Herefordshire Council

Agenda

Health and wellbeing board

Date:	**Thursday 21 July 2022**
Time:	**10.00 am**
Place:	**Conference Suite, Plough Lane**
Notes:	Please note the time, date and venue of the meeting. For any further information please contact: **Simon Cann Democratic Services** Tel: 01432 260667 Email: simon.cann@herefordshire.gov.uk

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Agenda for the Meeting of the Health and wellbeing board

Membership

Chairperson	Councillor Pauline Crockett	Cabinet Member - Health and Adult Wellbeing
Vice-Chairperson	Vacant	N/A
	Anna Davidson	Assistant Director (Prevention), Hereford & Worcester Fire and Rescue Service
	Darryl Freeman	Corporate Director for Children and Families
	Hayley Allison / Julie Grant	Assistant Director of Strategic Transformation / Head of Delivery and Improvement at NHS Improvement, NHS England
	Dr Mike Hearne	Managing Director, Taurus Healthcare Representing Herefordshire General Practice
	Councillor David Hitchiner	Leader of the Council, Herefordshire Council
	Jane Ives	Managing Director, Wye Valley NHS Trust
	Matt Pearce	Director of Public Health
	Ivan Powell	Chair of the Herefordshire Safeguarding Adults Board
	Christine Price	Chief Officer, Healthwatch Herefordshire
	Hilary Hall	Corporate Director Community Wellbeing, Herefordshire Council
	Ross Cook	Director for Economy and Environment, Herefordshire Council
	Councillor Diana Toynbee	Cabinet Member - Children and Families, Herefordshire Council
	Simon Trickett	Chief Executive/STP ICS Lead, NHS Herefordshire and Worcestershire CCG
	Councillor Ange Tyler	Herefordshire Community Safety Partnership / Cabinet member - Housing, Regulatory Services, and Community Safety
	Superintendent Edd Williams	Superintendent for Herefordshire, West Mercia Police
	Mark Yates	Chair of Herefordshire and Worcestershire Health and Care NHS Trust

Agenda

Pages

THE PUBLICS RIGHTS TO INFORMATION AND ATTENDANCE AT MEETING

1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

2. NAMED SUBSTITUTES (IF ANY)

To receive details of any member 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 in respect of schedule 1, schedule 2 or other interests from members of the board in respect of items on the agenda.

4. MINUTES 9 - 16

To approve and sign the minutes of the meeting held on 28 March 2022.

5. QUESTIONS FROM MEMBERS OF THE PUBLIC

To receive any written questions from members of the public.

For details of how to ask a question at a public meeting, please see:

www.herefordshire.gov.uk/getinvolved

The deadline for the receipt of a question from a member of the public is [15 July 2022] at 5.00 pm.

To submit a question, please email councillorservices@herefordshire.gov.uk

6. QUESTIONS FROM COUNCILLORS

To receive any written questions from councillors.

The deadline for the receipt of a question from a councillor is [15 July 2022] at 5.00 pm, unless the question relates to an urgent matter.

To submit a question, please email councillorservices@herefordshire.gov.uk

7. APPOINTMENT OF VICE CHAIRPERSON

Recommendation: That board members consider candidates and appoint a vice chairperson in accordance with section 2.8.10 of the constitution.

8. PROPOSED ADDITION OF A VOLUNTARY SECTOR REPRESENTATIVE POSITION TO THE BOARD MEMBERSHIP.

Recommendation: That the members of the board propose and request that a voluntary sector representative seat be added to the board membership, in accordance with section 2.8.11 of the constitution.

9. BETTER CARE FUND (BCF) YEAR END REPORT 2021-2022 17 - 38

Project Manager – All Age Commissioning to deliver the better care fund (BCF) year-end 2021-2022 report as per the requirements of the programme.

10.	**JOINT HEALTH AND WELLBEING BOARD STRATEGY BRIEFING** A briefing on the Joint Health and Wellbeing Strategy.	39 - 46
11.	**INTEGRATED CARE SYSTEM (ICS) DEVELOPMENT UPDATE AND INTEGRATED CARE PARTNERSHIP ASSEMBLY (ICPA) TERMS OF REFERENCE BRIEFING** An Integrated Care System development update incorporating a briefing on the draft Terms of Reference for the Integrated Care Partnership Assembly.	47 - 62
12.	**INEQUALITY GROUP UPDATE** A verbal update on the activity of the Inequality Group	
13.	**HEALTH AND WELLBEING BOARD WORK PROGRAMME** A work programme and report requirement details for review and prioritisation by the board.	63 - 72
14.	**DATE OF NEXT MEETING** The next scheduled meeting is [26 September 2022].	

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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. Information about councillors is available at www.herefordshire.gov.uk/councillors
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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. The council's constitution is available at www.herefordshire.gov.uk/constitution
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If, as a member of the public, you do not wish to be filmed or photographed please let the democratic services officer know before the meeting starts so that anyone who intends filming or photographing the meeting can be made aware.

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The council is making an audio recording of this public meeting. These recordings are made available for members of the public via the council's website unless technical issues prevent this. To listen live or to hear the entire recording once the meeting has finished navigate to the page for the meeting and click the larger blue arrow at the top of the agenda. To listen to an individual agenda item click the small blue arrow against that agenda item.

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Please do not allow any items of clothing, etc. to obstruct any of the exits.

Do not delay your vacation of the building by stopping or returning to collect coats or other personal belongings.

The chairperson or an attendee at the meeting must take the signing in sheet so it can be checked when everyone is at the fire assembly point.

Herefordshire Council

The Seven Principles of Public Life

(Nolan Principles)

1. Selflessness

Holders of public office should act solely in terms of the public interest.

2. Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty

Holders of public office should be truthful.

7. Leadership

Holders of public office should exhibit these principles in their own behaviour and treat others with respect. They should actively promote and robustly support the principles and challenge poor behaviour wherever it occurs.

Minutes of the meeting of Health and wellbeing board held in Herefordshire Council Offices, Plough Lane, Hereford, HR4 0LE on Monday 28 March 2022 at 2.30 pm

Board members present in person, voting:

Councillor Pauline Crockett (Chairperson)	Cabinet Member - Health and Adult Wellbeing
Dr Mike Hearne	Managing Director, Taurus Healthcare
Matt Pearce	Public Health
Christine Price	Chief Officer, Healthwatch Herefordshire
Dr Ian Tait (Vice-Chairperson)	Chair of NHS Herefordshire and Worcestershire Clinical Commissioning Group
Councillor Diana Toynbee	Cabinet Member - Children and Families, Herefordshire Council
Simon Trickett	Chief Executive/STP ICS Lead, NHS Herefordshire and Worcestershire CCG

Board members in attendance remotely, non-voting:

Darryl Freeman	Corporate Director for Children and Families
Councillor David Hitchiner	Leader of the Council, Herefordshire Council
Jane Ives	Managing Director, Wye Valley NHS Trust
Paul Smith	Acting Director for Adults and Communities, Herefordshire Council
Superintendent Edd Williams	Superintendent for Herefordshire, West Mercia Police

Note: Board members in attendance remotely, e.g. through video conference facilities, may not vote on any decisions taken.

Others present in person:

Simon Cann	Democratic Services	Herefordshire Council
Terry Chikurunhe	Senior Commissioning	NHS England
Frances Howie		Herefordshire Primary Care Trust
Amy Pitt	Service Director - Communities	Herefordshire Council
Jenny Preece	Democratic Services Technical Support Officer	Herefordshire Council
Kristan Pritchard	Health Improvement Practitioner	Herefordshire Council
Crishni Waring	Chair Designate of the Herefordshire and Worcestershire ICB.	Herefordshire and Worcestershire ICB
nuala woodman	Deputy Head of Primary Care	Commissioning West Of England

Others in attendance remotely:

24. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Ross Cook (Corporate Director, Economy and Environment), Kate Coughtrie (Head of Law and Business Partner

(Adults)), Marie Gallagher (Project Manager), Susan Harris (Herefordshire and Worcestershire Health and Care NHS Trust), Alison Hayley (Assistant Director of Strategic Transformation)

25. NAMED SUBSTITUTES (IF ANY)

Amy Pitt attended the meeting as a substitute member for Paul Smith (Acting Director for Adults and Communities).

26. DECLARATIONS OF INTEREST

Dr Ian Tait reminded the board of his membership of the Worcestershire Health and Wellbeing Board and that his wife used to be a dentist in Herefordshire, but was now fully retired.

27. MINUTES

The minutes of the previous meeting were received along with an updated version of 2021 JSNA Key Findings document which had been added to the agenda and minutes pages for the meeting on the Council's website.

The chair noted that the minutes of the meeting on 6th December 2021 recorded that an interim report on children's mental health and suicide was to be tabled in to the meeting of 28th March 2022. This interim report was not on the agenda and the chair invited Mr Darryl Freeman (Corporate Director, Children and Young People) to provide a brief verbal update. Mr Freeman apologised for not being able to get the interim report to the board and explained that the delay was down to the ongoing reconfiguration of the Children and Young People's Partnership. Mr Freeman added that he was due to meet relevant parties the following week and would seek assurance that he would be able to hit the secondary report deadline of 6th June 2022.

RESOLVED: That the minutes of the meeting held on 06 December 2021 be approved and be signed by the chairperson.

28. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

29. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

30. A REPORT BY NHS ENGLAND AND NHS IMPROVEMENT ON DENTAL PROVISION IN HEREFORDSHIRE AS OF MARCH 2022.

The board received a report by NHS England and NHS Improvement on dental provision in Herefordshire as of March 2022. Terrance Chikurunhe (Senior Commissioning Manager Primary Care Commissioning NHS England) and Nuala Woodman (Deputy Head of Primary Care Commissioning for West of England) explained that the report had been developed between NHS England and NHS Improvement Commissioning Team managers and Consultants in Dental Public Health. NHSE/I had also provided specific information on children's access and the issue of identification of oral cancers. Local Healthwatch had been engaged to assist in identifying and responding to further issues of concern and to specific local access issues in Herefordshire.

Mr Chickurunhe and Ms. Woodman took the report as read and then proceeded to focus in on a number of key points impacting the delivery of dental health in the county:

- Covid-19 had impacted every area of the service; it had limited capacity to see patients, scared patients away from attending appointments and created a significant backlog of work that would take time to deal with.
- Two dental practices (Ross-on-Wye and Bromyard) had surrendered NHS services.
- Workforce issues, including recruiting and retaining dentists, was proving difficult, the county's rurality and relative lack of training facilities were cited as potential factors in Herefordshire's poor standing.
- Public-facing staff, such as receptionists, were leaving the sector due to increased levels of abuse from frustrated patients who could not access the service.
- NHS contracts were perceived as being overly complex, inflexible and economically unviable, and younger dentists were increasingly favouring carrying out cosmetic work over more traditional activity.

During the course of the debate the board noted the following points:

- The board noted and was concerned to discover that none of the population in Herefordshire currently benefits from water fluoridation and the impact of this could clearly be seen in the level of tooth decay in 5 year old children compared with comparative regional and national figures.
- It was pointed out that the Health and Care Bill; water fluoridation detailed government plans to transfer responsibility for water fluoridation from local authorities to the Secretary of State, but felt that this didn't mean fluoridation measures couldn't be encouraged and monitored at a local level.
- Concern was expressed that from a safeguarding point of view, poor dental hygiene and dental health can be a symptom and signpost of chronic neglect. When children and families struggled to access the service it became harder to spot this neglect and created a potential gap in knowledge around identifying risks for a number of children.
- The board noted that good dental health and a healthy smile were key to a sense of self and self-image, which impacted children's health and wellbeing.
- It was noted the service was struggling before the pandemic and that the pandemic had made things much worse.
- The board agreed that the current situation gave rise to serious public health issues and was not just about teeth, but also about children, the preventative agenda, safeguarding and domestic abuse. Poor dental health leads straight into inequalities and there was clear evidence to illustrate that people who have untended dental cavities have a higher rate of heart disease and earlier mortality rates.
- The board pointed out that the workforce crisis could be resolved by a more flexible and creative to approach to job roles within the profession and that an ST3 (Specialist Training) –style of training might make the profession and location more attractive.
- It was suggested that the dental sector might benefit from adopting a similar model to that of Taurus Health Care and that NHS England and the ICS might consider investigating the viability of creating a dental federation/collaborative within the county.

- The board noted the need to build on existing public awareness campaigns relating to dental health including the 'brush, book, bed' campaign and Talk Community's 'Time to Shine' programme.

The board discussed and proposed additions (Sections b, c, d and e) to the recommendation to accommodate some of the points raised in relation to the report.

The amended recommendations were proposed and seconded and agreed unanimously.

RESOLVED: That

a) **The Health and Wellbeing Board considers the report at Appendix 1 and provides comments and recommendations on the briefing**

b) **Public Health will set up a meeting with relevant parties to maintain the momentum behind the report and consider how it might be possible to bring in an ST3 (speciality training) style approach to dentistry, with training for mixed roles.**

c) **Public Health and ICS to monitor impact of Health and Care Bill on water fluoridation and continue to pursue and encourage fluoridation measures at a local level.**

d) **NHS England, ICS and Talk Community to investigate the viability of applying local solutions to regional and sub-regional problems, through the creation of a dentistry federation/collaborative.**

e) **Healthwatch, NHS England and Public Health to promote engagement with the public on dental health issues via a widespread information gathering campaign incorporating existing campaigns such as 'brush, book, bed' and Talk Community's 'Time to Shine' programme.**

31. HEREFORDSHIRE'S PHYSICAL ACTIVITY STRATEGY

The board received a report on Herefordshire's Physical Activity Strategy. Kay Higman (Associate Consultant at Strategic Leisure) explained that the purpose of the report was to gain approval and support from the Health and Wellbeing Board for Herefordshire's Physical Activity Strategy. Partners across Herefordshire would work together to support, expand and deliver physical activity across the county, reducing health inequalities and promoting health and wellbeing. The vision was ' In Herefordshire every person has the opportunity to: get moving, be active, feel better, keep well and enjoy healthier lives as part of everyday life in their local community. She then explained the process and methodology involved in putting the report together.

Board members were invited to comment, the principal points were:

- The board welcomed and praised the strategy and felt it would be a key tool in tackling health inequalities within the county.
- The board suggested that there was a need to prioritise deprived areas and communities where the facilities to engage in physical activity were limited or didn't exist.

- Talk Community's work in promoting physical activity including holiday activity funds, swimming lessons and gym membership was highlighted a phenomenal success.
- The work being done in the county and the strategy were applauded, but the board considered whether enough was being done and if there was room for improvement.
- It was felt that the local council facilities such as Halo should be promoted more widely.
- It was felt that there was a greater need for involvement with development planners to ensure that new projects and leisure were safe and convenient for pedestrians and cyclists to reach.

RESOLVED: That:

a) The Health and Wellbeing Board approves Herefordshire's Physical Activity strategy; and

b) Health and Wellbeing Board member organisations support and engage in activity within the strategy.

c) The board will encourage the Herefordshire Council to promote Halo and other council facilities in line with the strategy.

d) The board will encourage the Herefordshire Council to be a facilitator of this strategy and use Talk Community to help local communities to help themselves.

e) Public Health will engage with the planning department to ensure infrastructure is in place to engage with the strategy and ensure active transport is one of its fundamental priorities in the planning application processes.

32. ESTABLISHING THE INTEGRATED CARE PARTNERSHIP

The board received a report from on establishing the integrated care partnership. Simon Trickett (Chief Executive/STP ICS Lead, NHS Herefordshire and Worcestershire CCG) delivered the report. Mr Trickett explained that the statutory obligation of the Integrated Care Partnership was to produce and own an Integrated Care Strategy and that the paper described the approach to that. He added that although Herefordshire and Worcestershire were different, they shared a lot of common challenges.

The board was invited to discuss endorsing the proposed approach to forming the ICP and agreeing the process and timeline.

Board members were invited to comment, the principal points included:

- The board felt it was a sensible proposal and that there were common themes that could be worked on collectively, although it would be important to continue to focus on focus on Herefordshire in terms of place.
- The board welcomed the assembly piece and felt it would bring agendas together and create opportunities for more collaboration across the patch.
- The board noted the collaboration between partners over the last 18 months and thanked Simon Trickett for his leadership throughout
- It was noted that the ICS could create opportunities from cradle to grave and the mention of all ages in the paper was welcomed.
- The board quoted Peter Drucker's "Culture eats strategy for breakfast" comment. The proposed strategy was welcomed, but it was noted that a healthy collaborative culture would be vital for the partnership to work productively.

The recommendations in the report were proposed and seconded and agreed unanimously.

RESOLVED: That:

a) Members endorse approach to the establishment of the new Integrated Care Partnership for Herefordshire and Worcestershire;

b) Members agree the process and timeline for establishing the new Integrated Care Strategy for Herefordshire and Worcestershire;

c) Members agree to include appropriate content in future Health and Well Being Board development sessions to enable it to take on responsibilities on behalf of the Integrated Care Partnership.

33. HEALTH AND WELLBEING BOARD WORK PLAN 2022/23

The board received the Herefordshire Health and Wellbeing Plan 2022/23. The plan was presented by Amy Pitt, Service Director Communities, who gave an overview of the plan.

Board members were invited to comment, the principal points included:

- The need to incorporate areas such as dental provision, physical activity and transport accessible within the inequalities section of the plan.
- To take the 300 most deprived families in the county and create a 'golden thread' to darw together all the services in a working collaboration that would span all ages and services such as the police and would potentially necessitate an entirely new approach.
- A prevention symposium on the 18th May at the Green Dragon Hotel in Hereford was discussed and members were invited to attend.
- Superintendent Edd Williams(Superintendent for Herefordshire, West Mercia Police) stated that the police were keen to encourage stronger resilient families to not only break the cycle of offending, but to provide the tools and support for self-help and ensure that are provided with a consistent and equal service. There was a need to get upstream and intervene before the communities and families of Herefordshire access police services.
- It was felt that the board needed to establish what follows the plan and identify measures of success and expected outcomes. JSNA data would be down the road, so there was a current need to listen to the voices of people working on the front line and people receiving care on the front line to establish if objectives were being met.

RESOLVED: That:

a) The work plan, ambitions and leads set out in appendix A are supported by the board to enable areas of focus for the next 12 months.

b) Dental provision, physical activity and transport accessibility to be focused on within the inequalities section of the plan.

c) Make sure there is a link between strategy and delivery, with a golden thread joining together collaborative styles of work to support individuals and families in the greatest need.

34. DATE OF NEXT MEETING

The next scheduled meeting is 06/06/2022

The meeting ended at 17:05 **Chairperson**

Herefordshire Council

Title of report: Better Care Fund (BCF) year end report 2021-2022

Meeting: Health and wellbeing board

Meeting date: Thursday 21 July 2022

Report by: Project Manager – All Age Commissioning

Classification
Open

Decision type

This is not an executive decision

Wards affected
(All Wards);

Purpose
To review the better care fund (BCF) year-end 2021-2022 report as per the requirements of the programme.

Recommendation(s)
That:

a) The Better Care Fund (BCF) 2021-2022 year-end template at appendix 1, as submitted to NHS England, be reviewed and the board determine any further actions necessary to improve future performance.

Alternative options

1. There are no alternative options. The content of the return has already been approved by the council's acting director for community wellbeing and Herefordshire Clinical Commissioning Group's (CCG) accountable officer and submitted prior to the meeting of the board, in accordance with national deadlines, however this gives the board an opportunity to review and provide feedback.

Key considerations

2. A key principle of the BCF is to use a pooled budget approach in order for health and social care to work more closely together. As the population ages, the need for integrated care to improve people's experience of health and social care, the outcomes achieved and the efficient use of resources has never been greater. Within the overall One Herefordshire approach, the BCF plays a key enabling role in delivering our system-wide vision.

3. The National Better Care Fund (BCF) team agreed with national partners that BCF reporting for Q3 2021-22 would not take place given that plans had been assured; a year-end report for 2021-22 would still be required.

4. The national submission deadline for the year end 2021-2022 performance return has already passed (27 May 2022) and therefore the board is requested to note the completed data, attached at appendix 1, following its submission to NHS England.

5. The template asks for confirmation that the BCF national conditions continued to be met throughout the year, confirmation of actual income and expenditure in BCF section 75 agreements for 2021-22, details of significant successes and challenges during the year and, as in 2020-21, details of fee rates paid by councils for social care services that they fund.

6. Herefordshire has reported all national conditions have been met.

   - A plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006.

   - Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy.

   - Agreement to invest in NHS commissioned out of hospital services

   - Plan for improving outcomes for people being discharged from hospital

7. The end of year 2021-2022 performance report shows that Herefordshire did not meet the target for admissions to residential and care homes. Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population target for 2021-22 was 408; data shows this target was not met showing a year-end total of 484.96 (235 admissions. Capacity within the home care market continues to challenge partners, specifically in relation to complex residential care. Discharge to Assess (D2A) has seen increase in system with a knock on effect on permanent admissions to care homes.

8. The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation) metric shows Herefordshire on track with 82.5% against an 80% target. A robust monitoring and recording methodology for 91 day reviews has been introduced and refresher training to staff has been provided helping to achieve this target.

9. The Improved Better Care Fund (iBCF) has been invested in a number of services to help improve the health and wellbeing of people in Herefordshire, by enabling people to take greater control over their own health and the health of their families, and helping them to remain independent within their own homes and communities.

10. Talk Community has emerged as one of the council's primary approaches to demand management and admission prevention.

- 54 Talk Community hubs located across the county; making it as easy as possible for people, who might otherwise struggle, to get the help they need when they need it in a location accessible to them.

- 50 volunteers trained in mental health first aid training and 150 volunteers in mental health awareness; enabling residents to access mental health support close to home in a safe environment and empowering volunteers to expand community support offer.

- Launched and branded Talk Community, a one stop shop website for Herefordshire information; 450+ wellbeing pages, 950+ services, 300+ activities listed each month.

11. Avoidable admissions to hospitals (unplanned hospitalisation for chronic ambulatory care sensitive conditions). The previous measure on non-elective admissions was replaced with this measure. The planned performance was 729.4 but up to date data is not available to assess progress as this is published annually and not available currently. The National team have advised they are content that we are unable to report this information at year end. Once data becomes available, it can be reported at a later date if required.

12. An integrated referral hub and urgent responses are provided across Health and social care. This is consistently achieving >70% of people at risk of conveyance/admission seen within 2 hours within their own home.

13. From May 2021, revised metrics to track the implementation of the discharge policy (Length of Stay and Discharge Destination) started being collected via the Acute Daily Situation Report. This data is not currently collected at local authority footprint in national reporting. Discharge metrics for the BCF are therefore based on information available through hospital Patient Administration Systems, available through the Secondary Uses Services (SUS) database.

14. SUS is the single, comprehensive repository for healthcare data in England which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.

15. The Length of Stay (LOS) (reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days) metric did not meet the target for 2021-22 with data showing 11.3% (14 days or more) 6.3% (21 days or more) against targets of 11.1% (Q4) and 5.7% (Q4).

16. Covid has impacted on LOS in many ways including Covid isolation and lack of D2A capacity to support timely discharges due to staffing issues and provider infection prevention control (IPC) issues.

17. Discharge to normal place of residence (improving the proportion of people discharged home using data on discharge to their usual place of residence) metric of 92.4% was not met with data showing a total of 91.70% year-end total. Lack of capacity in Pathway 1 has affected people being discharged to own home. Whilst pathways and process in place, Covid has contributed to issues with staff sickness and recruitment into Pathway 1. With the need to rapidly discharge as per Covid19 national guidelines, bedded capacity has been utilised to support discharges whilst awaiting pathway 1 capacity.

18. Data shows a significant underspend on Disabled Facilities Grants (DFG) during 2021/22 due to the COVID-19 pandemic. Although additional funds were available, funding was unable to be spent as access to people's homes was not available to undertake assessments and undertake any building works.

19. The Department for Levelling Up, Housing and Communities (DHLUC) and The Department of Health and Social Care (DHSC) have shared guidance for local authorities in England on the effective delivery of the Disabled Facilities Grant (DFG) which is a core part of the BCF.

20. This guidance advises local authorities in England how they can effectively and efficiently deliver Disabled Facilities Grant (DFG) funded adaptations to best serve the needs of local older and disabled people. It brings together and sets out existing policy frameworks, legislative duties and powers, together with recommended best practice, to help local authorities provide a best practice adaptation service to disabled tenants and residents in their area.

21. The overall delivery of the BCF in Herefordshire for 2021/22 has had a positive impact on integration. An integrated team approach is being provided to respond to urgent need in our community via a Community Integrated Response Hub. Health and social care staff working together to triage, plan and deliver urgent care. This opened January 2021 and is open 12 hours per day 7 days per week.

22. The local system continues to have a number of joint roles that work across health and social care, particularly in community services/hospital discharge. As this has proved successful the positions are now permanent. The local Integrated Care System are working together to provide a reporting and governance route to enable these integrated services to report once to the ICS, whilst ensuring both partners receive appropriate and relevant assurance.

23. There continues to be challenges in the system. Recruitment into care roles has, over the last 12 months, and continues to be, a significant challenge for the local system. There continues to be a high vacancy factor coupled with Covid-related sickness, which has seen capacity at a minimum. Action has been taken to try to support this. A joint approach to recruitment but also an increase in pay rates linked with BCF funding has recently been agreed by health and social care leaders.

24. Covid-19 continues to provide a challenge and has impacted on having enough capacity to meet demand in the market and this has and continues to be challenging. However through an integrated approach we are utilising health and social care colleagues working together to provided trusted assessment, for the care homes in particular, during these difficult times.

25. The section on ASC fee rates provides data on the average fees paid to external providers for home care, residential care (without nursing for clients aged 65+) and nursing care (for clients aged 65+). It collects what the council pays to providers (not covering self-funders, third party top ups and NHS Funded Nursing Care and not covering internal administration costs). It does not include client contributions.

Community impact

26. The BCF plan is set within the context of the national programme of transformation and integration of health and social care. The council and CCG continue to work together to deliver on the key priorities within the plan to achieve savings and improve the delivery of services in order to achieve the priorities of the health and wellbeing strategy in the most cost effective way.

Environmental Impact

27. Herefordshire Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors

we share a strong commitment to improving our environmental sustainability, achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.

28. Whilst this is a decision on back office functions and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the Council's Environmental Policy.

Equality duty

29. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

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

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

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

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

30. The council and CCG are 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. All equality considerations are taken into account. 27. It is not envisaged that the recommendations in this report will negatively disadvantage the following nine groups with protected characteristics: age, disability, gender, reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

31. The BCF programme aims to deliver better outcomes for older and disabled people and supports the council in proactively delivering its equality duty under the act. This is through improving the health and wellbeing of people in Herefordshire by enabling them to take greater control over their own homes and communities. There are no negative impacts for looked after children or with respect to the council's corporate parenting role.

32. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. The Sustainability and Transformation Partnership (STP) is developing a more joined up approach to its equality duties, and has an STP equality work stream which is developing a robust and uniform approach to equality impact assessment across Herefordshire and Worcestershire which the BCF will be included.

33. Where appropriate, an Equality Impact Assessment (EIA) is undertaken for separate schemes and services that are within the BCF. Where large changes are planned via the BCF an EIA will be completed.

Resource implications

34. The table below shows the summary outturn at month twelve (March 2022) for the schemes that make up the section 75 agreement (s.75). A more detailed forecast for each pool within the section 75 agreement is available upon request.

Section 75 Agreement- Summary of Pool Balances		Annual Plan	Forecast Out-Turn	Over / (Under) Spend	% Over / (Under) Spend
		£,000	£,000	£,000	
Total Pool One- Mandated Revenue & Capital Contributions to BCF		16,590	14,875	(1,715)	(10.3%)
Total Pool Three- Improved Better Care Fund		6,583	6,073	(511)	(7.8%)
Total Pool Five- Children's Services		5,487	5,639	151	2.8%
Total Pool Six- Integrated Community Equipment Store (ICES)		1,605	1,605	0	0.0%
Total Section 75 Agreement Funding		30,266	28,192	(2,074)	(6.9%)

Legal implications

35. The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. It allows for the Mandate to NHS England to include specific requirements to instruct NHS England over the BCF, and NHS England to direct Clinical Commissioning Groups to pool the necessary funding. The council is legally obliged to comply with grant conditions, which have been complied with.

36. Health and wellbeing boards are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision.

37. Their purpose is to establish collaborative decision making, planning and commissioning across councils and the NHS, informed by the views of patients, people who use services and other partners.

38. Overseeing the deployment of BCF resources locally is a key part of their remit. BCF plans have to be signed off by the health and wellbeing board as well as the CCG (Clinical Commissioning Group), which represents the NHS side of the equation.

Risk management

39. The board is invited to review the content of the performance template, which is based on statistical and financial information and therefore the risk is minimal.

40. Monitoring the delivery of the Herefordshire BCF Plan is undertaken by the council and CCG. The project manager monitors a risk register and escalates to the directorate risk register where necessary. Higher risks will also be escalated to the council's corporate risk register in accordance with the council Risk Management Plan.

Risk / opportunity	Mitigation
Targets not being met	Partners will continue to work together to address demands and continue with a programme of improvements and regular monitoring

Risk / opportunity	Mitigation
Underspend on DFG and not achieving intended outcomes.	The practical end of COVID-19 restrictions should unlock one bottleneck in delivering home adaptations. A staffing restructure will improve the process of assessment, reducing the time from application to delivery.
The 2022/23 Better Care Fund (BCF) Policy Framework has not been released.	This is a national risk to all councils and council officers continue to work in partnership with health colleagues to develop integrated ways of working to improve outcomes whilst ensuring efficient services are delivered.

Consultees

41. Content of the returns have already been approved by the council's acting director for community wellbeing and Herefordshire Clinical Commissioning Group's (CCG) accountable officer and submitted prior to the national deadline.

Appendices

Appendix 1 – Better care fund 2021-2022 year end national performance template.

Background papers

None identified.

Report Reviewers Used for appraising this report:

Please note this section must be completed before the report can be published		
Governance	Sarah Buffrey	Date 17/05/2022
Finance	Kim Wratten	Date 16/05/2022
Legal	Kate Coughtrie	Date 22/06/2022
Communications	Luenne Featherstone	Date 10/05/2022
Equality Duty	Carol Trachonitis	Date 10/05/2022
Procurement	Mark Cage	Date 10/05/2022
Risk	Paul Harris	Date 12/05/2022

Approved by	Click or tap here to enter text.	Date Click or tap to enter a date.

Acronym	Description
BCF	Better Care Fund
iBCF	Improved Better Care Fund
CCG	Clinical Commissioning Group
EIA	Equality Impact Assessment
DToC	Delayed Transfers of Care
D2A	Discharge to Assess
LoS	Length of Stay
SUS	Secondary Uses Services
DHLUC	The Department for Levelling Up, Housing and Communities
DHSC	The Department of Health and Social Care
DFG	Disabled Facilities Grant

Better Care Fund 2021-22 Year-end Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2021-22, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Hosusing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of

The key purposes of BCF reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) To confirm actual income and expenditure in BCF plans at the end of the financial year
3) To provide information from local areas on challenges, achievements and support needs in progressing
4) To enable the use of this information for national partners to inform future direction and for local areas to

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the BCF Team will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, cont
2. 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 cells are green should the template be sent to:
england.bettercaresupport@nhs.net
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2021-22 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2021-22/

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: NHS contribution to adult social care is maintained in line with the uplift to CCG
National condition 3: Agreement to invest in NHS commissioned out-of-hospital services
National condition 4: Plan for improving outcomes for people being discharged from hospital

4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of hospital stays that are 14 days or over, Proportion of hospital stays that are 14 days or over, Proportion of discharges to a person's usual place of residence, Residential Admissions and
This section captures a confidence assessment on achieving the plans for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.
The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Long length of stay (14 and 21 days) and Dischaege to usual place of residence at a local authority level to assist systems in understanding

The metris worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:
- In making the confidence assessment on progress, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any

Please note that the metrics themselves will be referenced (and reported as required) as per the standard

5. Income and Expenditure

The Better Care Fund 2021-22 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution. A large

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2021-22 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template.
- The template will automatically pre populate the planned expenditure in 2021-22 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed intothe area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the
- Please provide any comments that may be useful for local context for the reported actual income in 20121-

Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in you BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and expanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2021-22 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please provide any comments that may be useful for local context for the reported actual expenditure in

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2021-22 through a set of survey questions

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2021-22
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institue for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration'

Please highlight:

8. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model)
9. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model)

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.
SCIE - Integrated care Logic Model

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rurual
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

7. ASC fee rates

This section collects data on average fees paid by the local authority for social care.

Specific guidance on individual questions can be found on the relevant tab.

HM Government

NHS

Better Care Fund 2021-22 Year-end Template

2. Cover

Version 2.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

			Checklist Complete:
Health and Wellbeing Board:	Herefordshire, County of		Yes
Completed by:	Marie Gallagher		Yes
E-mail:	Marie.Gallagher1@herefordshire.gov.uk		Yes
Contact number:	01432 260435		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No, subject to sign-off		Yes
If no, please indicate when the report is expected to be signed off:	Thu 29/09/2022	<< Please enter using the format, DD/MM/YYYY	Yes

Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Acting Director for community wellbeing and CCG accountable off	Yes
Name:	Paul Smith and Simon Trickett	Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete	
	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes
7. ASC fee rates	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2021-22 Year-end Template

3. National Conditions

Selected Health and Wellbeing Board: Herefordshire, County of

Confirmation of Nation Conditions			Checklist
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in 2021-22:**	Complete:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes		Yes
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes		Yes
3) Agreement to invest in NHS commissioned out of hospital services?	Yes		Yes
4) Plan for improving outcomes for people being discharged from hospital	Yes		Yes

Herefordshire Council

Better Care Fund 2021-22 Year-end Template

4. Metrics

Selected Health and Wellbeing Board: Herefordshire, County of

National data may like be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Checklist

Complete:

Metric	Definition	For information - Your planned performance as reported in 2021-22 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements	
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive	729.4	Data not available to assess progress	529.8 (2020/2021) 2021/22 data not available as only published annually with new processes in	An integrated referral hub and urgent responses are provided across Health and social care. This is consistently achieving	Yes

	conditions (NHS Outcome Framework indicator 2.3i)						place we hope to see an increase in 2021/22 data	>70% of people at risk of conveyance/admission seen within 2 hours within their own home.	
Length of Stay	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	**14 days or more (Q3)**	**14 days or more (Q4)**	**21 days or more (Q3)**	**21 days or more (Q4)**	Not on track to meet target	11.3% (14 days or more) 6.3% (21 days or more). Covid has impacted on LOS in many ways including covid isolation and lack of D2A capacity to support timely discharges due to staffing issues and provider IPC issues.	System wide funding to improve D2A capacity in Pathway 1. Pay increase for reablement workers seeing success in recruitment	Yes
		11.7%	11.1%	6.3%	5.7%				
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence				92.4%	Not on track to meet target	Target set at 92.4% for 21/22 with a year end result of 91.7% - whilst pathways and processes are in place, Covid has contributed to issues with staff sickness and recruitment into Pathway 1. With the need to rapidly discharge as per Covid-19 national guidelines, bedded capacity has been utilised to support discharges whilst awaiting Pathway 1 capacity.	Although this shows as not being on track to meet the target set; there is a minor shortfall and this result is a positive achievement. A review of salaries for Homefirst staff to help with recruitment and capacity to enable patients to go home with support from hospital has been considered and will be implemented in 22/23.	Yes

Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	408	Not on track to meet target	A target of 408 set for 2021/22 D2A has seen increase in system with a knock on effect on permanent admissions to care homes.	Year-to-date (April 21 to March 22) the rate per 100,000 population for this measure is 484.96 (which equates to 235 admissions). Actual admissions to care homes were 24 admissions higher in 2021/22 compared to 2020/21 (admissions dropped as a direct result of COVID), which translates to an increase of 42 in the per 100,000 population rate.	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	80.0%	On track to meet target	Demand for the service continues to grow	82.5%. A robust monitoring and recording methodology for 91 day reviews has been introduced and refresher training to staff has been provided.	Yes

Better Care Fund 2021-22 Year-end Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board: Herefordshire, County of

Income

	2021-22	
Disabled Facilities Grant	£2,268,653	
Improved Better Care Fund	£6,583,421	
CCG Minimum Fund	£14,321,369	
Minimum Sub Total		£23,173,443

	Planned	
CCG Additional Funding	£0	
LA Additional Funding	£0	
Additional Sub Total		£0

Actual		
Do you wish to change your additional actual CCG funding?	No	
Do you wish to change your additional actual LA funding?	No	
		£0

	Planned 21-22	Actual 21-22
Total BCF Pooled Fund	£23,173,443	£23,173,443

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2021-22	

Expenditure

	2021-22
Plan	£23,173,443

Do you wish to change your actual BCF expenditure?	No

Actual	£23,173,443

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2021-22	

Checklist

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes
- Yes

Better Care Fund 2021-22 Year-end Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2021-22
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board: Herefordshire, County of

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response	Checklist Complete:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	BCF supports and consolidates collaboration with good working relationships to ensure effective understanding of integration, planned activity and outcomes. Updates are provided on a quarterly basis covering Implementation, Outcomes, Finance & Legal Agreements and Delivery.	Yes
2. Our BCF schemes were implemented as planned in 2021-22	Agree	A number of schemes are funded through the BCF in Herefordshire. Throughout the year all schemes have been implemented, although there has been some slippage in some schemes and some vacancies which has led to underspend compared to the plan.	Yes
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality	Agree	Collaborative working across stakeholder groups has enabled a joined up approach to integration and continues to have a positive impact.	Yes

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	
Success 1	5. Integrated workforce: joint approach to training and upskilling of workforce	Providing an integrated team approach to respond to urgent need in our community via a Community Integrated Response Hub. Health and social care staff working together to triage, plan and deliver urgent care. This opened January 2021 and is open 12 hours per day 7 days per week.	Yes
Success 2	2. Strong, system-wide governance and systems leadership	Our local system has a number of joint roles that work across health and social care, particularly in community services/hospital discharge. As this has proved successful the positions are now permanent. The local Integrated Care System are working together to provide a reporting and governance route to enable these integrated services to report once to the ICS, whilst ensuring both partners receive appropriate and relevant assurance.	Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges	
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	Recruitment into care roles has, over the last 12 months, and continues to be, a significant challenge for the local system. We have a high vacancy factor coupled with Covid-related sickness, which has seen our capacity at a minimum. Action has been taken to try to support this. A joint approach to recruitment but also an increase in pay rates linked with BCF funding has recently been agreed by health and social care leaders.	Yes
Challenge 2	6. Good quality and sustainable provider market that can meet demand	Covid-19 has impacted on having enough capacity to meet demand in the market and this has and continues to be challenging. However through an integrated approach we are utilising health and social care colleagues working together to provided trusted assessment, for the care homes in particular, during these difficult times.	Yes

Footnotes:
Question 4 and 5 are should be assigned to one of the following categories:
1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
Other

Better Care Fund 2021-22 Year-end Template

7. ASC fee rates

Selected Health and Wellbeing Board: Herefordshire, County of

The iBCF fee rate collection gives us better and more timely insight into the fee rates paid to external care providers, which is a key part of social care reform.
Given the introduction of the Market Sustainability and Fair Cost of Care Fund in 2022-23, we are exploring where best to collect this data in future, but have chosen to collect 2021-22 data through the iBCF for consistency with previous years.

These questions cover average fees paid by your local authority (gross of client contributions/user charges) to external care providers for your local authority's eligible clients. The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (gross of client contributions/user charges), reflecting what your local authority is able to afford.

In 2020-21, areas were asked to provide actual average rates (excluding whole market support such as the Infection Control Fund but otherwise, including additional funding to cover cost pressures related to management of the COVID-19 pandemic), as well as a 'counterfactual' rate that would have been paid had the pandemic not occurred. This counterfactual calculation was intended to provide data on the long term costs of providing care to inform policymaking. In 2021-22, areas are only asked to provide the actual rate paid to providers (not the counterfactual), subject to than the exclusions set out below.

Specifically the averages SHOULD therefore:
- EXCLUDE/BE NET OF any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- EXCLUDE/BE NET OF any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.
- EXCLUDE/BE NET OF whole-market COVID-19 support such as Infection Control Fund payments.
- INCLUDE/BE GROSS OF client contributions /user charges.
- INCLUDE fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- EXCLUDE care packages which are part funded by Continuing Health Care funding.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:** 1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
4. For each service type, sum the resultant detailed category figures from Step 3.

Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

	For information - your 2020-21 fee as reported in 2020-21 end of year reporting *	Average 2020/21 fee. If you have newer/better data than End of year 2020/21, enter it below and explain why it differs in the comments. Otherwise enter the end of year 2020-21 value	What was your actual average fee rate per actual user for 2021/22?	Implied Uplift: Actual 2021/22 rates compared to 2020/21 rates	Checklist Complete:
1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above)	£20.06	£20.03	£20.01	-0.1%	Yes
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above)	£655.12	£655.12	£625.15	-4.6%	Yes
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above)	£683.27	£683.27	£702.85	2.9%	Yes
4. Please provide additional commentary if your 2020-21 fee is different from that reported in your 2020-21 end of year report. Please do not use more than 250 characters.		Home Care average price per hour is affected by the type of placement. We pay more for placements in rural areas. Care Homes average price per week is affected by the needs of each client & the availability of placements in the market.			Yes

14 characters remaining

Footnotes:

* ".." in the column C lookup means that no 2020-21 fee was reported by your council in the 2020-21 EoY report

** For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees.
(Occupancy guarantees should result in a higher rate per actual user.)

*** Both North Northamptonshire & West Northamptonshire will pull the same last year figures as reported by the former Northamptonshire County Council.

Herefordshire Council

Title of report: Herefordshire Joint Health and Wellbeing Strategy 2022/2023

Meeting: Health and Wellbeing board

Meeting date: Thursday 21 July 2022

Report by: Democratic Services Officer

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

For the Health and Wellbeing Board (HWB) to consider the report at appendix 1 by Herefordshire Council

Recommendation(s)

That:

a) The Health and Wellbeing Board considers the report at Appendix 1 and provides comments and recommendations on the briefing.

Alternative options

1. It is a function of the Health and wellbeing Board (HWB) to produce a Joint Health and Wellbeing Strategy (HWBS).

2. The HWB could choose not to consider this briefing, however given the importance of the subject matter it is presented to this meeting.

Key considerations

3. Herefordshire Council produced the attached report in July 2022. The report is for the HWB to consider and to take account of.

4. Appendix 1 contains the Herefordshire Council report in full for the HWB to consider.

Community impact

5. In accordance with the adopted code of corporate governance, Herefordshire Council achieves its intended outcomes by providing a mixture of legal, regulatory and practical interventions. Determining the right mix of these is an important strategic choice to make sure outcomes are achieved. The council needs robust decision-making mechanisms to ensure its outcomes can be achieved in a way that provides the best use of resources whilst still enabling efficient and effective operations and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development and review.

Environmental Impact

6. There are no general implications for the environment arising from this report.

Equality duty

7. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

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

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

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

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

8. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Our Health providers will be made aware of their contractual requirements in regards to equality legislation.

Resource implications

9. There are no resource implications associated with this report. The resource implications of any recommendations made by the HWB will need to be considered by the responsible party in response to those recommendations or subsequent decisions.

Legal implications

10 Health and wellbeing boards are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision.

11 Their purpose is to establish collaborative decision making, planning and commissioning across councils and the NHS, informed by the views of patients, people who use services and other partners.

12. The functions of the Health and Wellbeing Board are set out in paragraph 3.5.24 of the constitution.

Risk management

13. There are no risk implications identified emerging from the recommendation in this report.

Consultees

None

Appendices

Appendix 1 – Herefordshire Joint Health and Wellbeing Strategy 2022/2023

Background papers

None identified.

Please include a glossary of terms, abbreviations and acronyms used in this report.

HWB Health and Wellbeing Board
HWBS Health and Wellbeing Board Strategy

Herefordshire Council

Herefordshire Joint Health and Wellbeing Strategy 2022/2023

1.0 Background

The Health and Social Care Act 2012, requires every local authority and Clinical Commissioning Group (CCG) to produce a Joint Health and Wellbeing Strategy (HWBS). The HWBS should set out how local partners will meet the needs identified in the Joint Strategic Needs Assessment and as such, is a key document in promoting collective action to meet the needs of the whole community.

Further, health and wellbeing priorities should be aligned with the Integrated Care Partnership Strategy. Once published, the strategy should be utilised by commissioners and providers to inform and drive local service development.

A workshop was held with members of the Health and Wellbeing Board on the 6 June 2022 that has informed the scope and principles summarised in this briefing.

2.0 Purpose of this paper

The purpose of this paper is to inform the Health and Wellbeing Board of our intentions and timelines for the development of a new Health and Wellbeing Strategy for Herefordshire

3.0 Drivers for change

The current HWBS was published in 2017, and its planned refresh was delayed by the coronavirus outbreak. In addition to the statutory requirement for a HWBS, a new strategy comes at a time when there are significant changes across health and social care. The establishment of a new Integrated Care System for Herefordshire and Worcestershire brings a timely opportunity for the new strategy to inform and deliver action at both the system and place level.

The coronavirus (COVID-19) pandemic has had a profound impact on our health and wellbeing affecting outcomes across the life course. It has shone a light on some of the health and wider inequalities that persist in our society and it has become increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination. A new strategy therefore presents an opportunity to include our aspirations and priorities for tackling inequalities as part of our recovery recognising that many of the causes of ill-health are deep rooted in society.

4.0 Guiding principles for strategy development

To guide the development of the new strategy the following principles were agreed at the workshop:

- The priorities in the strategy will be based on need
- Planned actions will be based on evidence of effectiveness.
- Prevention (in all its forms) will be at the heart of all we do
- A ‘proportionate universalist’ approach – something for everyone and more for those who need it the most
- The strategy will focus on areas where partnership action adds value and there is commitment across the system
- Narrowing health inequalities is a core aim

- The strategy is developed in close collaboration with residents and local partners from health, social care, local authorities and voluntary sector.

Following the workshop on the 6 June the following design principles were agreed for the new HWBS:

- The strategy should be short and concise.
- The strategy itself should be high level.
- It should be supported by shared and local action plans that set out the detail of how the strategic goals will be delivered across all the partners.
- The strategy should focussed on prevention and integration.
- A whole life course approach should be maintained.

Proposed Approach and Methodology

The development of the strategy will be undertaken in the following stages:

1) Step 1: Agree the methodology and timelines for the development of the new strategy
2) Step 2: Review the existing strategy to understand if it has delivered change on its key priorities
3) Step 3: Identify core data and insights from JSNA, partners, and community surveys and reports. This will also include a desktop review of existing strategic documents.
4) Step 4: Agree a weighting mechanism and creation of a long list of possible priorities from step 3
5) Step 5: consultation on the long list via website; community groups; partners; and VCS organisations. Asking for top three priorities and three actions to go with each priority
6) Step 6: prepare the draft Strategy
7) Step 7: shorter consultation on draft Strategy as step 5
8) Step 8: final sign-off at HWB Board by March 2023, for April 2023 delivery

Initial work has already commenced on reviewing the previous HWBS and existing strategic documents, evidence and previous public and patient consultations across all the areas. This review will enable us to map out our existing strategic commitments and priorities across the partners and provide initial thinking to challenge and shape our thinking moving forward. Work will also need to be undertaken to revise the Governance of the Board to ensure effective delivery of the new strategy.

5.0 Timeline and resources required

The strategy will be project managed by a designated council officer under the direction of the Director of Public Health and Public Health consultant. Regular task and finish group meetings will be held to update members on progress and issue any new actions required by attendees. The task and finish group will consist of aforementioned individuals as well as representatives from the business intelligence team, communities wellbeing, health watch and the NHS.

Indicative timescales for the development of the strategy are summarised below with the aim to publish the final strategy in March 2023.

Milestone	**Completion Date**
Methodology agreed	July 2022
Review of existing strategy	July 2022
Summary of JSNA and insights	August 2022
Agree long list of priorities and weighting mechanism	August 2022

Consultation on list of priorities	Sept 2022
Draft Strategy complete	Nov 2022
Cabinet approval to consult on draft strategy	December 2022
Consultation on draft strategy	January 2023
Final sign off of Strategy	March 2023

Throughout the process a number of key groups will need to be consulted including One Herefordshire Partnership, Integrated Care Assembly Partnership and other groups.

6.0 Recommendations

The board is asked to:

1. Support the development of a new HWB strategy
2. Agree on the guiding principles, process and timeline for the strategy development
3. Agree that the production of the strategy be delegated to a Task and Finish Strategy Development Group

APPENDIX 1

HEREFORDSHIRE HEALTH AND WELLBEING STRATEGY

Task and Finish Development Group - Terms of reference

Purpose of the task and finish group

The purpose of the task and finish group is to facilitate all necessary steps and processes in order to produce a new Health and Wellbeing Strategy for Herefordshire. The group will meet at fortnightly intervals in order to review progress and set new actions to progress with strategy development.

Objectives

To produce the Health and Wellbeing strategy by March 2023 for implementation in April 2023, under the following guiding principles:

- The priorities in the strategy will be based on need, supported by actions based on evidence of effectiveness.
- Prevention (in all its forms) will be at the heart of all we do
- A 'proportionate universalist' approach – something for everyone and more for those who need it the most
- The strategy will focus on areas where partnership action adds value and there is commitment across the system
- Narrowing health inequalities as a core aim
- The strategy is developed in close collaboration and consultation with residents and local partners from health, social care, local authorities and voluntary sector.

At all stages of the process, relevant parties must be informed, such as representatives from: Health and wellbeing board, Health watch, CCG/ICB, Herefordshire Council.

Ways of working

The group will meet every two weeks or as necessary if there are new developments or deadlines. If there are key agenda points for discussion, these will be sent in advance. An action log will be kept and respective actions reviewed at each subsequent meeting.

Membership

- Director of Public Health
- Consultant in Public Health
- Project Manager (Public Health Manager)
- Public Health Council Officer
- Intelligence Unit Team Leader
- Service Director – Community Wellbeing
- Health Watch
- Clinical Commissioning Group (CCG)/ Integrated Care Board (ICB)

Herefordshire Council

Title of report: ICS Development Update and Integrated Care Partnership Assembly (ICPA) Draft - Terms of Reference v1.1

Meeting: Health and Wellbeing board

Meeting date: Thursday 21 July 2022

Report by: Democratic Services Officer

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

For the Health and Wellbeing Board (HWB) to consider the report at appendix 1 and appendix 2 by Herefordshire and Worcestershire Integrated Care System.

Recommendation

That:

a) **The Health and Wellbeing Board considers the report at Appendix 1 and Appendix 2 and provides comments on the Terms of Reference.**

Alternative options

1. It is a function of the HWB to consider briefings from the Integrated Care System.

2. The HWB could choose not to consider this briefing, however given the importance of the subject matter it is presented to this meeting.

Key considerations

3. Herefordshire and Worcestershire Integrated Care System produced the attached report in July 2022. The report is for the board to consider and take account of.

Community impact

4. In accordance with the adopted code of corporate governance, the council achieves its intended outcomes by providing a mixture of legal, regulatory and practical interventions. Determining the right mix of these is an important strategic choice to make sure outcomes are achieved. The council needs robust decision-making mechanisms to ensure its outcomes can be achieved in a way that provides the best use of resources whilst still enabling efficient and effective operations and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development and review.

Environmental Impact

5. There are no general implications for the environment arising from this report.

Equality duty

6. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

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

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

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

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

7. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Our Health providers will be made aware of their contractual requirements in regards to equality legislation.

Resource implications

8. There are no resource implications associated with this report. The resource implications of any recommendations made by the HWB will need to be considered by the responsible body or the executive in response to those recommendations or subsequent decisions.

Legal implications

9 Health and wellbeing boards are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision.

10 Their purpose is to establish collaborative decision making, planning and commissioning across councils and the NHS, informed by the views of patients, people who use services and other partners.

11 The functions of the Health and Wellbeing Board are set out in paragraph 3.5.24 of the constitution. There are no specific legal implications arising from the proposed Terms of Reference.

Risk management

12 There are no risk implications identified emerging from the recommendation in this report.

Consultees

None

Appendices

Appendix 1 – Integrated Care System (ICS) Development Update

Appendix 2 - Integrated Care Partnership Assembly (ICPA) Draft - Terms of Reference v1.1

Background papers

None identified.

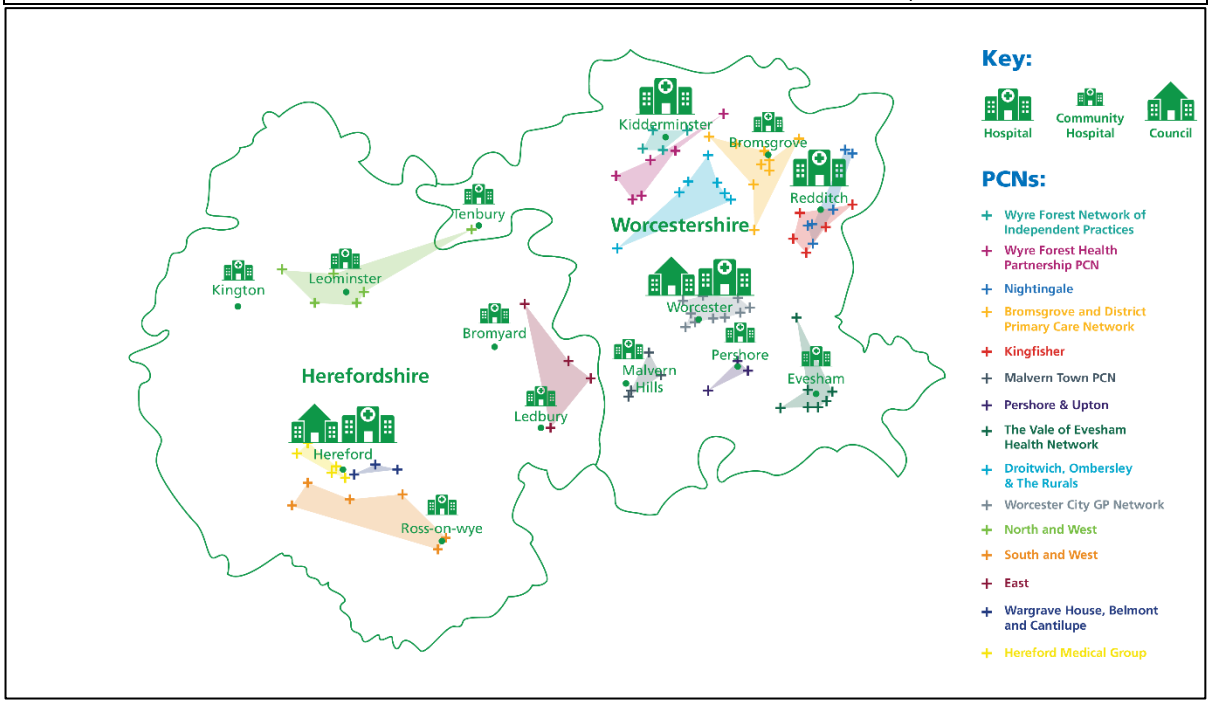
Please include a glossary of terms, abbreviations and acronyms used in this report.

HWB Health and Wellbeing Board
ICS Integrated Care System
ICP Integrated Care Partnership
ICPA Integrated Care Partnership Assembly
ICB Integrated Care Board
TOR Terms of Reference

Introduction

The Herefordshire and Worcestershire Integrated Care System is made up of a range of NHS and Local Authority services organised into 15 Primary Care Networks (PCNs) spread over two Places (Herefordshire Council area and Worcestershire County Council area). Within the ICS area there are:

• Eight local authorities (one unitary, one county and six districts)	• Three NHS Trusts	• 79 GP practices • 123 Community Pharmacies • 96 Dentists • 68 Optometrists



What the ICS is seeking to achieve

Collectively, partners in the ICS will work together to deliver in four areas of ambition:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help to support broader social and economic development

By operating as an integrated system, the following benefits will be experienced by residents and patients:

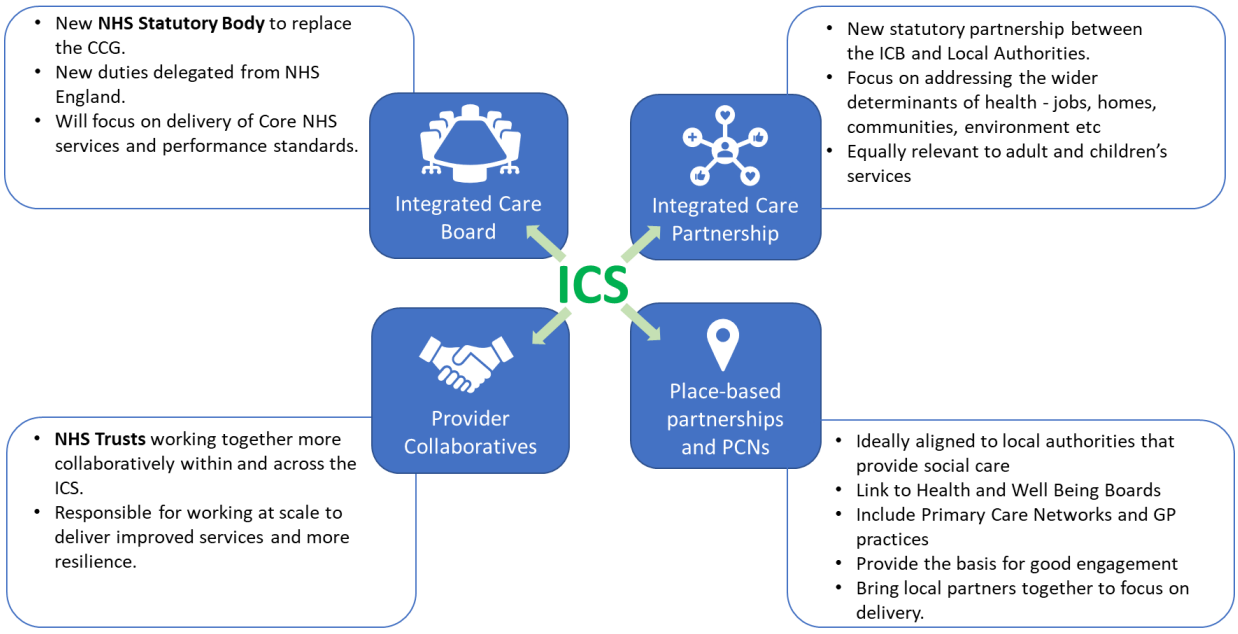
- More joined up health and social care, particularly for people with long-term conditions, physical disabilities and learning disabilities.
- More joined up physical and mental health care, helping to reduce the negative impact that mental health can have on a person's physical health (and vice versa).
- More joined up GP, hospital and specialist care more effectively, to ensure that people experience smoother handovers as they move along a care pathway.
- Improved population health by partners working more effectively to address the wider determinants of health and not just address the consequences of illness
- Improved access to care by supporting more sustainable care models through at scale working alongside local provision.

Partners are aiming to deliver these benefits by:

- Working together across NHS, Local Authority and Primary Care services to focus on improving whole population health, not just on the treatment of specific conditions
- Allocating resources to support collaboration between partners, rather than competition between providers; and working to invest more in prevention.
- Achieving benefits of scale through system working, alongside the benefits of localism through Place-based and PCN working.
- Collecting and sharing clinical information more effectively so people only have to provide their information once in a way that can be shared appropriately, improving efficiency of care and reducing risk.
- Joining up data, intelligence and insight more effectively to identify and tackle health inequalities and enable a more proactive approach to implementing preventative action.

How the ICS is organised

The ICS is made up predominantly of four component parts:



- **The Integrated Care Board -** Following adoption of the Health and Social Care Act 2022, on 1 July 2022 NHS Herefordshire and Worcestershire Integrated Care Board (ICB) was established as a new NHS statutory body. The ICB inherited the statutory duties, responsibilities and staff of NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG), along with a range of new duties as part of the new Integrated Care System (ICS) arrangements. The ICB is responsible for allocating the £1.5bn worth of NHS resources that are allocated to the ICS area.

- **The Integrated Care Partnership -** The new legislation requires the ICB and the Local Authorities responsible for social care and public health functions in the ICB area to form a new joint committee called an Integrated Care Partnership (ICP). The requirement of the ICP is to oversee the production and delivery of an Integrated Care Strategy, that local partners should have regard to when making decisions about and allocating resources to the services

they are responsible for. We have previously discussed with Health and Well Being Board (HWBB) members the importance of aligning the work of the ICP and HWBB and are developing the working arrangements of the ICP with this agreement in mind. The first full meeting of the ICP is scheduled to take place on 7October 2022. Attached as Appendix 1 to this report are the draft terms of reference for the ICP.

- **Local Collaboratives and Partnerships – the One Herefordshire Partnership (OHP) -** System leaders from across local government, healthcare and wider partners have agreed a principle called "subsidiarity" for the ICS. This means that wherever possible responsibility for making decisions and organising service delivery should be made as close as possible to the population. To enable this, the ICP will work very closely with the Herefordshire Health and Wellbeing Board and a group called the One Herefordshire Partnership will support the local delivery of priorities agreed with the ICB.

Wherever possible common membership between the ICB, the ICP, OHP and the HWBB will be used to ensure that all individual statutory duties are delivered in the most joined up way possible.

H&W Integrated Care Partnership (ICP) and Integrated Care Partnership Assembly (ICPA)

Draft - Terms of Reference v1.1 (11th July 2022)

Last reviewed:
Next Review:

Co-Chairs	Chair, Herefordshire Health & Wellbeing Board Chair, Worcestershire Health & Wellbeing Board
Vice Chair	Chair, NHS Herefordshire and Worcestershire
Joint Responsible Executives	Executive Director of Strategy and Integration, NHS Herefordshire & Worcestershire Director of Public Health, Herefordshire Council Director of Public Health, Worcestershire County Council
Administrator	Senior Business Support Officer, NHS Herefordshire & Worcestershire
Frequency of Meetings	At least twice a year
Core Purpose of the ICPA	To oversee development and delivery of the System Integrated Care Strategy and its deployment across partner organisations.
Reporting and Relationships	There is a direct relationship with the Herefordshire Health and Wellbeing board and the Worcestershire Health and Wellbeing board.

1. INTRODUCTION

a) The Integrated Care Partnership **("The ICP")** is a statutory committee jointly established between NHS Herefordshire and Worcestershire, Herefordshire Council and Worcestershire County Council **("The statutory organisations")** and is established in accordance with Section 116ZA of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Care Act 2022).

b) When the statutory committee meets, it will do so in public and will invite a wide range of local partners and stakeholders to participate in the discussions. For the purposes of clarity, this wider group will be called The Integrated Care Partnership Assembly **("The ICPA").**

c) The work of the ICPA will not duplicate the work of the Herefordshire and Worcestershire health and Wellbeing Boards.

d) These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the joint committee.

2. PURPOSE

The ICPA is established to:

a) Bring a broad alliance of partners together to develop an integrated care strategy that describes how the assessed health, care and wellbeing of the population of Herefordshire and Worcestershire will be met. Addressing integration of health, social care and health related services.

3. OBJECTIVES

The objectives for the ICPA are to:

a) Develop strong relationships and a collaborative culture across all partners, driving the strategic direction of the system, through setting the overarching strategy for integration at system and place.

b) Create a system level forum to support and enhance the work programmes to improve population health outcomes and reduce health inequalities at Place by addressing complex, long term issues that require a system level integrated approach across stakeholders.

c) Enable the engagement of people and communities in the development of the integrated care strategy and associated work programmes as well as drawing on insights from the existing work such as that undertaken to develop the Health and Wellbeing strategies.

d) Identify areas where work undertaken by individual Health and Wellbeing Boards can be shared in the spirit of collective learning, economies of scale and to the benefit of the local people.

e) Ensure that best available evidence and data is used to inform the development of the integrated care strategy through drawing upon the joint strategic needs assessments and other sources of rich data, insight and intelligence, with support of public health teams to ensure robust application of evidence to work programme design.

f) Enable, encourage and support partners, places and collaboratives to improve and innovate, including advocating for new approaches and transformational ways of working.

4. MEMBERSHIP AND ATTENDANCE

4.1 – Core Members of the statutory committee

a) The proposed core membership of the statutory committee is:

Organisation	Role
Herefordshire Council (5 committee members)	Health and Wellbeing Board Chair
	Leader
	Director of Adult Social Care
	Director of Children's Services
	Director of Public Health
Worcestershire County Council (5 committee members)	Health and Wellbeing Board Chair
	Cabinet member for Adult Social Care
	Strategic Director for People
	Director of Children's Services
	Director of Public Health
NHS Herefordshire and Worcestershire ICB (5 committee members)	Chair
	Non-Executive Member
	Chief Executive
	Executive Director of Strategy and Integration
	Director of Partnerships, Prevention and Health Inequalities

b) The Core Members are accountable and responsible for decisions made by the ICP. In reaching these decisions they will listen to and have due regard to the advice and input of the wider assembly membership.

4.2 – Additional members

a) To enable the opportunity to have open wide-ranging stakeholder input to the partnership, the following on the Assembly will be created:

Additional Members	Places
Healthwatch Herefordshire and Healthwatch Worcestershire	2
Chief Executive Leads for the two Place-based Partnerships	2
NHS England - Specialised commissioning	1
West Midlands Ambulance service	1
Worcestershire District Councils	6
Herefordshire and Worcestershire Fire and Rescue Service	1
Office of the Police and Crime Commissioner	1
West Mercia Police	1
Worcester University – 3 Counties medical school	1

Representative Members	Places
Local Medical, Dental and Optometry Committees	3
VCSE Sector across both counties	4
Domiciliary Care Providers	2
Care Home Providers representatives	2
Housing Provider / RSL representatives	2
Education Providers representatives	2
Carer's Representative	2
Youth Council Members	2
Additional and Representative Members	35
Core Committee Members	15
Total Membership	**50**

b) Representative Members will be asked to make connections between the ICPA and the sector in which they are representing. The core focus of this role is not to champion the interests of any single organisation.

4.3 – Attendance

a) It is expected that Core Members will make themselves available, by exception, where this is not possible a deputy of sufficient authority may attend.

b) Additional and Representative Members are welcome to nominate a substitute for the Assembly Meetings if these leaves the sector un-represented.

4.4 – Quorum

a) The quorum is set at two thirds of the Core Membership, with at least 2 members from each statutory partner. If a quorum has not been reached, then the meeting may proceed, but no decisions may be taken.

b) There is no Quorum requirement governing the wider Assembly Membership.

5. DECLARATIONS OF CONFLICTS OF INTEREST

a) All members of the ICPA will be asked to declare any conflicts of interest. Any substitutes nominated to attend on behalf of core members or wider assembly members must provide declarations of interest in relation to agenda items in advance of the meeting.

b) The Chair will have an extract of members conflicts of interest declarations available for reference. Where a member/attendee is aware of an interest, conflict or potential conflict of interest in relation to the scheduled or likely business of the meeting, they will bring this to the attention of the Chair of the meeting as soon as possible, and before the meeting where possible.

c) Members of the ICPA will adopt the following approaches to managing and mitigating conflicts or potential conflicts of interest:

i. To operate in line with their own sovereign organisational governance frameworks and sector specific guidance for probity and decision making and managing conflicts.
ii. To work in line with the ICS behaviours, values and priorities.

a) Conflicts of interest will be included as a standing agenda item at the beginning of each meeting, where the Chair will invite any members to declare any interests in connection to the business of the meeting.

b) The Chair will determine how this should be managed and inform the member of their decision. The Chair may require the individual to withdraw from the whole of the meeting or part of it. Where the Chair is aware that they themselves have such an interest, conflict or potential conflict of interests they will bring it to the attention of the meeting, and the Vice Chair will act as Chair for the relevant part of the meeting

c) Any declarations of interests, conflicts and potential conflicts, and arrangements to manage those agreed in any meeting will be recorded in the minutes. This will be subsequently recorded within the "Conflicts of Interest Declared During a Meeting" register.

d) Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the Managing Conflicts of Interest: Revised Statutory Guidance and may result in suspension from the meeting

6. MEETINGS AND VOTING

a) The Chair will always actively seek to facilitate discussions that reach consensus amongst the core members. Decisions are expected to relate, in the main to the approval and oversight of the Integrated Care Strategy.

b) In the event of needing to vote on a decision, the following approach will be taken:

a. One vote per core member who is in attendance at the meeting.
b. Core member deputies are able to vote.

c) Voting requirements do not apply to wider assembly members.

d) If a decision is needed which cannot wait for the next scheduled meeting or it is not considered necessary to call a full meeting, the joint committee may choose to convene a special meeting to conduct its business.

7. SECRETARIAT AND ADMINISTRATION

a) The Committee will be supported by an officer from NHS Herefordshire and Worcestershire, who will work closely with the joint responsible executives supporting the Health and Wellbeing Boards. The overarching aim of ensuring that the joint committee receives relevant and timely information and that key documents such as the agendas, reports, minutes, the forward plan and action log are effectively maintained and circulated in a timely manner. This will include ensuring that:

i. Papers will be circulated at least 5 working days prior to meetings
ii. Additional agenda items will be by exception and agreed by the Chair in advance
iii. Draft minutes will be circulated within 5 working days of the meeting being held and will be ratified at the following meeting

iv. Ratified minutes will be published on the ICS website

8. FREQUENCY

a) In normal years ICPA meetings shall take place bi-annually in September/October and May/June.

b) In the first year of formation ICPA meetings will take place in July (inaugural meeting to form the Joint Committee), September (to review progress on the creation of the Draft Integrated Care Strategy and December (to approve the Draft Integrated Care Strategy for publication).

c) A minimum of 7 day's notice for calling a special meeting shall be given unless the meeting is being called due to urgent circumstances. If a discussion in needed which cannot wait for the next scheduled meeting, the Chair may choose to convene an ad hoc virtual meeting to conduct the discussion.

d) During the year the two Health and Well-being boards will undertake the remit for overseeing the delivery of integration at place through their normal meeting cycle.

9. AUTHORITY

The ICP is a Statutory Joint Committee, convened under the Health & Care Act 2022. It operates on a partnership and collaborative basis. Each of the constituent statutory partner members organisations remains responsible for discharging their sovereign statutory duties.

a) The meetings will be Co-Chaired by the two Health and Wellbeing Board chairs on a rotating basis, with the specific arrangements to be agreed as part of the agenda setting process for each meeting. Where one HWBB chair is not available, the meeting will be chaired by the other. Where both HWBB chairs are not available, the meeting will be chaired by the ICB Chair.

10. REPORTING

a) Outputs from the ICPA (in particular the Integrated Care Strategy) will be reported to:
    a. Herefordshire Health and Wellbeing Board
    b. Worcestershire Health and Wellbeing Board
    c. NHS Herefordshire and Worcestershire Integrated Care Board

11. CONDUCT OF THE MEETING

a) The joint committee shall conduct its business in accordance with any national guidance. The seven Nolan principles of public life shall underpin the committee and its members.

12. REVIEW OF TERMS OF REFERENCE

a) Under normal circumstances the joint committee shall review its terms of reference annually. In the first year these will be reviewed after 6 months

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Herefordshire Council

Title of report: Health and Wellbeing Board Work Programme

Meeting: Health and Wellbeing Board

Meeting date: Thursday 21 July 2022

Report by: Democratic services officer

Classification

Open

Decision type

This is not an executive decision.

Wards affected

(All wards)

Purpose

To consider potential items for future board activity.

Recommendation(s)

That:

(a) The board considers the prioritisation of potential items for future board activity.

Alternative options

1. It is for the board to determine its work programme to reflect the priorities facing Herefordshire. The board needs to be selective and ensure that the work programme is focused, realistic and deliverable within existing resources.

Key considerations

2. The work programme needs to focus on the key issues of local concern and be manageable. It must also be ready to accommodate urgent and statutory items.

3. During 2021/22, the board considered the following items of business:

Meeting date and link to the papers:	Agenda items:
8 March 2021	Director of Public Health Annual Report
26 July 2021	Herefordshire and Worcestershire Learning from Lives and Deaths- People with Learning Disability (HW LeDeR) Annual Report 2020/21
	Carers Strategy
	Better Care Fund (BCF) Year End Report 2020-21
	Meeting Schedule for 21-22
6 December 2021	Herefordshire Safeguarding Children Partnership Report to HWBB re Children and Young People's Mental Health and Suicide during 2020
	Countywide approach to become a Sustainable Food Place
	Joint strategic needs assessment (JSNA) 2021
	Herefordshire and Worcestershire Mental Health and Wellbeing Strategy
	Herefordshire's Better Care Fund (BCF) and Integration plan 2021-22
28 March 2022	A report by NHS England and NHS Improvement on Dental Provision in Herefordshire as of March 2022.
	Herefordshire's Physical Activity Strategy
	Establishing the Integrated Care Partnership
	Health and Wellbeing Board Work Plan 2022/23

4. During the year, the board has referred to the listed documents to identify potential items for future board activity:

Appendix 1: Herefordshire HWB Reporting Requirements

Appendix 2: HWB Forward Plan 2021-22

5. The board may wish to consider the prioritisation of potential items to inform the work programming for the new Integrated Care System in 2022/23 at this meeting, or to

request a separate work programming session for board members during September 2022.

Community impact

6. In accordance with the adopted code of corporate governance, Herefordshire Council is committed to promoting a positive working culture that accepts and encourages constructive challenge and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development and review. Topics selected for scrutiny should have regard to what matters to residents.

Environmental impact

7. Herefordshire Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors we share a strong commitment to improving our environmental sustainability, achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.

8. The topics selected for the board will take environmental impact into account.

Equality duty

9. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

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

   (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

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

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

10. The public sector equality duty (specific duty) requires us to consider how we can contribute positively to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. As this report concerns the administrative function of the board, it is not considered that it will have an impact on the equality duty.

11. The topics selected for the board need to have regard to equality and human rights issues.

Resource implications

12. The costs of the work of the board will have to be met within existing resources. It should be noted that the costs of running Health and Wellbeing board can be subject to an assessment to support appropriate processes.

Legal implications

13. A Health and Wellbeing board is a statutory partnership within the council. The development of a work programme that is focused and reflects priorities facing Herefordshire will assist the board and the council to deliver the statutory functions.

Risk management

14. There is a reputational risk to the council if the board does not operate effectively. The arrangements for the development of the work programme should help to mitigate this risk.

Consultees

15. The work programme is reviewed at board meetings. The chairperson, vice-chairperson, Herefordshire Council officers and appropriate partners also keep the work programme under regular review.

Appendices

Appendix 1 Herefordshire HWB Reporting Requirements

Appendix 2 HWB Forward Plan 2021-22

Background papers

None identified.

Health and Wellbeing Board - Reporting Requirements

Standing Items:

Agenda Items	Frequency	Work Area	Source/Requirement
Joint Health and Wellbeing Strategy	To be determined by strategy (annual update?)	Multi-agency	Health and Social Care Act 2012, S193 – (2)The responsible local authority and each of its partner clinical commissioning groups must prepare a strategy for meeting the needs included in the assessment by the exercise of functions of the authority, the National Health Service Commissioning Board or the clinical commissioning groups ("a joint health and wellbeing strategy"). Requirement to consult: Local Government and Public Involvement in Health Act 2007 (legislation.gov.uk)
Integrated Care System updates	Ad-hoc	Multi-agency	Health & Social Care Act 2012, S195 – Duty to encourage integrated working A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.
Integrated Care Partnership Assembly	Bi-annually	Multi-agency	To approve the Integrated Care Strategy, and then to receive update/monitoring
ICEOG annual report (s75) Under review re ICS	Annually	Multi-agency	Health & Social Care Act 2012, S195 – Duty to encourage integrated working & S197 Participation of NHS Commissioning Board A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services. Required in Integrated Commissioning Executive Officers Group (ICEOG) Terms of Reference, provide commissioning oversight, link to HWB priorities etc.
Sub-group reporting	Bi-annually	Multi-agency	Sub-groups updates - CYPSP, HIG, HPG, JSNA Working Group plus any Task and Finish groups – Data and Insights for Action, Cost of Living Crisis?
Commissioning Plans Under review re ICS	Annually	CCG / ICS	Requirement to review commissioning plans / to be clear how commissioning plans address the JSNA and align to / achieve the outcomes of the JHWS Role of the HWB (What a difference a place makes The growing impact of health and wellbeing boards (local.gov.uk)): "Have oversight of relevant local authority and CCG plans to make sure they are aligned with JSNAs and JHWSs unless there is a good reason not to. CCGs must involve the HWB in preparing or making significant changes to their commissioning plans, and it is good practice for the 'NHS Commissioning Board' to involve HWBs when developing their commissioning plans". Health and Social Care Act, 2012, S197 sets out participation of NHS Commissioning Board
Mental Health Strategy / Mental Health Collaborative	Annually	CCG	Approval of the multi-agency strategy, and continued update against outcomes Required due to link to JHWS priority Mental Health Collaborative oversees delivery of the MH Strategy - Include sight of outcomes, measures, indicators (MH Outcomes F/W)

DPH Annual Report	Annually	Public Health	DPH Annual Report on the health of the local population – the DPH has a duty to write a report, whereas the authority has a duty to publish it (section 73B(5) & (6) of the 2006 Act, inserted by section 31 of the 2012 Act). The content and structure of the report is something to be decided locally.
Pharmaceutical Needs Assessment	Three-yearly (plus annual update?)	Public Health	The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Part 2 - The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (legislation.gov.uk) The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act **F1** (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a "pharmaceutical needs assessment". Each HWB must publish its first pharmaceutical needs assessment by 1st April 2015.
JSNA Annual Summary		Public Health	Health and Social Care Act 2012, S192 *Requiring additional bi-annual work programme update to engage HWB in priorities*
Safer Communities Board	Annually	Public Health	Annual update and key link to Safer Communities Board, links with Safeguarding annual reports on agenda
Better Care Fund	Quarterly	Adult Social Care	The national guidance on BCF and HWB has required that it is reported quarterly to HWB Section 9 – Reporting in 2019/20: 102. The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the Fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration. 103. To service these purposes, areas are required to provide quarterly reporting for the BCF over 2019-20 in relation to the CCG minimum contribution and the Winter Pressures grant. 104. These reports are discussed and signed-off by HWBs (or with appropriate delegation) as part of their responsibility for overseeing BCF plans locally. National partners recommend that this approach is built into s.75 agreements. Monitoring will include confirmation that s75 agreement is in place. 105. The reporting template will be made available to the local systems with associated guidance and timetables via the Better Care Exchange, an online platform that all Better Care leads are able to access.
LeDeR Annual Review	Annually	Adult Social Care	Requirement, from NHSE, that the LeDeR annual report is presented to an 'appropriate committee of health and social care partners that is open to public scrutiny'. Policy also states, 'responsibility for delivery of review with CCG – ICS for action implementation, 'local leaders' good practice to bring to HWB'. B0428-LeDeR-policy-2021.pdf (england.nhs.uk) - Page 21 ref quality governance.
Carers Strategy	Annual update re progress against strategy	Adult Social Care	Approval multi agency strategy.
Herefordshire Safeguarding	Annually	Adult Social Care	"maintain a relationship and dialogue with" Care Act 2014 – 14.160 Every SAB must send a copy of its report to: • the chief executive and leader of the local authority

Adults Board Annual Report			• the police and crime commissioner and the chief constable • the local Healthwatch • the chair of the health and wellbeing board 14.161 It is expected that those organisations will fully consider the contents of the report and how they can improve their contributions to both safeguarding throughout their own organisation and to the joint work of the Board.
Children's Safeguarding Partnership	Annually	Children's Services	HWB ToR "maintain a relationship and dialogue with" There is no requirement to take the HCSP or the CDOP annual report to the HWBB. SE - Used to be clear as a requirement in Working Together to Safeguard Children, which is HM Government statutory guidance. All that guidance now says however is; "43. Safeguarding partners should make sure the report is widely available, and the published safeguarding arrangements should set out where the reports will be published. 44. A copy of all published reports should be sent to the Child Safeguarding Practice Review Panel and the What Works Centre for Children's Social Care within seven days of being published."
Child Death Overview Panel	Annually	Children's Services	H&W joint Panel since October 2019. Should report to the local Safeguarding Children Board and the HWB on child death patterns. There is no requirement to take the HCSP or the CDOP annual report to the HWBB. The CDOP does feed into HCSP, so sensible to present both annual reports at the same time to whichever overarching groups.
Children and Young People's Plan	Annually	Children's Services	Nothing mandates its inclusion on HWB (only at Council) but multi-agency engagement and link to JHWS / delivery of the strategy. Policy F/W which goes to Council includes CYP Plan. (+ historic Ofsted requirement).

Criteria for ad-hoc agenda items:

- Issue affects health and well-being and is relevant to local strategy
- Issue affects whole county – except where they it relates to a particularly serious local problem or a particularly innovative local solution that may be generalizable at a later date
- New and emerging issues – for example, national policy and implications, horizon scanning, best practice elsewhere
- Topical issues of widespread public interest
- Key updates and assurances: safeguarding / health protection / health improvement / health and social care commissioning

Health and Wellbeing Board Forward Plan 2022/23

2022-23	AGENDA ITEM	REPORT FROM	FREQUENCY	PURPOSE	ACTIONS
7 February	Private Workshop (HWB Strategy)	Amy Pitt	Quarterly	Information	
28 March	NHS Dental Provision in Herefordshire	Terrance Chikurunhe/ Nuala Woodman	Ad-hoc	Decision	~~E~~ndorsed - to be revisited
	Herefordshire's Physical Activity Strategy	Kay Higman/ Rachel Fowler	Ad-hoc	Decision	Endorsed
	Establishing the Integrated Care Partnership	David Mehaffey/Simon Trickett	Ad-hoc	Information	Ongoing
	Health and Wellbeing Work Plan 2022/23	Amy Pitt	Annual	Information	Ongoing
6 June	Private Workshop *Review of existing and new Health and Wellbeing Strategy*	Board Discussion	Quarterly	Information	
21 July	Better Care Fund (Year End 2021-22)	Marie Gallagher	Quarterly	Information	
	HWB Strategy Briefing	Matt Pearce/Public Health	Ad-hoc	Information	
	Integrated Care Partnership Assembly (ICPA) Terms of Reference and Integrated Care System (ICS) Updates	David Mehaffey/ICS	Ad-hoc	Information	
	Inequality Group Update/Briefing	Alan Dawson	Ad-hoc	Information	
26 September TBC	Private Workshop Session		Quarterly		
26 September TBC	Herefordshire Food Charter	Kristan Pritchard	Ad-hoc	Information	
	Khan Review Briefing/Needs Assessment Smoking	Matt Pearce/Frances Howie	Ad-hoc	Information	
	Pharmaceutical Needs Assessment	Frances Howie/Public Health	Ad-hoc	Decision	
	Oral Health Improvement Board Update	Frances/Public Health	Ad-hoc	Information	
14 November TBC	Private Workshop Session		Quarterly		
12 December TBC	Joint Strategic Needs Annual Summary	ICS	Annually	Information	
	Mental Health and Suicide - Children and Young People's Partnership	Darryl Freeman	Ad-hoc	Information	
	Joint Health and Wellbeing Strategy Update	ICS	Ad-hoc	Information	
13 February TBC	Private Workshop Session		Quarterly		
20 March TBC	DPH Annual Report	Matt Pearce/Public Health	Annually	Information	
	Community Safety Partnership Update	TBC	Ad-hoc	Information	
	Mental Health Strategy/ Mental Health Collaborative	ICS	Annually	Decision	

	Carers Strategy	TBC	Ad-hoc	Information	
	Domestic Abuse Strategy 2021-24	Ewen Archibald/ Kayte Thompson-Dixon	Ad-hoc	Information	
	Children Improvement Plan	Bart Popelier/Lisa Arthey	Ad-hoc	Information	