statutory Annual Complaints Report will be produced for year end March 2015 and presented to Audit and Governance Committee, HSCB Steering Group
111.			Head of Children with Disabilities and Practice Development (DC)	New integrated QA and SW academy service will enable learning from complaints to be built into training and development plan.	March 2015	Completed	G	Childcare Managers

Key:

- HSCB is the Herefordshire Safeguarding Children's Board
- Ofsted Para Number refers to the Area of Improvement identified in the Ofsted Inspection Outcome of 30 June 2014

	Ofsted Para No	Business Plan Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Monitoring and Evaluation
1.	149	4.1	Ensure that governance arrangements between the LSCB and the Improvement Board are clarified.	Independent Chair of HSCB	Agree protocol which sets out the governance arrangements between HSCB and Improvement Board.	October 2014	Protocol signed agreed at the October Strategic Board and Improvement Board. Completed	G	Chairs of HSCB Strategic Board and Improvement Board
2.	150	2.2	Ensure that LSCB policies and procedures are up to date and incorporate issues specific to Herefordshire.	Chair of Policy and Procedures	West Mercia independent chairs to agree sub regional approach to policy and procedure development.	January 2015	Review of existing procedures has been undertaken and a programme for revision developed. Meeting with West Mercia peers was postponed and due to be re-arranged for the new year.	A	HSCB Steering Group
3.		2.2		Chair of Policy and Procedures	In consultation with Tri-x, three year timetable to be agreed on a regional basis for a systematic review and update of bespoke policy and procedures in consultation. This should be informed by current, and known about future, national and local priorities.	January 2015	Meeting with West Mercia peers was postponed and due to be re-arranged for the new year.	A	HSCB Steering Group
4.		2.2		Chair of Policy and Procedures	Priority to be given to child sexual exploitation and Children Missing procedures on the basis of Ofsted recommendations.	October 2014	Operational processes effective in MASH from 5 November 2014 and performance reporting into the CSAR operational and intelligence group has now commenced.	G	HSCB Steering Group
5.	151	1.4	Ensure that the LSCB receives accurate and relevant performance information from its partners to enable it to assure itself on the quality of	Chair of the QA Sub Group	Develop a multi-agency child's journey scorecard. This will clearly define what data will be received, the format and the frequency.	January 2015	The contents of a draft scorecard has been agreed and reporting against it is still in development. This will need to be reviewed against any recommendations from the LGA peer diagnostic on the	A	HSCB Steering Group

	Ofsted Para No	Business Plan Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Monitoring and Evaluation
			safeguarding work.				HSCB planning day in Feb / Mar 2015		
6.		1.4		Chair of QA Sub Group	Effectiveness of audit programme to be reviewed to ensure that it provide adequate assurance on accuracy of performance data.	February 2015	Review to be undertaken by QA sub group in January.	G	HSCB Steering Group
7.	152	4.1	Ensure that the work of the LSCB operational groups is manageable and prioritised.	Chair of Steering Group	Terms of reference for the steering group and sub groups to be reviewed to ensure appropriate governance compliance and priorisation.	October 2014	Completion to Timescale. Ratified at to July's meeting of HSCB Strategic Board and made available on within the Constitution, available for download on the About HSCB webpage.	G	HSCB Strategic Board
8.		4.1		Chair of HSCB Steering Group	Establish a quarterly sub group chairs meeting to ensure that activity and priorities across the sub group are in line with business plan prioritized and steering group directives.	September 2014	Completed. Quarterly meetings have been established and the first meeting took place on 8 September 2014.	G	HSCB Strategic Board
9.		4.1		Chair of HSCB Steering Group	Support the chairs of the steering group and sub group to set agendas to ensure compliance with terms of reference and Business Plan / Ofsted improvement priorities.	September 2014	Complete. All HSCB meetings are agendered with the support of the Business Unit with thought given to ensuring the Board's priorities are progressed.	G	HSCB Steering Group
10.	153	1.4	Ensure that learning from multi-agency case audits is actioned and the impact is reviewed through repeat audits.	Chair of QA Sub Group	QA Sub Group is reviewing its work programme and the HSCB quality assurance framework, including revised data set and scorecard, to ensure focussed audit and review audits to assess progress.	February 2015	Completed but will be reviewed subject to any recommendations from the LGA peer diagnostic.	G	HSCB Steering Group
11.		1.4		Chair of QA Sub Group	Learning generated through QA sub group to be reported to Steering Group who will identify the relevant vehicle for sharing the learning and action improvement activities to the appropriate sub group.	October 2014	Governance arrangements between all sub groups and Steering Group have been made more robust with significant time in all Steering Group meetings to monitor the work of the sub groups and progress towards HSCB's priorities. Steering Group is exercising its	G	HSCB Steering Group

	Ofsted Para No	Business Plan Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Monitoring and Evaluation
							governance role.		
12.	154	3.2	Ensure that robust strategies and intelligence in relation to specific vulnerable groups are developed and implemented, in particular missing children and those at risk of child sexual exploitation.	Chair of Children at Specific Additional Risk	Undertake a self assessment against the requirement of the National SET Action Plan .	October 2014	The self assessment has been completed and learning from it has informed the strategy and operational processes being implemented. Additional resources have been agreed with a CSE senior practitioner, family support worker and co-ordinator in post to be supplemented by additional police resources from January.	G	HSCB Steering Group
13.		3.2		Chair of Children at Specific Additional Risk	Develop a new Strategic Plan and Disruption Plan for Herefordshire	October 2014	Completed	G	HSCB Steering Group
14.		3.2		Chair of Children at Specific Additional Risk	Establish a CSAR Operational Group to drive forward the SET agenda in Herefordshire through the implementation of the Strategic Plan.	November 2014	Completed	G	HSCB Steering Group
15.		3.3		Head of Safeguarding and Review	HSCB is taking a leading role and ensuring effective contributions across the partnership in connection with the West Mercia Joint Protocol on Missing Children and Young People.	January 2015	Pan West-Mercia procedures remain in development and will be presented to the regional Boards in the new year.	A	HSCB Steering Group
16.		3.3		Chair of children at specific	HSCB's Missing Children Action Plan to be fully implemented to ensure a high quality joined up approach to	October 2014	Missing Children Action plan is currently being monitored and majority of items are	G	HSCB Steering

	Ofsted Para No	Business Plan Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Monitoring and Evaluation
				additional risk	incidences of children missing from care or home.		complete or on target for delivery.		Group
17.		3.3		Chair of children at specific additional risk	Develop HSCB mechanism for the ongoing strategic oversight of co-ordinated multi-agency responses for children who go missing.	September 2014	Completed	G	HSCB Steering Group
18.				Framework Transformation and Performance Manager	Develop a robust reporting mechanisms which identifies missing children and children who are at risk of CSE	November 2014	Pan West-Mercia procedures remain in development and will be presented to the regional Boards in the new year. Local reporting agreed and operational in advance of pan West Mercia agreement.	G	HSCB QA Sub Group
19.	155	4.5	Ensure that multi-agency safeguarding training is sufficient, taken up by partners and is robustly evaluated.	Chair of Training and Development	Immediate course evaluation processes, will have been developed and implemented to provide improved quality of information to HSCB to inform the development of its multi-agency safeguarding training offer.	October 2014	Evaluation work is progressing. Immediate evaluation questions will be finalised by the end of October and will be built into all training courses in delivered in November. Current work is sufficient to ensure delivery to timescale.	G	HSCB Steering Group
20.		4.5		Chair of Training and Development	Impact evaluations for HSCB Training, will have been developed and implemented to provide improved quality of information to HSCB understand the impact of training on practice and to inform the development of its multi-agency safeguarding training offer.	February 2015	Processes in development within the wider evaluation process development. Current work is sufficient to ensure delivery to timescale.	G	HSCB Steering Group
21.		4.5		Chair of Training and Develop	Undertake a review of multi-agency agency training needs to assess the sufficiency of HSCB's multi-agency training offer.	April 2015	Not yet in timescale. Progress against this is dependent upon additional resource within the business unit for which funding has now been	G	HSCB Steering Group

	Ofsted Para No	Business Plan Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Monitoring and Evaluation
				ment			agreed. Interim appointments are now being made.		
22.		4.5		Chair of Training and Development	The board will commit to a periodic systematic evaluation of all courses led by the Workforce Development Advisor (or equivalent post) with the process engaging workforce representatives.	March 2015	In progress, although with the Business Unit review awaiting implementation from April 2015 it has not been possible to recruit to the post and therefore this work has been undertaken by HSCB's part time Multi-Agency Training Officer and is therefore not running to schedule. Systematic evaluation of the HSCB Neglect training in place and initial findings will be able to be reported in April 2015	G	HSCB Steering Group
23.		4.5		Chair of Training and Development	A standard process for engaging the workforce in the development of HSCB training will have been implemented and used to inform the development of training for the education workforce and then applied to other courses later in the year.	March 2015	Not yet in timescale.	G	HSCB Steering Group
24.	156	4.3	Ensure that the LSCB business unit is effectively able to support the work of the LSCB.	Head of Safeguarding and Review/Head of Adults Safeguarding	Undertake a review of the Business Unit, the expectations upon it, and the resource available to it to ensure it is able to support an increasingly effective Board	August 2014	Completed	G	HSCB Strategic Board
25.		4.3		Independent Chair of the HSCB & Chair of	Agree the response to the report ensuring an implementation plan is in place.	October 2014	Completed.	G	HSCB Strategic Board

	Ofsted Para No	Business Plan Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Monitoring and Evaluation
				HSAB					
26.		4.3		Head of Safeguarding and Review	Implement the agreed outcome of the review, ensuring that a developed Business Unit is in place.	February 2015	Funding being agreed by key partners, advertising for posts will begin in Jan 2015 with appointments to most roles anticipated by April 2015. Interim arrangements will be put in place as from 1 January 2015 to ensure additional capacity in the business unit to address action plan priorities.	G	HSCB Strategy Board

Herefordshire Council

Health & Wellbeing Board Briefing Note

Joint Commissioning Arrangements for Primary Care
Herefordshire CCG and NHS England (West Midlands)

12 March 2015

Background

Simon Stevens, the Chief Executive of NHS England announced on 1 May 2014 that NHS England was inviting Clinical Commissioning Groups to expand their role in primary care commissioning and submit expressions of interest setting out the CCGs preference for how it would like to exercise expanded primary medical care commissioning functions. Options were to remain the same, to opt for joint commissioning arrangements and to opt for delegated responsibility – moving the primary medical budgets fully to the designated CCG.

The NHS Herefordshire CCG Governing Body opted to apply for the joint commissioning function and we received confirmation in February 2015 that the application had been successful. These joint arrangements will commence from 1 April 2015.

This will mean that the CCG will take joint responsibility with NHS England (West Midlands) for:-

- GMS (General Medical Services), PMS (Personal Medical Services) and APMS (Alternative provider medical service) contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);

- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");

- Decision making on whether to establish new GP practices in an area;

- Approving practice mergers; and

- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

NHS Herefordshire CCG and NHS England (West Midlands) are required to establish a Joint Committee to oversee the joint commissioning functions. The key responsibility of the committee will be to carry out the functions relating to the commissioning of primary care medical services under section 83 of the NHS Act excepting those relating to the individual GP performance management which have been reserved to NHS England. Contractual responsibility for other primary care providers (Dentists, Optometrists, Community Pharmacy and Eye Care) will be retained by NHS England. Those enhanced services currently commissioned by Public Health on behalf of the Local Authority from GP practices (childhood immunisation, health checks, sexual health services etc) will remain the responsibility of the local authority.

Actions for the Health and Wellbeing Board

NHS Herefordshire CCG and NHS England (West Midlands) would like to invite representation from the Herefordshire Health and Wellbeing Board to attend the Joint Committee meetings as observers, in order to further strengthen collaborative working. Provisional dates for these meetings are attached to the end of this report.

In addition we will be required to share the details of the Joint Primary Care Strategy and Implementation Plan which will follow from the first meeting once this has been approved. This will be subject to regular update.

Community Impact

Joint commissioning will enable Herefordshire CCG to work closely with NHS England to commission seamless, integrated out of hospital services which meet the local needs of the people of Herefordshire. The joint commissioning will also drive the development of new models of care such as multidisciplinary community care providers and primary and acute care systems.

Financial Implications

Joint commissioning (moving to delegated commissioning) responsibility will allow the pooling of primary care resources and management of budgets across the CCG and NHS England and allow us to further demonstrate value for money and invest in services which move care closer to home and reduce dependency on secondary care.

Rebecca Thornley
Head of Primary Care Quality and Development
NHS Herefordshire CCG
12 March 2015
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07770-444025

Proposed dates of Joint Commissioning Meetings

Date	Time	Room
Thursday 23rd April 2015 (TBC)	2.30 – 4.00 pm	Kington Room, Plough Lane
Thursday 18th June 2015	2.30 – 4.00 pm	Kington Room, Plough Lane
Thursday 20th August 2015	2.30 – 4.00 pm	Kington Room, Plough Lane
Thursday 29th October 2015	2.30 – 4.00 pm	Mordiford Room, Plough Lane
Thursday 26th November 2015	2.30 – 4.00 pm	Mordiford Room, Plough Lane
Thursday 21st January 2016	2.30 – 4.00 pm	Kington Room, Plough Lane
Thursday 24th March 2016	2.30 – 4.00 pm	Kington Room, Plough Lane

NHS HEREFORDSHIRE CLINICAL COMMISSIONING GROUP

Health and Wellbeing Board

Integrated Urgent Care Pathway Project

Subject:	**Integrated Urgent Care Pathway Project**

PURPOSE OF THE REPORT

To inform the Board of progress with NHS Herefordshire Clinical Commissioning Group plans to commission an integrated urgent care pathway.

RECOMMENDATION TO THE BOARD

The Board is asked to receive the report for information.

Briefing for the Health and Wellbeing Board

Integrated Urgent Care Pathway Project

NHS Herefordshire CCG

1. The Case for Change

Herefordshire CCG (HCCG) began work on a review of urgent care services in summer 2013 due to recognition of a number of challenges within the current urgent care system. There are summarised below:

- The current urgent care system is inefficient and confusing for local people
- The current system is failing to meet performance targets
- Inequalities in access and outcomes are not being effectively addressed
- The current urgent care pathway is fragmented and is a barrier to demand control and establishing effective alternatives to A&E attendance.
- The development of an integrated urgent care pathway is a significant part of the solution to the challenges faced by WVT
- Existing contracts for elements of the service will expire in 2016/17

The pressures on the system, and operational challenges experienced by Wye Valley NHS Trust (WVT), particularly coinciding with the CQC inspection have provided further evidence of the need for change.

HCCG undertook an extensive engagement process from September 2013 to June 2014 to find out the views of local people, clinicians and other stakeholders about the changes that are needed in local urgent care services and what people want to see these services delivering to meet local needs. In total more than 540 patient experiences were captured that involved 372.5 hours of co-design work with the local community. There was a clear mandate for change.

As a result of the engagement programme the following patient experience outcomes were agreed. Transformation of the urgent care system must deliver these outcomes for patients:

- I feel informed and clear about available and appropriate Urgent Care Services;
- I feel confident and knowledgeable about managing my condition and prepared to deal with and anticipate future urgent care issues;
- I feel reassured and happy as a result of my urgent care experience and ‘known’ and treated like a person by Urgent Care Services;
- I want to be helped, and when I am in need of care it is safe, effective and efficient;
- I want to live for as long as possible independently and in my home with the best quality of life wherever possible.

2. Moving to an outcomes based approach

Following the review and the feedback from local people, HCCG decided to change how it commissions urgent care services by introducing an outcomes approach to commissioning and contracting. Outcomes Based Commissioning (OBC) aims to shift the emphasis from the services a provider offers, to the outcomes they achieve for patients. This moves the focus from activities to results, and from how a service operates, to the benefits a service realises for patients. By using this approach important factors such as patient experience and the quality and safety of services will be built into future contracts.

Delivery of this programme supports achievement of Herefordshire Health and Wellbeing Strategy. HCCGs ambitions are that through this change programme we can:

- Reduce inconsistencies in the outcomes that patients receive
- Encourage investment in preventive care, to reduce unnecessary and inefficient use of treatment services
- Change the way that patients currently access the urgent care system
- Provide a service that is designed so that patients receive the care that is right for them, at the right place and at the right time
- Encourage behavioural change in provision by aligning incentives and outcomes so patients get the right treatment in the right place
- Encourage behavioural change in patients by ensuring they know how to self- care, access urgent care in the right place (e.g. pharmacy vs A/E) and navigate the system
- Reduce overall system costs and encourage service integration
- Deliver the national vision for urgent care in Herefordshire

The current CCG commissioned functions within scope as part of this new approach are as follows:

- Accident and Emergency and Clinical Assessment Unit services, up to the point of hospital admission
- Primary care out of hours services
- Minor injury functions
- The Walk-in Centre functions
- Mental health activities supporting individual crises and Rapid Assessment, the Accident and Emergency Interface and Discharge service (psychiatric liaison).
- Minor ailments scheme
- NHS 111

HCCG believes that an integrated solution to the provision of urgent care services is the best way to improve the quality and efficiency of these services and address the fragmentation of the urgent care pathway.

HCCG identified Wye Valley NHS Trust (WVT) as being best placed to both develop a potential solution and to take forward the role as potential Accountable Lead Provider. Wye Valley NHS Trust was offered and accepted the opportunity to develop a proposal in November 2014. HCCG issued to WVT a set of documentation describing HCCG's requirements against which WVT must shape the proposals.

3. Current Position

Wye Valley NHS Trust has over the last few months been developing its proposals in discussion with a range of local service providers.

Three Dialogue Meetings have been held between HCCG and WVT to provide clarification on the CCGs requirements, for WVT to share thinking and to provide assurance that work is moving forward as required. This stage is similar to the stage of procurement when providers are preparing their tender submission. WVT will submit its proposals to HCCG on the 27th March 2015.

4. Next Steps

Following the submission of the proposed solution an evaluation process will be undertaken. A nominee from Herefordshire County Council Adult Social Care is a member of the evaluation panel. This evaluation will determine if the solution is acceptable to HCCG and will deliver a fundamentally improved urgent care service for Herefordshire residents.

Alongside the evaluation HCCG will be assembling evidence and the business case to support the internal and external service change assurance process. This includes for example undertaking an integrated impact assessment to identify any positive or negative impacts on health outcomes or equalities for the local population. During this period the communication and engagement process, and, if appropriate, a formal consultation process will be planned.

HCCG will also be seeking external assurance from clinical experts and NHSE that the proposals are in line with best clinical practice and evidence nationally.

It is anticipated that if Wye Valley NHS Trust proposals are successful and are assessed as meeting the CCGs requirements the aim will be to begin implementing changes from Autumn 2015.

Herefordshire Council

Health & Wellbeing Board Briefing Note.

HWB INA/JSNA STEERING GROUP UPDATE

12 March 2015

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1. The need to improve the effectiveness of integrated needs assessments and ultimately their use for intelligent commissioning and better outcomes for those who live and work in Herefordshire was highlighted to the Health and Wellbeing Board (HWBB) by the Strategic Intelligence Team.

2. The HWBB approved the establishment of an Integrated Needs Assessment (INA) Steering Group in October 2014 to provide more effective governance and steer to INAs and the Joint Strategic Needs Assessment (JSNA).

3. The INA Steering Group, operating under its own Terms of Reference, will ensure that INAs and the JSNA are adequately resourced, managed and fit for purpose.

4. The Group's membership comprises assistant directors from the three council directorates (including Public Health), with representation from Herefordshire Clinical Commissioning Group, and hvoss.

5. The first meeting of the Group took place on 5th March 2015. Minutes of this meeting are presented here.

6. The JSNA known locally as *Understanding Herefordshire* is refreshed annually in Herefordshire, and the Group considered further areas for inclusion in the 2015 refresh. Work has already commenced by the Strategic Intelligence Team.

7. The refresh will describe key new data and report on other intelligence since its last production in 2014. It will include information and data on the health and wellbeing needs of the people who live in Herefordshire, as well as report on the local inequalities for specific population groups.

8. *Understanding Herefordshire* is a shared resource. It has been increasingly successful as an enabling tool to help planners and commissioners to shape evidence based services to address local need, potentially driving innovation and better ways of working.

9. Alongside the production of the JSNA, the online integrated evidence base (IEB) is to enhanced following migration to a new and improved platform, so that it is useful, usable and used. Steps are also being undertaken towards delivering the ambition of a gold standard JSNA product and process.

10. The INA Steering Group will meet regularly (monthly) to provide a steer on other integrated needs assessments as and when they are developed.

Herefordshire Council

Minutes

Health & Wellbeing Board INA/JSNA Steering Group

Minutes of the meeting of 5 March 2015

Present: Jo Robbins, Stephen Vickers, Paul Meredith, Dr. Alison Talbot-Smith, Latha Unny, Helen Coombes (for Agenda item 1)

Apologies: Richard Ball, Andrew Ashcroft, Chris Baird, Rob Vickers, Nick Read (hvoss)

Item	Topic	Key points	Action By
1	Welcome & Setting the Scene	Helen Coombes opened the meeting. She confirmed the need to critically evaluate INAs and JSNA for quality assurance so that it's fit for purpose and informs the JHWS.	
3	Terms of Reference	ToR signed off.	
4	JSNA	**Children** • LU to contact Dr. Henri Giller, the consultant who is producing the Children's Plan. • Updates on key areas of CINA are required (LAC, CIN, CPP numbers). Agreed PM will arrange provision. • DVA – high level of impact on CYP. Alex Thompson has undertaken a QA case audit on a random sample of 10-12 cases. Might be helpful to capture this. • 39 case reviews held – there are key messages for JSNA • Children's INA key data is being considered by the CYP partnership. **Adults** SV to discuss with Paul Harris, Performance Lead, and feed back. **The online Integrated Evidence Base** (IEB) The Understanding Herefordshire website is to be enhanced following migration to a new platform. Suggestions were made for improvement.	LU PM PM PM PM SV LU

JSNA refresh: Areas for consideration

Social isolation (identifying support structures) captured in any qualitative data.

Transitions – a neglected area.

Impact of uncertainty in Herefordshire.

Sustainability of health care services

Integration of health and social care

Obvious cross overs across the system – poor outcomes, inequalities, emerging threats.

Health Inequalities

-Inequalities along the life course, outcome based

- Joint up approach to the various indicator frameworks (PHOF, SCOF etc.) to identify areas where we need to work together to improve inequalities and reduce outcomes.

-Weight management linked to inequalities
-Access linked to inequalities

New migration patterns, such as BMEGS, who are at particular risk of social isolation as no existing networks locally

Ensuring we get qualitative data as well – such as third sector and intelligence from staff of commissioners. Especially with regard to emerging issues

Health issues:

- Urgent care
- Resilience
- Workforce
- Major causes ill health and death, – top 10s as well as new themes
- Where are prevention opportunities
- Substance misuse, drugs and alcohol
- Sexual health
- Migrant health

Unintentional injuries in children and young people

Carers

		Developing the JSNA process:
		• Work out a development agenda that is more strategic & thoughtful.
		• Suggestion to approach each head of service for emerging issues in their area.
		• JSNA to reflect the culture shift needed in the council
		• LU has presented JSNA development to the management board to achieve the gold standard – needs resourcing.
		• A communication and engagement plan will be developed to support the JSNA.
		
		JSNA 2015/2016 programme - suggestions
		• Use 2015 report to make recommendations for deep dives/in depth focus areas
		• LD INA is a priority, maybe part of the CCG core offer.
		• Need a dedicated focus on inequalities – may need to be a future deep dive
		  ○ Rural issues such as access
		  ○ Outcomes such as CVD
		• Community based assets /voluntary sector support.	

5	**Mental Health Needs Assessment**	**Key points from presentation by Jade Brooks**: • CAMHS is a priority – transition is not working well. Stepping down and pressure points need to be addressed. • MHNA did not include LD/autistic spectrum • Housing programmes need to support people living in the community. • There are no clear care pathways at present. Discussion points: • Safeguarding cuts across all MH areas. • Issue of self neglect resulting in homelessness and antisocial behaviour. We need an approach to address these. • Institutionalised adults are disempowered. Need to have a community based approach/preventative agenda. • Management of urgent care is priority & public health agenda within primary care.	
6	**PNA & Stakeholder management**	Rolled over	

Herefordshire Council

MEETING:	**HEALTH AND WELLBEING BOARD**
MEETING DATE:	**25 MARCH**
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 MARCH 2015 TO MAY 2016

TIMELINE OF ACTIVITIES AND DECISIONS UPDATED

March 2015

DATES	BOARD MEETINGS
June 2015	• Herefordshire Safeguarding Children Board Annual Report • BCF Submission Update • Herefordshire Safeguarding Children and Adults Business Plan 2015-16 • Engagement Gateway • HCCG integrated urgent care pathway project • Obesity - Herefordshire Position • Health Protection Update
July 2015	• BCF Submission Update • System Wide Transformation
September 2015	• Safeguarding Adults – Progress Report • BCF Submission Update • Public Health Commissioning Progress update • Care Act Implementation • System Wide Transformation
November 2015	• BCF Submission Update • Safeguarding Children – Progress Report
January 2016	• BCF Submission Update
March 2016	• Local Authority Adults and Children's Well Being Commissioning Plans 2016/17 • CCG Commissioning Plans 2016/17 • Public Health Annual Report
May 2016	•