Herefordshire Council

AGENDA

Health and Wellbeing Board

Date:	**Tuesday 23 February 2016**
Time:	**2.30 pm**
Place:	**Committee Room 1, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX**
Notes:	Please note the **time, date** and **venue** of the meeting. For any further information please contact: **Ruth Goldwater, Governance Services** Tel: 01432 260635 Email: ruth.goldwater@herefordshire.gov.uk

If you would like help to understand this document, or would like it in another format, please call Ruth Goldwater, Governance Services on 01432 260635 or e-mail ruth.goldwater@herefordshire.gov.uk in advance of the meeting.

Agenda for the Meeting of the Health and Wellbeing Board

Chairman	**Councillor PM Morgan**	
Vice-Chairman	**Diane Jones MBE**	
	Councillor JG Lester	Herefordshire Council
	Prof Rod Thomson	Director of Public Health
	Jo Davidson	Director for Children's Wellbeing
	Paul Deneen	Healthwatch Herefordshire
	Dr Andy Watts	Clinical Commissioning Group
	Jacqui Bremner	Healthwatch representative - Carers Support
	Martin Samuels	Director of Adults Wellbeing
	Jo-anne Alner	NHS England

AGENDA

Pages

PUBLICINFORMATION

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 board.

3. DECLARATIONS OF INTEREST

To receive any declarations of interests of interest by members in respect of items on the agenda.

4. MINUTES 7 - 14

To approve and sign the minutes of the meeting held on 26 November 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.

If you have a question you would like to ask then please submit it no later than two working days before the meeting to the committee officer. This will help to ensure that an answer can be provided at the meeting.

6. CHILDREN AND YOUNG PEOPLE'S PLAN UPDATE 15 - 52

To consider progress against the children and young people's plan.

7. HEREFORDSHIRE'S URGENT CARE PATHWAY 53 - 70

To update the health and wellbeing board on Herefordshire Clinical Commissioning Group's work to develop the urgent care pathway, and demonstrate how this will deliver the vision and principles of the health and wellbeing strategy. In doing so to outline the process being followed by the CCG, which includes local council scrutiny and public consultation, as well as NHS England assurance and scrutiny.

8. 5-YEAR SUSTAINABILITY AND TRANSFORMATION PLAN 71 - 86

This purpose of this report is to outline to the health and wellbeing board, and seek its view on the following:

- NHS England requirements for a 5 year sustainability and transformation plan (STP) for health and care systems across England
- the purpose of the strategic plan
- the timelines, governance framework and processes intended to support the development the plan
- the planning footprint as outlined agreed by NHS England
- the role of the health and wellbeing board in the development of the plan

9. BETTER CARE FUND QUARTERLY REPORT 87 - 104

To approve the better care fund quarter three national report as per the requirements of the programme.

10. WORK PROGRAMME 105 - 110

To consider the board's work programme for the remainder of 2015-16 and into 2016-17.

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- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.

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

- Access to a public Register stating the names, addresses and wards of all Councillors with details of the membership of Cabinet and of all Committees and Sub-Committees.

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- 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). Agenda can be found at www.herefordshire.gov.uk/meetings

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HEREFORDSHIRE COUNCIL

SHIRE HALL, ST PETER'S SQUARE, HEREFORD, HR1 2HX.

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HEREFORDSHIRE COUNCIL DRAFT FOR APPROVAL AT NEXT MEETING

MINUTES of the meeting of Health and Wellbeing Board held at The Board Room, Wye Valley NHS Trust Headquarters, Stonebow Rd, Hereford HR1 2ER on Thursday 26 November 2015 at 2.00 pm

Present: **PM Morgan (Herefordshire Council) (Chairman)**

Mrs J Davidson	Director for Children's Wellbeing
Mr P Deneen	Healthwatch Herefordshire
Mr M Samuels	Director of Adults and Wellbeing

In attendance: **Councillors PA Andrews and J Stone**

Officers: **Jade Brookes, Clive Hallam, Jo Robins, Alan Exell, Jo Whitehead, Claire Ward, John Roughton**

37. APOLOGIES FOR ABSENCE

Apologies were received from Diane Jones MBE, Professor Rod Thomson, Dr Andy Watts, Councillor JG Lester, Jo-anne Alner and Jacqui Bremner.

38. NAMED SUBSTITUTES

Alan Exell, NHS England, attended as a substitute for Jo-anne Alner. Gwen Ellison, Clive Hallam and Phil Shackell attended as public health representatives for Prof Thomson.

39. DECLARATIONS OF INTEREST

None.

40. MINUTES

The minutes of the meeting held on 15 September 2015 were approved as an accurate record of the meeting.

41. QUESTIONS FROM MEMBERS OF THE PUBLIC

None received.

42. CHILDREN'S SAFEGUARDING UPDATE

The Board was provided with an update by the director for children's wellbeing and the head of safeguarding and review.

The board had responsibility to understand outcomes in this area and this report provided an overview. More detail would be presented to the safeguarding board and the health and social care overview and scrutiny committee. The focus was for the board to consider priorities and work to be commissioned. The key points of the report were:

- positive improvement, for example, steps being taken to increase adoptions for children with complex needs, with recruitment and marketing to increase placement opportunities;

- the multi-agency safeguarding hub (MASH) processes were improved. Of the 500 contacts into MASH each month, half met the threshold for care. Domestic violence was a key feature of many referrals, with many of the 247 children on child protection plans being under the category of emotional harm as a consequence of domestic violence. There is a high level of understanding and awareness of the issues but there are resource implications. For example, there were no child protection plans relating to sexual abuse 12 months ago, but now there are more than 20 due to an increased awareness of child sexual exploitation;
- achievements have been made in overcoming recruitment difficulties for social workers and the social work academy was bringing home-grown professionals to the service. Agency workers have reduced to 29% of the workforce which is improving outcomes for children. There was also some planned recruitment for high calibre overseas social workers. In the meantime, casework progression would be slower than hoped.

The director of adults and wellbeing confirmed that an adult safeguarding update would be included in the board's work programme.

Board members made the following comments and observations in response to the update:

- whilst safeguarding could be improved, the hard work and good intent be noted;
- problems in relation to social care and skill mix were recognised;
- court outcomes may lead to a reduction in children coming into care and services would need to look at how children make the transition into adolescence;
- the report highlights the extent of the problems such as domestic abuse and that greater awareness was leading to an increase in reporting, especially from children who are more confident to report what is happening in their life;
- the current situation was well-understood by providers and commissioners and the service was in a better position than previously, but inspections focused on the current picture rather than where services were heading and expected to see improvements compared with previous visits;
- it was recommended that both the children's and adults' safeguarding boards be asked to look at the gaps in commissioned services for mental health as this has an impact on safeguarding;
- it was critical to have a shared vision and be clear on priorities and to be sure that collectively ambitions for children are high enough so that all professions were reminded of their responsibilities;
- commissioners have made mental health and safeguarding their top priorities and the profile of children's services is also much higher on council agendas, with more training for groups such as school governors.

RESOLVED
That the health and wellbeing board review progress and identify any further actions necessary.

43. HEALTH & WELLBEING STRATEGY MENTAL HEALTH UPDATE

An update was provided by the programme manager for children and mental health, which is priority 1 for the clinical commissioning group. It was reported that services had come a long way and progress was being made, with partners and agencies taking ownership and 10 actions developed into plans.

An overview of activity and successes included:

- developing social networks - a pilot in Ross with mental health and primary care bringing communities together for self-help and management. This would be reviewed in April to report on the feasibility of extending this across the county;

- In Leominster, adults' services were working with the Alzheimer's Society to create a community-led support hub which would open in January as a pilot which would be the subject of international study through the University of Worcester;
- CAMHS research through the children and young peoples' partnership with young people to identity how to make a good transition process to support recovery;
- 70 practitioners met through the children and young peoples' partnership to talk about mental health, led by young people, some of whom were in recovery. Plans were to hold another meeting in February for children's mental health week;
- First cohort of graduates from Exeter – staff employed by CLD and 2gether who are undertaking post-graduate training using skills and interventions with young people. This was successful and there will be a new cohort next year in order to grow the workforce to provide local interventions;
- Adults – 1200 people accessing new support; there is confidence that awareness was taking effect. There were 500 new diagnoses of dementia and new support was proving beneficial.

Challenges remained as needs were complex and there were interdependences such as emotional resilience linking to safeguarding. Resources were limited but were being secured. Commissioning was taking an evidence based approach and partners were signed up to reporting on key performance indicators. There was good progress, with ambition to achieve more.

In response to the update, board members made the following comments and observations:

- waiting list for CAMHS was now 4 weeks compared with 6 months and with triage in place. Some people are seen within 24 hours of referral with the focus now on prevention rather than crisis;
- there was a move to an outcomes based model, testing with stakeholders for their views to inform commissioning;
- paediatric liaison was a priority and the urgent care pathway was being redesigned to look at reducing self-harm. Changes were also being made for on-site services to be available over 24 hours for children, with additional staff cover.

In terms of factors that influenced the success of the project that could be translated to other areas, it was identified that a key factor was joint working to identify outcomes for the target population, taking an holistic point of view. Compared with other areas, there was opportunity to start afresh with mental health to model future work, so this was one area where agencies can talk collectively about joint working and the programme was governed by outcomes that people said they wanted.

RESOLVED
THAT:

(a) The mental health plans, milestones and challenges identified within appendix 1 are reviewed to assess the degree to which they are achieving the mental health priorities within the health and wellbeing strategy; and

(b) The board identify any additional actions needed to secure improvement.

44. HEALTH AND WELLBEING STRATEGY - URGENT CARE PATHWAY UPDATE

The report highlighted the clinical commissioning group's aspiration to improve the urgent care pathway as the number of routes in to care could be confusing. Whilst there was a main focus on A&E waiting times, that was just one indicator of a positive experience and the impact on urgent care had an impact on surgery. The intention was for people to be seen more quickly and locally and to ensure that they know where to go

for care. There was opportunity to review some provider contracts in 2016. Outcomes would consider the whole care pathway including preventive work.

The sharing of records was a factor in joining services up to provide a better care pathway with more visible information between professionals, although information governance and safeguarding issues were taken into consideration.

Feedback was also that people wanted to live independently for as long as possible. This would be a factor in selecting providers who could meet that outcome such as through prevention work. This approached was mirrored in NHS policy and so there was more evidence that this was the right direction.

A workshop was being planned for clinicians to consider three work strands:

- 7-day primary care to reduce the need to come to A&E. Data suggested that the GP was the first port of call and the impact of this on other providers needed assessing;
- locality based services and realigning community services – providing opportunity to move to public centred care to get best outcomes;
- building in integrated care and understanding the link with intermediate care and primary care.

Board members made the following comments and observations about this update:

- communication was important for communities to have an idea of what they could access and opportunity to re-engage on the new model;
- there was a disconnect which needed review to ensure that walk-in centres had access to records;
- if it were the preferred approach to meet public demand for 7-day access to primary care, there would need to be a review of capacity and implications for other provisions;
- no decision had been made regarding decommissioning other services and any such decisions would be the subject of consultation;

In terms of a timescale, if the CCG needed external assurance that the proposals were clinically sound, this would add 3 months onto the process and so implementation could be next summer.

The CCG was commended for the considerable engagement on this matter; there were different models to provide this pathway but it was believed that the public would welcome the improvements.

It was acknowledged that consultation could always be improved upon and there would be investigation into whether the responses could be analysed by age group.

It was noted that clear outcomes were evident and that this was helpful to the success of the project.

RESOLVED
THAT:

(a) the integrated urgent care pathway plans (at appendix 1) are reviewed; and
(b) the board identifies any areas for further focus or additional actions to secure improvement.

45. HEREFORDSHIRE CHAIRPERSON'S PROTOCOL

The board was asked to consider and approve this protocol which was designed to ensure that boards were in sight of each other in terms of work covered.

It was noted that the protocol showed clarity on how the different boards worked, and made sure that priorities were addressed without duplicating work.

RESOLVED
That the principle of the protocol be approved and the Board provide comments to enable the protocol to be developed and signed off by the Chairs of the respective Boards.

46. APPROVAL OF BETTER CARE DATA SUBMISSIONS - REPORT TO FOLLOW
(Pages 9 - 30)

The director of adults and wellbeing presented the submissions which were a quarterly requirement, and the board's approval was sought to submit the data.

The headlines were that:

- the falls response team had a significant impact on A&E, with evidence that people needed support but this did not have to be in hospital and it was a better outcome if hospital admission could be avoided;
- reablement had improved and was significantly better than previously reported, having significant impact on long term quality and duration of life. It was key that this was significantly better than previously;
- the NHS number was used as the primary identifier and there was progress on open APIs (application programme interfaces), allowing systems to talk to each other;

The submission was supported by board members, with the following comments:

- given the need to deliver savings it was disappointing to see the comment contained in the submission's narrative regarding development of the better care plan;
- the range of services continued to work well and effectively within the constraints although health funding implications were not fully understood. The CCG was currently overfunded against allocations and was in a financial recovery situation, but this did not mean that organisations were not striving to get best value;
- a contributing factor was that drivers through the different routes were not yet as fully aligned as they needed to be. Significant progress had been made in 18 months in securing single approach nationally and guidance was not coherent for either the council or the CCG, but as there was now a single integrated national team, there was confidence that guidance will be meaningful for both health and social care sides;
- there had been discussions nationally with significant work at that level to bring everything together but there were still pressures. It was hoped this submission was a fair representation and that progress would be made in the next report;
- the board meetings needed to be aligned with the submission dates so that they could be approved in good time.

Further to approving the submission, further information was requested regarding the matter of the CCG being overfunded given the rurality and demographics of the county. It was clarified that with the current funding formula, the CCG is over target although the county's rurality, age, age mix and deprivation was considered. Health funding was split into 3 groups, those being CCGs, primary care, and specialised services which are commissioned regionally. There was to be a change in the funding formula to be announced on 17 December which should take into account the greater rurality. There

was a commitment to move CCGs to their fair share of allocation by April so funding for Herefordshire may reduce although it was unclear if this would be accurate or better/worse. It was anticipated that there would be a move to fair share allocation in the next two years.

It was suggested that a financial report be commissioned to show changes in funding for the next year and into the future.

As regards budget announcements from the Chancellor of the Exchequer this week, it was understood that the national budget was to grow in 2017-18 by £1.5billion but it was not clear where this would come from. The expectation was that the greater proportion of the CCG budget would to the better care fund although there was no firm evidence to this effect. It was further understood that better care fund plans would lead to full integration of health and social care by 2020 although the meaning of this was unclear although this was the way forward in the government's view. It was hoped there would be more central guidance later in December.
It was recognised that intervention at an early stage was beneficial provided that admissions were tracked and monitored to ensure they were appropriate and best value was essential whatever the government's policy.

RESOLVED
That the Health and Wellbeing Board approve the Better Care Fund (BCF) quarter two report in order to submit to NHS England.

47. HWB WORK PROGRAMME

The board considered the work programme and it was agreed to include a finance report in January 2016 and to ensure that meeting dates were aligned to the better care fund submission dates.

RESOLVED
That the work programme be adjusted as discussed.

TRANSFORMATION PROGRAMME UPDATE

A paper had been circulated previously from public health on the medium and long term solutions on funding shortfall and continuation of the transformation programme. The key points of the update were:

- plans to look at the devolution programme and existing funding programmes along with suggestions received from Ernst and Young for transformation;
- general discussions on transformation had taken place between accountable officers from partner organisations such as Wye Valley Trust, the CCG and 2gether. They were meeting fortnightly and held two separate away days which identified key principles to build capacity and resilience and to develop a strong safe and vibrant community in order to maximise health and wellbeing and its impact on the economy. Alternative solutions in areas such as urgent care were being considered under the principle of independent living and maximising recovery;
- it was expected that the report on the work would be completed by the end of December;
- achievement of the work included sharing resources and posts across services and to look at developing two proposals on devolution and models of care to present to NHS England and the development agency to improve outcomes for Herefordshire people;
- There was still more to do on this and the work streams would be refreshed next week.

Discussion took place regarding devolution and it was noted that Herefordshire was expecting to submit a devolution proposal in January 2016. There were protocols regarding health procurement at national level and which impacted on flexibility and freedom in regard to areas such as back office providers and so freedom on this would be requested. A further request would relate to the ability to negotiate a 3 to 5 year settlement to assist longer-term planning for funding. The intention was to compliment local health and social care strategy to achieve maximum benefit and to identify the benefits for a potential devolution bid and the opportunities it would hold.

The meeting ended at 4.09 pm **CHAIRMAN**

Herefordshire Council

Meeting:	**Health and wellbeing board**
Meeting date:	**23 February 2016**
Title of report:	**Update on health and wellbeing strategy priority 2:** **Children and young people's plan update**
Report by:	**Assistant director education and commissioning**

Classification

Open

Key decision

This is not an executive decision.

Wards Affected

Countywide

Purpose

To consider progress against the children and young people's plan.

Recommendation(s)

THAT:

(a) The progress with priority two of the Herefordshire Health and Wellbeing Strategy carried out through the children and young people's plan 2015 – 2018 is reviewed to assess whether it is meeting the objectives of the strategy; and

(b) The board identifies how it can promote a multi agency approach to early help for children and families.

Alternative options

1. The board is invited to consider whether any alternative or additional actions are necessary.

Reasons for recommendations

2. The board is responsible for reviewing whether the children and young people's plan 2015 – 2018, overseen by the children and young people's partnership, is delivering

the outcomes of Herefordshire's Health and Wellbeing Strategy for children and families contained in priority two.

Key considerations

3. The Herefordshire Health and Wellbeing Strategy contains a number of priorities to improve the lives of children and families, many of them contained in priority two. The children and young people's partnership has been tasked by the health and wellbeing board to develop and deliver the children and young people's plan. The plan reflects the priorities that had been agreed by the health and wellbeing board, reflecting the joint strategic needs assessment and the children's integrated needs assessment. The board endorsed the children and young people's plan at the 21 July 2015 meeting.

4. The presentation (attached at appendix 1) sets out the plan and priorities and provides an opportunity four months into the life of the plan to assess the work that is taking place.

5. Specifically the board will be invited to consider what actions can support the development of an effective joint early help approach in Herefordshire.

Community impact

6. The health and wellbeing strategy identifies the key priorities for the county. Specifically focusing on the children and young people's plan enables the board to consider the community impact of the plan for this group of the population. A fundamental part of the health and wellbeing strategy is the focus on prevention. Addressing health and wellbeing issues in childhood can effectively prevent difficulties in adulthood and the need for intensive and often high cost public services.

Equality duty

7. The successful implementation of the children and young people's plan will support the council and other partners in their respective duties to promote equality. In particular the plan focuses on access to universal services among the most disadvantaged, reducing inequalities between those with relevant protected characteristics and those who do not share them, and enhancing opportunities for social inclusion among those experiencing barriers to participation.

Financial implications

8. None arising directly from this report. If the board identifies additional actions; regard must be had to the financial implications of delivery.

Legal implications

9. The Health and Social Care Act 2012 provides the primary responsibility of health and wellbeing boards to identify the current and future health and social care needs of the local community. The board is acting under this duty by reviewing the current arrangements as identified in the report.

Risk management

10. There is a significant risk that the current poor outcomes for some children in Herefordshire are not improved. This risk is in the context of significant financial challenges to a range of public services and partners, including cuts to budgets. Managing demand is a risk to the partners in Herefordshire and has associated risks to achieving good outcomes, quality of practice and balanced budgets. Risks to delivery are reviewed regularly through the children and young people's partnership steering group, which reports to the children and young people's partnership executive. In addition the executive reviews the work to deliver the priority areas on a regular basis as part of its forward plan. However, there is a need to develop a much stronger partnership approach to achieving improvements whilst at the same time managing demand and resources.

Consultees

11. None. The consultation is at activity level and involves a wide range of stakeholders appropriate to that action.

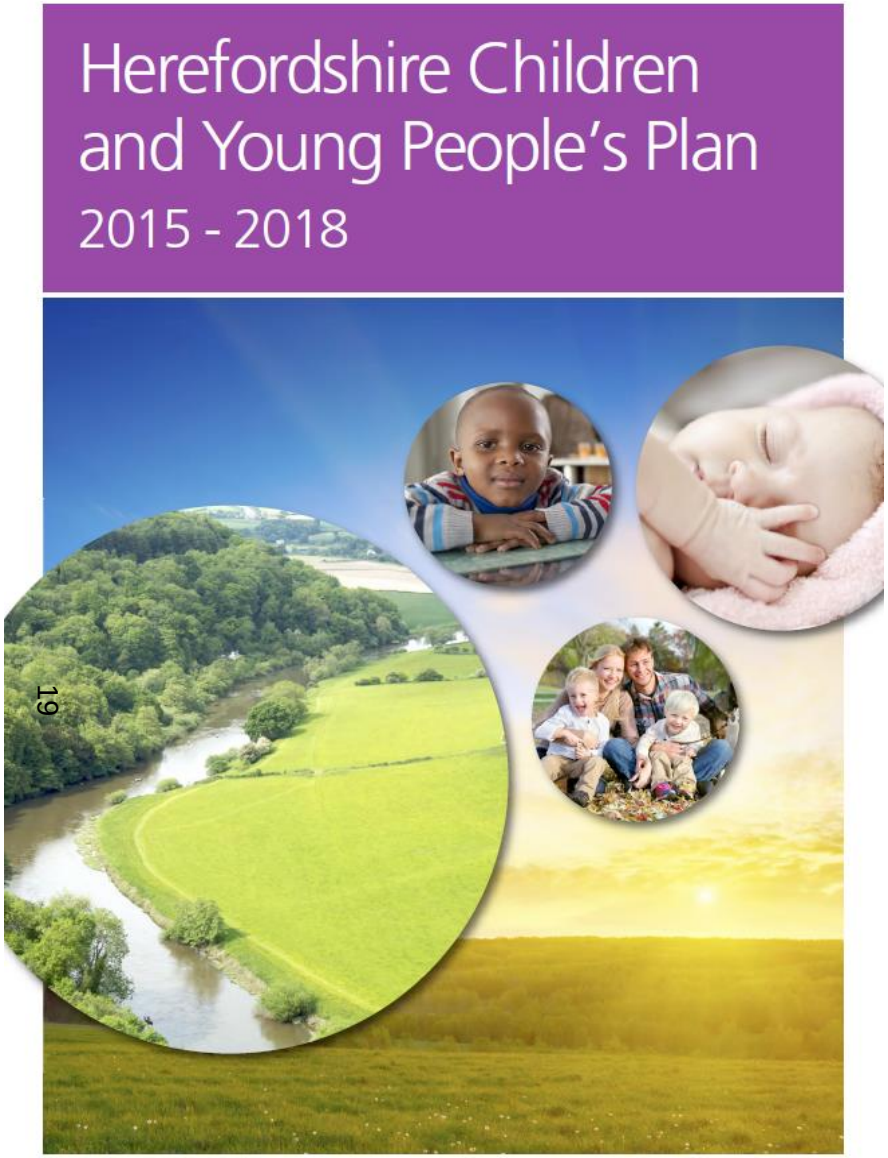
Appendices

Appendix 1 - Presentation

Appendix 2 – Herefordshire Children and Young People's Plan 2015 - 2018

Background papers

- None identified.



OUR VISION FOR CHILDREN, YOUNG PEOPLE & FAMILIES

We want all children and young people in Herefordshire to have the best start in life and grow up healthy, happy and safe within supportive family environments.

- **Safeguarding** - part of our collective approach for children and family
- **Early help and prevention** – partnership approach, more than Children's Wellbeing Directorate; key to long term shift in use of resources and improvements in outcomes

Link to Health and Wellbeing Strategy

- The Children and Young People's Plan is an integral part of the Herefordshire Health and Wellbeing Strategy and is the means to achieve the Board priorities for children and young people…

  - ✓ Starting well with pregnancy, maternal health and smoking in pregnancy,
  - ✓ Immunisations for 0 to 5 year olds, breastfeeding, dental health and pre-school checks
  - ✓ Children with disabilities
  - ✓ Young offenders
  - ✓ Young people not in education, employment or training,
  - ✓ Looked after children

In Herefordshire, we have….

Safeguarding numbers as indicator for the whole system

Child Protection at Dec 2015

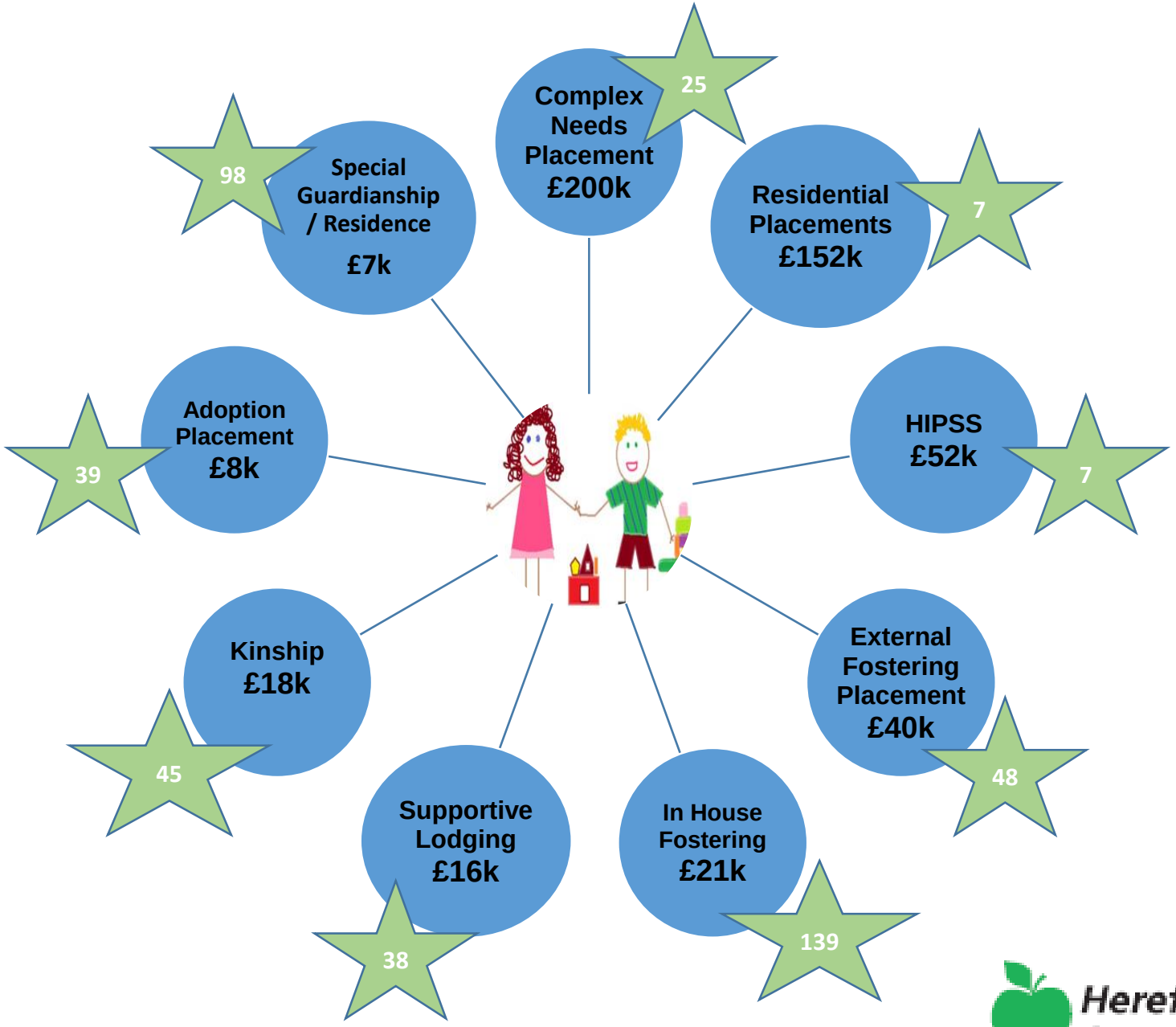
- **274** children
- This equates to 71.35 per 10,000.
- Stat neighbours at March 15 was **70.26**
- West Midlands was **59.47** and all England was **42.9**.

LAC figures at Dec 15

- **299** children
- This equates to 77.86 per 10,000.
- Stat neighbours at March 15 was **50**
- West Midlands was **74.85** and all England was **69.5**.

Herefordshire Council

Average annual cost and current numbers of children



Herefordshire Council

Financial Implications…

- Significant financial pressures for public sector and partners e.g.:
  - c.30% reductions for the local authority,
  - c.16% for school budgets, and health funding pressures.

- Access to funding streams e.g. troubled families

- How to use collective resources at a time when these are shrinking significantly? Partnership-wide responsibility.

- No binding commitment to the funding. Funding will have to be adjusted to meet the requirements to reduce budgets for some partners, including the council.

PRIORITIES	No. OF CHILDREN/ FAMILIES	BUDGETS £000'S	SAVINGS £000'S	COMMENTARY
EARLY HELP	600	1,800	450	£1.8m is potential income if we can evidence 600 families are "turned around". Troubled Families funding over 3 years (15/16 - 17/18). The national cost calculator will be used to identifying savings. Savings are expected for all partners
0-5 EARLY YEARS	9,800	3,500	400	Health Visitors, School Nursing, Children's Centres, funding is from Council. The savings will be in safeguarding if prevention is successful.
MENTAL HEALTH & EMOTIONAL WELLBEING	8,620	1,400	TBC	funding by Clinical Commissioning Group (CCG) £1.4m ZigZag £57k
CHILDREN AND YOUNG PEOPLE IN NEED OF SAFEGUARDING	2,100	1,400	TBC	The savings are profiled over the next 5 years.
ADDRESSING CHALLENGES FOR ADOLESCENTS	1,600	TBC	300	Costs could relate to providing youth offending services (YOS) and not in education, employment or training (NEET) services. Development of Adolescents services.
CHILDREN AND YOUNG PEOPLE WITH DISABILITIES	5,000	4,197	350	Complex needs solutions is funded by the CCG £500k, dedicated schools grant £1.5m and safeguarding £1.5m and short breaks funded by the council. In addition to this funding health contribute £1.1m. Adults have invested £250k in transition team to generate savings of £350k
TOTALS		18,185	4,300	

1 Early help
Improve the early identification and response to critical issues affecting children and young people's development

2 0 to 5 early years
Improve the health, wellbeing, developmental and educational outcomes of children aged 0 to 5 years

3 Mental health and emotional wellbeing
Improve how we identify and support children, young people and their families to access help and services

4 Children and young people in need of safeguarding
Improve how we identify and respond to safeguarding needs and risks

5 Addressing challenges for teenagers
Improve how we support young people's behavioural, emotional and social needs to ensure successful progression into adulthood

6 Children and young people with disabilities
Improve our range of services and education and learning opportunities

Progress so far…

	PROGRESS	RISKS
Children with Disabilities	Local offer in place, part of WISH Education health and care plans in place, positive start	Developing an integrated pathway and reconfiguring services to this
Early Years	Annual conversation and target setting with children centres explicitly focus on vulnerable	Achieving a fully coordinated and integrated early years approach
Early Help	Development of strategy for Herefordshire	Implementation and achieving transformation for children and families
Safeguarding	Care placement strategy in place and beginning to deliver (target £2.8m over five years)	Achieving high quality delivery across whole system Reducing numbers and costs
Emotional Health and Wellbeing	Strategy and action plan now in place and delivering eg CYP IAPT	Scale of change Impact – includes longer term change
Challenges for Adolescents	Established action plan. Education, training and employment improving in 2015. NEETs below target (=good!)	Addressing issues which can lead to teenagers coming into care

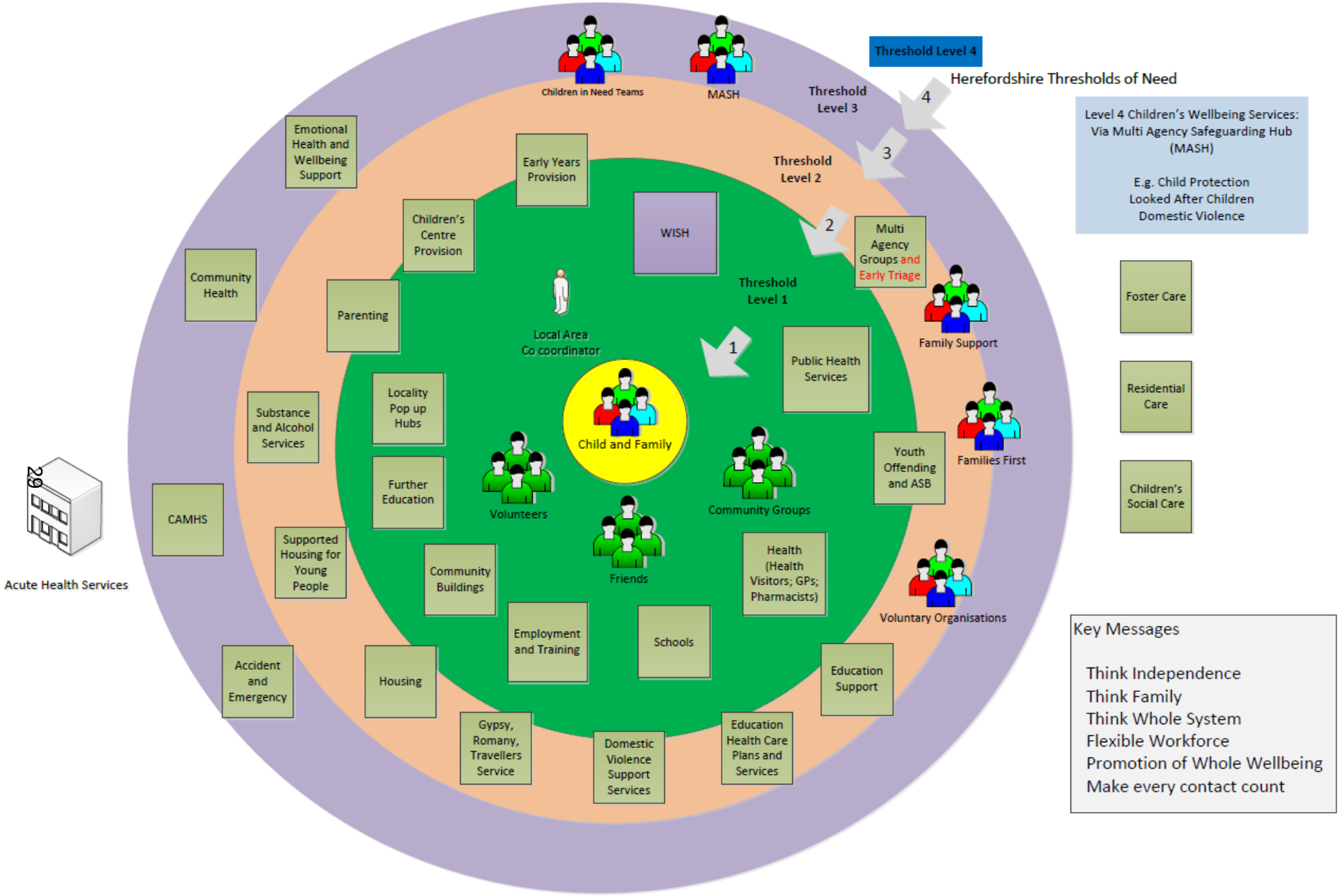
Early Help

By March 2018, we will have provided Early Help to 600 Herefordshire families.

This will enable us to access an additional £1.8million of funding from the government's troubled families programme to continue our early help and intervention work.

Children's Wellbeing Community Hubs

Herefordshire



Key Messages

- Think Independence
- Think Family
- Think Whole System
- Flexible Workforce
- Promotion of Whole Wellbeing
- Make every contact count

Herefordshire Children and Young People's Plan

2015 - 2018

Contents

Introduction

As a partnership we are committed to ensuring that the children and young people of Herefordshire have the best start in life and grow up healthy, happy and safe within supportive family environments.

Our Children and Young People's Plan is closely linked with the Herefordshire Health and Wellbeing Strategy and provides the basis for all partners working to address issues relating to children, young people and their families in Herefordshire.

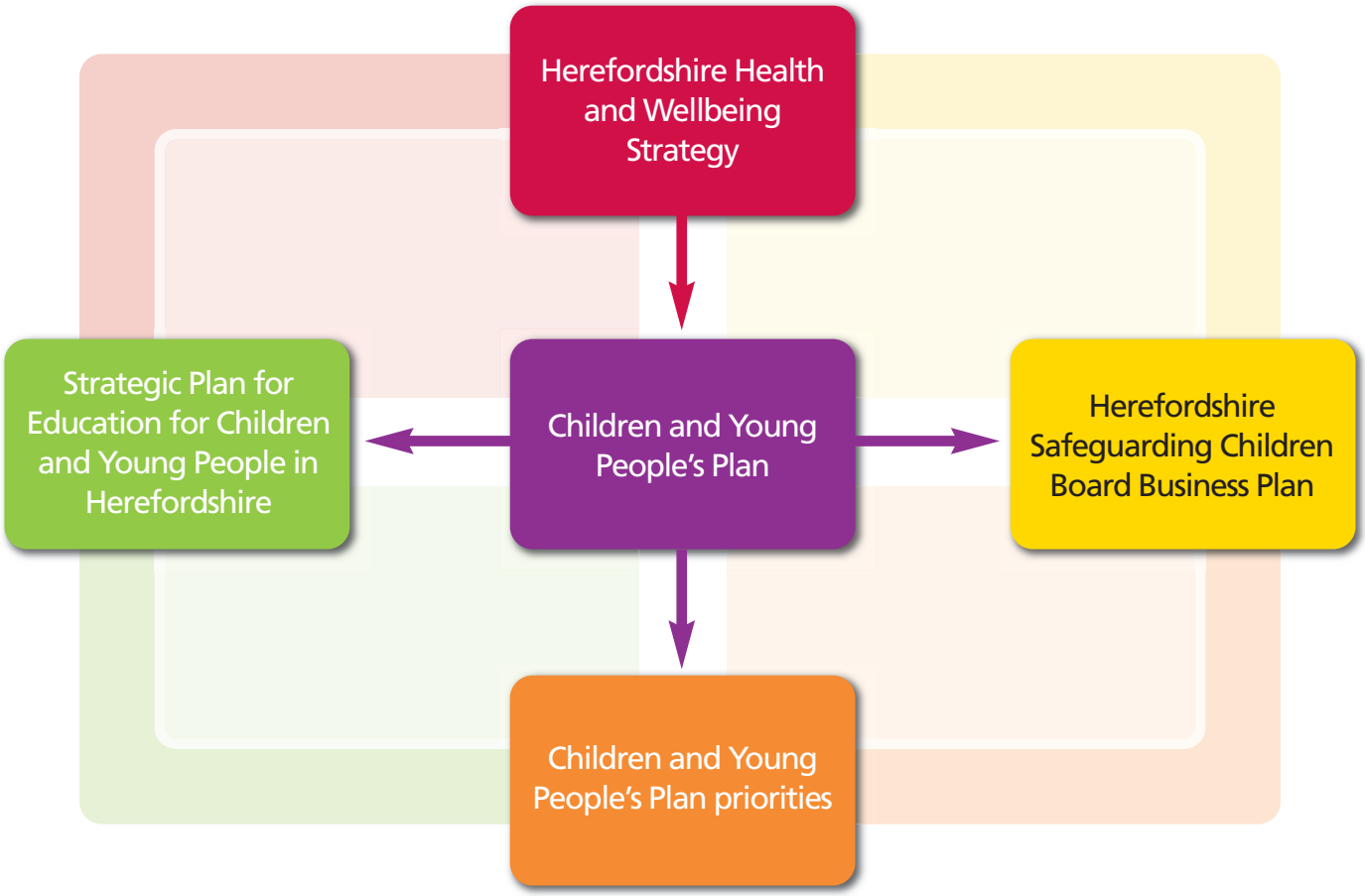
Herefordshire Children and Young People's Partnership

Why we need a plan

Herefordshire has a Children and Young People's Plan to ensure that the needs and priorities of the county's children and young people are effectively met. They are given the best start in life to enable them to grow up healthy, happy and safe within supportive family environments.

The plan, which is developed and delivered by the Herefordshire Children and Young People's Partnership (CYPP), provides the basis for all partner agencies working to address issues which affect children, young people and their families, including education and safeguarding.
The plan is an integral part of the Herefordshire Health and Wellbeing Strategy and incorporates its priorities for children and young people…

- Starting well with pregnancy, maternal health and smoking in pregnancy
- Immunisations for 0 to 5 year olds, breastfeeding, dental health and pre-school checks
- Children with disabilities
- Young offenders
- Young people not in education, employment or training
- Looked after children



The plan also enables the partnership to:

- Develop universal services to meet the needs of children and young people
- Facilitate continued access to universal services where children and young people have additional needs
- Manage demand by continuously engaging with children, young people and their families to provide appropriate early help
- Ensure the development and communication of an appropriate range of effective evidence-based services for children, young people and their families living in Herefordshire
- Re-position prevention and early intervention strategies and services to those with greatest risk and need
- Ensure the child or young person is at the centre of any service delivery
- Have services in place which are respectful of age, language, religion, ethnicity, sexual orientation and culture
- Improve integration across agencies in regards to service provision, delivery and management

This is an overview of our plan, the full strategic version is available on the council's Children and Young People's Partnership webpage.

Herefordshire…Setting the scene

In Herefordshire in 2015, we have:

9,800 children aged between 0 and 5

22,999 pupils in schools, academies, free schools, special schools and a pupil referral unit

78 primary schools, **15** secondary schools, **1** all through school, **4** special schools and **1** pupil referral unit

99 childcare facilities, **116** childminders, **13** maintained nurseries and **5** independent schools with nurseries

17 Ofsted rated 'Outstanding' schools and **67** 'Good' schools (those which have been inspected)

4,027 16 to 19 year olds in education, employment or training

Helped to foster **702** children and young people between 2012 and 2015

40,000 children and young people under 19 years old

Helped **310** families through the families first programme between 2012 and 2015

84.5% of our students achieving at least three A-levels at grade A* - E (compared to 79.5% nationally)

68.7% of our students achieving five GCSEs (or equivalent) at grade A* - C (compared to 68.8% nationally)

4,250 children with special educational needs

297 looked after children

186 children with child protection plans

321 16 to 19 year olds not in education, employment or training

All figures are correct as at 1 September 2015

Our vision for the future

We want all children and young people in Herefordshire to have the best start in life and grow up healthy, happy and safe within supportive family environments.

We want them to have the best possible health, education and opportunities to enable them to reach their full potential.

By March 2018, we aim to have good safeguarding services across all agencies and local education and health outcomes which are within the top 25% for the country.

To deliver our vision we promise to:

- Listen to the voices of children and young people about their needs and how we can meet them
- Work with individuals, families and communities to develop capability and resilience
- Target our services towards those priority groups of children, young people and their families with the most need
- Ensure the services we provide deliver the intended outcomes based on evidence of effectiveness
- Share information across the partnership to ensure smarter co-ordinated working and the effective delivery of services
- Develop a skilled children's workforce that has ownership of the partnership's vision
- Use technology in innovative ways to enable children, young people and their families to not only help themselves but also to engage with them about the full range of advice, information and services offered by partner agencies across the county

We recognise that during a time of significant financial pressure on public services, savings will need to be made within children and young people's services. We also must fundamentally change the way services are delivered to enable children, young people, families and communities to exercise more choice and control over their lives.

There will also be an opportunity to use our resources differently whilst accessing local and national funding streams, such as the troubled families programme. The partnership acknowledges that substantial reductions will be made within some funding streams during the life of the plan.

At the time of publication (September 2015), partners identified that they spend £18million on the six priority areas (see pages 8 - 20), however it is anticipated that service redesigns and savings will reduce this to £14million.

Our priorities

1 Early help
Improve the early identification and response to critical issues affecting children and young people's development

2 0 to 5 early years
Improve the health, wellbeing, developmental and educational outcomes of children aged 0 to 5 years

3 Mental health and emotional wellbeing
Improve how we identify and support children, young people and their families to access help and services

4 Children and young people in need of safeguarding
Improve how we identify and respond to safeguarding needs and risks

5 Addressing challenges for teenagers
Improve how we support young people's behavioural, emotional and social needs to ensure successful progression into adulthood

6 Children and young people with disabilities
Improve our range of services and education and learning opportunities

Priority one: Early help

Priority one

We will improve the early identification and response to critical issues, such as anti-social behaviour and domestic violence, which affect the development of children and young people to ensure we're helping the most vulnerable families as early as possible.

Our approach will be to work with the whole family to address issues and concerns, including inter-generational inequality, to:

- Improve the physical and mental health of children and their parents / carers
- Reduce crime and anti-social behaviour
- Reduce worklessness
- Reduce domestic violence
- Tackle the effect of poverty on children's outcomes

We will put targeted models of effective intervention in place which will work in conjunction with universal services. This will include a clear lead worker for each family, who will co-ordinate relevant services to meet the family's needs.

By March 2018, we will have provided early help to 600 Herefordshire families. This will enable us to access an additional £1.8million of funding from the government's troubled families programme to continue our early help and intervention work.

What we aim to achieve

Parents and children involved in crime and anti-social behaviour:

- A 50% reduction in the number of recorded offences and a 60% reduction in the number of incidences of anti-social behaviour
- No siblings of young offenders have engaged in anti-social behaviour and / or criminal activity and do not enter the youth justice system

Children who have not been attending school regularly:

- Each school age child in the family has attended school for at least 90% of sessions and has fewer than three fixed term exclusions

Children who need help:

- Eligible families use the nursery place scheme for two and three year olds and attend 85% of their sessions
- A safeguarding plan is de-escalated, for example from child protection to children in need to common assessment framework, with no re-referral to social care within six months
- Children are making good progress at school or a good / expected level of development in early years
- Parents report improved confidence and competence in parenting and continue to take part in a wider range of community activity

Adults out of work or at risk of financial exclusion and young people at risk of worklessness:

- An adult or young person within the family has secured and maintained a job for three or six months; made progress to work through a volunteering placement, apprenticeship, traineeship or further accredited learning; achieved a qualification
- The family has reduced its debt or risk of financial exclusion, for example council tax or housing arrears, and is accessing eligible benefits including free school meals

Families affected by domestic violence and abuse:

- A reduction in domestic violence or abuse within the family for at least six months; they are actively engaging with support services, such as West Mercia Women's Aid; the perpetrator successfully completes a perpetrator programme

Parents and children with a range of health problems:

- The family is registered with a local GP and dentist and has attended a check-up in the last 12 months
- Children have received the age appropriate health immunisations / vaccinations
- A family member has engaged with a stop smoking programme; a drug / alcohol treatment programme; a healthy weight programme
- Pregnant women are under the care of a midwife and have had an antenatal assessment
- All children aged two and a half years will have received an ages and stages health assessment

Priority two: 0 to 5 early years

Priority two

There are 9,800 children aged 0 to 5 years in Herefordshire and we will utilise funding available (£3.5million in 2015) to deliver early years services including children's centre services, health visiting and school nursing to improve their health, wellbeing, developmental and educational outcomes.

We will ensure that these services are better configured with existing community and adult services and by March 2018, we will have:

- Improved the county's childhood immunisation rates, especially for measles, mumps and rubella (MMR)
- Reduced tooth decay
- Continued to improve breastfeeding rates not only from birth but also six to eight weeks afterwards
- Increased the number of children who are ready for school at the end of the early years foundation stage, so they make a successful progression to school
- Increased the number of children achieving a good level of development at the end of the early years foundation stage from 60% to 80%
- Reduced the educational achievement gap between children in receipt of free school meals and other children to 5%
- Provided more effective and evidenced-based support to ease the effect of poverty, inequality and disadvantage through the provision of high quality early education and childcare and the healthy child programme
- Delivered the national childcare offer in relation to free pre-school places

What we aim to achieve

- A reduction in dental decay by age five
- 95% of 0 to 5 year olds have received their routine immunisations
- An annual reduction in the number of five year olds who are overweight or obese
- A reduction in hospital admissions for unintentional and deliberate injuries to 0 to 4 year olds
- A reduction in the number of pregnant women who smoke at the time of birth
- An increase in the number of children achieving a good level of development at the end of the early years foundation stage from 60% to 80%
- An increase in the number of children who are eligible for free school meals achieving a good level of development at the end of reception class from 34% to 60%
- The gap between children who have and haven't received free school meals will have reduced from 25% to less than 5%
- An increase from 86% to 95% in the number of early years settings judged by Ofsted as 'Good' or 'Outstanding'
- High quality free nursery places for two year olds in line with agreed government targets with those identified as being disadvantaged encouraged to access 15 hours of nursery entitlement
- All two to four year olds with children in need or child protection plans are registered with a nursery and are accessing their allocated 15 hours of nursery entitlement
- The implementation of the Nursery Education Fund Policy to provide high quality, accessible and flexible provision and an efficient, quick and easy to use online payment process
- Information and guidance for childcare providers, practitioners and parents is comprehensive, accurate, up to date and easily assessable online
- Children's centre services are targeted towards those who are disadvantaged; are better integrated with health visitors and rated as 'Good' by Ofsted
- An annual reduction in the number of children under 16 years old living in poverty

Priority three: Mental health and emotional wellbeing

There are an estimated 8,620 children and young people in Herefordshire that require support with their mental health or emotional resilience and the partnership will make improvements so that they and their families are identified and supported to access help in a timely manner.

The partnership is looking to transform both the volume and quality of the £1.4million services available along with being part of the development of an integrated all age pathway for mental health.

To deliver this, we will:

- Improve the quality and availability of information on mental health and wellbeing to children, young people and their families to enable them to have more control over their own lives
- Improve professionals' knowledge and awareness of the signs and symptoms of mental health and referral pathways, including GPs and teachers
- Improve working relationships between service providers in identifying and responding to emotional health, wellbeing and mental health needs
- Deliver the Crisis Care Concordat and its action plan to ensure that no young person with a mental health need is detained in police custody and that 24/7 support is available in the event of a mental health crisis
- Improve the experience of transferring from young people's mental health services to adult services by focusing the process on the individual
- Identify opportunities for improving access to specialist support so young people with early psychosis or those requiring home treatment / rehabilitation instead of hospital admission can maintain their daily lives

What we aim to achieve

- An effective and integrated care pathway for children and young people in need of mental health support
- Low numbers of young people accessing Tier 4 specialist services (those with the most serious problems)
- A skilled workforce that champions early identification of mental health issues and ensures children, young people and their families are treated with compassion, respect, dignity and without stigma or judgement
- Improved availability and capacity of Tier 1 and 2 services which offer early intervention for children, young people and their families (including GPs, teachers and mental health workers)
- Children and young people telling us that they know how to look after their mental health and that support is accessible
- Improved evidence-based interventions which are delivered in young people friendly settings, with an increase in the quality of provision

Priority four: Children and young people in need of safeguarding

We are continuing to develop a range of services which can effectively identify and respond to safeguarding needs and risks from the initial call for early help to evidence-based interventions for a variety of complex situations.

By 2016/17, we aim to be Ofsted rated as providing 'Good' services and will sustain this throughout the life of our plan.

We aim to ensure we provide:

- Specialist intervention, early help and universal services for those children and young people whose welfare needs safeguarding
- Crisis intervention for those children and young people on the verge of needing care
- Support for those young people with enduring long terms needs as they move into adulthood
- A family intervention project to respond to the therapeutic safeguarding needs of children, young people and their families
- A Care Placement Strategy which will include intensive therapeutic support services designed to save £2.8million over the next five years to improve the stability of care planning
- A looked after children support service to provide supervised contacts, assessments and family group conferencing services for children in the care system
- Better identification of and support to children from other local council areas who are placed in Herefordshire
- A further developed Multi-Agency Safeguarding Hub (MASH) to include police and adult services

Priority four

What we aim to achieve

- An increased ability to offer effective early help within universal provision to remove the need for subsequent safeguarding intervention
- An increase in the number of young people who are identified as being at risk of / being sexually exploited
- A reduction in the number of children and young people requiring a child protection plan for two years or more / on more than one occasion
- A reduction in the overall number of children and young people needing to be looked after
- A reduction in the number of children in need who then go on to be looked after
- Stable and continuous support for those with enduring needs especially as they move into adulthood
- Young people who are being supported to move into adulthood fully understand the plan in place and support its delivery

Priority five: Addressing challenges for teenagers

The county's young people are entitled to develop, learn and achieve in settings that enable their successful progression into adulthood. We need to ensure that we're effectively supporting the behavioural, emotional and social needs of young people which could otherwise jeopardise their progression.

To help us achieve this by March 2018, we will have:

- Developed integrated young people and youth offending services which have a better understanding of the factors which lead to offending and re-offending and reduced the number of first time and repeat entrants into the anti-social behaviour and youth justice systems
- Developed a restorative justice strategy for Herefordshire and embedded the practice within the youth justice system and children's homes settings
- Reduced the number of young people whose health is being compromised for example by not accessing health services, misusing substances or teenage pregnancy
- Effective behaviour management skills and support available for families, carers, schools and youth and leisure service providers to enable children and young people to maximise their potential
- Developed a 16 plus service to meet the needs of care leavers and other teenagers known to the social care system
- Identified, prioritised, supported and reduced the number of young people not in education, employment and training (NEET), including those who are young parents

What we aim to achieve

- We will have fewer children and young people who have been excluded from school on a permanent or fixed term basis
- We will sustain the April 2015 levels of first time entrants into the youth justice system
- There will be fewer children and young people placed in custody as a result of offending behaviour; fewer placements in specialist educational settings due to challenging behaviour and fewer placements in residential facilities for behaviour management needs
- Any anti-social behaviour involving children and young people will primarily be addressed through restorative justice approaches
- We will have more young people in education, employment or training
- Reduced rates of re-offending among young people subject to court ordered intervention
- The number of young people smoking, drinking and misusing substances will have reduced
- Specific targets will be developed as part of this work

Priority six: Children and young people with disabilities

There are approximately 5,000 children and young people in Herefordshire with disabilities, including special educational needs and autism. Our vision is that they will be healthy, safe and achieving well and will go on to lead happy and fulfilled lives with choice and control.

In order to deliver our vision, we will:

- Enable and promote access to universal services and opportunities for children with disabilities and their families
- Ensure a seamless and straightforward integrated pathway to provide multi-disciplinary support to disabled children and young people from 0 to 24 years old
- Establish a pathway for those moving into adulthood (15 years old plus) with a particular focus on those with significant and complex needs. This will be funded by an investment of £250,000 which in turn will ultimately help to achieve savings of £350,000
- Develop education and learning opportunities for those aged 16 plus to reduce the need for residential placements
- Enhance local support for families, including family-based respite services, by retaining existing budgets and reinvesting our resources
- Develop personal budgets and personal health budgets to enable families to exercise more choice and control over their lives within the budgets available

What we aim to achieve

- Clear advice, signposting and information to enable children, young people and their families to make informed choices and take more control of their own lives, with an appropriate level of support to arrange education, training, social, leisure, housing and employment opportunities

- Effective early support to prevent needs escalating and a reduction in the number of families that ultimately enter the children in need, child protection or looked after child systems

- A 'whole system approach' for children and young people with disabilities from 0 to 25 years old, including across major progression points such as moving into adulthood. This will ensure we deliver seamless and straightforward pathways and support from both the child's and family's point of view

- Less duplication of effort by streamlining assessments, sharing information and delivering services with better integration

- A shared understanding of need at both the individual and population level

- Services which are judged to be 'Good' by relevant regulatory agencies, such as Ofsted

- Delivering services within the available resources:
  - 10,500 hours of daytime short breaks for 100 children and their families
  - 450 children supported by a co-ordinated education, health and care plan
  - 200 families supported by an improved children with disabilities team

Herefordshire Council

West Mercia POLICE

NHS

hvoss
herefordshire voluntary organisations support service

2gether
Making life better

Foundation Trust
For Herefordshire
NHS

West Mercia Youth Offending Service

www.herefordshire.gov.uk

Herefordshire Council

Meeting:	**Health & wellbeing board**
Meeting date:	**26 November 2015**
Title of report:	**Health and wellbeing strategy – urgent care pathway update**
Report by:	**Chief officer, Herefordshire Clinical Commissioning Group**

Classification

Open

Key decision

This is not an executive decision.

Wards Affected

Countywide

Purpose

To consider progress in delivery of an integrated urgent care pathway.

Recommendation(s)

THAT:

(a) the integrated urgent care pathway plans (at appendix 1) are reviewed; and

(b) the board identifies any areas for further focus or additional actions to secure improvement.

Alternative options

1 The board is invited to consider whether any alternative or additional actions are necessary.

Reasons for recommendations

2 The board is responsible for reviewing whether the commissioning plans and arrangements for the NHS, public health and social care are in line with and have given due regard to the health and wellbeing strategy.

Key considerations

3 The health and wellbeing strategy agreed by the board in June of this year recognises the need for multi-agency transformation to secure stronger future service delivery and benefit the residents of Herefordshire. The transformation programme brings together four areas of work: supportive communities; collaborative communities, urgent care and acute care. The transformation programme aims to:

- make better use of our staff, our organisations and our physical assets in our local communities to support local people's health and wellbeing;
- bring services and programmes for adults and children together where there are inefficiencies and duplication so they are more effective;
- develop and deliver proactive, large scale preventative programmes together with targeted care that supports self-help, prevention and promotes recovery and resilience;
- place people and communities at the heart of our plans for integration focusing on GP registered populations;
- ensure that we deliver co-ordinated, personalised care using the latest technology to enable care and support outside of hospital.

4 The presentation (attached at appendix 1) identifies progress to date, and the board is invited to review progress and identify areas for further focus or additional action.

Community impact

5 The health and wellbeing strategy identifies the key priorities for the county; by reviewing the plans for achieving these priorities the board can gain assurance that resources across the health and social care system are being directed in the most appropriate way.

Equality duty

6 In reviewing the plans, the board should have regard to the need for plans to seek 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

7 None arising directly from this report. If the board identifies additional actions; regard must be had to the financial implications of delivery.

Legal implications

8 The Health and Social Care Act 2012 provides the primary responsibility of health and wellbeing boards to identify the current and future health and social care needs of the local community. The board is acting under this duty by reviewing the current arrangements as identified in the report.

Risk management

9 Risks to delivery are identified in appendix 1.

Consultees

10 None.

Appendices

Appendix 1 - presentation.

Background papers

- None identified.

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Clinical Commissioning Group

Urgent Care

Health and WellBeing Board February 2016

Putting the public and patients at the heart of everything we do

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Herefordshire Urgent Care: The Process

- Patient/public engagement
- Clinical engagement
- Emerging clinical model – Public Governing Body December
- **WHERE WE ARE: Stakeholder engagement – refine model**
- NHS England Assurance Process – including external review
- Full public consultation
- Findings used to further refine model
- CCG Governing Body Decision

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Herefordshire Urgent Care

Population 184,900

24 GP Practices

1 Local Authority

1 Mental Health Trust

1 Integrated Acute/Community Provider

1 A&E incl Ambulatory Care Unit

1 GP Federation with 3 “Hubs”

1 WIC

4 MIUs

The Case for Change: Local Challenges

Rising Demand	• Demographic Change • Rising Expectations
Stretched Delivery System	• Workforce Constraints • Poor Performance (4 Hour Target)
Service Duplication	• Confusing Access Points • Fragmented Resources • Limited Local Resilience • System Inefficiency

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The Case for Change: Local Opportunities

PMAF Pilot Site	• Additional Capacity • Mobilised Workforce • IG/IT Solutions – Information Sharing
Contractual Opportunities	• Contract Expiry: GP OOHrs and WIC • Regional procurement NHS 111/GP OOHrs
Timing	• Local Appetite for Change • NHSE Standards for Integrated Care • NHSE: Innovative Commissioning

Urgent Care: Local Voices

Public

- Primary Care as the first port of call
- Keep A & E for accidents and emergencies
- Information Sharing – I need to "feel known"
- Integration with usual care
- Enable self management of LTCs

Clinicians

- GP access to diagnostics – In and OOHrs
- GP OOHrs as a continuum of care
- Senior clinical decision makers early in the pathway – irrespective of access point
- Single front door, integrated with usual (GP) care
- Something to discharge to….

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Herefordshire Outcomes

I feel informed and clear about available & appropriate urgent care services

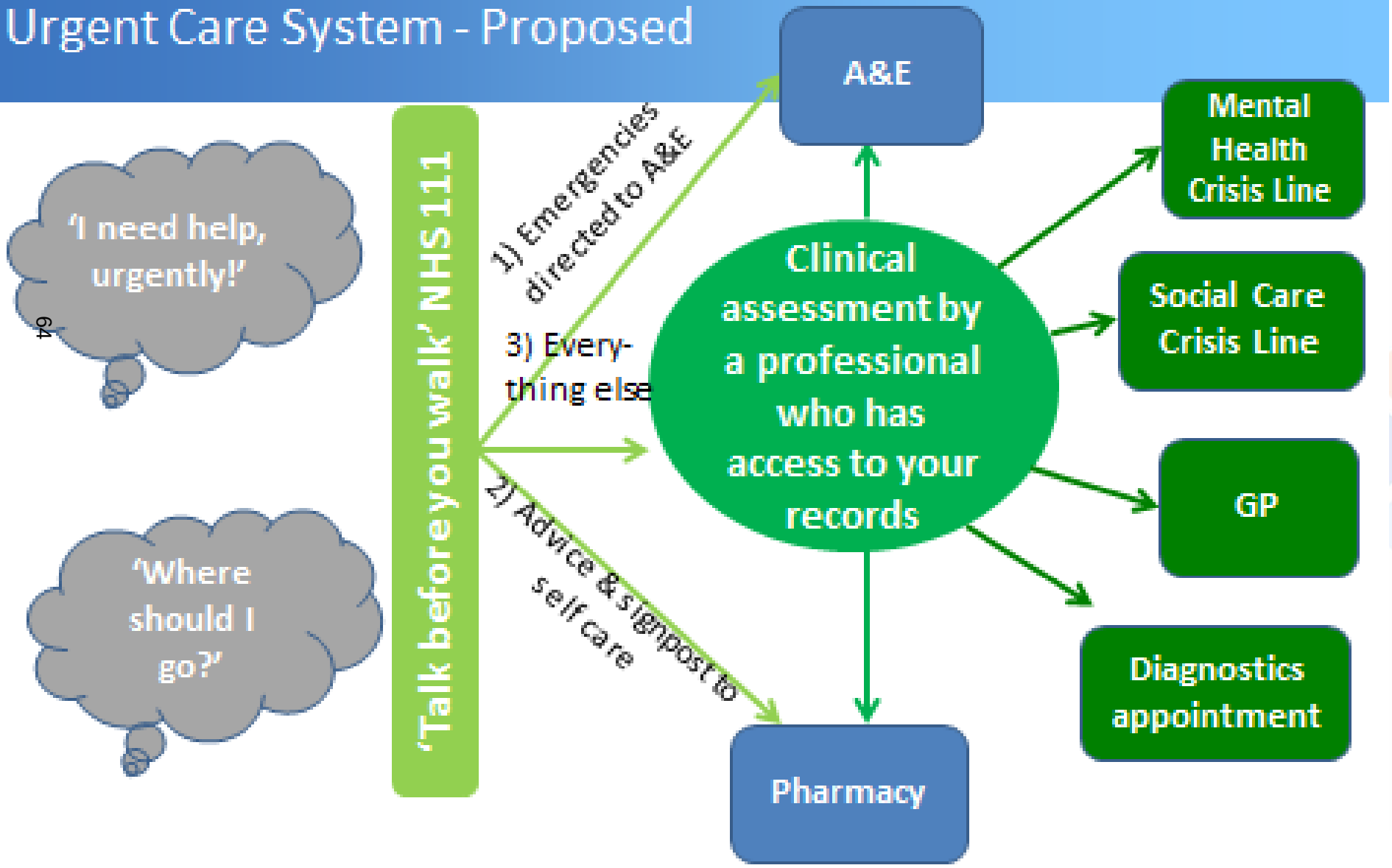
I feel confident and knowledgeable about managing my condition and prepared to deal with and anticipate future urgent care issues

I feel reassured 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 & efficient

I want to live independently for as long as possible in my home with the best quality of life wherever possible

Urgent Care System - Proposed



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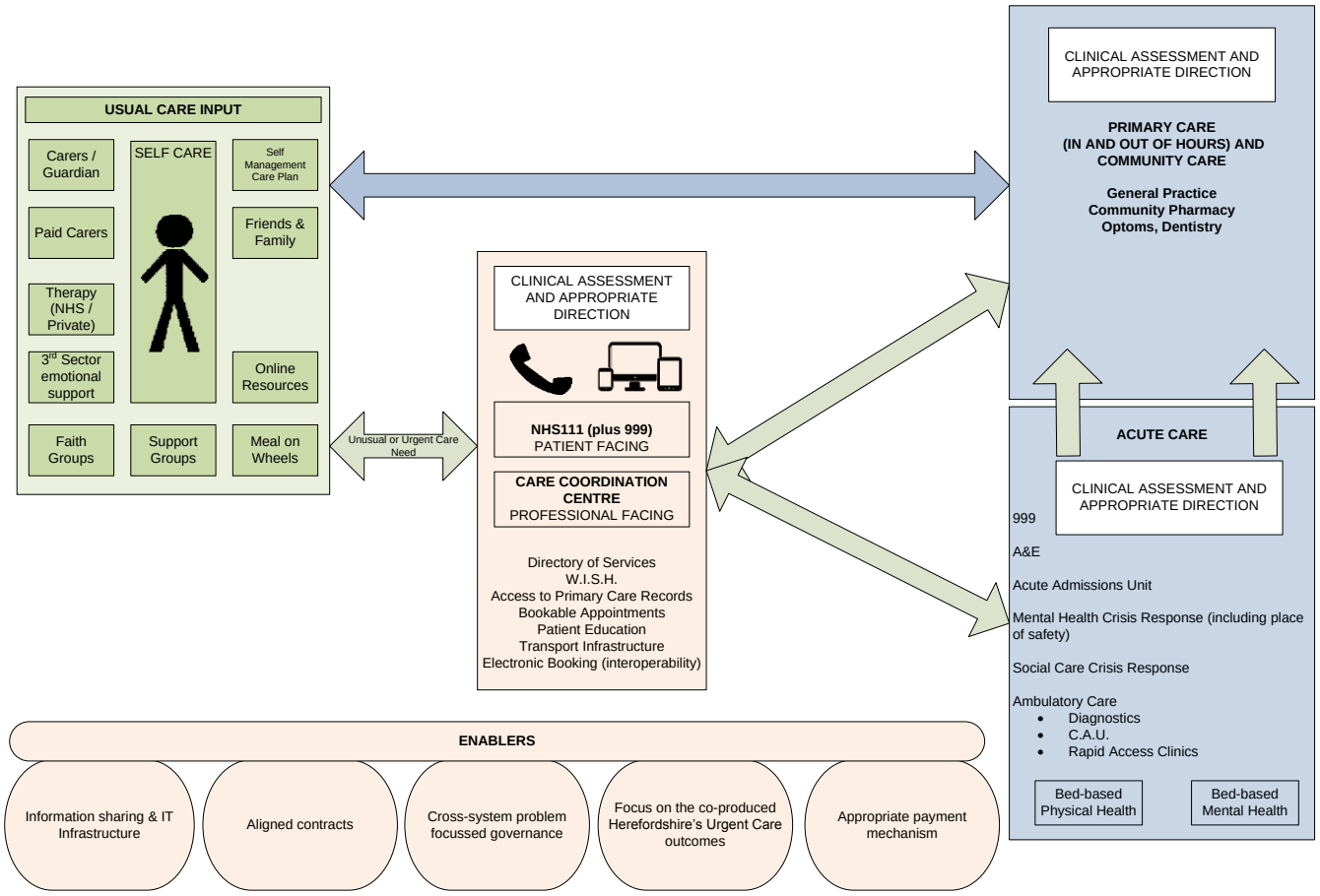
Emerging Clinical Model

FIG 1. HEREFORDSHIRE URGENT CARE PATHWAY WITH CLINICAL ASSESSMENT AND APPROPRIATE DIRECTION



Emerging Clinical Model – Key Points

- Primary and community services central to the pathway
- Integrated support for people with both mental and physical health problems
- Information Technology - access to patient records across providers
- Changing clinician-patient interaction – to make self management central to delivery of care
- *Clinical* assessment and direction to the most appropriate service across whole pathway – a “virtual” single point of access

Emerging Clinical Model – Key Points

- Primary care:
  - As the first port of call for urgent care
  - Redirection to primary care through clinical assessment
  - Bookable appointments at primary care settings

- 7 day services in primary care:
  - 8am to 8pm Monday to Friday
  - 9am to 1pm on Saturday and Sunday
  - A combination of bookable and on the day appointments

- GP OOHrs acts as a continuum of in-hours care – not just a “holding function”

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Delivery of HWBB Strategy

HWBeing Strategy

Sustainable services

People make informed decisions about what they need to do to remain healthy. People are responsible for their own health and wellbeing

Provision of care as close to home as possible

Working together – to deliver the right service, at the right place and time.

Easy access to acute hospital services when needed

Urgent Care Pathway

Removing service duplication to increase local resilience

Supportive self management

Primary care – as the first port of call for urgent care

Clinical assessment and direction – to the most appropriate service first time

A & E for accidents and emergencies

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NEXT STEPS

- National clarity on 7 day primary care
- Ongoing stakeholder feedback - refine model
- Clinical Senate Review
- NHS England Assurance process
- Full Public Consultation
- Findings used to refine model
- Governing Body Decision

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QUESTIONS?

Herefordshire Council

Meeting:	**Health & Wellbeing Board**
Meeting date:	**23rd February 2016**
Title of report:	**5-year sustainability and transformation plan (STP)**
Report by:	**NHS Herefordshire Clinical Commissioning Group**

Classification

Open

Key Decision

This is not an executive decision.

Wards Affected

Countywide

Purpose

This purpose of this report is to outline to the health and wellbeing board, and seek its view on the following:

- NHS England requirements for a 5 year sustainability and transformation plan (STP) for health and care systems across England
- the purpose of the strategic plan
- the timelines, governance framework and processes intended to support the development the plan
- the planning footprint as outlined agreed by NHS England
- the role of the health and wellbeing board in the development of the plan

Recommendation(s)

THAT:

(a) the health and wellbeing board considers the content of the report and proposals;

(b) health and wellbeing board representatives are identified to be members of the sustainability and transformation plan oversight group; and

(c) the health and wellbeing board reviews the timetable for the development of the plan and agrees the associated dates on which it will review the progress of the 5 year plan.

Alternative options

1 There are no alternative options; all health systems are required by NHS England to develop a 5 year plan, which outlines the challenge the system(s) faces and proposals to respond to these challenges to ensure sustainability is achieved. Lack of a coherent and credible plan will prevent health bodies from accessing national transformation monies that are key to delivering improved health outcomes, financial balance and quality services for Herefordshire residents. To be successful plans have to be developed in partnership with Herefordshire Council colleagues and partners from across the system.

Reasons for recommendations

2 Health and wellbeing board(s) are recognised as an essential part of all health and social care systems with a central leadership role in the development of system-wide transformational strategies; NHS England's planning guidance reinforces the need for the HWBB to be actively engaged in the development of the 5 year sustainability and transformation plan.

3 To be successful and deliver change senior leaders across the system need to have been engaged and own the proposals associated with the plan going forward to ensure it aligns with partners plans. While the plan will have to meet national requirements and adhere to NHS England guidelines and frameworks, it also importantly needs to reflect local challenges, priorities and needs. The health and wellbeing board is one of the key bodies where the latter needs to be reviewed and considered.

Key considerations

4 The NHS planning guidance for 2016/17 introduces the requirement for a five year sustainability and transformation plan. This needs to combine commissioners and providers at all layers (i.e. specialised, clinical commissioning groups, public health, and social care) and identify how the system will be returned to aggregate financial balance. Development of this plan will drive system transformation on a scale beyond the approaches taken to date. It is therefore imperative that priorities are developed jointly and a system wide transformation programme is created to deliver those priorities.

5 Nationally the NHS's sustainability and transformation fund (STF) will grow from £2.1bn in 2016/17 to £2.9bn in 2017/18, rising to £3.4bn in 2020/21, with an increasing share of the growing fund being deployed on transformation including the five year forward view's new care models, and mental health parity of esteem. The NHS England board will make decisions on allocating the STF for 2017/18 and beyond in the light of place-based sustainability and transformation plans to be developed by July 2016 across the NHS. The fund is aimed to encourage stronger collaboration between commissioners and providers through more aligned incentives for effective planning. The move is aimed at encouraging and supporting different parts of the NHS to move beyond the walls of individual organisations, shifting the

focus of health care planning away from bricks and mortar towards building services around the needs of patients.

6 The STP is aimed at a wider geography to ensure that there is a clinical strategy for the wider system, for example emergency care, specialised care, cancer, children's and maternity services are planned with the right workforce and quality, that meet the national strategy in these services, and within the funding available. The STP will identify those services that must be planned on this bigger footprint and also the issues that need to be addressed – in improving quality, outcomes and value. These plans are the single route by which national transformation resources and support for each patch will be accessed. The process of the STP commenced in January and will complete the national sign off of the plans by July.

7 In liaison with NHS England health bodies have agreed that the proposal for the STP footprint is to be built on a Herefordshire and Worcestershire basis. There will inevitably be extended relationships and border issues beyond these two areas (Dudley / Birmingham to the North, Warwickshire to the East, Gloucestershire to the South and Wales to the West), but the core planning footprint needs to be nominated as one layer for strategic planning. In Herefordshire there are well established clinical flows to both Worcestershire and Gloucestershire. Although Gloucestershire is in a separate NHS England region there will clearly be a need to incorporate these patient flows within the STP. Furthermore a significant proportion of Herefordshire's activity comes from the separately managed health system in Wales and the implications of this will also need to be reflected. This approach has been endorsed by regional NHS Director and West Midlands group of local authority chief executives. Each of the STP systems will have a governance structure that must include the key local government and social care partners. Ensuring effective accountability through strong local governance processes, particularly health and wellbeing boards, will also be important.

8 Herefordshire as a system has a sound starting point for the development of its 5 year plan, in the form of the One Herefordshire Programme. This has identified the challenges the system faced and developed programme of work in response to these, these importantly have been established with key partners around the table. This is based around 4 key work streams: supportive communities, community collaborative, acute services and urgent care. However it is recognised that the challenges facing the health and care system in many areas cannot be solved in isolation and requires looking at sustainable solutions with partners beyond Herefordshire. These solutions and the possible partnerships will depend on the clinical services or pathways being reviewed for example:

- Three counties solution e.g. across Gloucester, Worcestershire and Herefordshire for improved cancer services
- Two counties solution e.g. improved acute services networks
- One county solution e.g. focus on better care fund initiatives programmes and integrated care plans and primary care
- Sub-county solutions e.g. community teams focused on practice populations across the county

9 Health bodies and local authorities have already begun the process of establishing mechanisms by which this plan will be developed. This will include an oversight group covering both Herefordshire and Worcestershire, involving accountable officers and chairs of partner bodies, alongside a group of operational planning leads from key bodies that will be meeting regularly over the next 6 months. This process will identify the challenges facing the system (s) and identify the opportunity where working on a

wider footprint beyond traditional county boundaries will add value. As part of this groups will be formed to support the development of the plan, as well as the delivery of priority programmes. This group is likely to meet one to two times during the course of the development of the plan to review and consider the plan. Health and wellbeing boards from Herefordshire and Worcestershire have been requested to identify a representative(s) to be member of this group.

10 An outline timetable and delivery plan has been developed. This is attached in appendix 1. Key dates and sign-off points are outlined and highlighted, along with purpose of meeting. The outline governance associated with the development of the plan is also included. Currently detailed guidance has not been issued by NHS England and its partners on the precise requirements and expectations of the STP, any further detail made available prior to 23 February will be shared with the health and wellbeing board members.

Community impact

11 The STP has the potential to have a significant positive impact on the county of Herefordshire. It will outline the future of health services, in conjunction with social care partners, as well detailing how systems financial sustainability can be delivered. The sustainability challenge can only be meet with partners from across the Health and social care systems engaging in the development of this work, and governance mechanisms will be put in place to ensure that this is facilitated.

12 In developing the STP cognisance of both Herefordshire and Worcestershire joint health and wellbeing strategies and joint strategic needs assessments, will be uttermost in its development. It will be essential that these form the basis, particularly in relation to the aim of improving the population health of each county. The One Herefordshire programme used *Understanding Herefordshire* as a key starting point for its work programme, and this will be used to support analysis and need assessments going forward. Feedback and responses from consultation and engagement exercises, for example on urgent care, mental health and dementia to inform needs assessments and pathway developments will also inform the plan development.

Equality duty

13 The CCG and its partners 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. This will include undertaking reviews on any proposed de-commissioning or disinvestment decisions.

Financial implications

14 A central tenet of the STP will focus on how the health system, in conjunction with local authority partners, can achieve aggregate financial balance. This will include analysis of the financial gap across the two counties, and the change, pathway redesign and transformation programmes that will be required to bring the system into financial balance. For Herefordshire this work will draw on the analysis and assessment already undertaken for the One Herefordshire programme.

Legal implications

15 The development of the STP, is a requirement of NHS England, and its partners Monitor and the Trust Development Authority. All health systems are required to produce a plan based on their locality footprint by the end of June.

16 In developing the plans the CCG with its partners will be ensuring compliance with each partner's statutory duties, for the CCG for example this will include meeting its obligations around the NHS Constitution and putting in place improvement plans and programmes designed to deliver nationally stipulated standards. It will also be ensuring it consults and involves patients and the public on any decommissioning or disinvestment decisions it may need to consider in light of the financial challenges the health and social care system faces.

Risk management

17 The bodies involved in the development of the STP, will ensure that they identify and manage risks across the planned work programmes and report this to the appropriate bodies. The key areas of risk are likely to be focused on the delivery of financial sustainability across the health and social system(s); potential inability to deliver NHS constitutional standards, and non-delivery of transformational change

Consultees

18 In developing the STP the partner bodies will ensure they pull on existing feedback and outcomes from recent consultation exercises, as well as looking for opportunities to engage and involve patients and staff in its development going forward. Partners will be engaged via health and wellbeing boards and other key fora. A more detailed communications and engagement plan will be developed to support this work.

Appendices

Appendix A – Partners briefing on development of sustainability and transformation plan including outline timetable and governance structures

Background papers

None identified.

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APPENDIX A

NHS
Herefordshire
Clinical Commissioning Group

Developing 5 year Sustainability and Transformation Plan

Stakeholder Briefing - February 2016

Developing a Sustainability and Transformation Plan (1)

Establishing a footprint

The NHS Planning Guidance for 2016/17 introduces the requirement for a five year Sustainability and Transformation Plan. This needs to combine commissioners and providers at all layers (ie specialised, CCGs, public health etc) and identify how the system will be returned to aggregate financial balance.

Development of this plan will drive system transformation on a scale beyond the approaches taken to date. Commissioner and provider positions can no longer be looked at in isolation and the potential to "trade" out of trouble is not an option. It is therefore imperative that priorities are developed jointly and a system wide transformation programme is created to deliver those priorities.

The STP is aimed at a wider geography to ensure that there is a clinical strategy for the wider system – for example emergency care, specialised care, cancer, children's and maternity services are planned with the right workforce and quality; that meet the national strategy in these services; and within the funding available. The STP will identify those services that must be planned on this bigger footprint and also the issues that need to be addressed – in improving quality, outcomes and value. These plans are the single route by which national transformation resources and support for each patch will be accessed. The process of the STP commenced in January and will complete the national sign off of the plans by July

The initial proposal is for the STP footprint to be built on a Herefordshire and Worcestershire basis. There will inevitably be extended relationships and border issues beyond these two areas (Dudley / Birmingham to the North, Warwickshire to the East, Gloucestershire to the South and Wales to the West), but the core planning footprint needs to be nominated as one layer for strategic planning.

At this stage it appears that Dudley will be drawn into the Black Country footprint, Birmingham to a city based footprint and Warwickshire into an Arden footprint. In Herefordshire there are well established clinical flows to both Worcestershire and Gloucestershire. Although Gloucestershire is in a separate NHS England Region there will clearly be a need to incorporate these patient flows within the STP. Furthermore a significant proportion of Herefordshire's activity comes from the separately managed health system in Wales and the implications of this will also need to be reflected.

Looking across the geographical patch, the majority of the transformational work is still likely to happen on a county-level footprint – emphasising the need for strong leadership and governance in both core areas. For example areas such as some aspects of acute care, primary care, the Better Care Fund and community services, including community mental health – these will all need to remain as part of their respective county based transformation programmes. However, where there are opportunities to work more strategically across the patch – perhaps in areas such as Urgent and Emergency care (as part of the regional network, continuing healthcare, and specialist mental health.

The H&W footprint covers four existing CCGs, two Health and Well Being Boards, one acute provider, one integrated acute and community provider, one integrated community and mental health provider and one specialist mental health provider. Herefordshire commission mental health services from a Gloucestershire based provider. There are also four existing GP federations covering the 91 GP practices and 765,000 population. With the critical importance of primary care and its growing status on the provider landscape brought about by having at scale operations, these will need to be an integral part of the STP development process.

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Clinical Commissioning Group

Developing a Sustainability and Transformation Plan (2)

Developing Programme Governance

Our proposed governance structure is designed to recognise that system leadership and direction is required at both levels and wherever possible existing forums are used to drive this change. It is in no way proposing to add an additional layer of governance over the existing programmes. Programmes such as One Herefordshire and those work streams driven by the Worcestershire Health and Social Care Leaders Forum will continue to have independence over decision making and will not be expected to report to the STP board except where there is agreed overlap of programmes.

There are currently two county level groups that oversee system transformation in each area and a number of transformation programmes such as One Herefordshire, FoASHW, Well Connected etc. To ensure that the STP footprint can be taken forward an overarching governance board will need to be formed containing leadership in the key areas identified in the diagram. In NHS terms there is outline agreement for this to happen and discussions are being taken forward with local Health and Well Being Boards to make the case to local authorities and their elected membership who have initially indicated concerns over the purpose of the extended footprint.

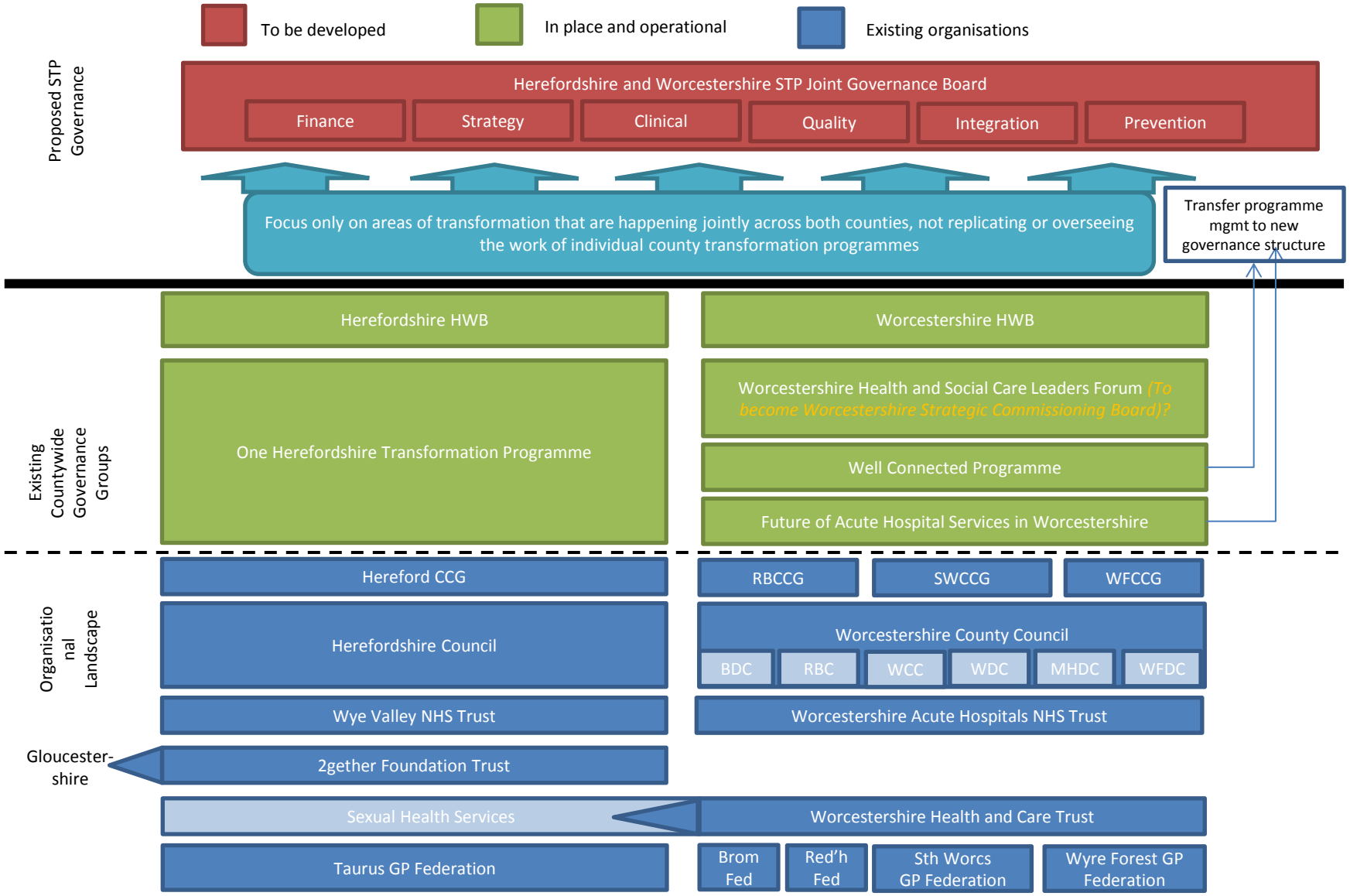
At the STP level, there will need to be two levels to the Governance – a Sponsoring Group to provide leadership and direction which is constituted from all key stakeholders and a Programme Board to oversee the physical delivery of change, which is constituted from nominees of the Sponsoring Group. The reason why these roles will be separated is to ensure that all key stakeholders can be involved in the development of the strategic direction, but to allow delegation of the practical programme implementation to be organised at a manageable level.
The detail of this is being worked through.

Existing transformation programmes across both counties already have programme delivery structures in place and the relationship between these and the STP footprint programme need to be worked through. There may be some opportunity to amalgamate certain aspects and this will be explored as an early part of the STP programme development. Where there is clearly no overlap or compelling reason to operate at STP level then the county based transformation programmes will continue as now.

It is clear that development of the STP and delivery of the programme is a significant undertaking and will require a dedicated resource. The NHS guidance is clear about what is expected to be included in the STP and how this needs to address the triple aim. The relationship between the content of the STP and local transformation plans and the resourcing of each area is complex and needs to be developed jointly during the early stages of the work programme.

There will be a number of specific clinical strategies that will be developed and these will be supported by project managers and named clinical leads. There are also a number of cross cutting themes that will be led by dedicated staff who are either seconded to or recruited to the programme team. There will also be support and expertise in key programme enabler areas – not full time roles, but clearly identified requirements resourced from existing partner infrastructure. Clear programme direction and clinical leadership will be agreed to bring everything together. Nominations and representatives from each Health and local health economy are being identified to support the development of this work.

Developing a Sustainability and Transformation Plan (3)



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Developing a Sustainability and Transformation Plan (4)

In developing the STP Herefordshire Health bodies and Herefordshire Council colleagues are clear however that they have established a common vision for the county; and this will be a key starting point as the STP work develops. Building of the initiatives that will be linked into the STP work will remain on a Herefordshire locality as this is considered essential for successful delivery.

The vision for the local health and care system in Herefordshire is one where strong communities encourage individual citizens to live healthy lives and offer support when this is required for them to maintain their independence, with sustainable, aligned health and care services for local people. Sustainable services are those delivered via a model of care which ensures that they can be delivered in a clinically viable, safe and effective manner at the scale to which they are required locally and within the financial resources available to the system as a whole

One Herefordshire Programme is focused around 4 work streams.

- Supportive Communities
- Community Collaborative
- Urgent Care
- Acute Care

These are lead and supported by key leaders from across the system, and report to the One Herefordshire Programme Board.

Delivering optimum outcomes:

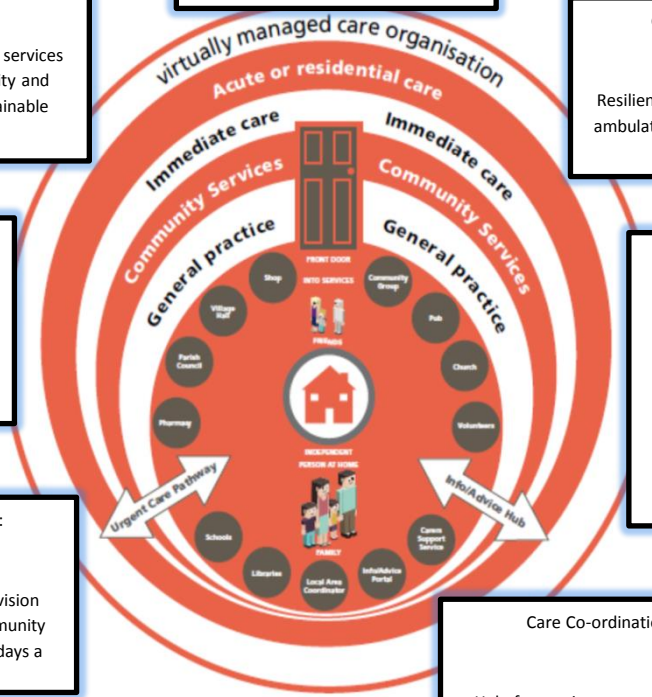
Drawing on alliance partners across health, social care, independent sector and voluntary sector

Acute care for those that need it:

Revised models of staffing, services integrated with community and efficiency to deliver sustainable services at scale

Care closer to home:

Resilient, seven day access to a GP; ambulatory care pathways provided in the community



Keeping people well at home

Services configured to support prevention, wellbeing and promoting independence, keeping well and at home as a primary aim

Enhanced, primary, community and mental health at scale:

Joint delivery of population based provision to improve outcomes providing care closer to home, integrated GP, community and mental health provision with hospital outreach. Aligned to social care

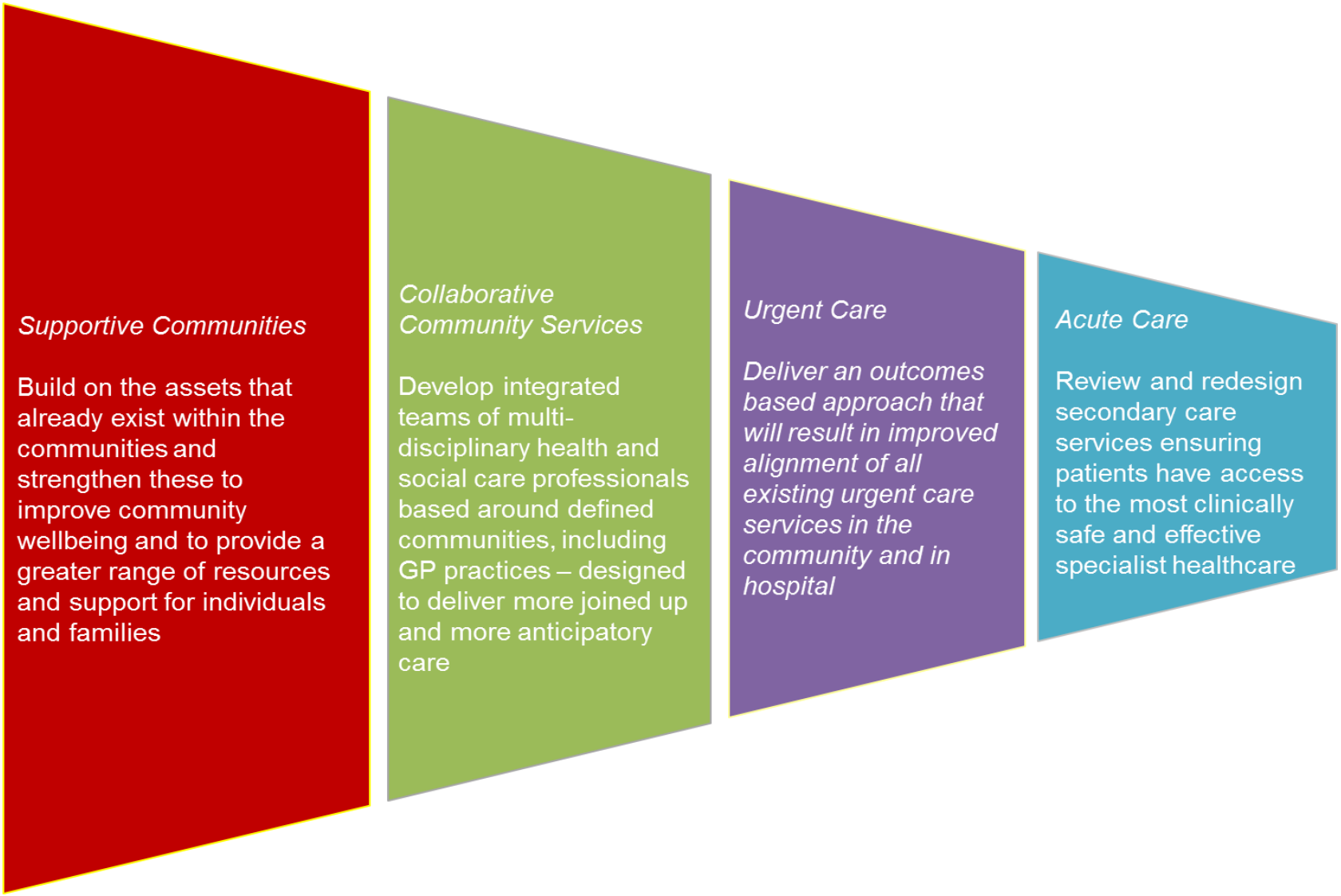
Urgent Care Networks:

Integrated urgent care provision across social, primary, community and secondary care, seven days a week

Care Co-ordination:

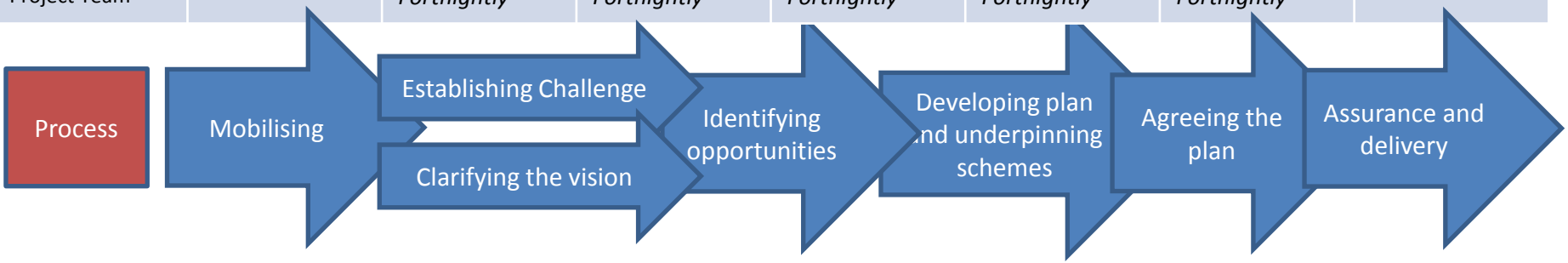
Help for service users to navigate through their pathway of care in order to deliver reduced reliance on tier 3 and 4 services

One Herefordshire Workstreams



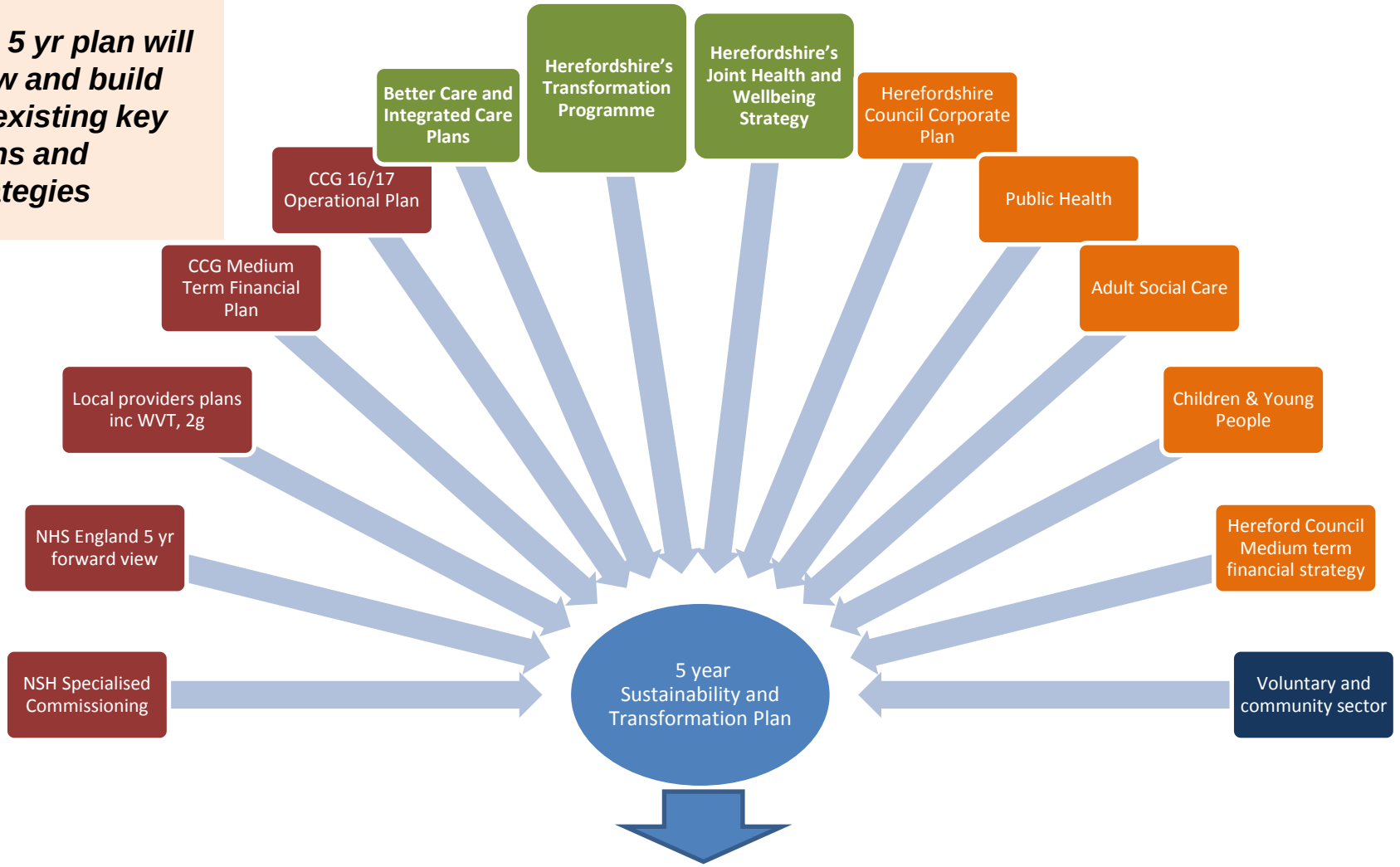
The development of the 5 year will take place over the next 6 months; An overview of the process and approval points in Herefordshire, are outlined below., a more detailed project plan is being developed

	Jan	Feb	March	April	May	June	July
NHS England key dates	*Footprint submission*		*End of march outline vision*			*End of June plan*	
Strategic Oversight Board			*Date to be confirmed*			*Review and approval of plan*	
Herefordshire HWBB		*23rd Feb - Briefing*			*24th May Review of draft plan*		
One Herefordshire Board							
CCG Governing Body		*Update on process*	*Review of Vision*		*Review of plan*	*Approval of plan*	
Partners Boards (2g/WVT)			*Review of Vision*		*Review of plan*	*Approval of plan*	
Project Team		*Fortnightly*	*Fortnightly*	*Fortnightly*	*Fortnightly*	*Fortnightly*	



Strategic Planning context

The 5 yr plan will draw and build on existing key plans and strategies



2020 – end state – sustainable health and care system; with better outcomes for Herefordshire residents

Sustainability and Transformation Plan: Current status

Agreed footprints for West Midlands

- Herefordshire & Worcestershire
- However agreed that need to recognise existing arrangements and partnerships e.g. flows and partnerships with Gloucestershire

Will build on existing programmes and initiatives

- *One Herefordshire*
- *Well connected/ Future of Acute Services in Worcestershire*
- *Better Care funds and integrated care plans*

Proposal

- One County approach for some initiatives e.g. BCF
- Two counties e.g. Acute Services
- Three Counties e.g. MH/Cancer
- Sub-county e.g. community teams

First steps

- 'Operationally' a STP planning group across H&W Health bodies in place to meet every 2/3 weeks
- Oversight group will meet 2/3 times up till June to include (AOs, Clinical Leads and HWBB chairs
- Communications and Engagement and briefing of key partners
- Outline governance framework – key groups to be established nominees requested e.g. Finance, clinical and infrastructure
- First task to establish the 'sustainability' challenge across the footprint
- Identification of key areas and pathways where 2/3 counties approach will add value

Planned programme status by August 2016 – drawn from One Herefordshire work

- **Programme delivery –** PMO function with development and implementation of a consistent and coherent suite of performance and assurance reports
- **Finance-** a robust identification and agreed implementation of the EY savings programme
- **BI -** a fully developed impact assessment of each of the workstreams
- **Communication-** the development and implementation of an integrated "marketing", public involvement, engagement and communication on a range of significant changes
- **Engagement –** a programme of engagement events involving staff and key stakeholders, to build understanding and support for the alliance proposal and transformation programme.
- **Workforce –** detailed development of changes linked to re-design, engagement of clinical staff in shared learning and ensuring consistent and changed practice, identification of skill mix roles linked to future demand and need, growing innovative roles to link secondary, primary and community based care.
- **Service change**– to enable mobile working and to support a process of cultural change and organisation

Herefordshire Council

Meeting:	**Health and wellbeing board**
Meeting date:	**23 February 2016**
Title of report:	**Better care fund quarterly report**
Report by:	**Joint commissioning better care fund manager**

Classification

Open

Key Decision

This is not a key decision.

Wards Affected

Countywide

Purpose

To approve the better care fund quarter three national report as per the requirements of the programme.

Recommendation(s)

THAT:

(a) the better care fund (BCF) quarter three report attached at appendix 1 be approved for submission to NHS England.

Alternative options

1 There are no alternative options as the return is a national requirement.

Reasons for recommendations

2 The recommendation has been made as the authority has an obligation to submit quarterly performance returns for the better care fund. The quarterly return which is presented in appendix 1 of this report satisfies this requirement by demonstrating the statistical performance and financial information of the better care fund during the third quarter of 2015/16.

Further information on the subject of this report is available from
Amy Pitt – Joint Commissioning Better Care Fund Manager on Tel (01432) 383758

Key considerations

3 On 16 October 2015, central government confirmed that the better care fund will continue in 2016/17. Subsequently, the BCF Policy Framework was published, disclosing the details of the minimum size of the Fund. However the corresponding national BCF planning guidance for 2016/17 has not yet been published. Notwithstanding this, Herefordshire Council has initiated its preparations for BCF 2016/17 including, but not limited to, a review of the authority's section 75 agreement. In addition, the quarterly return provides an opportunity to request support for the future planning of the BCF.

4 The quarter three report at appendix 1 provides an update and monitors key areas within the BCF plan. All metrics are on schedule to either meet the targets or demonstrate improved performance from last year.

5 The reduction in fall related admissions is on track and shows a 24% reduction on arrivals at A&E following a decrease due to the implementation of the falls responder team. Performance in respect of the reablement service indicator has improved from last year but is not meeting the full target in- year. This is a small, targeted service and a small variation within the service can have a large impact on the metric. The lead commissioner is also addressing these issues with an improvement plan.

6 This report demonstrates that the NHS number is being used as a primary identifier for health and social care. Furthermore, work is in progress to pursue open API's (i.e. systems that speak to each other) and ensuring appropriate information governance controls are in place.

7 New integration metrics are also included within the report on risk stratification and personal health budgets. The clinical commissioning group (CCG) has recently applied and been accepted onto the personal health budgets accelerator development programme which commenced in November 2015.

8 The board should be aware that In order for Herefordshire Council to be able to set the council budget in accordance with the council's constitution and ensure that its financial obligations are met, a number of key assumptions have been made in respect of key funding streams received by the council through the BCF.

9 The council's medium term financial strategy assumes that the local authority will continue to receive at least the same level of funding 2016/17 as it has received in 2015/16 in critical areas such as the protection of social care and the additional costs associated with implementing the Care Act (2014) requirements, a total of £5.0m.

Community impact

10 The BCF plan is set within the context of the national programme of transformation integration of health and social care. Herefordshire Council and Herefordshire CCG are working together to deliver on the key priorities within the plan to achieve savings and improve the delivery of services.

Equality duty

11 The council is committed to equality and diversity using the public sector equality duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

12 All equality considerations are considered as part of the development and implementation of the plan.

Financial implications

13 For 2015/16 the care home market management pool is currently projecting a financial pressure of £1.2m. This has arisen following a significant increase in demand for continuing residential health care. However, this overall figure represents a small decrease from the £1.4m reported in Q2. In addition, social care spend shows a small decrease and is now in line with the budget. The risk share arrangements for 2015/16 mean that £0.9m of the overspend has to be funded by the local authority.

Legal implications

14 There are no legal implications with the report.

Risk management

15 The risk of not approving the return will delay the response to NHS England and which will result in a late return. The report provides an update on the BCF plan and is based on statistical and financial information.

Consultees

16 Public engagement is not required for this return.

Appendices

Appendix 1 - Better care fund quarter three template

Background papers

- None identified

Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 26th February 2016.

The BCF Q3 Data Collection

This Excel data collection template for Q3 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on BCF metrics.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an overview of progress with your BCF plan, the wider integration of health and social care services, and a consideration of any variances against planned performance trajectories or milestones.

Cell Colour Key

Data needs inputting in the cell
Pre-populated cells
Question not relevant to you

Throughout this template cells requiring a numerical input are restricted to values between 0 and 100,000,000.

Content

The data collection template consists of 9 sheets:

Checklist - This contains a matrix of responses to questions within the data collection template.
1) Cover Sheet - this includes basic details and tracks question completion.
2) Budget arrangements - this tracks whether Section 75 agreements are in place for pooling funds.
3) National Conditions - checklist against the national conditions as set out in the Spending Review.
4) Non-Elective and Payment for Performance - this tracks performance against NEL ambitions and associated P4P payments.
5) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.
6) Metrics - this tracks performance against the two national metrics, locally set metric and locally defined patient experience metric in BCF plans.
7) Understanding support needs - this asks what the key barrier to integration is locally and what support might be required.

8) New Integration metrics - additional questions on new metrics that are being developed to measure progress in developing integrated, cooridnated, and person centred care
9) Narrative - this allows space for the description of overall progress on BCF plan delivery and performance against key indicators.

Checklist

This sheet contains all the validations for each question in the relevant sections.
All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

1) Cover Sheet

On the cover sheet please enter the following information:
The Health and Well Being Board
Who has completed the report, email and contact number in case any queries arise
Please detail who has signed off the report on behalf of the Health and Well Being Board.

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 9 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This plays back to you your response to the question regarding Section 75 agreements from the Q1 and Q2 2015-16 submissions and requires 2 questions to be answered. Please answer as at the time of completion. If you answered 'Yes' previously the 2 further questions are not applicable and are not required to be answered.

If your previous submission stated that the funds had not been pooled via a Section 75 agreement, can you now confirm that they have?
If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance are still on track to be met through the delivery of your plan (http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/). Please answer as at the time of completion.

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' and 'No - In Progress' that these are on track. If 'No' or 'No - In Progress' is selected please provide a target date when you expect the condition to be met. Please detail in the comments box what the issues are and the actions that are being taken to meet the condition.
'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31st March 2016.
Full details of the conditions are detailed at the bottom of the page.

4) Non-Elective and Payment for Performance

This section tracks performance against NEL ambitions and associated P4P payments. The latest figures for planned activity and costs are provided along with a calculation of the payment for performance payment that should have been made for Q4 - Q2. Two figures are required and one question needs to be answered:

Input actual Q3 2015-16 Non-Elective Admissions performance (i.e. number of NEAs for that period) - Cell O8
Input actual value of P4P payment agreed locally - Cell F19
If the actual payment locally agreed is different from the quarterly payment suggested by the automatic calculation in cell AR8 (which is based on your input to cell O8 as above) please explain in the comments box
Please confirm what any unreleased funds were used for in Q3 (if any) - Cell F34

5) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

Forecasted income into the pooled fund for each quarter of the 2015-16 financial year
Confirmation of actual income into the pooled fund in Q1 to Q3
Forecasted expenditure from the pooled fund for each quarter of the 2015-16 financial year
Confirmation of actual expenditure from the pooled fund in Q1 to Q3

Figures should reflect the position by the end of each quarter. It is expected that planned income and planned expenditure figures for Q4 2015-16 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan or amendments to forecasts made since the previous quarter.

6) Metrics

This tab tracks performance against the two national supporting metrics, the locally set metric, and the locally defined patient experience metric submitted in approved BCF plans. In all cases the metrics are set out as defined in the approved plan for the HWB and the following information is required for each metric:
An update on indicative progress against the four metrics for Q3 2015-16
Commentary on progress against the metric

If the information is not available to provide an indication of performance on a measure at this point in time then there is a drop-down option to indicate this. Should a patient experience metric not have been provided in the original BCF plan or previous data returns there is an opportunity to state the metric that you are now using.

7) Understanding support needs

This tab re-asks the questions on support needs that were first set out in the BCF Readiness Survey in March 2015. These questions were then asked again during the Q1 2015-16 data collection in August. We are keen to collect this data every six months to chart changes in support needs. This is why the questions are included again in this Q3 2015-16 collection. The information collected will be used to inform plans for ongoign national and regional support in 2016-17.

The tab asks what the key barrier to integration is locally and what support might be required in putting in meeting the six key areas of integration set out previously. . HWBs are asked to:

Confirm which aspect of integration they consider the biggest barrier or challenge to delivering their BCF plan
Confirm against each of the six themes whether they would welcome any support and if so what form they would prefer support to take

There is also an opportunity to provide comments and detail any other support needs you may have which the Better Care Support Team may be able to help with.

8) New Integration Metrics

This tab includes a handful of new metrics designed with the intention of gathering some detailed intelligence on local progress against some key elements of person-centred, co-ordinated care. Following feedback from colleagues across the system these questions have been modified from those that appeared in the last BCF Quarterly Data Collection Template (Q2 2015-16). Nonetheless, they are still in draft form, and the Department of Health are keen to receive feedback on how they could be improved / any complications caused by the way that they have been posed.

For the question on progress towards instillation of Open APIs, if an Open API is installed and live in a given setting, please state 'Live' in the 'Projected 'go-live' date field.
For the question on use and prevalence of Multi-Disciplinary/Integrated Care Teams please choose your answers based on the proportion of your localities within which Multi-Disciplinary/Integrated Care Teams are in use.

9) Narrative

In this tab HWBs are asked to provide a brief narrative on overall progress in delivering their Better Care Fund plans at the current point in time with reference to the information provided within this return.

Better Care Fund Template Q3 2015/16

Data collection Question Completion Checklist

1. Cover

Health and Well Being Board	completed by:	e-mail:	contact number:	Who has signed off the report on behalf of the Health and Well Being Board:
Yes	Yes	Yes	Yes	Yes

2. Budget Arrangements

S.75 pooled budget in the Q4 data collection? and all dates needed
Yes

3. National Conditions

	1) Are the plans still jointly agreed?	2) Are Social Care Services (not spending) being protected?	3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	i) Is the NHS Number being used as the primary identifier for health and care services?	ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	6) Is an agreement on the consequential impact of changes in the acute sector in place?
Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" estimated date if not already in place (DD/MM/YYYY)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Comment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. Non-Elective and P4P

Actual Q3 15/16	Actual payment locally agreed	Cumulative quarterly Actual Payments >= Cumulative suggested quarterly payments	If the actual payment locally agreed is <> suggested quarterly payment	Any unreleased funds were used for: Q3 15/16
No	Yes	Yes	Yes	Yes

5. I&E (2 parts)

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Please comment if there is a difference between the annual totals and the pooled fund
Income to	Forecast	Yes	Yes	Yes	Yes	Yes
	Actual	Yes	Yes	Yes		
Expenditure From	Forecast	Yes	Yes	Yes	Yes	Yes
	Actual	Yes	Yes	Yes		
	Commentary	Yes				

6. Metrics

	Please provide an update on indicative progress against the metric?	Commentary on progress
Admissions to residential Care	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
Reablement	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
Local performance metric	Yes	Yes
If no metric, please specify	Please provide an update on indicative progress against the metric?	Commentary on progress
Patient experience metric	Yes	Yes	Yes

7. Understanding support needs

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan	Yes

	Interested in support?	Preferred support medium
1. Leading and Managing successful better care implementation	Yes	Yes
2. Delivering excellent on the ground care centred around the individual	Yes	Yes
3. Developing underpinning integrated datasets and information systems	Yes	Yes
4. Aligning systems and sharing benefits and risks	Yes	Yes
5. Measuring success	Yes	Yes
6. Developing organisations to enable effective collaborative health and social care working relationships	Yes	Yes

8. New Integration Metrics

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Yes	Yes	Yes	Yes	Yes	Yes
From Hospital	Yes	Yes	Yes	Yes	Yes	Yes
From Social Care	Yes	Yes	Yes	Yes	Yes	Yes
From Community	Yes	Yes	Yes	Yes	Yes	Yes
From Mental Health	Yes	Yes	Yes	Yes	Yes	Yes
From Specialised Palliative	Yes	Yes	Yes	Yes	Yes	Yes

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Yes	Yes	Yes	Yes	Yes	Yes
Projected 'go-live' date (mm/yy)	Yes	Yes	Yes	Yes	Yes	Yes

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Yes

Total number of PHBs in place at the beginning of the quarter	Yes
Number of new PHBs put in place during the quarter	Yes
Number of existing PHBs stopped during the quarter	Yes
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	Yes

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes

9. Narrative

Brief Narrative	No

Cover

Q3 2015/16	
Health and Well Being Board	**Herefordshire, County of**
completed by:	Amy Pitt
E-Mail:	apitt@herefordshire.gov.uk
Contact Number:	07792 881896
Who has signed off the report on behalf of the Health and Well Being Board:	Martin Samuels

boxes below have turned green you should send the template to

	No. of questions answered
1. Cover	**5**
2. Budget Arrangements	**1**
3. National Conditions	**24**
4. Non-Elective and P4P	**4**
5. I&E	**17**
6. Metrics	**9**
7. Understanding support needs	**13**
8. New Integration Metrics	**67**
9. Narrative	**0**

Budget Arrangements

Selected Health and Well Being Board:	Herefordshire, County of

Have the funds been pooled via a s.75 pooled budget?	Yes
If it has not been previously stated that the funds had been pooled can you now confirm that they have?	
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

Footnotes:

Source: For the S.75 pooled budget question which is pre-populated, the data is from the Q1/Q2 data collection previously filled in by the HWB.

National Conditions

Selected Health and Well Being Board: Herefordshire, County of

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include a date **and** a comment in the box to the right

Condition	Q4 Submission Response	Q1 Submission Response	Q2 Submission Response	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Commentary on progress
1) Are the plans still jointly agreed?	Yes	Yes	Yes	Yes		
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	No - In Progress	No - In Progress	No - In Progress	01/03/2016	There are areas providing 7 day support across the system but not fully integrated yet. Care Co-ordination Centre to be implemented end of 2015, will move to 24/7 February 2016. Additional Complex Discharge Co-ordinator at weekends from September 2015.
4) In respect of data sharing - confirm that:						
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	Yes	Yes	Yes		
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	No - In Progress	No - In Progress	No - In Progress	No - In Progress	01/03/2016	Protocol has been developed but final sign-off required
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	No - In Progress	No - In Progress	No - In Progress	No - In Progress	01/03/2016	Yes in some areas; rest being worked up. Community Services redesign being implemented, focus initially on health element. Integrated approach being developed in parallel. Some elements well established (eg "huddle" - joint review of people requiring complex or joint health and social care response).
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	Yes	Yes		

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated
Local areas should:
• confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Footnotes:
Source: For each of the condition questions which are pre-populated, the data is from the quarterly data collections previously filled in by the HWB.

Better Care Fund Revised Non-Elective and Payment for Performance Calculations

Selected Health and Well Being Board: Herefordshire, County of

	Baseline Q4 13/14	Baseline Q1 14/15	Baseline Q2 14/15	Baseline Q3 14/15	Plan Q4 14/15	Plan Q1 15/16	Plan Q2 15/16	Plan Q3 15/16	Plan Q4 15/16	Actual Q4 14/15	Actual Q1 15/16	Actual Q2 15/16	Actual Q3 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring.	4 376	4 248	4 243	4 528	4 311	4 182	4 178	4 462	4 527	4 108	4 072	4 204	

	% change [negative values indicate the plan is larger than the baseline]	Absolute reduction in non elective performance	Total Performance Fund Available	Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline] Q4 14/15	Planned Absolute Reduction Q1 15/16	Planned Absolute Reduction Q2 15/16	Planned Absolute Reduction Q3 15/16	Maximum Quarterly Payment Q4 14/15	Maximum Quarterly Payment Q1 15/16	Maximum Quarterly Payment Q2 15/16	Maximum Quarterly Payment Q3 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring.	1.5%	262	£462 954	65	131	196	262	£114 855	£116 622	£114 855	£116 622

	Performance against baseline Q4 14/15	Performance against baseline Q1 15/16	Performance against baseline Q2 15/16	Performance against baseline Q3 15/16	Suggested Quarterly Payment Q4 14/15	Suggested Quarterly Payment Q1 15/16	Suggested Quarterly Payment Q2 15/16	Suggested Quarterly Payment Q3 15/16	Total Performance fund	Total Performance and ringfenced funds	Q4 Payment locally agreed	Q1 Payment locally agreed	Q2 Payment locally agreed
D. REVALIDATED: HWB version of plans to be used for future monitoring.	268	176	39	4528	£114 855	£116 622	£114 855	£116 622	£462 954	£3 380 000	£114 855	£116 622	£114 855

Which data source are you using in section D? (MAR, SUS, Other)	SUS	If other please specify	
Cost per non-elective activity	£1 767		

	Total Payment Made Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested quarterly payment (taken from above)*	£114 855	£116 622	£114 855	£116 622
Actual payment locally agreed	£114,855	£116,622	£114,855	£116,622

If the actual payment locally agreed is different from the suggested quarterly payment (taken from above) please explain in the comments box (max 750 characters)	

	Total Unreleased Funds Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested amount of unreleased funds**	£0	£0	£0	£0
Actual amount of locally agreed unreleased funds	£0	£0	£0	£0

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Confirmation of what if any unreleased funds were used for (please use drop down to select):	not applicable	not applicable	not applicable	not applicable

Footnotes:

Source: For the Baselines, Plans, data sources, locally agreed payment and cost per non-elective activity which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs as of 11th December 2015.

*Suggested quarterly payment (taken from above) has been calculated using the technical guidance provided here http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/. The key steps to calculating the quarterly payment are:

a. take the cumulative activity reduction against the baseline at quarter end and divide it by the cumulative Q3 2015/16 target reduction;

b. multiply that by the size of the performance pot available; and

c. subtract any performance payments made for the year to date.

The minimum payment in a quarter is £0 (there will not be a negative payment or 'claw back' mechanism) and the maximum paid out by the end of each quarter cannot exceed the planned cumulative performance pot available for release each quarter.

**Unreleased funds refers to funds that are withheld by the CCG and not released into the pooled budget, due to not achieving a reduction in non-elective admissions as set out in your BCF plan. As payments are based on a cumulative quarter end value a negative (-) quarter actual value indicates the use of surplus funds from previous quarters.

HWBs should consider whether there is a need to make adjustments to Q3 payments where over or under payments may have occurred in Q4 2014/15, Q1 2015/16 or Q2 2015/16 due to changes made to NEA baselines and targets.

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board: Herefordshire, County of

Income

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£10,471,500	£10,095,500	£9,605,500	£9,605,500	£39,778,000	£47,590,000
	Forecast	£10,523,900	£11,517,000	£9,117,000	£10,421,200	£41,579,100	
	Actual*	£10,523,900	£11,517,000				

Q3 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£10,471,500	£10,095,500	£9,605,500	£9,605,500	£39,778,000	£47,590,000
	Forecast	£10,523,900	£11,507,000	£9,840,500	£9,444,200	£41,315,600	
	Actual*	£10,523,900	£11,507,000	£9,840,500			

Please comment if there is a difference between either annual total and the pooled fund	The annual pooled fund plan includes the original estimate for the additional pool. Final agreed budget was £40,098k Forecast reflects overspend in additional pool due to increased spend on CHC residential placements in county

Expenditure

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£9,944,500	£9,944,500	£9,944,500	£9,944,500	£39,778,000	£47,590,000
	Forecast	£9,880,700	£10,084,400	£10,638,200	£10,975,900	£41,579,200	
	Actual*	£9,880,700	£10,084,400				

Q3 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£9,944,500	£9,944,500	£9,944,500	£9,944,500	£39,778,000	£47,590,000
	Forecast	£9,896,200	£10,248,100	£10,415,700	£10,755,600	£41,315,600	
	Actual*	£9,686,200	£10,248,100	£10,415,700			

Please comment if there is a difference between either annual total and the pooled fund	As for income comment above

Commentary on progress against financial plan:	Herefordshire ha created an additional pool for residential, nursing and CHC placements. The pool is currently expected to overspend as a result of increased CHC placements. A risk share agreements is in place to address the pressure.

Footnotes:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB.

National and locally defined metrics

Selected Health and Well Being Board:	Herefordshire, County of

Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	There has been a 54.5% performance improvement at year to date.

Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Improved performance by 2.6% on the end of last year however it is still sligtly under target and being reviewed.

Local performance metric as described in your approved BCF plan / Q1 / Q2 return	As in the approved Plan the local measure is Reduction in Fall Related Admissions
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Savings are on target to achieve this metric. Year to date as of June 2015 there is a 24% reduction on arrivals at A&E following a fall due to the implementation of the falls responder team. The number of hospital admissions due to falls has reduced by approximately 14%.

Local defined patient experience metric as described in your approved BCF plan / Q1 /Q2 return	Customer satisfaction / user experience annual survey.
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	Inpatient friends and family has seen a consistent above average performance since May 2015.

Footnotes:

Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

Support requests

Selected Health and Well Being Board:	Herefordshire, County of

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan (please select from dropdown)?	6.Developing organisations to enable effective collaborative health and social care working relationships

Please use the below form to indicate whether you would welcome support with any particular area of integration, and what format that support might take.

Theme	Interested in support?	Preferred support medium	Comments - Please detail any other support needs you feel you have that you feel the Better Care Support Team may be able to
1. Leading and Managing successful better care implementation	Yes	Case studies or examples of good practice	
2. Delivering excellent on the ground care centred around the individual	Yes	Access to technical expertise to troubleshoot issues	
3. Developing underpinning integrated datasets and information systems	Yes	Peers to peer learning / challenge opportunities	
4. Aligning systems and sharing benefits and risks	Yes	Central guidance or tools	
5. Measuring success	Yes	Case studies or examples of good practice	
6. Developing organisations to enable effective collaborative health and social care working relationships	Yes	Access to technical expertise to troubleshoot issues	

New Integration Metrics

Selected Health and Well Being Board: Herefordshire, County of

1. Proposed Metric: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	No
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	No

2. Proposed Metric: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Hospital	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Social Care	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally
From Community	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Mental Health	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Specialised Palliative	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	In development	In development	In development	In development	In development	In development
Projected 'go-live' date (dd/mm/yy)	01/03/17	01/03/17	01/03/17	01/03/17	01/03/17	01/03/17

3. Proposed Metric: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot being scoped

4. Proposed Metric: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the beginning of the quarter	7
Rate per 100,000 population	4

Number of new PHBs put in place during the quarter	0
Number of existing PHBs stopped during the quarter	0
Of **all** residents using PHBs at the **end** of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%

Population (Mid 2015)	187,667

5. Proposed Metric: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **non-acute** setting?	No - nowhere in the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **acute** setting?	Yes - in some parts of Health and Wellbeing Board area

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2012-based (published May 2014).
http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/stb-2012-based-snpp.html

Narrative

Selected Health and Well Being Board: Herefordshire, County of

Remaining Characters	32,767

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time, please also make reference to performance on any metrics not directly reported on within this template (i.e. DTOCs).

Herefordshire Council

Meeting:	**Health and Wellbeing Board**
Meeting date:	**23 February 2016**
Title of report:	**Board work programme**
Report by:	**Director of children's wellbeing**

Classification

Open

Key Decision

This is not an executive decision

Wards Affected

Countywide

Purpose

To consider the board's work programme for the remainder of 2015-16 and into 2016-17.

Recommendation(s)

That

a) the work programme be considered; and

b) any additional items be identified for addition to the health and wellbeing board's work programme

Alternative options

1 There are no alternative options as the board needs a work programme. However, it is for the board to determine its work programme as it sees fit to reflect the priorities facing Herefordshire. Any number of subjects could be included in the work programme. However, the board does need to be selective and ensure that the work programme is focused on the key issues as referred to in its terms of reference, and is realistic and deliverable within the existing resources available.

Reasons for recommendations

2 The board needs to maintain a manageable work programme to ensure that its work is focused, effective and sees clear outcomes.

Key considerations

3 The board is asked to consider its work programme and to make any adjustments as considered necessary and appropriate.

4 The work programme supports the board in defining and making known its work for the coming year. This will ensure that matters pertaining to the board's work are tracked and progressed.

5 Some items on the work programme will be ongoing and updates may be programmed in to the year and the business of the health and wellbeing board has been reflected as far as is known.

Community impact

6 The work programme reflects the terms of reference of the health and wellbeing board, to review issues that impact on how health and wellbeing services are delivered to the residents of Herefordshire.

Equality duty

7 This report does not impact on this area.

Financial implications

8 There are no financial implications.

Legal implications

9 There are no legal implications.

Risk management

10 The programme can be adjusted in year to respond as necessary to priorities as they are identified.

Consultees

11 None at this stage.

Appendices

Appendix A – Work programme

Background papers

None identified.

HEALTH AND WELLBEING BOARD

WORK PLAN

TIMELINE OF ACTIVITIES AND DECISIONS UPDATED

From March 2016

Title	Purpose	Report Author(s)
23 March at 2pm		
Local Authority Adults and Well Being Commissioning Plans 2016/17 *Within terms of reference to review <u>all</u> directorates' commissioning plans, having regard to the HWB strategy*	To receive a report, to include progress plans and challenges, on the Adults and Well Being Commissioning Plans 2016/17	To be confirmed
Health and Wellbeing Strategy *Within terms of reference to develop the strategy and therefore to review it*	To receive a report, to include progress plans and challenges, on the **third priority** of the Strategy: for older people – quality of life, working age Learning Disabilities, social isolation, and fuel poverty.	To be confirmed
Public Health *Linked to health and wellbeing strategy underpinning theme of prevention*	To receive a survey report of the progress of current public health preventative agenda and plans, to include milestones and challenges.	Rod Thomson
Public Health *Linked to health and wellbeing strategy underpinning theme of prevention*	Health protection update	Arif Mahmood
CCG Commissioning Plans 2016/17 *Should review commissioning plans to ensure due regard to the HWB strategy*	To receive a report, to include progress plans and challenges, on the CCG Commissioning plans 2016/17	Herefordshire CCG
Public Health Annual Report	To receive the Public Health Annual Report, to include progress plans and challenges.	Rod Thomson

Link to HWB strategy		
Engagement Gateway *HWB strategy underpinning theme of working with others*	To receive a progress report on the engagement gateway, to include challenges	Herefordshire Healthwatch
Care Act Implementation	To be defined	To be confirmed
Mental Health plans	To be defined	To be confirmed
Work Programme	To consider the Work Programme and update as required	Ruth Goldwater
24 May 2016 at 2pm		
Appointment of vice-chair	To elect a vice-chair for the HWBB	
Health and Wellbeing Strategy *Within terms of reference to develop the strategy and therefore to review it*	To receive an update report, to include progress plans and challenges, on the **second priority** of the strategy, in particular health visiting and children's nursing	Chris Baird
Wye Valley Trust CQC outcome improvement plan	To consider the WVT CQC outcome improvement plan and its links to commissioning plans and to identify action needed by HWBB partners	Richard Beeken (WVT) Sukdhev Dosanjh (HC) CCG lead
Better Care Fund *Within terms of reference to review commissioning plans having regard to the HWB strategy*	To approve the quarterly BCF data submission	Amy Pitt
Work Programme	To consider the Work Programme and update as required	Ruth Goldwater
19 July 2016 at 2pm		
Understanding Herefordshire: Joint Strategic Needs Assessment *Within terms of reference to develop and therefore review*	To review an update on the JSNA	Latha Unny
Better Care Fund *Within terms of reference to review commissioning plans having regard to the HWB strategy*	To approve the quarterly BCF data submission	Amy Pitt
Work Programme	To consider the Work Programme and	Ruth Goldwater

	update as required	
20 September 2016 at 2pm		
Safeguarding Children Board	To consider the annual report of the HSCB (may be November)	Sally Halls
Safeguarding Adults Board	To consider the annual report of the HSAB (may be November)	Ivan Powell
Work Programme	To consider the Work Programme and update as required	Ruth Goldwater
22 November 2016 at 10am		
Better Care Fund *Within terms of reference to review commissioning plans having regard to the HWB strategy*	To approve the quarterly BCF data submission	Amy Pitt
Work Programme	To consider the Work Programme and update as required	Ruth Goldwater
7 February 2017 at 10am		
Work Programme	To consider the Work Programme and update as required	Ruth Goldwater
28 March 2017 at 2pm		
Work Programme	To consider the Work Programme and update as required	Ruth Goldwater
23 May 2017 at 10am		
Work Programme	To consider the Work Programme and update as required	Ruth Goldwater