Herefordshire Council

Agenda

Health and Wellbeing Board

Date:	**Monday 11 March 2024**
Time:	**2.00 pm**
Place:	**Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE**
Notes:	Please note the time, date and venue of the meeting. For any further information please contact: **Henry Merricks-Murgatroyd, Democratic Services** Tel: 01432 260239 Email: henry.merricks-murgatroyd@herefordshire.gov.uk

If you would like help to understand this document, or would like it in another format or language, please call Henry Merricks-Murgatroyd, Democratic Services on 01432 260239 or e-mail henry.merricks-murgatroyd@herefordshire.gov.uk in advance of the meeting.

Agenda for the Meeting of the Health and Wellbeing Board

Membership

Chairperson	Councillor Carole Gandy	Cabinet Member Adults, Health and Wellbeing, Herefordshire Council
Vice-Chairperson	Jane Ives	Managing Director, Wye Valley NHS Trust
	Stephen Brewster	VCS representative
	Jon Butlin	Assistant Director (Prevention), Hereford & Worcester Fire and Rescue Service
	Ross Cook	Corporate Director for Economy and Environment, Herefordshire Council
	Kevin Crompton	Herefordshire Safeguarding Adults Board
	Darryl Freeman	Corporate Director for Children and Young People, Herefordshire Council
	Hilary Hall	Corporate Director for Community Wellbeing, Herefordshire Council
	Susan Harris	Director of Strategy and Partnerships, Herefordshire and Worcestershire Health and Care NHS Trust (representative of the Trust)
	Dr Mike Hearne	Herefordshire General Practice (Managing Director, Taurus Healthcare)
	Councillor Jonathan Lester	Leader of the Council, Herefordshire Council
	David Mehaffey	Executive Director of Strategy and Integration, NHS Herefordshire and Worcestershire ICB
	Matt Pearce	Director of Public Health, Herefordshire Council
	Councillor Ivan Powell	Cabinet Member Children and Young People, Herefordshire Council
	Christine Price	Chief Officer, Healthwatch Herefordshire
	Simon Trickett	Chief Executive, NHS Herefordshire and Worcestershire ICB
	Superintendent Helen Wain	Superintendent, West Mercia Police

Agenda

Pages

THE SEVEN PRINCIPLES OF PUBLIC LIFE (THE 'NOLAN PRINCIPLES')

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 from members of the committee in respect of items on the agenda.

4. MINUTES 7 - 14

To approve and sign the minutes of the meeting held on 4th December 2023.

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 6th March 2024 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 6th March 2024 at 5.00 pm, unless the question relates to an urgent matter.

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

7. HEREFORDSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2022/23 15 - 50

For the Health and Wellbeing Board (HWB) to receive the Annual Report of the HSAB.

8. UPDATE TO THE BOARD ON THE BEST START IN LIFE IMPLEMENTATION PLAN 51 - 82

To provide the Health and Wellbeing Board an update on the progress of the Board's strategic priority of 'Best Start in Life' (BSiL).

9. BETTER CARE FUND (BCF) QUARTER 2 AND QUARTER 3 REPORTS 2023-2024 83 - 106

To review the better care fund (BCF) 2023/24 quarter two and quarter three reports, as per the requirements of the Better Care Fund (BCF) programme.

10. MOST APPROPRIATE AGENCY 107 - 110

For the Health and Wellbeing Board (HWB) to receive an update on the work between West Mercia Police and Herefordshire and Worcestershire Health and Care NHS Trust in relation to the Most Appropriate Agency policy.

11. ANY OTHER BUSINESS 111 - 120

To receive any other items of business.

12. WORK PROGRAMME 121 - 124

To consider the work programme for the committee.

13. DATE OF NEXT MEETING

The next scheduled meeting is 10th June 2024, 14:00-17:00.

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 Conference Room 1, Herefordshire Council Offices, Plough Lane, Hereford, HR4 0LE on Monday 4 December 2023 at 2.00 pm

Board members present in person, voting:

Stephen Brewster	VCS representative
Councillor Carole Gandy (Chairperson)	Cabinet Member Adults, Health and Wellbeing, Herefordshire Council
Hilary Hall	Corporate Director for Community Wellbeing, Herefordshire Council
David Mehaffey	Executive Director of Strategy and Integration, NHS Herefordshire and Worcestershire ICB
Matt Pearce	Director of Public Health, Herefordshire Council
Christine Price	Chief Officer, Healthwatch Herefordshire

Board members in attendance remotely, non-voting:

Kevin Crompton	Herefordshire Safeguarding Adults Board
Susan Harris	Director of Strategy and Partnerships, Herefordshire and Worcestershire Health and Care NHS Trust (representative of the Trust)
Dr Mike Hearne	Herefordshire General Practice (Managing Director, Taurus Healthcare)

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

Others present in person:

Rob Davies	Consultant in Public Health	Community Wellbeing
Alan Dawson	Chief Strategy and Planning Officer	Wye Valley NHS Trust
Joelle Higgins	Governance Support Assistant	Herefordshire Council
Joanne Lilley	Community Wellbeing Communications Officer	
Lindsay MacHardy	Public Health Principal	
Henry Merricks-Murgatroyd	Democratic Services Officer	
Kristan Pritchard	Health Improvement Practitioner	
Councillor Diana Toynbee		

41. APOLOGIES FOR ABSENCE

Apologies received from: Jane Ives and Simon Trickett.

42. NAMED SUBSTITUTES (IF ANY)

Alan Dawson (Chief Strategy and Planning Officer, Wye Valley NHS Trust) substituted for Jane Ives.

43. DECLARATIONS OF INTEREST

There were no declarations of interest.

44. MINUTES

The board approved the minutes of the meeting 25 September 2023.

45. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions were received.

46. QUESTIONS FROM COUNCILLORS

No questions were received.

47. JSNA REVIEW

Rob Davies (Consultant in Public Health) presented a brief overview of the JSNA Review. The principal points included:

1. The purpose of the review was to assess whether the current JSNA process was fit for purpose after a number of years rolling with changes at the local authority level, NHS and the Covid pandemic.
2. This would help reveal key strengths and weaknesses of the process and make recommendations to improve next year and beyond.
3. This included looking at website hits and subscriber feedback online in addition to speaking to sixty people. All of this helped generate over 300 unique lines of feedback that were reviewed and summarised.
4. Furthermore, there was a search of best practice examples and frameworks from national sources and JSNAs were looked at from other areas in and outside of the West Midlands.
5. In terms of the strengths, it was found that Herefordshire's JSNA was clearly informing some work in a light touch manner but was driving far less.
6. Where it is driving change, this is in the form of bespoke needs assessments driven by multi-agency groups.
7. Some of the weaknesses relative to best practice were around the joint element of the joint needs assessment.
8. In terms of opportunities, from best practice and looking at other examples, there are a number of opportunities to improve things.
9. The main opportunity is to define a partnership group which can work through those best practice options and make those decisions on behalf of the JSNA users themselves.

Stephen Brewster (VCS representative) asked if PCN work is informed by the Joint Strategic Needs Assessment or whether that is from other datasets.

Rob Davies responded that the JSNA is a collect-all term and that PCN leaders do use some of the data and information from the JSNA, in addition to supplementing with their own records.

Matt Pearce (Director of Public Health) noted it was a good piece of work and that going forward, system partners need to come together to bring datasets together to help inform work.

David Mehaffey (Executive Director of Strategy and Integration) added that work was being done on population health management to look at how datasets are joined up including primary care data, hospital dataset, and other sources of information. It is important that the information is joined up to help decision-makers make decisions.

Kevin Crompton (Chair of Herefordshire Safeguarding Adults Board) commented that there is a need to get a multi-agency group together to help bring multi-agency data

together to use as evidence to try to inform policy, to assess performance and service delivery.

Alan Dawson noted that in his role he uses the JSNA a lot for planning services and use it consistently over time.

Stephen Brewster asked if a VCS representative was wanted to be part of a multi-agency group moving forward.
Rob Davies responded that the recommendation is that it falls within One Herefordshire Partnership and that it would be for the group to incorporate who they want to be involved.

Christine Price (Chief Officer, Healthwatch) noted that with the JSNA in the past they have gone out to seek wider views from the voluntary community sector to help inform broad discussion.

Stephen Brewster added that there needs to be a consistent way of reporting and if there is an opportunity to consult with the VCS it would help drive the work in the long-term.

The Director of Public Health agreed that there would be a lot of work that would involve the VCS as part of a whole range of stakeholders.

The report recommendations were proposed, seconded, and approved unanimously.

Resolved that:

a. Establish a JSNA steering group to respond to the findings of this review;

b. Maintain a JSNA steering group to make on-going partnership decisions on the form, function, administration and governance of the JSNA;

c. Incorporate the function of a JSNA steering group into One Herefordshire Partnership, with the ability to involve additional partners as needed.

48. UPDATE ON THE PROGRESS OF THE HEALTH AND WELLBEING STRATEGY DRAFT IMPLEMENTATION PLANS FOR THE TWO KEY PRIORITIES 'BEST START IN LIFE' (BSIL) AND 'GOOD MENTAL HEALTH' (GM)

Lindsay MacHardy (Public Health Principal) presented a brief update of the Best Start in Life and Good Mental Health implementation plans.

The Chair referred to the Healthy Tots programme and toolkits that are provided and asked how many Tots groups exist that are set up in villages and communities.

Lindsay MacHardy responded that a lot of Tots groups are not on the Talk Community directory. One of the things identified in the action plan is working with parish councils and the local communities in a different way to identify some of those groups.

The Chair also asked how parish councils are going to be communicated with to ask them about their Tots groups.

Lindsay MacHardy noted that there are going to be launch events with a series of launches to encourage others to come forward and have a wider variety of settings and interest groups as possible.

The Chair asked if progress on improving the health of children's teeth in Herefordshire is being made.

Lindsay MacHardy acknowledged that progress is slow, but that fluoride varnishing was being looked at as a possibility to help improve children's oral hygiene. There are also two practices that are starting in the new year which will cover about 30,000 people and it has been requested that they identify a number of places for young children.

Susan Harris (Director of Strategy and Partnerships) added that there is a mental health collaborative which sits across both Herefordshire and Worcestershire. The Better Mental Health Partnership sits under the One Herefordshire Partnership with a dedicated focus on mental health and wellbeing. It is a work in progress but aims to focus on the delivery of the strategy.

Hilary Hall (Corporate Director for Community Wellbeing) asked when we can expect to see the outcomes dashboard populated and agreed.

The Director of Public Health responded that on the outcomes dashboard, an item can be brought to the next HWB meeting.

David Mehaffey noted that there is a strong link between obesity and deprivation where obesity is highest in the most deprived communities. It was asked if it was known why childhood obesity levels are as high as they are.

The Director of Public Health responded that the answer was not known to why childhood obesity levels are as high as they are. It was noted that it is similar to oral health where oral health is not correlated with deprivation in Herefordshire whilst in some parts of the country it is.

Lindsay MacHardy added that some mapping is being done to map where oral health needs are showing for five-year olds with decayed or missing teeth. Other data is being looked at locally to see if other sophisticated mapping can be done with schools.

The Director of Public Health noted that work was being done on oral health, which had been brought to the last board meeting, and this could be brought back to the board at the next meeting.

The Chair agreed that obesity is linked to areas of deprivation but queried whether the link now is as great as it was. The Chair noted that she represents an area which is not particularly deprived but there is a significant number of young children who are overweight.

The Director of Public Health suggested a short briefing on childhood obesity could be brought to the next meeting alongside the Best Start in Life update in March.

Christine Price asked if there is a detailed piece around rurality and its impact.

The Director of Public Health suggested an item be brought to the board on rural deprivation at a following meeting.

David Mehaffey noted that money has been allocated on dental services, however, finding dentists to provide NHS services is difficult. It is a workforce challenge as opposed to a financial challenge.

The report recommendations were proposed, seconded, and approved unanimously.

Resolved that:

a) **That the Board consider the reports and note their progress.**

b) That the Board consider its response to the draft plans and suggest modifications for consideration as appropriate.

Action(s):

1. To bring twice yearly updates to the board on progress against each implementation plan on Best Start in Life and Good Mental Health.
2. To bring a short briefing on childhood obesity alongside the Best Start in Life update at the next HWB meeting in March.
3. To bring an item on the outcomes dashboard at a following HWB meeting.
4. To bring an item back to update the board on oral health at a following HWB meeting.
5. To bring an item on rural deprivation at a following HWB meeting.

49. COMMUNITY PARADIGM UPDATE

Hilary Hall presented a brief update on the Community Paradigm. The principal points included:

1. The Community Paradigm focuses on investing in prevention and the wider focus is on how capacity is built at the grassroots level and community-based solutions.
2. This work was launched in March 2023 and brought together a number of leaders across a range of sectors to explore and work through further.
3. Dedicated support is needed to move this work forward and there is joint-funding through organisations in Herefordshire to fund a post for the start in 2024.
4. There are six identified workstreams and they look at different aspects of how to build the community paradigm approach including community-led decision-making and a community chest approach.
5. To drive a more proactive approach requires a change in the way commissioning works which currently focuses on large-scale commissioning. The community paradigm suggests a move towards early prevention focused around communities and what those communities see are the local needs and the solutions to them.

Christine Price added that there was an emphasis on a cross-section of organisations and not one agency as the kinds of solutions being pursued cannot be resolved by one agency. It was added that Public Health have committed £150,000 to support the attempt at the community chest approach aimed at encouraging grassroots initiatives around the two Health and Wellbeing Strategy initiatives and anticipate that going live with the Community Foundation in early January 2024.

The Chair acknowledged the challenge that exists with the community paradigm but added that there is a great opportunity to work with different communities.

Stephen Brewster agreed that this is a significant challenge but noted that there is a growing willingness from the VCS sector to embrace this, however, some of the smaller charities can struggle to identify where to fit in. The community chest element has helped focus minds due to the available resources, but some initial feedback has noted that it is a bit short-term oriented.

Hilary Hall responded that she accepts there is some fragmentation around the funding but that there are things that will help to make this approach more seamless in the long-term.

Dr Mike Hearne (Herefordshire General Practice) noted that he was approached by a mental health charity which asked if they could get better contact with general practice. It

was asked regarding the community paradigm and community chest, how well the VCS could integrate and work together in a collective way to support health and social care services.

Christine Price responded that a lot of work of the community partnership is to bring people together to stimulate collaboration and there are pockets where it's working well but also plenty that don't engage with that. A significant challenge for the VCS is that there is not a strong infrastructure behind it to help facilitate integration and collaboration.

The report recommendations were proposed, seconded, and approved unanimously.

Resolved that:

a) Health and Wellbeing Board note the progress made to date; and
b) Organisations represented on the Board commit to supporting the further development of the community paradigm in Herefordshire, building on the principles identified at paragraph 9.

50. HEALTH PROTECTION ASSURANCE FORUM ANNUAL REPORT

Rob Davies presented a brief overview on the Health Protection system as a whole. The principal points included:

1. When compared to England/region/similar local authority, Herefordshire tends to be at the average or above the average in terms of immunisations, population screenings.
2. In some areas, Herefordshire is leading the country including, for example, in the human papillomavirus (HPV) programme in schools.
3. Similarly with seasonal flu vaccinations among the over 65s which have exceeded the national target.
4. While performing high among a lot of child immunisations including Measles, mumps and rubella (MMR) vaccination, there is still more to do to do better. Priorities for 2024 include increasing MMR dose 1 and 2 coverage above 95%, with particularly emphasis on dose 1 (currently 93% in 2022/23), which provides the majority of protection.
5. Where Herefordshire is underperforming, in line with national trends, is with breast cancer. Since Covid, there have been a lot of backlogs with who was invited to screening and this is the same in Herefordshire as it is nationally.

The Chair asked about the lower take-up of vaccination for shingles and pneumonia amongst older people. The Chair noted that she has not been offered a vaccination for shingles and pneumonia and queried whether this could be a factor as to why vaccination coverage is below the England average and benchmark target for 2021/22.

Dr Mike Hearne added that this is an all-organisational approach and how such an approach can be adopted to make programmes such as immunisation more effective.

The Director of Public Health agreed and added how this is also linked to health inequalities and how different barriers can be addressed to help increase uptake in immunisation and screening programmes to help improve health outcomes.

The report recommendations were proposed, seconded, and approved unanimously.

Resolved that:

a) **Health and Wellbeing Board to note the content of the report and are aware of the key findings, performance, risks, achievements and future priorities of the Health Protection Assurance Forum;**
b) **Identify and feedback to Health Protection Assurance Forum whether the Health and Wellbeing Board require any further follow up reports, or updates, on key health protection activities.**

51. DATE OF NEXT MEETING

The next scheduled meeting is 11th March 2024, 14:00-17:00.

The meeting ended at 3.32 pm **Chairperson**

Herefordshire Council

Title of report: Annual Report of the Herefordshire Safeguarding Adults Board (HSAB) 2022 to 2023

Meeting: Health and Wellbeing Board

Meeting date: Monday 11 March 2024

Report by: Chair of the HSAB

Classification
Open

Decision type
This is not an executive decision

Wards affected
(All Wards);

Purpose
For the Health and Wellbeing Board (HWB) to receive the Annual Report of the HSAB**.**

It is a requirement of the Care Act 2014 that the HSAB annual report is sent to:

- the chief executive and leader of the local authority which established the HSAB
- any local policing body that is required to sit on the HSAB
- the local Healthwatch organisation
- the chair of the local health and wellbeing board.

Recommendation
That:

a) The Health and Wellbeing Board considers the HSAB Annual Report 2022/23 and discuss the effectiveness of the arrangements for safeguarding adults in Herefordshire.

Alternative options
The Chair of HWB could choose not to bring the report to the HWBB and circulate it for information.

Key considerations

1. Under the Care Act 2014 each local authority must set up a Safeguarding Adults Board (SAB). The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria for safeguarding.

2. A Safeguarding Adults Board has three core duties:

    - It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence-based and make use of all available evidence and intelligence from partners to form and develop its plan.

    - It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action

    - It must conduct any safeguarding adults review in accordance with Section 44 of the Act.

3. The HSAB Annual plan 2022/23 covers the period 1 April 2022 to 31 March 2023. It outlines the progress of the partnership in delivering the three priorities of the Strategic Plan 2019-2022.

4. The three priorities were Prevention; Communications and Engagement; and, Operational effectiveness. The report contains a summary of progress against each of these priorities.

5. There were no Safeguarding Adults Reviews in the year but following the introduction of a rapid review approach 7 out of 8 referrals progressed to a rapid review. This enabled the partnership to identify key learning from case reviews which did not meet the criteria for a full review.

6. Key performance data is provided from the national survey but the report notes that compliance was voluntary during the pandemic meaning that the last comparable data is from 2019/20. This shows that in the County 73.6% of service users 'felt safe' and 90.2% felt that the services provided made them feel safe.

7. Whilst the number of reported safeguarding concerns fell, 47% of reported cases took place in the individuals own home and in 41% the abuser was known to the victim.

8. One area outlined for development work is the transition of children who are exploited to adulthood. This work became a legacy project for the partnership to take forward in 2023/24.

9. Two further projects were planned to be undertaken in 2023/24.
    - A census of women's experiences of homelessness in the county and this will feed into a national pilot (more information available upon request).
    - A review of the national Ending Rough Sleeping Data Framework and seeking to apply this in Herefordshire to improve our offer of support and ensure that services are appropriately working towards sustainable recovery.

10. The sub groups identified the delivery of regular performance data: the absence of partnership data; and engagement with individuals as specific challenges for the partnership.

11. Overall the report concludes that in 2022/23 partners worked well to re-establish their work in the post pandemic era and concluded the year by setting new priorities for 2023/24 and the immediate future: These are:

Self-neglect

- To improve our response to understanding and managing self-neglect needs, making sure all agencies understand and respond to self-neglect

Exploitation

- To address the safeguarding issues and challenges arising from criminal exploitation including cuckooing, sexual exploitation, modern slavery, county lines, human trafficking and financial exploitation.

Prevention

- To support and promote initiatives and activities which prevent or reduce abuse and neglect and keep people safe

Neglect and omission

- To understand the profile of neglect and omission occurrences within the County and develop resources to mitigate.

Board Effectiveness

- To ensure that the Board fulfils its statutory functions and is effective in its role of assurance of the safeguarding system

Community impact

12. The report includes information on the effectiveness of the Talk Community programme in reaching out to communities and individuals.

Environmental Impact

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

Equality duty

14. The role of the safeguarding board is to be assured that partners are working together to ensure vulnerable people are kept safe. Many vulnerable people will have protected characteristics and the Board expect service delivery to take these into account.

Resource implications

a. 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

b. By receiving the report the HWBB assists the HSAB to meet its statutory requirements.

Risk management

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

Consultees
None

Appendices
Appendix 1 – HSAB Annual Report 2022/23

Background papers
None identified.

Appendix 1.

Herefordshire Safeguarding Adults board

Annual Report 2022-23

Herefordshire Council

Contents

Foreword

Once again thank you for taking the time to read this annual report and your continued interest in safeguarding adults in Herefordshire.

Herefordshire's Safeguarding Adults Board (HSAB), comprises senior leaders from a range of commissioners and provider agencies who include, but not exclusively, the health sector, the Police, the Fire Service, the Local Authority Adult Social Care, and Public Health and representatives of the voluntary and community sector and residential care providers.

My role is independent of these organisations and my duty as Chair is to ensure that the Board is given adequate assurance that we are all delivering safe services, and that Board Members hold each other to account for this. This is my final year as Chair in Herefordshire and I know my successor will continue to receive the full support of the committed membership of the Board.

I reflected in the annual report 2020 – 22 our emergence as a society from the Coronavirus pandemic. This has shown the need to understand the longer-term impact on the health and well-being of local people, and specifically for those with care and support needs how safeguarding responses may need to adapt.

During the current reporting year we started to see the emergence of societal and financial pressures relating to the cost of living crisis. There will again be a need to understand how this might change the nature of adult safeguarding both locally and nationally. These might include the risks of the lack of availability of care and support packages for those who need them, and where financial pressures on families may manifest in risk to individuals.

Herefordshire continues to hold system wide conversations to embed strategic approaches to support those who face multiple and complex needs. The Board continues to work closely with the Health and Well-Being Board to ensure strategic commitment and joint working in this regard.

The adult social care 'front door' continues to see high numbers of referrals for people who do not have care and support needs, but do have vulnerabilities in their lives. Work is underway in Herefordshire to bring granularity of understanding of these needs, and how to support people to access services to address these vulnerabilities needs to be better understood across agencies in Herefordshire.

The Board has not commissioned any safeguarding adult reviews during this reporting year. The Board has drawn on national learning from the area of child protection and has introduced a process of adult themed 'rapid reviews'. During the reporting year the Board received 8 referrals, none of which met the criteria for a safeguarding adults review, but seven of which were subject of the rapid review procedure. This means that even though cases did not meet the statutory review criteria learning was identified in these cases which positively influences local procedures for agencies working with adults.

In April 2023 the Board revised and started work on its new strategic plan 2023 -26, which is a strong commitment to delivering against all of the above elements.

Finally I would wish to place on record my thanks to those dedicated professionals, volunteers, families and communities who work daily and tirelessly to keep our most vulnerable residents free from abuse and neglect.

Ivan Powell
Chair of Herefordshire's Safeguarding Adults Board

Strategic priorities

Introduction

The strategic plan for 2019-22 was approved previously and includes a yearly business plan. This forms the foundation for the work of the sub groups to deliver the desired outcomes to safeguard the citizens of Herefordshire.

Whilst developing the strategic plan to deliver safeguarding activity from 2023 it was agreed that the existing business plan would extend for another year.

The business plan is developed to enable the Safeguarding Adult Board to carry out its functions as set out in legislation and guidance. This includes ensuring the safeguarding of adults in the following circumstances:

> (a) Has needs for care and support (whether or not the authority is meeting any of those needs),
>
> (b) Is experiencing, or is at risk of, abuse or neglect, and
>
> (c) As a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it.

The way in which a SAB must seek to achieve its objective is by coordinating and ensuring the effectiveness of what each of its members does to safeguard vulnerable adults. HSAB achieves this through scrutiny, challenge, learning and support. The key outcomes and actions in this plan are designed to help us demonstrate **Strong Partnership**, which is an essential part of ensuring strong and effective working together to safeguard vulnerable adults.

Priority One: Prevention

<table>
<tr><td colspan="2">To ensure Herefordshire residents receive quality, person centered services, safeguarding responses are proportionate and people avoid reoccurrence of abuse</td></tr>
<tr><td>Business plan 22/23</td><td>Action</td></tr>
<tr><td>Talk Community (TC) programme provides appropriate safeguarding signposting for the community</td><td>The TC programme needs to demonstrate that safeguarding is one of the golden threads running through its work.</td></tr>
<tr><td colspan="2">Progress:
All TC staff have received training in safeguarding and are able to recognise and respond to safeguarding concerns. They are able to signpost residents as necessary.
All volunteers within Hubs and Community Groups are actively encouraged to undertake training.
All the providers delivering the Holiday Activity Fund must provide their safeguarding policy during the application process and ahead of appointing them to deliver the activity.
A “vulnerability and exploitation” session was delivered to all HAF providers by the Police and Crime Commissioner trainer. This cohort are also encouraged to undertake the Local Authority Designated Officer training for managing allegations involving staff.</td></tr>
<tr><td>Assurance of quality of care and safeguarding in care homes</td><td>Consider the work of the Care Home Support network</td></tr>
<tr><td colspan="2">Progress:
Our primary aim is to ensure its commissioned adult, children's and young peoples’ social care providers deliver a good quality service to the people of Herefordshire. We continue to deliver an assurance program through robust quality assurance processes that evaluate and support services to improve.
Quality assurance will be delivered in alignment with Herefordshire Council’s People’s values of which the six principles are:
People: treating people fairly, with compassion, respect and dignity
Excellence: striving for excellence, and the appropriate quality of services, care and life in Herefordshire
Openness: being open, transparent and accountable
Partnership: working in partnership and with all our diverse communities
Listening: actively listening to, understanding and taking into account people's views and needs
Environment: protecting and promoting our outstanding natural environment and heritage for the benefit of all
Our services should also continue to:
provide high quality and safe care, that really focuses on person centered outcomes for each and every individual,
evidence and demonstrate through practice that they are safe and well led,
provide opportunity for adults, children and young people to participate in and to be connected to their communities wherever they are,</td></tr>
</table>

- to respond to the changing landscape of funded care for our Herefordshire Service users, supporting the provision of assurance and driving improvement in quality, in commissioned services, by bringing together safety, effectiveness and take into account the voice of those that receive care.

Using the above principles as a foundation the Quality and Review team will seek core assurances in the following ways:

- Provider self-assessment / desk top review of core assurances,
- Officer visit to each location,
- Collaborate and receive feedback from all stakeholders,
- Supporting with service improvement plans where necessary

A quality review for each commissioned service will be undertaken on a stretched annual rolling basis and may at times be unannounced.
The reviews will demonstrate compliance with the service specification and ensure that they are focused on delivering the outcomes set out within contract terms.
A written report will be shared with the provider.

Those who have previously been safeguarded are empowered to resist abuse in the future or to seek support quickly	Policy and procedures sub group to create a "Staying Safe" leaflet for those who have previously been safeguarded
Progress: Herefordshire Safeguarding Adults Board has a page of resources for members of the public	
Transitional safeguarding: criminal and sexual exploitation	CSC to provide quarterly report to Board in respect of statutory duties care leavers (18-25 yrs old).

Progress:
Working with partner agencies the Herefordshire Child Exploitation and Missing Strategic Group (that reports to the Herefordshire Safeguarding Children Partnership (HSCP) continues to address the transition arrangements for vulnerable young adults who are at risk of exploitation as they transition into adulthood.

A young person may have received support from children's services because they have been exploited or at risk of exploitation as a child. However, when a young person turns 18 years old, they may not be aligned with adult care and support provision and in some cases may not qualify for care and support needs in accordance with the Care Act 2014. With the possible risk of the individual being 'floated off' without support, that potentially puts that young adult in danger.

Herefordshire is looking to ensure transition arrangements for those at risk of exploitation is appropriate and individuals are supported post 18th birthday. Provision is already in place for those adults that have care and support needs and are at risk of exploitation. Likewise any adult can be supported by the criminal justice services, e.g. police, or the Community Safety Partnership, via multi-agency tasking and co-ordination activity, if they are identified as being at risk, or of being exploited. However, the intention is to strengthen the transition arrangements during 2023/24.

Representatives from the Community Wellbeing Directorate, the Childrens and Young People Directorate, HSAB and HSCP continue to meet to develop the transition arrangements and it

continues to be a priority piece of work to implement for both the HSAB and the HSCP during 2023/24.	
Tackling sleeping and homelessness Statutory agencies to be held to account by The Board	HSAB to lead on MHCLG rough sleeping and homelessness next phase and implement the principles of ADASS / LGA Adult Safeguarding and Homelessness – A Briefing on Positive Practise. The street based link worker model will report activity into the PAQA sub group of the Board.

Progress:

Herefordshire Council is working in collaboration with a wide variety of Community, Voluntary, and Faith Sector and statutory partners to ensure that bespoke packages of support are offered to all who are facing or experiencing homelessness, and this also extends to those who are recovering homelessness in the form of floating support being offered when someone has moved into their own property.

There are a number of multi-agency meetings happening frequently to discuss specific cases and also plans currently being implemented to review strategy in line with guidance and initiatives from Centre For Homelessness Impact, Homeless Link and DLUHC (formerly known as MHCLG).

As a local authority, we have joined the MEAM network, which helps to shape the character and culture within organisations in the county and seeks to make services accessible to people who need them. This process involves co-designing and co-producing with experts by experience and involving people who have lived experience of homelessness in any form wherever appropriate.

Two new projects are planned:

- Taking a census of women's experiences of homelessness in the county and this will feed into a national pilot (more information available upon request).
- A review of the national Ending Rough Sleeping Data Framework and seeking to apply this in Herefordshire to improve our offer of support and ensure that services are appropriately working towards sustainable recovery.

Priority Two: Communications and Engagement

<table>
<tr><td colspan="3">To ensure that Herefordshire residents can recognise safeguarding concerns and know what to do
To deliver the messages from the board and recognise the voice of those we safeguard</td></tr>
<tr><td>Business plan 21/22</td><td colspan="2">Action</td></tr>
<tr><td rowspan="2">Build personal and community resilience</td><td colspan="2">Build strong links with the local authority Talk Community programme</td></tr>
<tr><td colspan="2">Herefordshire residents are alerted to and prevented from the effects of scams</td></tr>
<tr><td colspan="3">Progress:
The Board ensures that all community messages are shared with the Talk Community Programme and any relevant feedback is fed back to the Board.

The Talk Community Team have included resources on this within their directory: Scams - Talk Community Directory</td></tr>
<tr><td rowspan="3">Service user involvement</td><td colspan="2">Continue to develop the work already commenced of service user feedback through Healthwatch</td></tr>
<tr><td colspan="2">Expand the work to include service user feedback via commissioned advocacy service</td></tr>
<tr><td colspan="2">Promote the use of the newly introduced feedback form through social work practitioners</td></tr>
<tr><td colspan="3">Progress:
Difficulties continue in engaging with those who have been safeguarded, the amended feedback form did not provide any greater levels of engagement and therefore Healthwatch (as our preferred resource) were unable to pursue the feedback.
Discussions continue with the advocacy service.
This subject has become a key part of planned direction for the Board on the Strategic Plan 2023-26.</td></tr>
</table>

Priority Three: Operational Effectiveness

To ensure safeguarding knowledge, processes, systems and structures are embedded across all agencies	
Business plan 22/23	**Action**
Single agency assurance reporting to Exec	Assurance reporting from single agency is scheduled in to the business cycle of HSAB.
Progress: Regular opportunities are presented at both Executive and Strategic Board for individual agencies to update members on matters arising	
Ensure learnings from multi-agency audits and reviews are shared across the partnership	Develop approaches to achieve timely dissemination of messages from reviews and audits, with single agency partners taking responsibility and contributing to this. Details to be included in sub group work plans
Progress: Learning from audits and reviews are shared with the HSAB training and workforce development sub group and are built into practitioner forums and training materials. Seven minute learnings are widely disseminated. Work has commenced this year to better evidence the impact of the learning on professional practice.	
Continue to embed Making Safeguarding Personal across partner organisations	Safeguarding journey and working with risk
Progress: MSP continues to be a focus for the Board, audits have been conducted and findings evidence that although MSP is embedded into statutory agencies, understanding across the wider sector requires improving.	
Ensure Mosaic records accurately reflect both safeguarding referrals and activity	Improve understanding of Section 42.1 and 42.2 activity
Progress: HSAB representatives have been working actively both locally and regionally to develop new guidance and legal understanding	

What does safeguarding look like in Herefordshire?

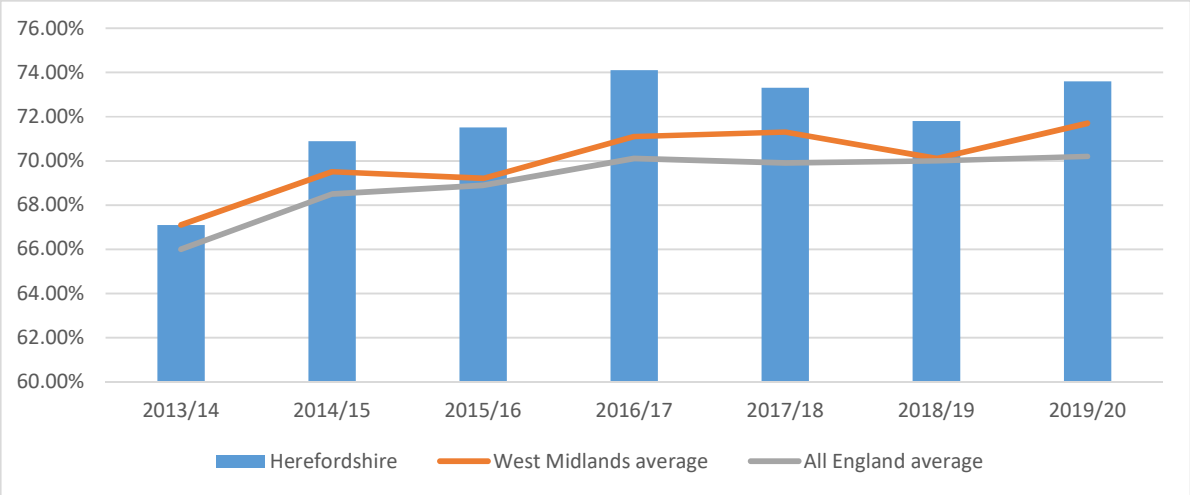
Every year the local council takes part in a survey, commissioned by the government, collecting multi-agency performance data and asking individuals about their experience of care.

Some key highlights are:

Proportion of people who use services who feel safe

Safety is fundamental to the wellbeing and independence of people using social care, and the wider population. Feeling safe is a vital part of service users' experience and their care and support.

4a	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Herefordshire	67.10%	70.90%	71.50%	74.10%	73.30%	71.80%	73.60%
West Midlands average	67.10%	69.50%	69.20%	71.10%	71.30%	70.10%	71.70%
All England average	66.00%	68.50%	68.90%	70.10%	69.90%	70.00%	70.20%

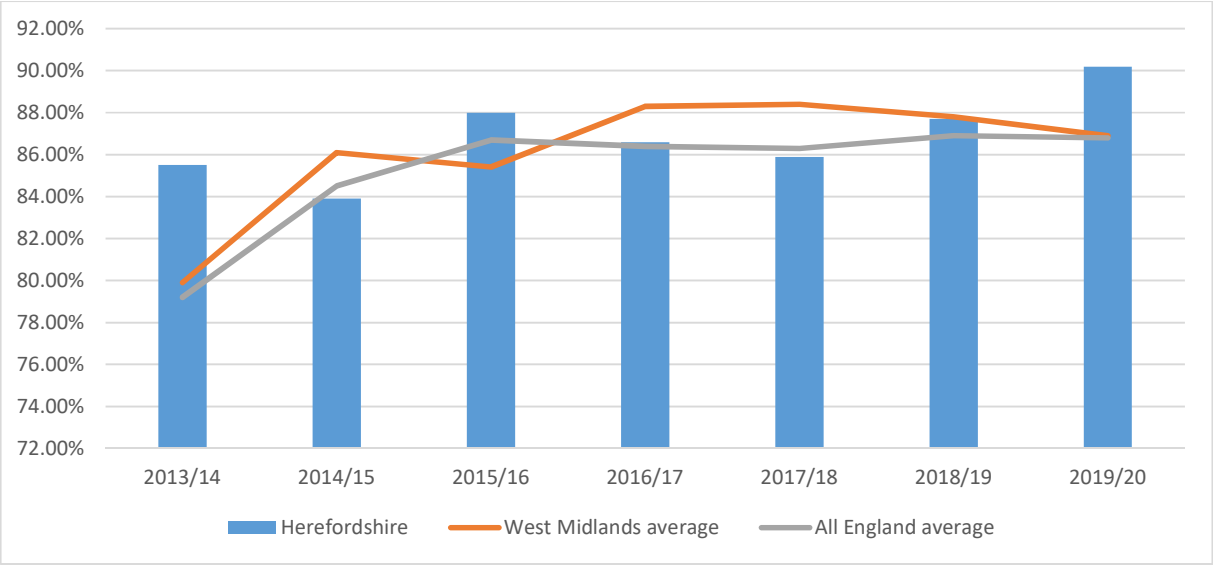


Proportion of people who use services who say that those services have made them feel safe and secure

The measure below reflects the extent to which users of care services feel that their care and support has contributed to making them feel safe and secure.

4b	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Herefordshire	85.50%	83.90%	88.00%	86.60%	85.90%	87.70%	90.20%
West Midlands average	79.90%	86.10%	85.40%	88.30%	88.40%	87.80%	86.90%

All England average	79.20%	84.50%	86.70%	86.40%	86.30%	86.90%	86.80%

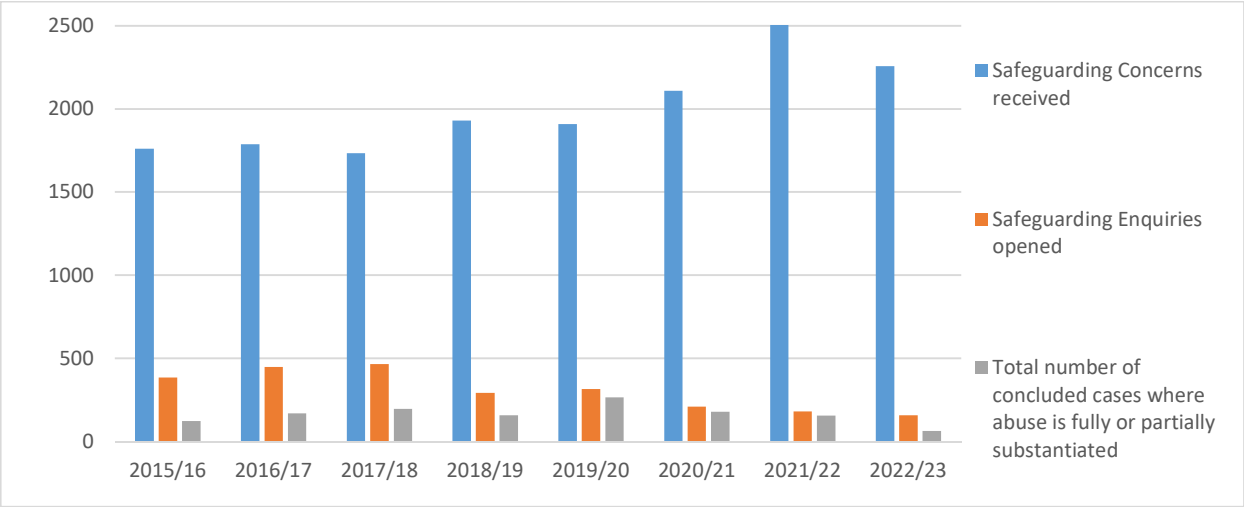


Due to Covid 19 these measure have been voluntary for the years 2021-21 and 2021-22 therefore no updates available

The following graphics relate to circumstances where safeguarding concerns were raised. All of this data is from the Local Authority information systems as, has been previously reported, limited information is available from partner agencies to support the safeguarding agenda.

For the year 2022-23

About the concerns regarding abuse that have been raised



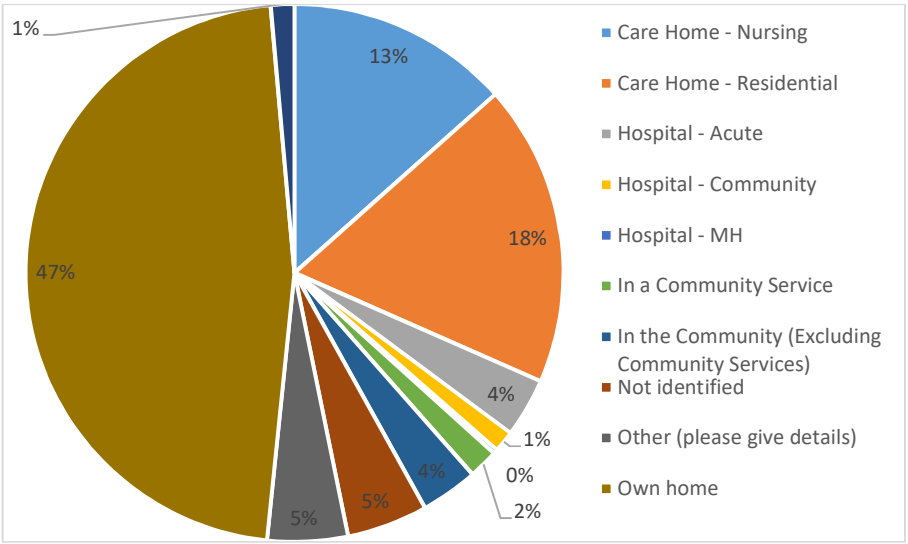
The number of concerns raised has decreased over this reporting period by around 12%.

42% of individuals involved in safeguarding concerns were male

58% of individuals involved in safeguarding concerns were female

60% of the individuals involved in safeguarding enquiries were aged of 65 or over

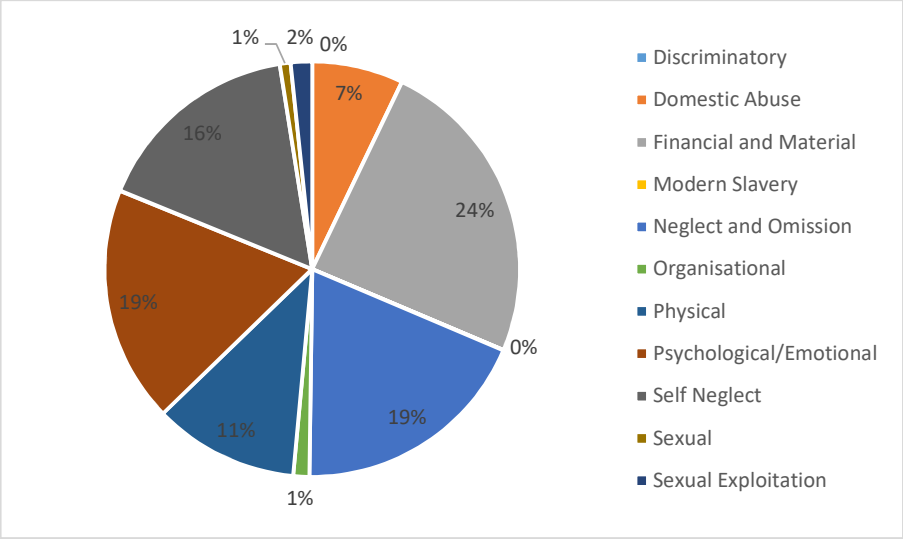
Where abuse has occurred



The diagram above depicts the location of the concern at the time of this being raised with the local authority.

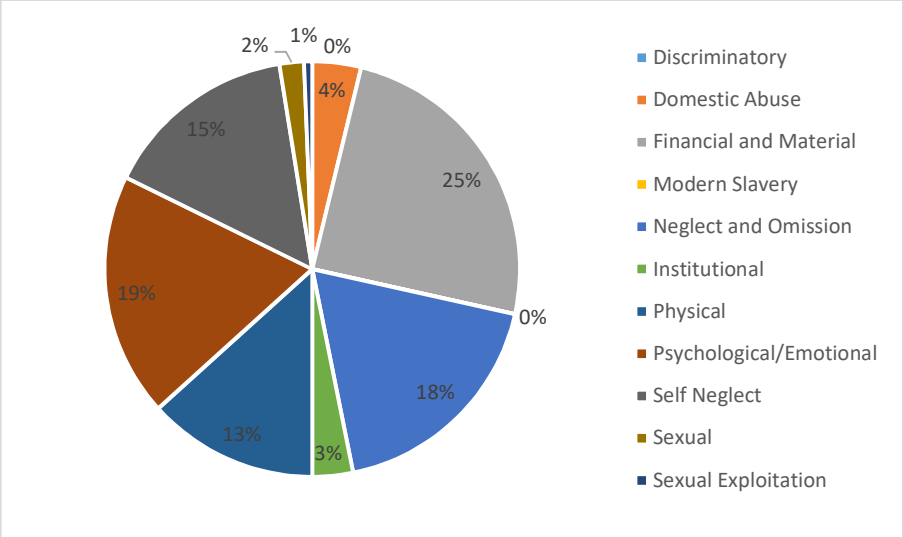
Once again the largest number involve those in their own home (47%).

The most common type of abuse that people suffer from in their own home is Financial and Material (25%) followed by Psychological and Emotional (18%)



The diagram above depicts the location of the concern at the time of this being raised with the local authority.

What type of abuse has been reported?



Self-neglect and Neglect and Omission were the most commonly reported types of abuse for the past two years. Historically Psychological and Emotional had been prevalent. Work needs to be undertaken to understand why these types of abuse are increasing.

Source of risk

The “source of risk” was personally known to the individual in 41% of 2022-23 concluded safeguarding enquiries.

Mental Capacity

In 2022-23 safeguarding enquiries that were completed people lacked mental capacity in less cases (52) than had mental capacity (84). This is in line with previous years

Advocacy

Where the person was assessed as not having capacity in 2022-23, there were 33% such service users which is similar to the previously reported figure.

Making Safeguarding Personal

In 2022-23 76.2% of people or their representatives were asked what they wanted to outcome of their safeguarding enquiry to be. This is significant decrease on last years reported figure of 94.6%. Some analysis will be required to understand why this figure is declining.

Outcomes were partially or fully achieved in 75% of concluded safeguarding enquiries in 2022-23. This is comparable to last year's figure of 77%.

The number of concluded enquiries were it was assessed that the risk of abuse or neglect for the person was

20% Removed

54% Reduced

12% Remained

How the Board works to deliver results

The Board brings together representatives from:

- Herefordshire Council social care and public health teams
- Herefordshire and Worcestershire Integrated Commissioning Board (responsible for the purchase of health care)
- Wye Valley NHS Trust and Herefordshire and Worcestershire Health and Care NHS Trust (health care providers)
- Healthwatch
- West Mercia Police
- National Probation Service
- West Midlands Ambulance Service NHS Foundation Trust
- Hereford & Worcester Fire and Rescue Service
- Members from provider and voluntary services

This multi-agency approach ensures that all partner organisations work cohesively, using the same information and communicate consistent messages to provide the strategic direction for the work undertaken on their behalf.

It is the task of the Strategic Board to agree the priorities for the year, in consultation with Healthwatch and the community and to inform the executive group of these.

Sub groups develop work plans which contain the activity required to deliver the priorities. Each sub group chair is responsible for reporting successes, developments and any barriers to progress to the executive.

What the sub groups have delivered this year

Performance and quality assurance

Terms of reference:
This group is responsible for data quality, audit and effective information systems to meet current and future expected national and local data reporting requirements and enable performance to be managed and reasonable assurance secured on the quality of local safeguarding.

Update from the Chair: Jez Newell, Designated Safeguarding Nurse, Herefordshire and Worcestershire ICB

Attendance has improved over the last 12 months. Quoracy has been achieved at every meeting that took place. One meeting was cancelled in January 2023 due to the chair being unavailable and no stand in coming forward.
The consistent attendance by the statutory agencies has been a valuable addition to the work PAQA is doing.
PAQA continues to request a consistent representation by a Local Authority data analyst to support the provision of available data for PAQA and for advice on the structural elements of PAQA work. Review of non-statutory partners attendance is an ongoing element of PAQA discussion it still remains an area which requires improvement. However, thanks must go out to all agencies as it is recognised that pressure across the entire system continues to have significant implications for PAQA's attendance, but attendance this year has improved.

Evaluation of Safe Voice has not been possible due to the lack of service user participation within this project. Liaison with Healthwatch has continued but the uptake continues to be very low. For "Safe Voice" as a project, Information sharing has proved to be a considerable challenge for this work stream and there is no progress to report.
Audits completed this year are Making Safeguarding Personal and an assurance request on how services manage service users who are difficult to engage. This audit was labelled "Assertive Outreach". Participation and the quality of the assurance was good for this audit. While service users were engaged with services the "assertive" approach worked well with ongoing follow up and engagement continuing. A follow up audit after discharge from a service would be useful to explore how the same service users were coping.
PAQA also received an Audit completed by West Midlands Ambulance Service on safeguarding notifications and referrals from their service. The notification nature of WMAS referrals was still evident with information giving, rather than a formal referral, to other agencies (safeguarding) being the majority of the referrals audited.
PAQA also conducted a Safeguarding Adult Reviews assurance exercise for the Joint Case Review Group. This required assurance from all involved agencies. Assurance was received from the agencies that submitted returns and individual agencies' learning was noted.
PAQA aspires to use the findings from local (Rapid Reviews), regional and national SARs and other adult safeguarding reporting mechanisms to underpin its future audit work.
Safeguarding data has been presented at the PAQA meetings. Currently this is only Social Care safeguarding data and other agencies are unable to provide data to the meetings.

How data is used for the work that PAQA needs to do still requires clarity around the multiagency approach and what benefits can be accrued from data provided.
Assurance was also obtained around how direct payment safeguarding risks are monitored. Although the assurance was limited, there were mechanisms in place at assessment and review to obtain a view of the safeguarding risk, if apparent, for individuals who are often low profile with regard to local services.

As previously referred to, consistent multi agency attendance is required for PAQA to be consistent in its aims and objectives that are presented through the work plan. A change of emphasis to learning from SARs and other adult safeguarding learning methods is intended to give the HSAB PAQA sub group clear direction in the work that it is required to do.
The work plan for 2023/24 is being finalised.

Closer links with the HSAB Training & Workforce Development Subgroup are intended to bring some coterminous aims and objectives that are synchronised to produce consistent outcomes for all partners in adult safeguarding and HSAB.

Policies and procedures

Terms of reference:
Work is undertaken jointly with Worcestershire (we have many partners working across both Counties). We have a working protocol that has been signed off by both Boards.

During 2022/23 a multi-agency consultation on the Information Sharing Protocol was initiated and the document updated as a result.

Joint training and workforce development

Terms of reference:
This group is responsible for agreeing and maintaining Herefordshire's competency framework and provides evidenced assurance that partner agencies are meeting the requirements of the framework.

The group has particular responsibility to promote and facilitate multi-agency development opportunities for all practitioners, including disseminating learning from case reviews. By undertaking such activities, the group seeks to empower the workforce to be skilled and confident in adult safeguarding.

Activity in 2022/23

Following the formation of the HSAB Training and Workforce Development Sub-Group in 2020 (this was previously a joint child and adult training development group), the group is now more established, with regular attendance from partner agencies and greater clarity about the group's role and purpose.

The agreed approach to workforce development and training for HSAB is to support a multi-agency Competency Framework, which details the level of training required for each role. Agencies are encouraged to share resources and, where appropriate, offer spaces on their

safeguarding courses to other organisations. In 2022/23, the HSAB Professional Competency Framework was reviewed and re-launched. This offered partner agencies greater clarity about training and professional competence expectations, and their role and responsibility in promoting a skilled and competent workforce.

During this annual report period, group members supported the dissemination and embedding of the Complex Adults Risk Management Framework, the HSAB Self-Neglect and Hoarding Policy and Practitioner Guidance, and learning from the Thematic Review of Pre-Mature Deaths of Adults. To support dissemination of learning in these areas, a number of learning briefings were produced and widely disseminated:

- Professional Curiosity
- Trauma-informed Practice
- Routine Domestic Abuse Enquiries
- Self-Neglect (briefing to support publication of HSAB Self-Neglect and Hoarding Policy and Practitioner Guidance)
- Complex Adults Risk Management (briefing to support publication of the CARM Framework)

A few time-limited training courses were also commissioned by partners and offered as multi-agency training, to address specific needs:

Mental Capacity Act and Self-Neglect. Commissioned by the Council.	11 attended
Mental Capacity and Acquired Brain Injury Commissioned by the Council.	22 attended
Trauma-informed practice Commissioned by the Council	164 attended
Domestic Abuse Courses (West Mercia Women's Aid) • Stalking and Harassment – 29 • Domestic Abuse and Older People – 21 • Domestic Abuse and Rural Context – 29 • Working to Address Housing Issues – 10 • Violence Against Women and Girls – 12 • Understanding Domestic Abuse and Trauma – 6 Commissioned by the Community Safety Partnership.	107 attended
Curiosity Saves Lives – Multi-agency Domestic Abuse Training Commissioned by the Community Safety Partnership.	96 attended
Fabricated and Induced Illness Commissioned by the NHS ICS	167 attended
Delivering Substance Use Interventions with Adults Delivered by Herefordshire Recovery Service – Turning Point	37 attended
Exploitation and Vulnerability Delivered by West Mercia Police vulnerability trainers	65 attended

Impact of multi-agency training courses:

"I attended the Mental Capacity and Self Neglect training on Friday of last week, it was one of the best training sessions I've been on. As a result of the training, I've already contacted Social Care regarding us undertaking an assessment on a lady who has an ABI and is losing weight rapidly." – Feedback from a training delegate who works as a registered nurse supporting adults with acquired brain injury.

In addition, the annual White Ribbon Domestic Abuse Conference was held in November 2022, which this year was on the theme of Violence Against Women and Girls.

Three Practitioner Forums were organised during this reporting period, with good attendance and engagement from a range of partner agencies. One of these Practitioner Forums, in November 2022, was dedicated to Adult Safeguarding Week and included awareness raising of the Complex Adults Risk Management Framework, Trauma-Informed Practice, and learning from a Thematic Review commissioned by HSAB into pre-mature deaths of adults. Topics included in other Practitioner Forums included adult self-neglect, hoarding and fire safety awareness.

Feedback from Practitioner Forum Delegate Feedback:

"I found the diverse agenda interesting enabling me to understand other sectors of adult safeguarding."

"well thought out; interesting and informative; relevant"

It has been difficult to provide assurance of staff competencies across the multi-agency workforce, as the professional competency framework was only agreed in January 2023, and the HSAB self-assessment will be completed in 2023. Partner agencies have, however, fed-back to through T&WD on general assurance of staff competencies. This resulted in a gap identified in adult safeguarding training for the voluntary sector that will be addressed through the provision of e-learning in 2023/24.

Finally, the safeguarding partnerships website, which hosts information about HSAB, was re-designed and re-launched in September 2022. The new website has a more engaging look and feel, and is easier for practitioners to navigate to access guidance and resources.

Joint Case Review (JCR)

Terms of reference

The Joint Case Review Sub Group (JCR) is accountable to the Herefordshire Safeguarding Partners, Herefordshire Safeguarding Adults Board and Herefordshire Community Safety Partnership.

Safeguarding Children and Young People in Herefordshire have a legal duty to undertake reviews of serious child safeguarding cases (Local Child Safeguarding Practice Reviews

LCSPR's) where children have died or suffered serious harm, the criteria for such reviews is set out in Working Together 2018

Herefordshire Safeguarding Adults Board. The Care Act 2014 states that Safeguarding Adult Boards (SABs) must arrange a Safeguarding Adult Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult. The criteria for such reviews is set out in the Care Act 2014 (See Care Act Guidance 2016)The Chair of HSAB has the responsibility for decision making about whether to conduct a review in individual cases.

Herefordshire Community Safety Partnership. Overall responsibility for establishing a review rests with the local Community Safety Partnership (CSP) Statutory Guidance under section 9(3) of the Domestic Violence, Crime and Victims Act 2004 (the 2004 Act)1.

Joint Case Review Group-Annual Report Submission
Heather Manning - Chair

Some agencies work across more than one local authority area and work with different safeguarding adult boards, community safety partnerships and safeguarding children partnerships. Partner Agencies represented at JCR, have responsibilities in respect of Safeguarding Adult Reviews (SARs), Domestic Homicide Reviews (DHRs) and Child Safeguarding Practice Reviews (CSPRs). It is important that the Partnerships and Boards were cited on the overall themes from all reviews and any cross-cutting learning or issues within the system in Herefordshire. Therefore, the JCR Chair, with agreement of the Herefordshire Safeguarding Adult Board (HSAB), Herefordshire Safeguarding Children Partnership (HSCP) and Herefordshire Community Safety Partnerships (CSP), provides one report per quarter on behalf of the JCR Subgroup.

Safeguarding Children

During reporting period 1st April 2022-to 31st March 2023, the Joint Case Review Group (JCR) received two referrals for Rapid Review scoping, however the meetings were both held in Q1 2023-2024
There have not been any child safeguarding practice reviews commissioned during this reporting period.
One statutory review was published during this period however this was a Serious Case Review and not a Child Safeguarding Practice Review as it was commissioned prior to Working Together 2018.
There was a significant delay in completion and publication of this SCR due to parallel processes and the Partnership agreed for only the executive summary to be published.

<u>SCR Louise – published November 2022</u>

Serious injuries which were sustained by Louise in June 2019, who was 18 months old at the time. The injuries caused had a life changing impact on Louise. When the injuries occurred, Louise was being cared for by her mother's partner at the mother's address. Prior to the incident, there were concerns about domestic abuse and child neglect.

Identified Learning Opportunities

- Framework of need and pathways – To ensure that there is a joint understanding and agreement in the application of thresholds of all levels of need and that referral pathways are clear and understood. That both Child in Need and Child Protection Plans and processes are robust, outcome focused and clearly understood and owned by all agencies.
- Multi Agency Safeguarding Hub – to develop one access point, that there is robust and consistent management oversight. That the functions are collaborative and there is a clear and understood collective responsibility. To ensure that information is effectively shared to make effective and safe decisions including in domestic abuse cases.
- Neglect – The multi-agency responsibility to identify and respond to all aspects of neglect. To include educational and emotional neglect and the effects of nondependent alcohol use by parents and the impact of these on children.

Key areas of partnership activity that HSCP should seek assurance on –

- Application of thresholds, to be undertaken by multi-agency audit.
- Escalation and professional disagreement policy.
- Neglect.
- Safeguarding of children in mental health services.

Further considerations –

- Training on the cycle of change and motivational interviewing.
- Escalation and professional disagreement.
- Recognition and prevention of abusive head injury in infants.

Positives and further implementation –

- The engagement of agencies in this review has been very positive, there has been a real demonstration of agency reflection to enable learning.
- The GP practice have held two internal learning events as a result of this case and their engagement in the discussion events for this process was excellent. As a result of internal discussion, they have introduced a template of safeguarding prompt questions which are asked when any adult presents with low mood, depression or is prescribed anti-depressant medication. This was recognised as good practice and should be communicated to other GP practices.

Domestic Homicide Reviews (DHR)

During reporting period 1st April 2022-to 31st March 2023, JCR has received one referral for a DHR is currently undergoing a scoping exercise, work has concluded or continued for five open reviews.

Two DHR's completed in the previous year have now been approved by the Home Office. All recommendations have been completed. Two DHR's have been completed and sent to the Home Office following sign off at the Community Safety Partnership (CSP).
Recommendations have been approved and action plans are in place to address these. The remaining review is awaiting the outcome of the court proceedings prior to completion and presentation to the CSP.

Safeguarding Adults Reviews (SARs)

During reporting period 1st April 2022-to 31st March 2023, the Joint Case Review Group (JCR) has received 7 referrals for Rapid Review scoping. Whilst none have met the Care Act 2014 criteria for a full Safeguarding Adult Review (SAR) learning and recommendations have been drawn from the scoping returns and rapid review meetings.

Examples of learning identified are -

- consideration for professionals recognising carers' and offering carer's assessments
- professional curiosity continue to be lacking in many practitioner/professional interactions with adults who do, or may have, care and support needs
- recognition of domestic abuse in relation to older people and their families and a lack of community awareness
- ensuring that the right people are invited to multi-agency meetings

SAR Dorothy was a Worcestershire review published in March 2023. 'Dorothy' had previously been a Herefordshire resident so Herefordshire services were part of this review.
Dorothy was 77 years old when she sadly died following a fall that occurred in the care home where she lived in Worcestershire. The fall was as a result of an altercation with another resident.
The admission to a care home and the incident took place during the Covid-19 pandemic and it was recognised that the impact of the pandemic was significant in finding a care home for Dorothy.
Points for strengthening practice, and recommendations were made and included agencies across both Herefordshire and Worcestershire, particularly in relation to commissioning out of area care and support services.

<u>Oversight and follow on from last year</u>
Extensive multi-agency work has been undertaken to ensure all the learning, both single, and multi-agency, from Rapid Reviews and case reviews, has been brought together to ensure recommendations have clear SMART actions assigned, and that all agencies are clear on the learning required within their own agency.

Learning briefings, and presentations have been shared at the Practitioner Forums to raise awareness of the learning recognised at all Rapid Reviews and full case reviews.
Evidence for the effectiveness of learning from reviews remains a challenge. Performance data, audit activity and scrutiny from the Independent Scrutineer is now more robust. The Quality and Effectiveness sub-group (HSCP) and the Performance and Quality Assurance sub-group (HSAB) are working towards a resolution regarding the data and audit activity in 2023-2024.

(Please note that all names used in this report are pseudonyms and not the true names of the individual)

What HSAB will deliver 22-23

The outgoing Independent Chair held a development session in February 2023 which was attended by all usual Board members plus additional agencies including registered providers and other commissioned services.

Following presentations of data, learning from audits and reviews and other initiatives currently being proposed it was agreed that the priorities for the next three years would be:

Self-neglect,

- To improve our response to understanding and managing self-neglect needs, making sure all agencies understand and respond to self-neglect

Exploitation

- To address the safeguarding issues and challenges arising from criminal exploitation including cuckooing, sexual exploitation, modern slavery, county lines, human trafficking and financial exploitation.

Prevention

- To support and promote initiatives and activities which prevent or reduce abuse and neglect and keep people safe

Neglect and omission

- To understand the profile of neglect and omission occurrences within the County and develop resources to mitigate.

Board Effectiveness

- To ensure that the Board fulfils its statutory functions and is effective in its role of assurance of the safeguarding system.

A copy of the Strategic Plan can be found on the Safeguarding Boards website:

Home Page - Herefordshire Safeguarding Boards and Partnerships

Appendix 1

% Meeting attendance

Meeting and Frequency	Strategic Partnership Board Meets 4 x yr	HSAB Executive Group Meets 4 x yr	Performance and Quality Assurance Meets 8 x yr*	Training and Workforce Development Meets 6 x yr	Joint Case Review Meets 4 x yr
Agency					
Community Wellbeing	4	3	4	3	4
Healthwatch	3	N/A	1	N/A	N/A
Hereford & Worcester Fire & Rescue Service	1	N/A	1	N/A	4
Herefordshire and Worcestershire Health and Care Trust	4	4	6	4	4
Herefordshire ICB	4	4	6	4	4
HVOSS	0	2	N/A	2	N/A
Lead Member	3	N/A	N/A	N/A	N/A
National Probation Service	0	N/A	N/A	N/A	0**
Public Health	0	N/A	N/A	N/A	3
West Mercia Police	4	4	6	6	4
Wye Valley NHS Trust	4	N/A	6	5	4
Turning Point	N/A	N/A	N/A	2	N/A

*2 meetings cancelled / postponed due to other matters arising
** Whilst not attending business meetings NPS do attend review meetings when required

Appendix 2

The Partnership Team, which is a multi-agency funded team, oversees the work of the Board and its sub groups.

The unit is funded as follows:

AGREED BUDGET FOR 2021-22		%
Children's and Families	133,569	35.3
Community Wellbeing	103,000	27.3
Integrated Care Board	80,190	21.2
Police	53,510	14.2
TOTAL GROSS BUDGET	**378,099**	**100.0**

Contributions from statutory partner agencies

Note: This total contribution is for the support of the Herefordshire Safeguarding Adults Board, Herefordshire Safeguarding Children's Partnership and the Community Safety Partnership

Herefordshire Safeguarding Adults Board
Council Offices
Hereford HR4 0LE

Email: admin.sbu@herefordshire.gov.uk
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Herefordshire Council

Title of report: Update to the Board on the Best Start in Life Implementation Plan

Meeting: Health and Wellbeing Board

Meeting date: Monday 11 March 2024

Report by: Public Health Principal

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

To provide an update on the progress of the implementation plan for the Board's strategic priority of 'Best Start in Life' (BSiL) – attached as Appendix 1

To receive feedback and approval from the Board for the proposed Performance Monitoring Framework - attached as Appendix 2

To receive feedback on the Outcomes Dashboard – report attached as Appendix 3 and the dashboard as Appendix 4

Recommendation(s)

That:

a) **That the Board considers the reports and notes progress to date;**

b) **That the Board considers how to ensure that all partnership organisations are clearly sighted on the implementation plan and reference it across their own strategies and plans.**

Alternative options

1. The Board could choose not to adopt the performance monitoring framework and outcomes dashboard but these are key to demonstrating delivery of the actions set out in the implementation plan in both the shorter- and longer-term and alternate evidence for doing this would need to be developed.

Key considerations

2. The purpose of the BSiL implementation plan is to specify the actions and activity that will improve the lives of the 0-5s and their families in Herefordshire.

3. There has been a considerable amount of engagement and development since the last Board meeting in December, notwithstanding leave of absence over the festive period.

4. Leads from across a range of partners and including council colleagues have been identified and confirmed against the actions listed in the implementation plan.

5. Each action has been 'tightened' up or modified slightly to ensure that meaningful, measurable targets are able to be set.

6. Targets against each action have been set or are in the process of being set.

7. A comprehensive 'performance monitoring framework' has been developed and shared with the Early Years Partnership/Best Start in Life Group, which is the group responsible for driving forward the implementation plan.

8. The 'outcomes dashboard' has been refined and developed further, although additional work with partners is needed to ensure that the 'actions, targets and outcomes' sequence is aligned, with each of these being ambitious but realistic within specified timescales and measurable.

9. A revised schedule of meetings has been put in place to ensure effective oversight and governance (post March).

10. Cross-referencing of actions, targets and outcomes relating to other policies, strategies and delivery plans has been undertaken to ensure consistency and eliminate duplication. Examples of where there is potential or likely crossover are the ICB's Local Maternity and Neonatal System strategy; early help and prevention strategy; Herefordshire and Worcestershire CYP Emotional Health and Mental Wellbeing strategy.

11. There is continued commitment and enthusiasm for BSiL from partners and a desire to ensure that all partnership organisations are clearly sighted on the implementation plan and reference it across their own strategies and plans.

12. The Community Paradigm approach, now called 'Herefordshire Together', has requested submissions from across Third sector organisations to apply for funding from public health monies allocated to support the Board's BSiL and Good Mental Health priorities, adhering to the underlying principles of the Joint Health and Wellbeing Board's Strategy (JLHWBS).

Community impact

13. The purpose of the BSiL implementation plan is to specify the actions and activity that will improve the lives of the 0-5s and their families in Herefordshire. One of the key principles upon which the JLHWBS was developed was that of involving our communities in any actions that are proposed which will be enhanced by the Herefordshire Together initiative.

Environmental Impact

14. There are no general implications for the environment arising from this report; however the plan includes a commitment to promote healthier eating and increase levels of physical activity through active travel, which in due course could have a positive environmental benefit.

Equality duty

15. 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.

16. 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 providers will be made aware of their contractual requirements in regards to equality legislation.

17. The principles of equality and the reversal of health inequalities are key strands of the plan.

18. To be effective in delivering good population outcomes and helping those most in need, the plan calls for intervention by working together at system, place, and community levels to tackle issues reflecting whole system priorities as well as specific concerns at the right scale.

Resource implications

19. There are no resource implications associated with this report. However, the resource implications of any recommendations made by the HWBB will need to be considered

by the responsible party in response to those recommendations or subsequent decisions.

Legal implications

20. 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.

21. 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.

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

23. The production of a Joint Local Health and Wellbeing strategy and delivery plan is a statutory requirement and therefore its endorsement and support is required.

Risk management

24. There are no risk implications identified emerging from the recommendations in this report. However, the delivery of these plans require system and collaborative working across all partners. Where possible, we have identified where activity is funded, but given the fiscal position across partners these will need to be kept under review.

Consultees

25. Consultation on action planning and setting targets undertaken with the Early Years Partnership/Best Start in Life Group and 1HP and action leads identified. Actions and targets to be refined and developed through April and May with these groups and the Children and Young People Partnership Board to ensure continued engagement, agreement and delivery of the plan.

Appendices

Appendix 1 – BSiL Implementation Plan
Appendix 2 – BSiL Performance Monitoring Framework
Appendix 3 – Outcomes Dashboard Covering Paper
Appendix 4 – Outcomes Dashboard

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	Henry Merricks-Murgatroyd	Date 29/02/2024
Finance	Karen Morris	Date 29/02/2024
Legal	Click or tap here to enter text.	Date Click or tap to enter a date.
Communications	Luenne Featherstone	Date 01/03/2024
Equality Duty	Harriet Yellin	Date 01/03/2024
Procurement	Lee Robertson	Date 29/02/2024
Risk	Click or tap here to enter text.	Date Click or tap to enter a date.

Approved by	Hilary Hall	Date 01/03/2024

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

APPENDIX 1

1 BEST START IN LIFE: PERFORMANCE MONITORING FRAMEWORK

Having an effective process for monitoring implementation of the Joint Health and Wellbeing Strategy (JHWS) 2023-2033 is key to providing the Health and Wellbeing Board (HWB) with assurance that the strategy is on track. This paper sets out a proposed process for monitoring implementation of the strategy. It should be noted that the same framework and processes will be used across both of the core priorities: best start in life and good mental health.

2 RECOMMENDATION

2.1 The Health and Wellbeing Board is asked to consider and agree to take forward the proposed approach for monitoring implementation of the JHWBS. It is suggested that the approach is initially trialled for a period of 12 months and then reviewed.

3 THE REPORT

3.1 The Joint Health and Wellbeing Strategy 2023-2033 (JHWS) is a ten-year strategy which sets out a vision to put in place the best conditions for people of all ages to live healthy and fulfilling lives. The JHWS was approved by the Health and Wellbeing Board (HWB) on 27th April. The initial JHWS Implementation Plans were shared with the HWB and signed off at the meeting on 04th December 2023.

3.2 The JHWS sets out two core priorities to improve the health and wellbeing of all residents in Herefordshire.

(1) Best Start in Life

(2) Good mental wellbeing across the lifetime

3.3 There are six supporting priorities for the strategy:

(1) Support people to live and age well.

(2) Improve access to local services.

(3) Good work for everyone.

(4) Support those with complex vulnerabilities.

(5) Reduce our carbon footprint.

(6) Improve housing and reduce homelessness.

3.4 The JHWS is led by the HWB and is closely aligned with other strategies and plans at System (Herefordshire and Worcestershire integrated care system) and Place (Herefordshire) which help to deliver on and support the strategy.

Monitoring the Implementation Plan

3.5 The HWB has a shared responsibility for oversight and effective implementation of the JHWS. The process of monitoring the implementation plans of the strategy needs to be light touch but with the necessary rigour required in order for the HWB to have assurance on delivery and impact.

3.6 It is proposed that monitoring of the implementation progress can be undertaken through four complementary processes. These are summarised below and followed by a more detailed description of what each element comprises:

(1) Reports from partners on relevant projects across the year.

(2) Exception reporting on delivery of all the actions in the implementations plans- twice a year for each core priority.

(3) Measuring impact through the outcome dashboard.

(4) Development sessions with the HWB that enable longer scrutiny and discussion of progress or delays within the implementation plan.

Reports from partners to the HWB

Presentation of reports from partners provides an important opportunity for assessment of progress undertaken to support delivery of specific actions outlined in the two implementation plans of the JHWS.

Exception reporting on actions in the Implementation Plan

3.7 To provide high level, assurance to the HWB and reduce unnecessary duplicate reporting, a process for exception reporting on the implementation plan will provide the HWB with an ‘at a glance’ opportunity to view implementation progress. Exception reporting is a useful tool in guiding focus to areas requiring immediate attention where actual performance has deviated significantly from expectations set out in plans and strategies. Reporting by exception is a practical method by which the HWB can have oversight on delivery of the JHWS Implementation Plans.

Reporting Leads and Sponsors

3.8 Each of the two core priorities within the JHWS have a number of ambitions and associated actions outlined in the two implementation plans. It is proposed that reporting leads from key partnerships and organisations responsible for delivery of the actions provide exception reports to the HWB. The reporting leads have been identified as the person best placed to progress the specific action and be more directly involved in implementation of the action or work closely with colleagues working in the same partner organisation or team, who are directly responsible for the action and therefore best placed to gather the information needed.

3.9 In addition, it is suggested that each core priority will have a sponsor who would be accountable to the HWB for ensuring that mitigating actions are

being taken where progress is not on track through liaison with the reporting lead. Sponsors will be members of the HWB to ensure a chain of accountability and ownership of the implementation plan. All actions detailed in the implementation plan are within existing strategies and plans so the governance and management of performance where necessary will be picked up elsewhere, but the HWB needs to have oversight and assurance. Each core priority of the JHWS will have one sponsor. Each action in the implementation plans will have a named reporting lead.

3.10 Reporting leads will be requested to complete the exception reporting form prior to the HWB meeting twice a year for each core priority. A simple template for exception reporting has been designed (see appendix one). The form includes a RAG rating indicating if the actions outlined are broadly on track or not, and if the former no further detail is required and if the latter some detail on the nature of the issue and mitigating actions being taken will be logged. Where actions have been completed ahead of schedule and/or the impact has been exceptionally positive this can be noted also.

3.11 The JHWS implementation plans will be a standing agenda item at HWB meetings. Exception reporting will facilitate identification of areas of potential concern, and where there has been exceptionally positive progress. To capture further detail on specific actions within the plan hyperlinks or sources of further information can be added to the report. This also helps to strike balance between (potentially negative) exception reporting and an opportunity for the HWB to learn more about the positive progress being made. A log of exception reports will be maintained so that previous reports can be reviewed to provide the HWB with assurance that any risks to delivery of the implementation plan have been addressed through existing partnership and strategic fora.

3.12 The outcome dashboard once finalised will be another element of providing assurance that progress is being made and having impact on health and wellbeing

Monitoring progress through the outcomes dashboard

3.13 A set of priority indicators has been drafted to assess the extent to which the outcomes set in the implementation plans are achieved. The indicators will support the HWB in measuring progress on implementing the strategy and provide evidence of impact and outcomes.

Development Sessions

3.14 In addition to the public HWB meetings, the Board also has development sessions (workshops) which offer an opportunity for discussing progress in implementing the JHWS. Development sessions will allow for a deeper dive into the implementation plans. They offer a space for further exploration of issues highlighted through exception reporting that board members may be able to offer support with, while acknowledging that actions within the implementation plan will have their own governance structure and opportunity to address any issues through the normal governance routes. More formal reporting on progress would be through the usual route of bringing papers to

the HWB meeting and any issue raised through a development session that requires board endorsement would be brought to the attention of the HWB.

Actions (Add hyperlink to update on detailed progress on this action where available)	**Review date**	**Reporting lead**	**Indicators/ measurements**	**Target**	**RAG** (Please see "Please read" sheet for guidance about RAG rating)	**Reasons for escalation** (leave blank if RAG Green unless exceptional progress)	**Action to control risk**	**Any request to the Health and Wellbeing board**

Best Start in Life
Implementation Plan 2023-2025

Cross-cutting, collaborative actions, required to underpin all transformational developments:

Actions	Target/review date	Responsible Service(s)	Indicators/measurements	RAG	Progress (inc risks)
A. Work to establish an integrated approach across teams that include practice nurses and staff from the new 0-19 service	December 2024	WVT/ICB/Taurus/PCNs	Progress report from ICB/ICP Impact on families		Preparatory work initiated through the mobilisation phase of the new 0-19 service contract. Integrated team planning meetings to begin April 24
B. Ensure cross partner communications plans to promote healthy living messages	April 2024 (June 2024)	Hfds/WVT/ICB/PCNs/CP & CVS/One Herefordshire Communications Group	Immunisation data; A&E admissions for 0-5s; Increased role of pharmacies		Initial work with TC as part of updates to the directory. Key list of topics to be agreed as part of first phase. Timescales may need to be adjusted to June 2024
C. Develop a cross-sector dashboard covering health services, social care, CVS and early years data	March 2024 (Dec 2024)	Hfds council/WVT/ICB/CVS	Dashboard with health and social care data		There are challenges for this in terms of timescales and the number of cross-sector dashboards currently in development. Work to review all dashboards is a priority
D. Ensure that the 'Voice of the Child' approach is being implemented across all activity	June 2024	CVS/all partners	Measure activity against the HSCP Voice of the Child Participation Toolkit		Herefordshire Together bids; Quality of Life surveys include CYP engagement and/or coproduction. Further opportunities to be identified across the plan

AMBITION 1: CHILDREN ENJOY GOOD HEALTH AND WELLBEING				
Outcomes	Reduction in tooth decay	Reduction in obesity of all children	Increased mental wellbeing and resilience of parents & children	Improvement in health outcomes for all children and seek parity in health for the most disadvantaged children

Actions	Target/review date	Responsible Service(s)	Indicators/measurements	RAG	Progress (inc risks)
1.1 Continue roll-out of tooth brushing programme to include: SEND/MOD pre-schools and reception classes Establish brush packs in Health Visitor 2 year review & new pre-school review	June 2024	Hfds Council Public Health/Early Years Coordinators/WVT Health Visiting	Oral health data % of 5 year olds with dental decay, missing or filled teeth; Link with Oral Health Improvement Board data; Increase in children who at receiving oral health pack 2 year review.		On track with further opportunities to extend roll-out being explored
1.2 Roll-out of new oral health & healthy weaning contact of the 0-19 contract.	October 2024	Wye Valley Trust Health Visiting/Hfds Council/	Reach and accessibility measures		Phased implementation to include options e.g. F2F, group sessions, online
1.3 Work to secure more NHS dentists, so that pre-school children can have regular dental check-ups	December 2024	ICB/Public Health	Increased access to dental services/qualitative report from ICB/PH		2 new dental practices opening in April 2024 with agreement to allocate provision for children under 2 yrs
1.4 Establish Healthy Tots programme & toolkits, including healthy eating and physical activity policy in Early Years settings, including SEND/MOD children	December 2024	Hfds Council Community Hubs/Public Health	Excess weight at reception age (National Child Measurement Programme data) Number of schools & early years providers signed up to Healthy Tots; Impact data on targeted, vulnerable groups		Pilot settings identified. Primary and secondary headteachers have been updated on this new initiative and welcomed its introduction. Early years settings and special schools have also positively engaged
1.5 Expand B/F friendly accreditation:		Hfds Council/Public Health	Breast feeding rates at 6-8 weeks		Wider expansion of BFI not yet started.

Actions		Target/review date	Responsible Service(s)	Indicators/measurements	RAG	Progress (inc risks)
	In the community eg children's centre services and Community Hubs Maternity: Complete process for Baby Friendly status/accreditation Progress the Infant Feeding Strategy towards implementation	December 2024 June 2024 March 2024	Wye Valley Trust/Midwifery ICB/WVT/PH	County-wide implementation		Maternity services BFI re-accreditation process underway. ICB Infant feeding strategy action plan being finalised. Additional resources have been made available to support wider implementation across Herefordshire
	1.6 Future development of TC community hubs that can offer comprehensive information and have staff trained in healthy living coaching Launch virtual offer providing information & support for families through Talk Community	December 2024 June 2024	Hfds Talk Community/CP	Number of parents accessing support; monitoring data Number of families using TC hubs		Detail on training programmes offered has been specified including numbers/targets for training. Clarification being sought re the nature of support accessed by parents. Working group taking forward virtual offer developments.
	1.7 Expand collaborative work with commercial sector around healthy eating e.g. supermarkets, cafes	May 2025	Hfds Public Health	Increase in provision		Initial discussions indicate more groundwork to be undertaken. Possible referral to future action plan.
	1.8 Develop training for all 0-5s workers to identify oral health, healthy weight issues, MH issues & ACEs including PCNs/social prescribers, family support workers, Homestart, community development	2024/25	Hfds council/PCNs/WVT/CVS	Numbers/type of staff trained Health & wellbeing surveys Numbers using CHAT line Link with GMH Implementation Plan and CYP Emotional Health & Wellbeing Delivery Plan		Training programmes and availability to be detailed. Engagement with frontline staff to be scheduled on completion of the above.

Actions		Target/review date	Responsible Service(s)	Indicators/measurements	RAG	Progress (inc risks)
	workers and early years settings					
	1.9 Strengthen reach to families that do not engage with statutory services/who do not seek support eg Gypsy/Roma families	December 2024	Hfds council/CVS	Qualitative report Link with Health Inequalities Strategy 2023-2026		Joint working with CVS/Herefordshire Together to be progressed
	1.10 Sustain support for the poorest families across the county, including holiday activities fund	December 2024	Hfds council – County Plan, Big Economic Plan/CVS	Data on benefit claims, free school meals; Numbers of children living in poverty		Targets currently being reviewed as take-up of holiday support is good. Additional funding from central government confirmed for 1 year to 25

AMBITION 2 : CHILDREN ARE PROTECTED FROM HARM AT HOME AND IN THE COMMUNITY				
Outcomes	Reduction in number of children experiencing neglect & unintentional injuries	Reduction in number of children with experience of trauma / ACEs	Reduction in number of children taken into care	Greater numbers of parents are successfully supported to develop healthy parenting routines & behaviours

	Actions	Target/review date	Responsible Service(s)	Indicators/measurements	RAG	Progress (inc risks)
	2.1 Pilot the PH Wales Adverse Childhood Events(ACEs) Enquiry Questionnaire	June 2024	WVT- HV service	Qualitative report		Health visiting service pilot project on track to be initiated from April 24
	2.2 Develop training programme/effective signposting/Healthy Tots/Solihull approach for ACEs to include: Family Support Workers, EY and primary school staff, foster carers, Talk Community volunteers Establish West Mercia Women's Aid & Turning Point involvement in training package	December 2024 June 2024	Hfds council	Link with 'Early Help & Prevention' Plan Number of staff trained Numbers of staff accessing Solihull training Impact on practice		Training commissioned for assessment & emotional coaching for ACEs in early years. Solihull programme plans in development to be expanded through primary school staff training, foster carers etc
	2.3 Broaden 'First Steps' programme to include domestic violence, previous child removal & incorporate the PAUSE approach.	January 2025	Hfds council	Number of staff trained and impact measures		PAUSE is a licensed programme but a bespoke, local approach will be developed through the First Steps partnership group
	2.4 Roll out 'Dingley's Promise' (SEND) training to primary school staff	June 2024	Hfds council	Numbers of staff trained		On track

Actions	Target/review date	Responsible Service(s)	Indicators/measurements	RAG	Progress (inc risks)
2.5 Signpost parents to Dingley's Promise support package	March 2024	Hfds council	Numbers of families that access the programme		On track
2.6 'Broaden' the early help/Start for Life offer within the community to involve more community hubs, community groups, CVS etc – so that early help is everyone's responsibility	September 2024	Hfds council & CVS partners/community stakeholders	Data from hub staff numbers/training Link with 'Early Help & Prevention' Plan		Dependent on the development/review of TC/community hubs and availability of volunteer workforce
2.7 Monitor/note progress/link with Children's Services improvement plan	Ongoing	Hfds council & stakeholders	Progress reports Data from A & E re NAIs Performance data from Children & families service eg numbers for those in care Qualitative measures – the voice of children and families		This action may be better reflected within the Terms of Reference for the Early Years Partnership/BSiL Group. For potential deletion within this plan

AMBITION 3: CHILDREN ARE ABLE TO ACHIEVE THEIR EARLY DEVELOPMENTAL MILESTONES				
Outcomes	Increase in number of children achieving the appropriate level of development at 2-2½ yrs.	Identification of those children that don't achieve their milestones and the offer of support	Children who are experiencing disadvantage have a clear pathway of support	All children are ready for school/ schools are ready for children of all abilities

Actions	Target/review date	Responsible services	Indicators/measurements	RAG	Progress (inc risks)
3.1 Establish specialist HV for SEND children, so families can be supported better	June 2024	WVT HV service	Link with SEND Strategic Assurance Board		Recruitment to post in progress
3.2 Expand joint HV clinic with physio/speech therapy for early discussions on potential signs of delay	June 2024	WVT/PH/ICB	0-19 service performance data – developmental assessments		Initial planning underway
3.3 Work towards a consistent universal offer that incorporates joint working between HV & Early Years. Eg expand the integrated development reviews	December 2024	Hfds council/WVT	0-19 performance data		Building on existing practice
3.4 Work towards fulfilling the statutory duty for providing early years education as set out by DfE, supported by: Workforce plan to expand training/career pathways for Early Years education posts	December 2024	Hfds Council/CVS partners/education/ community stakeholders	Number of children taking up EY places across the county. Information from Childcare Sufficiency Strategy (annual assessment) Number of those taking up training		Currently sufficient places exist but there is a need to understand the impact of the national offer of increased hours from April 2024 Dependent on recruitment and retention of Early Years staff in future. Workforce pathways and physical assets mapping to be undertaken

Actions	Target/review date	Responsible services	Indicators/measurements	RAG	Progress (inc risks)
Work with estates/capital projects to identify possible physical buildings for EY groups Scoping with Parish Councils to identify potential physical assets			Number of settings/venues available across the county		
3.5 Work to ensure that all reception-age children are in their chronological age group	July 2025	Hfds Council	School access data; qualitative reporting		Not an issue currently and schools have been sent local guidance. Potential to delete from plan.
3.6 Expansion of community approach and co-production so that communities & parents together support children's communication & social experiences Expand work with CVS to reach marginal groups eg Roma/Gypsy/other minority ethnic groups	December 2024	Hfds/TC council/CVS/health partners	Number of children requiring specialist speech and language therapy. Qualitative reporting		Plans/scoping for this work to be developed. Plans to expand reach/access for marginalised communities to be developed.

AMBITION 4: PARENTS ARE WELL SUPPORTED DURING PREGNANCY AND POST BIRTH				
Outcomes	Increase in numbers of women experiencing a healthy pregnancy	Reduction in infant mortality rate	Improvement in antenatal and post-natal mental wellbeing	Parents are able to make a confident transition to parenthood

	Actions	Target/review date	Responsible Service(s)	Indicators/measurements	RAG	Update (incl risks)
	4.1 Establish pre-conceptual care education within 'Healthy Schools' programme/Women's health Hubs/PCNs	September 2024	Hfds PH/Educ/health partners	Infant mortality data Low birth weight data Smoking in pregnancy data		Awaiting women's health hub developments and LMNS plans
	4.2 Continue roll-out of 'challenging conversations' training for midwives around healthy lifestyles and expand to health visiting services	December 2024	WVT	Number of staff trained Qualitative feedback and impact		Midwifery training complete and expansion to include health visiting planned
	4.3 Identify opportunities to continue healthy lifestyle trainers for Healthy Mums programme weight management & MH and family coaching approach Continue with stop smoking specialist service for pregnant smokers	March 2024 December 2024	Hfds PH/WVT	Healthy lifestyles data eg maternal obesity; postnatal smoking data; Healthy Start vitamins and food vouchers uptake Smoking in pregnancy and smoking at time of delivery rates		Opportunities for healthy lifestyle trainers to continue Healthy Mums are being assessed but funding is still a risk: additional funding being sought by ICB Additional central funding to support stop smoking services including 'swap to stop' for pregnant women

Actions	Target/review date	Responsible Service(s)	Indicators/measurements	RAG	Update (incl risks)
4.4 Monitor progress of perinatal MH worker programme – severe MH	June 2024	H & W MH collaborative	Number of women accessing the service; partner support		Access to perinatal MH services in Herefordshire currently very good
4.5 Expand the 'First Steps' programme (currently for under 21s) to include all 1st time parents who are vulnerable see Ambition 2)	December 2024	Hfds council/ WVT/CVS	Under-21s data: Women returning to education, training or work; breastfeeding at 6-8 weeks; smoking cessation uptake; Postnatal contraception		Potential options to be explored. Current capacity issues that could limit expansion
4.6 Develop community & peer support programmes within the Community Hubs (see outcomes 1,2 & 3)	December 2024	Hfds PH/CVS			Discussions re this to be initiated with talk community and Herefordshire Together
4.7 Expand promotion and uptake of Solihull approach online courses for parents (see ambitions 1,2 & 3) and training for 0-5s workers	June 2024	Hfds/PH	Numbers of parents/carers accessing programme; Number of schools, foster carers trained Impact on professional practice		Marketing and promotion strategy in development

RAG Rating Key					
	Not started	On track	Some issues / delay	Attention required / at risk	Complete

Herefordshire Council

Appendix 3

Outcomes Dashboard - update

The purpose of the dashboard is to monitor the long-term progress of the Best Start in Life priority of the Health and Wellbeing Strategy. In this context, long-term means a year or more.

The JLHWBS itself defines four Best Start in Life ambitions, grouped into 16 desired outcomes. These reflect the positive changes we want to see. Since the last update in Dec 2023, we have developed and detailed 37 indicators to best measure those outcomes.

Selecting indicators and setting targets

Some outcomes can be measured directly (e.g. 1.1 Reduction in tooth decay), while others need to be approximated indirectly (e.g. 1.4 Increased mental wellbeing and resilience of parents and children). The best indicators are those that most directly measure the outcome desired, have data over many years to see trends and variation over time, and allow comparison with other similar areas in order to benchmark performance appropriately (comparing apples with apples). High-quality indicators have been prioritised based on these criteria.

Our ambition is to set targets for each indicator via the Early Years Partnership/BSiL Group. Targets are likely to be selected from the comparator data already documented. This has a number of advantages. The comparator data not only indicate what is realistic to achieve, but what has *actually* been achieved elsewhere; for example, in local authorities similar to our own, other local authorities in our region, or in England as a whole.

Suggestions for changes to indicators are appropriate and welcome and will be judged against the criteria for a high-quality indicator as part of their consideration for inclusion. We currently have over two indicators per outcome. Experience shows that too many indicators can confuse more than enlighten and we should resist a perpetually growing list.

How will we see change?

Short-term change, over less than a year will, be visible through progress against the actions listed in the implementation plan. This can be thought of as activity.

Longer-term change, over a year or more, will be visible through movement in the 37 indicators listed in the dashboard. This can be thought of as the outcome or impact of the shorter-term activity.

Next steps

- Targets to be set and added to dashboard via the Early Years Partnership/BSil Group (March/April 2024)
- Feedback and finalisation of the current indicator set (March/April 2024)

- Ongoing indicator monitoring phase for Best Start in Life (annual review/update)
- Develop similar outcomes dashboard for Good Mental Health priority to be presented to the Board (June 2024)

Best Start in Life Outcomes Dashboard

AMBITION 1: CHILDREN ENJOY GOOD HEALTH AND WELLBEING				
Outcomes	**1.1 Reduction in tooth decay**	**1.2 Reduction in obesity of all children**	**1.3 Increased mental wellbeing and resilience of parents & children**	**1.4 Improvement in health outcomes for all children and seek parity in health for the most disadvantaged children**
Indicators	1.1 % 5 year olds with dental decay	1.2a % overweight (including obesity) at 4-5 years 1.2b % overweight (including obesity) at 4-5 years – absolute deprivation gap 1.2c % overweight (including obesity) at 10-11 years 1.2d % overweight (including obesity) at 10-11 years - absolute deprivation gap	1.3a Number of mothers reporting a low mood or high anxiety score within the first year after birth 1.3b % Primary school pupils with high resilience score 1.3c % Primary school pupils with high mental wellbeing scores	1.4a % Vaccination coverage: MMR for two doses (5 years old) 1.4b % Vaccination coverage: DTaP and IPV booster (5 years) 1.4c % Children in care immunisations

Outcome Indicator (s)	Indicator Source	Time Period	Next release	Herefordshire Baseline*	Region	England	Nearest Neighbour High**	Nearest Neighbour Low	Target year 1 (2024)	Target year 5 (2028)	Target year 10 (2033)
1.1 % 5 year olds with dental decay	Fingertips	2021/22	2024	38.7	23.8	23.7	38.7	14.6			
1.2a % overweight (including obesity) at 4-5 years	Fingertips	2022/23	2024	19.4	22.2	21.3	25.6	17.0			
1.2b % overweight (including obesity) at 4-5 years – absolute deprivation gap	NCMP - calculated	2020-23	2024	5.0	NA	NA	NA	NA			
1.2c % overweight (including obesity) at 10-11 years	Fingertips	2022/23	2024	35.4	39.3	36.6	38.3	28.1			
1.2d % overweight (including obesity) at 10-11 years - absolute deprivation gap	NCMP - calculated	2020-23	2024	19.0	NA	NA	NA	NA			

1.3a Number of mothers reporting a low mood or high anxiety score within the first year after birth	Health Visiting Service	2022/23	2024 (Apr)	422	NA	NA	NA	NA			
1.3b % Primary school pupils with high resilience score	Local Quality of Life Survey	2021	2024	24	NA	NA	NA	NA			
1.3c % Primary school pupils with high mental wellbeing scores	Local Quality of Life Survey	2021	2024	27	NA	NA	NA	NA			
1.4a % Vaccination coverage: MMR for two doses (5 years old)	Fingertips	2022/23	2024 (Nov)	88.1	83.7	84.5	94.4	85.5			
1.4b % Vaccination coverage: DTaP and IPV booster (5 years)	Fingertips	2022/23	2024 (Nov)	86.7	82.8	83.3	94.6	84.2			
1.4c % Children in care immunisations	Fingertips	2022	2024 (Mar)	80.0	83.0	85.0	98.8	72.0			
*Red, amber green ratings. Where available, baseline figures for Herefordshire are colour coded Green, Amber or Red, representing significantly better, the same, or worse performance than the England average respectively. Vaccination colour codes are benchmarked against a goal: <90% red, 90 to 95% amber, ≥95% green. ** Figures from (CIPFA) local authorities most similar to ours are included where available, otherwise region high/low are included											

AMBITION 2 : CHILDREN ARE PROTECTED FROM HARM AT HOME AND IN THE COMMUNITY				
Outcomes	**2.1 Reduction in number of children experiencing neglect & unintentional injuries**	**2.2 Reduction in number of children with experience of trauma / ACEs**	**2.3 Reduction in number of children taken into care**	**2.4 Greater numbers of parents are successfully supported to develop healthy parenting routines & behaviours**
Indicators	2.1a Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) crude rate per 10,000 2.1b Children in need at 31 March number and rate per 10,000 under 18s 2.1c Children in need at 31 March with a primary need of 'abuse or neglect', number	2.2 Number of children experiencing ACEs from Health Visitor Questionnaire	2.3 Children in care crude rate per 10,000	2.4a Learners who've started understanding pregnancy, labour, birth and your baby parenting course (Solihull approach) 2.4b Number/% of young parents aged 21 and under supported through First Steps programme (teenage pregnancy support)

Outcome Indicator (s)	Data Source	Time Period	Next release	Herefordshire Baseline	Region	England	Nearest Neighbour High	Nearest Neighbour Low	Target year 1 (2024)	Target year 5 (2028)	Target year 10 (2033)
2.1a Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) crude rate per 10,000	Fingertips	2021/22	2024/25	83.7	100.0	103.6	179.5	81.7			
2.1b Children in need at 31 March number and rate per 10,000 under 18s	Children in Need Census	2023	2024 (Oct)	1,895 (560.7)	47,670 (369.0)	403,090 (342.7)	1,364 (576.9)	157 (196.0)			
2.1c Children in need at 31 March with a primary need of 'abuse or neglect', number	Children in Need Census	2023	2024 (Oct)	1,166	28,070	231,500	1,764	89			
2.2 Number of children experiencing ACEs from Health Visitor Questionnaire	New service function	2025	2025	NA	NA	NA	NA	NA			
2.3 Children in care crude rate per 10,000	Fingertips	2022	2024	112	88	70	175	69			
2.4a Learners who've started understanding pregnancy, labour,	Service data	Total to date	2024	504	NA	NA	NA	NA			

birth and your baby parenting course (Solihull approach)											
2.4b Number of young parents aged 21 and under supported through First Steps programme (teenage pregnancy support)	Service data	2021/22	2024	115	NA	NA	NA	NA			

AMBITION 3: CHILDREN ARE ABLE TO ACHIEVE THEIR EARLY DEVELOPMENTAL MILESTONES				
Outcomes	**3.1 Increase in number of children achieving the appropriate level of development at 2-2½ yrs.**	**3.2 Identification of those children that don't achieve their milestones and the offer of support**	**3.3 Children who are experiencing disadvantage have a clear pathway of support**	**3.4 All children are ready for school/ schools are ready for children of all abilities**
Indicators	3.1 % Children achieving a good level of development at 2 to 2 and a half years	3.2a Number not achieving a good level of development at 2 to 2 and a half years 3.2b Narrative of support available to this group.	3.3a Children in absolute low income families (under 16s) number and % 3.3b Children in relative low income families (under 16s) number and % 3.3c Children and young people with special educational needs, number and % 3.3d % of disadvantaged 2 year-olds accessing funded nursery places	3.4a School readiness. % with good level of development at the end of Reception 3.4b School readiness. % with good level of development at the end of reception – those on free school meals 3.4c School readiness. % good level of development inequalities gap between those on free school meals and all children 3.4d Narrative feedback from schools of children being "school ready".

Outcome Indicator (s)	Data Source	Time Period	Next release	Herefordshire Baseline	Region	England	Nearest Neighbour High	Nearest Neighbour Low	Target year 1 (2024)	Target year 5 (2028)	Target year 10 (2033)
3.1 % Children achieving a good level of development at 2 to 2 and a half years	Fingertips	2022/23	2024	79.6	76.3	79.2	87.6	53.8			
3.2a Number not achieving a good level of development at 2 to 2 and a half years	Calculated from 3.1	2022/23	2024	291	NA	NA	NA	NA			
3.3a Children in absolute low income families (under 16s) number and %	Fingertips	2021/22	2024	4,230 (14.2%)	21.4	15.3	17.6	7.8			
3.3b Children in relative low income families (under 16s) number and %	Fingertips	2021/22	2024	5,554 (18.6%)	27.0	19.9	24.4	10.8			
3.3c Children and young people with special educational needs, number and %	Fingertips	2022/23	2024	4,903 (19.4%)	17.7	17.3	22.4	14.6			
3.3d % of disadvantaged 2 year-olds accessing funded nursery places	Service data	2022	2024	86.0	NA	72	NA	NA			

3.4a School readiness. % with good level of development at the end of Reception	Fingertips	2022/23	2025	70.4	66.0	67.2	67.6	67.4			
3.4b School readiness. % with good level of development at the end of Reception - those on free school meals and all children	Fingertips	2022/23	2025	55.1	53.4	51.6	48.6	46.2			
3.4c % School readiness inequalities gap	Calculated 3.4a -3.4b	2022/23	2025	15.3	12.6	15.6	NA	NA			

AMBITION 4: PARENTS ARE WELL SUPPORTED DURING PREGNANCY AND POST BIRTH				
Outcomes	**4.1 Increase in numbers of women experiencing a healthy pregnancy**	**4.2 Reduction in infant mortality rate**	**4.3 Improvement in antenatal and post-natal mental wellbeing**	**4.4 Parents are able to make a confident transition to parenthood**
Indicators	4.1a % Low birth weight of term babies 4.1b % Smoking status at time of delivery 4.1c % Obesity in early pregnancy	4.2a Infant mortality rate crude rate per 1,000 4.2b Premature births (less than 37 weeks gestation) crude rate per 1,000	4.3a Numbers of mothers reporting low mood / high anxiety score (1.3a)	4.4a % New Birth Visits completed within 14 days 4.4b % Health Visitor visits completed at 3 months (new) 4.4c % Health Visitor visits completed at 3 years (new) 4.4b % Breastfeeding at 6 to 8 weeks

Outcome Indicator (s)	Data Source	Time Period	Next release	Herefordshire Baseline	Region	England	Nearest Neighbour High	Nearest Neighbour Low	Target year 1 (2024)	Target year 5 (2028)	Target year 10 (2033)
4.1a % Low birth weight of term babies	Fingertips	2021	2024	1.7	3.0	2.8	2.9	1.5			
4.1b % Smoking status at time of delivery	Fingertips	2022/23	2025	9.0	9.1	8.8	15.6	7.2			
4.1c % Obesity in early pregnancy	Fingertips	2018/19	New method pending	23.6	25.4	22.1	29.2	20.1			
4.2a Infant mortality rate crude rate per 1,000	Fingertips	2020/22	2025 (Feb)	4.2	5.8	4.0	7.5	4.2			
4.2b Premature births (less than 37 weeks gestation) crude rate per 1,000	Fingertips	2019-21	2024 (May)	93.2	85.9	77.9	101.0	68.3			
4.3a Number of mothers reporting a low mood or high anxiety score within the first year after birth	Health Visiting Service	2022/23	Quarterly	422	NA	NA	NA	NA			
4.4a % New Birth Visits completed within 14 days	Fingertips	2022/23	2024	80.8	80.7	79.9	93.9	80.8*			

4.4b % Health Visitor visits completed at 3 months	Service data	New	2025	New	NA	NA	NA	NA			
4.4c % Health Visitor visits completed at 3 years	Service data	New	2025	New	NA	NA	NA	NA			
4.4b % Breastfeeding at 6 to 8 weeks	Fingertips	2022/23	2024 (Dec)	54.9	NA	49.2	64.8	36.6			
*Excludes two very low outliers that would be misleading to include.											

Table 1 Summary Outcomes and Indicators list (A3)

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Herefordshire Council

Title of report: Better Care Fund (BCF) Quarter 2 and Quarter 3 reports 2023-2024

Meeting: Health and Wellbeing Board

Meeting date: Monday 11 March 2024

Report by: Transformation and Improvement Lead

Classification
Open

Decision type

This is not an executive decision

Wards affected
(All Wards);

Purpose

To review the better care fund (BCF) 2023/24 quarter two and quarter three reports, as per the requirements of the Better Care Fund (BCF) programme.

Recommendation(s)
That:

a) The better care fund quarter two and quarter three reports for 2023/24, at appendix 1 and 2, as submitted to NHS England, be reviewed; and

b) The board determine any actions it wishes to recommend to secure improvement in efficiency or performance.

Alternative options

1. The board could decline to sign off the submission. It is a national condition that quarterly reports are signed off by the Health and Wellbeing Board (HWBB). The content of the returns have already been approved by the council's corporate director for community wellbeing and the Herefordshire and Worcestershire Integrated Care Board (HWICB) accountable officer and submitted prior to the

meeting of the board, in accordance with national deadlines. The HWBB does not always align with national deadlines, however this gives the board an opportunity to review and provide feedback.

Key considerations

1. The better care fund provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from Herefordshire and Worcestershire Integrated Care Board (HWICB) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) and the Adult Social Care Discharge Fund (ASCDF).

2. Quarterly reports must be submitted to NHS England (NHSE) and Health and Wellbeing Boards. There was no requirement in 20232024 to submit a quarter one report.

3. The quarter two report provides a summary of any changes to the capacity and demand plans between April and October 2023 and updates against metric ambitions. The Quarter three report collects information on metric ambitions and updates on spend and activity against certain schemes.

4. The national submission deadlines for the quarter two and three performance returns have already passed and therefore the board is requested to note the completed data, at appendix one and two, following its submission to NHS England.

Quarter two (Q2)

5. The quarter 2 data reports that achieving the target rate for avoidable admissions (non-elective), continues to pose a challenge to all partners. A number of key schemes continue to be delivered to assist in supporting individuals at home and avoiding admissions and to reduce demand, where possible. Q2 shows 176 against a target of 141.

6. As detailed in the Q2 report, the percentage of people who are discharged from acute hospital to their normal place of residence was 95% against a target of 91.9%. Work to improve and integrate discharge services remains the priority for One Herefordshire Partnership. The transformation encompasses multiple services and disciplines and, as might be expected, progress is incremental but improvements continue to be realised.

7. Emergency hospital admissions due to falls in people aged 65+ was on track to meet the target in Q2 (342).

8. As reflected in the Q2 report, performance indicates that Herefordshire was on track to meet the target for the national metric of reducing the rate of permanent admissions into residential care (292.6/484).

9. Given the number of people that enter into residential care (and nursing) in receipt of Discharge to Assess (D2A) pathways 2 and 3 this figure is considered positive. We remain mindful of the limited capacity in the care market for complex cases, such as people with more challenging behaviours and we continue to work with our system partners to address these gaps. The introduction of the Care Act Assessment Team (CAAST) has been instrumental in assessing people into the right services following discharge.

10. Data in Q2 shows 67.60% of service users 65+ discharged from hospital into reablement/rehabilitation services were still at home 91 days later against a target of 80%. There is an overstay element requiring Home First support while they wait for long term care to support.

11. The Q2 report provides data to demonstrate there have been no changes to the capacity and demand assumptions as set out in Herefordshire's 2023/25 Better Care Fund Plan. Bed occupancy is high at Wye Valley Trust throughout the year, so there are not extreme peaks and troughs of activity.

12. Herefordshire has for a number of years followed a model of spot purchasing the majority of care in care homes and home care. There are some capacity and location challenges for home care providers on the councils framework agreements but care can be sourced outside these arrangements in the short term where necessary.

13. Herefordshire has a framework agreement in place for the provision of home care across the county from which individual placement agreements are made to deliver care specific to an individual's needs. A secondary framework agreement for home care was introduced in November 2022 to supplement the existing provision. This has addressed much of the previous capacity challenge within the market, and where specific location challenges remain, mechanisms have been introduced to enable care to be sourced outside these framework arrangements on a spot basis in the short term where necessary.

14. The impact of planned interventions has not yet embedded to the extent of delivering a statistically significant change to the modelled figures.

15. Data quality and completeness can be an issue, with multiple partners and different systems that are not always compatible. Some work is being undertaken on improving both the accuracy and timeliness of data and developing a more automated method of recording and reporting discharge data; therefore a data analyst post has been recruited to for twelve months, hosted by Taurus Healthcare.

16. Our spot purchasing model, which is via a framework agreement, means that demand does not exceed capacity in anything but the very short term. Issues remain around the affordability of care rather than the availability of capacity.

Quarter three (Q3)

17. Quarter 3 data reports that achieving the target rate for avoidable admissions (non-elective) was not on track to meet the target showing 197 against a target of 154. Long term condition support continues to deliver good outcomes to prevent unplanned admissions and further work is in progress to strengthen pathways within Primary Care Networks (PCN).

18. As detailed in the Q3 report, the percentage of people who are discharged from acute hospital to their normal place of residence was on track to meet the target reporting 90.60% against a target of 91.7%.

19. There is some improvement work taking place on D2A to ensure all reablement opportunities are maximised with partners working together.

20. Emergency hospital admissions due to falls in people aged 65+ is reported as on track to meet the target in Q3 showing a year to date total of 1105 against a target of 1372. Good links between the urgent care response team (UCR) and the falls team enables support to avoid emergency hospital admissions with therapist attending people in their own homes to ensure urgent and preventative support.

21. As reflected in the Q3 report, performance indicates that Herefordshire was on track to meet the target for the national metric of reducing the rate of permanent admissions into residential care Performance at Q3 is 399.2 against a target of 484. Partners across the health and social care system continue to support individuals to remain independent and living in their own homes and communities as long as possible.

22. A recommendation is currently being put forward for agreement by Cabinet to commence the commissioning of 20-30 block beds over a 5 year period in order for the Council to have a clearer picture of the capacity and cost of residential and nursing care across the County.

23. Data in Q3 for reablement services is showing not on track with 68.90% of service users 65+ discharged from hospital into reablement/rehabilitation services were still at home 91 days later against a target of 80%.

24. Reporting in Q3 on spend and activity of certain schemes is a national requirement. This section of the return is to provide summary information for the Department of Health and Social Care (DHSC) and is not performance-managed regionally or nationally. Pre-populated by NHSE, the worksheet collects year to date spend and activity to the end of Q3 2023/24. Most of the services selected by reporting are demand-driven and activity and cost is variable: some lines are over-performing and some are under-performing: any areas of local concern are picked up by partners and overseen by Integrated Care Executive.

Community impact

25. The BCF plan is set within the context of the national programme of transformation and integration of health and social care. The council and HWICB 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.

26. Talk Community brings together community, third sector and statutory services to connect with peers and share ideas and experiences within the local Primary Care Network (PCN) areas; working with communities to identify and address issues that affect them, increase sustainability of communities by facilitating the development of partnerships and collaborative approaches and helping identify any gaps in provision.

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 programme delivery 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.

28. The council and HWICB 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. Equality considerations have been taken into account.

29. 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.

Resource implications

30. Each element of the Better Care Fund is funded by allocations from DHSC or Department for Levelling Up, Housing and Communities (DLUHC). The Better Care Fund plan for 2023/25 includes no additional voluntary contributions from the core funding of either partner.

31. The National Health Service (Expenditure on Service Integration) Directions 2023 under section 223B of the NHS Act ring-fences £5.059 billion nationally to form the NHS mandatory contribution to the BCF for 2023/24. That figure includes £300 million additional funding for discharge allocated to ICBs. Under section 223B of the NHS Act 2006 NHS England directs ICBs to pool their allocations into the BCF in line with the planning requirements. This condition is met in the BCF plan.

32. The finance position of the better care fund represents the forecast outturn at the end of quarter 3 2023/24. Overall, the BCF is forecast to outturn within 0.5% of planned expenditure.

Better Care Fund Expenditure Summary 2023/24

2023/24 POOLED BUDGET FINANCIAL PLAN		FORECAST OUTTURN					
		Month 9 (December)			*Month 8 (November)*		
MANDATORY BETTER CARE FUND	2023/24 Plan Value	Forecast Outturn	Variance to Plan		*Forecast Outturn*	*Change from previous month*	
Mandatory Transfer to Adult Social Care	£6,874,214	£6,863,135	(£11,079)	(0.16%)	*£6,896,635*	*(£33,500)*	
NHS Commissioned Out of Hospital Services	£9,114,213	£9,114,213	£0	0.00%	*£9,113,646*	*£567*	
Disabled Facilities Grant	£2,268,653	£2,268,653	£0	0.00%	*£2,268,653*	*£0*	
Improved Better Care Fund	£6,782,841	£6,645,075	(£137,766)	(2.03%)	*£6,653,523*	*(£8,448)*	
Adult Social Care Discharge Fund	£1,998,716	£2,058,381	£59,665	2.99%	*£2,119,544*	*(£61,162)*	
TOTAL BETTER CARE FUND	**£27,038,637**	**£26,949,458**	**(£89,179)**	(0.33%)	*£27,052,001*	***(£102,543)***	

Legal implications

33. 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 Integrated Care Boards to pool the necessary funding. The council is legally obliged to comply with grant conditions, which have been complied with.

34. 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.

35. 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.

36. 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 HWICB, which represents the NHS side of the equation

37. Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies (as defined in section 275 and 276 of the NHS Act 2006) to exercise certain local authority functions and for local authorities to exercise various NHS functions. The parties entered into a section 75 agreement in exercise of those powers under and pursuant of the NHS Regulations 2000.

38. The iBCF is paid directly to the council via a Section 31 grant from the Department of Levelling Up, Housing and Communities (DLUHC). The Government has attached a set of conditions to the Section 31 grant to ensure it is included in the BCF at local level and will be spent on adult social care. The council are legally obliged to comply with the grant conditions set.

Risk management

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

Risk / Opportunity	Mitigation
Failure to achieve national metrics ambitions.	A robust process form monitoring activity on a monthly basis is in place and will be monitored through the Integrated Care Executive (ICE).
Increasing demand due to the demography of expected older age population.	A number of the schemes include both areas that support prevention and the urgent care parts of the system to spread the risk. In addition, the local authority continues to lead on development with communities.
Overspend, particularly on discharge capacity.	The council and HWICB are working with One Herefordshire Partnership to revise and improve the service model for Discharge to Assess to be recurrently sustainable.

Consultees

40. The content of the quarterly reports has been provided by partners within HWICB, WVT, Hoople Ltd and appropriate internal Herefordshire Council staff.

Appendices

Appendix 1 – better care fund quarter two 2023/24 report
Appendix 2 – better care fund quarter three 2023/24 report

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	Henry Merricks-Murgatroyd	Date 27/02/2024
Finance	Wendy Pickering	Date 27/02/2024
Legal	Sean O'Connor	Date 26/02/2024
Communications	Luenne Featherstone	Date 26/02/2024
Equality Duty	Harriet Yellin	Date 26/02/2024
Procurement	Lee Robertson	Date 26/02/2024
Risk	Jo Needs	Date 26/02/2024

Approved by	Hilary Hall	Date 28/02/2024

	Glossary of terms, abbreviations and acronyms
BCF	Better Care Fund
iBCF	Improved Better Care Fund
DFG	Disabled Facilities Grant
D2A	Discharge to Assess
DHSC	Department of Health and Social Care
DLUHC	Department for Levelling Up, Housing and Communities
HWICB	Herefordshire & Worcestershire Integrated Care Board
HICM	High Impact Change Model
HWBB	Health and Wellbeing Board
1HP	One Herefordshire Partnership
ICE	Integrated Care Executive
NHSE	NHS England
PCN	Primary Care Network

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

1. Guidance for Quarter 2

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, 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, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics

4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (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 ICBs, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

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 blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell
Pre-populated cells
Not applicable - cells where data cannot be added

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 to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.
The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

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 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
4. 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 them when they are no longer needed.

3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (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/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

This sheet sets out the four conditions and requires the HWB 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 for the year 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: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time
National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The BCF plan includes the following metrics:
- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.
This section captures a confidence assessment on achieving the locally set ambitions 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 in the first six months of the financial year.

Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.
- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

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

5. Capacity & Demand Refresh

Please use this section to update both capacity and demand (C&D) estimates for the period November 2023 to March 2024.
This section is split into 3 separate tabs:

5.1 C&D Guidance & Assumptions

Contains guidance notes including how to calculate demand/capacity as well as 6 questions seeking to address the assumptions used in the calculations, changes in the first 6 months of the year, and any support needs and ongoing data issues.

5.2 C&D Hospital Discharge

Please use this section to enter updated demand and capacity related to Hospital Discharge in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. expected capacity and demand from your original planning template has been populated for reference. If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

In Capacity and Demand plans for 2023-24, areas were advised not to include capacity you would expect to spot purchase. This is in line with guidance on intermediate care, including the new Intermediate Care Framework. However, for this exercise we are collecting the number of packages of intermediate/short term care that you expect to spot purchase to meet demand for facilitated hospital discharge. This is being collected in a separate set of fields. You should therefore:

- record revised demand for hospital discharge by the type of support needed from row 30 onwards
- record current commissioned capacity by service type (not including spot purchasing) in cells K22 to O26
- record the amount of capacity you expect to spot purchase to meet demand in cells P22 to T26.

Spot purchased capacity should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

5.3 C&D Community

Please use this section to enter updated demand and capacity related to referrals from community sources in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. The same period's figures has been extracted from your planning template for reference.
If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

Data from assured BCF plans has been pre-populated in tabs 5.2 and 5.3. If these do not match with your final plan, please let your BCM and the national team know so that we can update out records and note the discrepancy in your response to question 1 on tab 5.1. Enter your current expected demand and capacity as normal in tabs 5.2 and 5.3.

HM Government

NHS England

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

2. Cover

Version 3.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here 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 Better Care Exchange) 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 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.

Health and Wellbeing Board:	Herefordshire, County of
Completed by:	Marie Gallagher and Adrian Griffiths
E-mail:	Marie.Gallagher1@herefordshire.gov.uk
Contact number:	01432 260435
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes
If no, please indicate when the report is expected to be signed off:	

Checklist

Complete:
Yes
Yes
Yes
Yes
Yes
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'. This does not apply to the ASC Discharge Fund tab.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Hospital Discharge	Yes
5.3 C&D Community	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Herefordshire, County of

Has the section 75 agreement for your BCF plan been finalised and signed off?	No
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	04/12/2023

Confirmation of National Conditions

National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:	Checklist Complete:
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board: Herefordshire, County of

National data may be unavailable at the time of reporting. As such, please use 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

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.	Checklist Complete:
		Q1	Q2	Q3	Q4					
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	145.0	141.0	154.0	151.0		On track to meet target	Work continues around avoidable admissions	176 (Q1 184.9)	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.8%	91.9%	91.7%	91.4%		On track to meet target	Work continues on D2A	95% (Q1 90.90%)	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,372.0		On track to meet target	Work continues on falls	342 (Q1 335.9)	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				484		On track to meet target	Expected level is rate of 550 per 100,000 population at end of year. Q2 figure is slightly above where we would want to be to achieve this, but is below same period last year and end of year objective was achieved. We would hesitate to say there has been any significant change. The current rate is still below pre pandemic levels (for example 2019-20 it was 72.2% at end Q2). Given the number of people that enter into res care (and nursing) in receipt of d2a pathway 2 and 3 this figure is considered positive.Additionally we are looking to developing a range of alternative support and care options which we hope will secure alternatives to a residential option for exam[ple more extra care and an expansion of Shared lives for step up or step down provision. We remain mindful of the limited capacity in the care market for complex cases, such as people with more challenging behaviours and we continue to work with our system partners to address these gaps. The introduction of the d2a team (CAIST) has been instrumental in assessing people into the right services following discharge.	292.6 (Q1 157.5)	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	Performance team have spoken wth Hoople and shared guidance on recording the data for 91 day position. Additionally the significant overstay element of people requiring Home first as a provision while they wait for a long term care package to be established has impacted the number of people accessing Home first which is the only service we use for this data set.	67.60% (Q1 72.40%)	Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: Herefordshire, County of

5.1 Assumptions

	Checklist Complete:
1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?	
Estimates of demand and capacity are unchanged. Actual activity in the first half of the year doesn't deviate significantly from the model. Bed occupancy is high at Wye Valley Trust throughout the year, so there are not extreme peaks and troughs of activity.	Yes
2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Please also set out your rationale for trends in demand for the next 6 months (e.g how have you accounted for demand over winter?)	
Demand:	
Actions to improve the efficiency of the discharge system and intermediate care have moved forward significantly but have not reached the point of delivering significant changes to projections of demand and capacity. We have workstreams for operations and process, pathway 3 discharges, data, commissioning, and communications, each reporting to an integrated system discharge board.	Yes
Capacity:	
Herefordshire has for a number of years followed a model of spot purchasing the majority of care in care homes and home care. The care market is strong for all types of care and capacity is always available at a price. There are some capacity and location challenges for home care providers on the councils framework agreements but care can be sourced outside these arrangements in the short term where necessary.	Yes
3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan?	
The impact of planned interventions has not yet borne fruit to the extent of delivering a statistically significant change to the modelled figures.	Yes
4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?	
No	Yes
5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data).	
Data quality and completeness can be an issue, with multiple partners and different systems that are not always compatible. One of our workstreams is focussed on discharge data and improving both the accuracy and timeliness of data reporting and developing more automated and less labour intensive method of recording and rpeorting discharge data	Yes
6. Where projected demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?	
Our spot purchasing model means that demand does not exceed capacity in anything but the very short term. Our issues rest more on the affordability of care than the availability of capacity.	Yes

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and question & answer document

5.1 Assumptions

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or following the Market Sustainability and Improvement Fund announcement
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the demand and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populated from the previous template as well as calculating new refreshed figures as you complete the template below. **Negative figures show insufficient capacity and positive figures show that capacity exceeds demand.**

5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed expectations of monthly demand for supported discharge by discharge pathway.

Data from the previous capacity and demand plans will be auto-populated, split by trust referral source. You will be able to enter your refreshed number of expected discharges from each trust alongside these. The first table may include some extra rows to allow for areas who are recording demand from a larger number of referral sources. If this does not apply to your area, please ignore the extra lines.

This section in the previous template asked for expected demand for rehabilitation and reablement as two separate figures. It was found that, by and large, this did not work well for areas so the prepopulated figures for these service types have been combined into one row. Please enter your refreshed expectations for rehabilitation and reablement as one total figure as well.

Virtual wards should not be included in intermediate care capacity because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list.

From the capacity and demand plans collected in June 2023, it emerged that some areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By social support, we are referring to lower level support provide outside of formal rehabilitation and reablement or domiciliary care. This is often provided by the voluntary and community sector. Demand estimates for this service type should only include discharges on Pathway 0 that require some level of commissioned low-level support and not all discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 rather than defaulting to all Pathway 0 discharges.

5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

The recently published Intermediate Care Framework sets out guidance on improving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF Capacity and Demand plans.

As with the 2023-24 template, please consider the below factors in determining the capacity calculation. Typically, this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

The template now asks for the amount of capacity you expect to secure through spot purchasing. This should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it may impact on people's outcomes and is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. As with the previous template, referrals are not collected by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning Requirements.

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-populated into this section.

5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services. You should input the expected available capacity across health and social care for different service types. As with the hospital discharge sheet, data entered in the assured BCF plan template has been prepopulated for reference. You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on why the capacity and demand estimates for rehabilitation and reablement services is now being collected as one combined figure. Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

"Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services."

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: Herefordshire, County of

Hospital Discharge

Capacity - Demand (positive is Surplus)	Previous plan Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Refreshed capacity surplus. Not including spot purchasing Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Refreshed capacity surplus (including spot puchasing) Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	-55.36	-52.88	-44.96	-47.32	-52.4	-55	-53	-45	-47	-52	-55	-53	-45	-47	-52
Reablement & Rehabilitation at home (pathway 1)	0	0	0	0	0	-0.36	0.12	0.04	-0.32	-0.4	-0.36	0.12	0.04	-0.32	-0.4
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	28.062	29.564	26.7	26.77	31.136	27.747	29.565	26.334	27.02	30.724	27.747	29.565	26.334	27.02	30.724
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	0	0	0	0	0	0.315	-0.001	0.366	-0.25	0.412	0.315	-0.001	0.366	-0.25	0.412

Capacity - Hospital Discharge

Service Area	Metric	Prepopulated from plan: Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Refreshed planned capacity (not including spot purchased capacity Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Capacity that you expect to secure through spot purchasing Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Checklist Complete:
Social support (including VCS) (pathway 0)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new clients.	66.64	68.12	45.04	61.68	54.6	66.64	68.12	45.04	61.68	54.6	0	0	0	0	0	Yes
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new clients.	55.747	53.565	60.334	64.02	58.724	55.747	53.565	60.334	64.02	58.724	0	0	0	0	0	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new clients.	17.315	14.999	20.366	23.75	17.412	17.315	14.999	20.366	23.75	17.412	0	0	0	0	0	Yes

Demand - Hospital Discharge

Pathway	Trust Referral Source	Prepopulated from plan: Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Please enter refreshed expected no. of referrals: Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Checklist
Social support (including VCS) (pathway 0)	**Total**	**55.36**	**52.88**	**44.96**	**47.32**	**52.4**	**55**	**53**	**45**	**47**	**52**	
	WYE VALLEY NHS TRUST	55.36	52.88	44.96	47.32	52.4	55	53	45	47	52	Yes
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Reablement & Rehabilitation at home (pathway 1)	**Total**	**66.64**	**68.12**	**45.04**	**61.68**	**54.6**	**67**	**68**	**45**	**62**	**55**	Yes
	WYE VALLEY NHS TRUST	66.64	68.12	45.04	61.68	54.6	67	68	45	62	55	Yes
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	(blank)											Yes
	(blank)											Yes

Short term domiciliary care (pathway 1)	**Total**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	Yes
	(blank)											Yes
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Reablement & Rehabilitation in a bedded setting (pathway 2)	**Total**	**27.685**	**24.001**	**33.634**	**37.25**	**27.588**	**28**	**24**	**34**	**37**	**28**	Yes
	WYE VALLEY NHS TRUST	27.685	24.001	33.634	37.25	27.588	28	24	34	37	28	Yes
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	(blank)											Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	**Total**	**17.315**	**14.999**	**20.366**	**23.75**	**17.412**	**17**	**15**	**20**	**24**	**17**	Yes
	WYE VALLEY NHS TRUST	17.315	14.999	20.366	23.75	17.412	17	15	20	24	17	Yes
	(blank)											Yes
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	(blank)											Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: Herefordshire, County of

Community	Previous plan					Refreshed capacity surplus:				
Capacity - Demand (positive is Surplus)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0
Other short-term social care	0	0	0	0	0	0	0	0	0	0

Capacity - Community		Prepopulated from plan:					Please enter refreshed expected capacity:					Checklist
Service Area	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Complete:
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	Yes
Urgent Community Response	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	86	82	88	89	79	86	82	88	89	79	Yes
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	Yes
Other short-term social care	Monthly capacity. Number of new clients.	26	38	36	22	38	26	38	36	22	38	Yes

Demand - Community	Prepopulated from plan:					Please enter refreshed expected no. of referrals:					
Service Type	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	Yes
Urgent Community Response	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation at home	86	82	88	89	79	86	82	88	89	79	Yes
Reablement & Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0	Yes
Other short-term social care	26	38	36	22	38	26	38	36	22	38	Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

1. Guidance for Quarter 3

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, 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, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics

4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (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 ICBs, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

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 blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

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 to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.
The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

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 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.

2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
4. 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 them when they are no longer needed.

3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (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/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

This sheet sets out the four conditions and requires the HWB 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 for the year 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: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time
National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The BCF plan includes the following metrics:
- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the locally set ambitions 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 in the first six months of the financial year.

Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

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

No actual performance is available for the ASCOF metrics - Residential Admissions and Reablement - so the 2022-23 outcome has been included to aid with understanding. These outcomes are not available for Hackney (due to a data breach issue) and Westmorland and Cumbria (due to a change in footprint).

5. Spend and Activity

The spend and activity worksheet will collect cumulative spend and outputs in the year to date for schemes in your BCF plan for 2023-24 where the scheme type entered required you to include the number of output/deliverables that would be delivered.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the expenditure tab of the 23-25 BCF plans for all 2023-24 schemes that required an output estimate.

You should complete the remaining fields (highlighted yellow) with incurred expenditure and actual numbers of outputs delivered to the end of the third quarter (1 April to 31 December).

The collection only relates to scheme types that require a plan to include estimated outputs. These are shown below:

Scheme Type	**Units**
Assistive technologies and equipment	Number of beneficiaries
Home care and domiciliary care	Hours of care (unless short-term in which case packages)
Bed based intermediate care services	Number of placements
Home based intermediate care services	Packages
DFG related schemes	Number of adaptations funded/people supported
Residential Placements	Number of beds/placements
Workforce recruitment and retention	Whole Time Equivalents gained/retained
Carers services	Number of Beneficiaries

The sheet will pre-populate data from relevant schemes from final 2023-24 spending plans, including planned spend and outputs. You should enter the following information:
- **Actual expenditure to date in column I.** Enter the amount of spend from 1 April to 31 December on the scheme. This should be spend incurred up to the end of December, rather than actual payments made to providers.
- **Outputs delivered to date in column K**. Enter the number of outputs delivered from 1 April to 31 December. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will pre-populate the expected outputs for the year and the standard units for that service type. For long term services (e.g. long term residential care placements) you should count the number of placements that have either commenced this year or were being funded at the start of the year.
- **Implementation issues in columns M and N.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column M and briefly describe the issue and planned actions to address the issue in column N. If you answer no in column M, you do not need to enter a narrative in column N.

More information can be found in the additional guidance document for tab 5, which is published alongside this template on the Better Care Exchange.

HM Government

NHS England

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

2. Cover

Version 2.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here 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 Better Care Exchange) 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 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.

Health and Wellbeing Board:	Herefordshire, County of	
Completed by:	Marie Gallagher and Adrian Griffiths	
E-mail:	Marie.Gallagher1@herefordshire.gov.uk	
Contact number:	01432 260435	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Mon 11/03/2024	<< Please enter using the format, DD/MM/YYYY

Checklist

Complete:
Yes
Yes
Yes
Yes
Yes
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'. This does not apply to the ASC Discharge Fund tab.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Spend and activity	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Herefordshire, County of

		Checklist Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off		Yes

Confirmation of National Conditions			
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:	
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board: Herefordshire, County of

National data may be unavailable at the time of reporting. As such, please use 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

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	For information - actual performance for Q2	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs in Q3	Q3 Achievements - including where BCF funding is supporting improvements.	Checklist Complete:
		Q1	Q2	Q3	Q4						
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	145.0	141.0	154.0	151.0	184.9	175.5	Not on track to meet target	Long Term condition support continues to deliver good outcomes to prevent unplanned admissions- work in progress to strenghten pathways within PCN's	197	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.8%	91.9%	91.7%	91.4%	90.9%	91.4%	On track to meet target	Capacity in community teams continues to be an issue for us to be able to improve metric, however investment in Bridging Team will support as posts are recruited to. There is also improvement work taking place around discharge assessment to ensure all reablement opportunities are maximised to full effect. A review is ongoing around Pathway 3 including EOL/PPOD/Fast Track patients to ascertain how this is affecting our ability to meet the target.	90.60%	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,372.0	335.9	358.2	On track to meet target	Links between UCR and Falls teams continues to strengthen and supports the target to avoid emergency hospital admissions- Therapists and ACP's are attending to people in their own homes to ensure urgent and preventative support is given.	411	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				484	2022-23 ASCOF outcome: 392.8		On track to meet target	Q3 figure is slightly lower than where we would expect to be at this point in the year giving a straight line trajectory of circa 535, but with pressures over the winter it is likely that a higher level of admissions may be experienced during Q4. Given the number of people that enter into res care (and nursing) in receipt of d2a pathway 2 and 3 this figure is considered positive. This can be partly attributed to the number of self-funders that are discharged through d2a and then leave d2a provision to fund their own provision. The introduction of the local authority led Care Act Assessment team (CAAsT) has also been instrumental in assessing people into the right services following discharge which has enabled a level of control over admissions.	399.2 (199).	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%	2022-23 ASCOF outcome: 73.6%		Not on track to meet target	Home First are currently a paper based service so are using excel spreadsheets to track and record data, Hoople are procuring a digital system which will then provide us with more accurate reporting systems and data analysis. We have an overstay element requiring Home First support while they wait for long term care to support.	68.9% 91 days are now supported by the admin team to avoid delays in being completed.	Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board: Herefordshire, County of

Checklist						Yes		Yes		Yes	Yes
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
52	Support for Hospital Discharge	Home-based intermediate care services	Reablement at home (accepting step up and step down users)	Minimum NHS Contribution	£2,363,048	£2,087,813	1,322	525	Packages	No	Home First
52	Support for Hospital Discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with reablement accepting step up and step down users	Minimum NHS Contribution	£373,147	£312,983		35	Number of placements	No	Hillside
52	Support for Hospital Discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with reablement accepting step up and step down users	Minimum NHS Contribution	£1,003,305	£752,479		50	Number of placements	No	LICU
52	Support for Hospital Discharge	Residential Placements	Short-term residential/nursing care for someone likely to require a longer-term care home replacement	Minimum NHS Contribution	£0	£0		0	Number of beds/placements	No	
57	Carers Support	Carers Services	Respite services	Minimum NHS Contribution	£32,733	£24,550	20	15	Beneficiaries	No	Acorns
57	Carers Support	Carers Services	Respite services	Minimum NHS Contribution	£266,049	£199,537	288	113	Beneficiaries	No	St Michaels
60	Community Health Services	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation accepting step up and step down users	Minimum NHS Contribution	£5,618,768	£4,214,076	657	546	Number of placements	No	WVT Community
33	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£2,268,653	£1,701,490	165	124	Number of adaptations funded/people supported	No	DFG
152	Support for Hospital Discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with reablement accepting step up and step down users	iBCF	£252,344	£189,258		13	Number of placements	No	LICU
152	Support for Hospital Discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with reablement accepting step up and step down users	iBCF	£70,289	£0		0	Number of placements	No	Hillside
154	Social Care Services	Residential Placements	Other	iBCF	£163,728	£212,543	57	65	Number of beds/placements	No	Shared Lives
401	Support for Hospital Discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with reablement accepting step up and step down users	Local Authority Discharge Funding	£222,364	£619,198		69	Number of placements	No	Hillside
401	Support for Hospital Discharge	Home-based intermediate care services	Reablement at home (accepting step up and step down users)	Local Authority Discharge Funding	£217,605	£119,377	120	198	Packages	No	Bridging Service

Herefordshire Council

Title of report: Most Appropriate Agency update

Meeting: Health and Wellbeing Board

Meeting date: Monday 11 March 2024

Report by: Director of Strategy and Partnerships, Herefordshire and Worcestershire Health and Care NHS Trust

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

For the Health and Wellbeing Board (HWB) to receive an update on the work between West Mercia Police and Herefordshire and Worcestershire Health and Care NHS Trust in relation to the Most Appropriate Agency policy.

Current position

Herefordshire and Worcestershire Health and Care NHS Trust currently has two inter agency monitoring groups (IAMG) – one for Herefordshire and one for Worcestershire working across mental health partners. There is strong attendance from acute trusts, Approved Mental Health Practitioner leads, Police Inspectors for the areas, West Midlands Ambulance Services and Learning and Development services. MIND also attend these meetings and have very positive relationships with partners. In terms of Most Appropriate Agency issues, there is a process in place to ensure that issues are picked up with the inspectors, and also mentioned for any wider learning with the IAMGs.

The police are having an independent peer review of their MAA policy on 7 and 8 March 2024. The review is being undertaken by the College of Policing and is being led by ACC Gilmer who is the NPCC Lead for Right Care, Right Person (national terminology for the Most Appropriate Agency). Richard Keble, Programme Director for Mental Health and Learning Disabilities for the Integrated Care Board will contribute to the review from a health perspective. It is understood that the police are conducting a review of the first 6 months of the MAA policy and is due for completion by next month. The report once complete will be shared with partners

Form the perspective of statutory mental health NHS services there are established relationships and a governance mechanism to raise any issues and that these are kept under review.

Recommendation

That:

a) **The Health and Wellbeing Board notes this update.**

Alternative options

Key considerations

1. The report is for the board to consider and note the update including the upcoming MAA review being undertaken by West Mercia Police.

Community impact

2. To be considered as part of the MAA review.

Environmental Impact

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

Equality duty

4. 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.

5. 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

6. There are no known resource implications associated with this report.

Legal implications

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

Risk management

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

Consultees

None

Background papers

None identified.

Herefordshire Council

This short briefing aims to summarise the evidence of the association between childhood obesity and oral health and the current provision of fluoride varnishing in dental practices across Herefordshire.

The relationship between oral health and childhood obesity

Obesity and dental health are two of the most prevalent health conditions affecting children, with national data showing that 10.1% of reception age children were obese in 2021/2022[1], and 29.3% of 5 year olds having enamel or dental carries in 2022[2]. A risk factor for both dental caries and obesity is the consumption of free sugars[3].

The Scientific Advisory Committee on Nutrition (SACN) found that higher consumption of free sugars is associated with a greater risk of dental caries, and also leads to increased total energy intake. Furthermore, both obesity and dental caries are strongly associated with deprivation. However despite these common risk factors the link remains unclear[4].

A systematic review by Hayden et al [5] found that children who were obese had a higher amount of dental caries compared to non-obese children. National has data found a weak to moderate correlation between increasing obesity and increasing dental caries prevalence for those aged 5 years[3]. However it is unknown whether this relationship exists in older children. Although these studies do suggest a weak relationship between oral health and obesity. One study found a u-shaped association rather than a linear one whereby increased dental caries were associated with both high and low body mass index, compared to children of a healthy weight[6]. It has been suggested that this non- linear association may be the reason behind inconsistent findings in previous research.

One study by the University of Birmingham[7] found a linear association between obesity and dental caries. However this association disappeared once accounting for the effect of deprivation. The study found that obesity was more strongly related to the prevalence of dental caries in the least deprived areas, with little association in the more deprived areas. This finding has important implications as taking a population approach to address these issues may have more impact on the least deprived communities, potentially widening health inequalities.

In summary, there is some evidence for an association between dental caries and childhood obesity, although there does not appear to be a strong correlation from studies carried out to date. One reason for this may be that although there is the common risk factors of sugar consumption and socioeconomic deprivation, there are many other risk factors which increase the risk of obesity and dental caries. For example physical activity levels and social media play a role in obesity levels, whereas factors such as fluoride exposure affects oral health.

[1] Obesity statistics - House of Commons Library (parliament.uk)
[2] National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022 - GOV.UK (www.gov.uk)
[3] Caries_obesity_Evidence_SummaryOCT2015FINAL.pdf (publishing.service.gov.uk)
[4] Childhood obesity and dental caries: an ecological investigation of the shape and moderators of the association | BMC Oral Health | Full Text (biomedcentral.com)
[5] Obesity and dental caries in children: a systematic review and meta-analysis - PubMed (nih.gov)
[6] Body mass index and dental caries in children and adolescents: a systematic review of literature published 2004 to 2011 - PubMed (nih.gov)
[7] Childhood obesity and dental caries: an ecological investigation of the shape and moderators of the association (bham.ac.uk)

Current guidance and accessibility of of fluoride varnishing in dental practices

Fluoride varnish can be applied to both baby teeth and adult teeth by a dentist. The process involves painting a varnish containing high levels of fluoride onto the surface of the tooth twice a year to prevent decay. It works by strengthening tooth enamel, making it more resistant to decay. Its use is strongly recommended for children and adults who are at higher risk of tooth decay, such as older people.[i]

In practice, dentists and their teams are required to follow advice and guidance from the Delivering Better Oral Health Toolkit. This document states that all children from age 3 to 17 should have Fluoride Varnish applied to their teeth twice a year when they go for dental check-ups. Application of Fluoride Varnish falls under mandatory services under the General Dental Services (GDS) contracts.

It is unclear on the number of dental practices across Herefordshire that are applying fluoride varnishing in line with national guidance. At the last Oral Health Improvement Board it was agreed that an audit would be undertaken to gather local information which would enable us to compare to national rates captured by the NHS Business Services Authority (BSA).

There is little information available on how well fluoride varnishing is being publicised and further work is needed to establish this. The BSA provide evidence and guidance on how practices can promote fluoride varnishing.

[i] Fluoride - NHS (www.nhs.uk)

Understanding Herefordshire
People and places

National Child Measurement Programme 2022/23 and pooled years 2020/21, 2021/22 and 2022/23

Herefordshire Council Intelligence Unit

January 2023

Excess weight for 2022/23

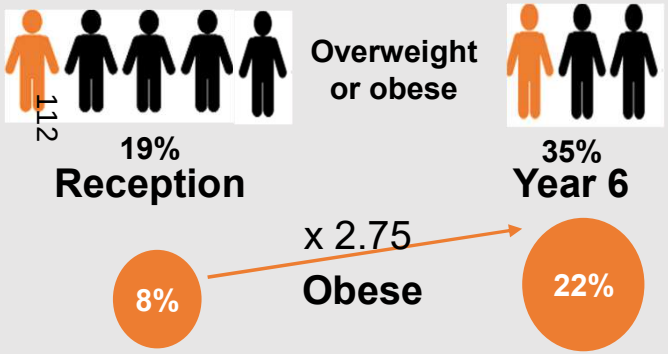
Tackling obesity is one of the greatest long-term health challenges currently faced in England. Obesity is associated with reduced life expectancy and a range of health conditions including type 2 diabetes, cardiovascular disease, liver and respiratory disease and cancer. It can also have an impact on mental health.

Office for Health Improvement and Disparities

> "By 2022/23 we will treat up to a further 1,000 children a year for severe complications related to their obesity, such as diabetes, cardiovascular conditions, sleep apnoea and poor mental health."
>
> *NHS England Long Term Plan*

Excess weight in Herefordshire in 2022/23

- Long standing pattern of excess weight **increasing with age.**



- **Boys** are more likely to be overweight or obese.

Reception		Year 6
20%	**Boys**	38%
19%	**Girls**	33%

…but…

- The proportion of Reception children who are overweight or obese is significantly lower in 2022/23 (19%) compared to 2021/22 (26%) and the lowest it has been since 2017/18. The proportion of Reception children who are overweight or obese is no longer significantly higher than England (although not significantly lower)
- For Year 6s, levels of both overweight and obesity remains similar to nationally, and followed the same pattern. Of most concern is the longer-term trend of rising levels of obesity for this age-group: from 16% in 2012/13, rising to 22% in the 10 years to 2022/23.

Attitudes to weight

- Year 6 pupils in Herefordshire were more likely to say that they were happy with their weight than those in the wider SHEU sample
- But a significant proportion said they **would like to lose weight**:
  - **35%** of Year 6 pupils
  - **45%** of secondary pupils
- **Girls are more likely to want to lose weight** across all age groups, but the difference becomes more stark as they get older: 63% of girls in FE wanted to lose weight compared to 30% of FE boys.

Sources: National Child Measurement Programme (2022/23 unless otherwise stated), Attitudes to weight data: 2021 Herefordshire Children and Young People's Quality of Life Survey, NHS Long Term Plan

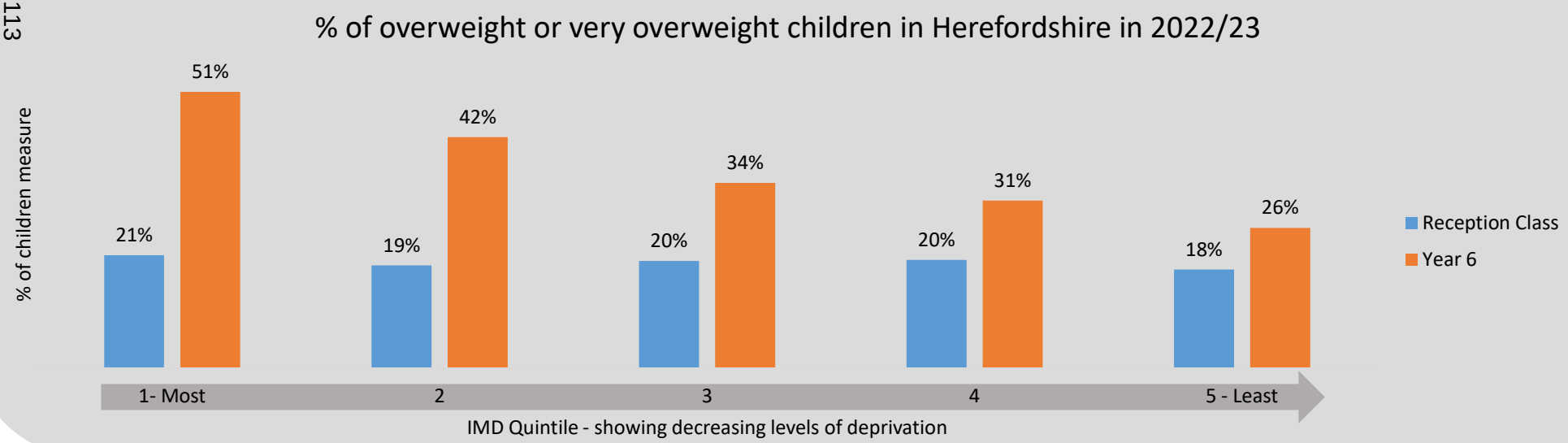
Excess weight by deprivation for 2022/23

Obesity is highest amongst the most deprived groups in society. Children resident in the most deprived parts of England are more than twice as likely to be living with obesity than those in the least deprived areas, and they are also more likely to gain excess weight throughout their school years. 2020/21 saw a substantial widening of this disparity gap following lockdowns, driven by very large increases in child obesity prevalence in the most deprived areas and a comparatively small increase in the least deprived.

Office for Health Improvement and Disparity

Deprivation has little impact in reception class, but a noticeable difference by the time children are in year 6

- In reception class, around 1 in 5 children are overweight or very overweight regardless of deprivation
- By year 6, around 1 in 2 children in the 20% most deprived parts of the county are overweight or very overweight, compared with only 1 in 4 of children in the 20% least deprived parts of the county



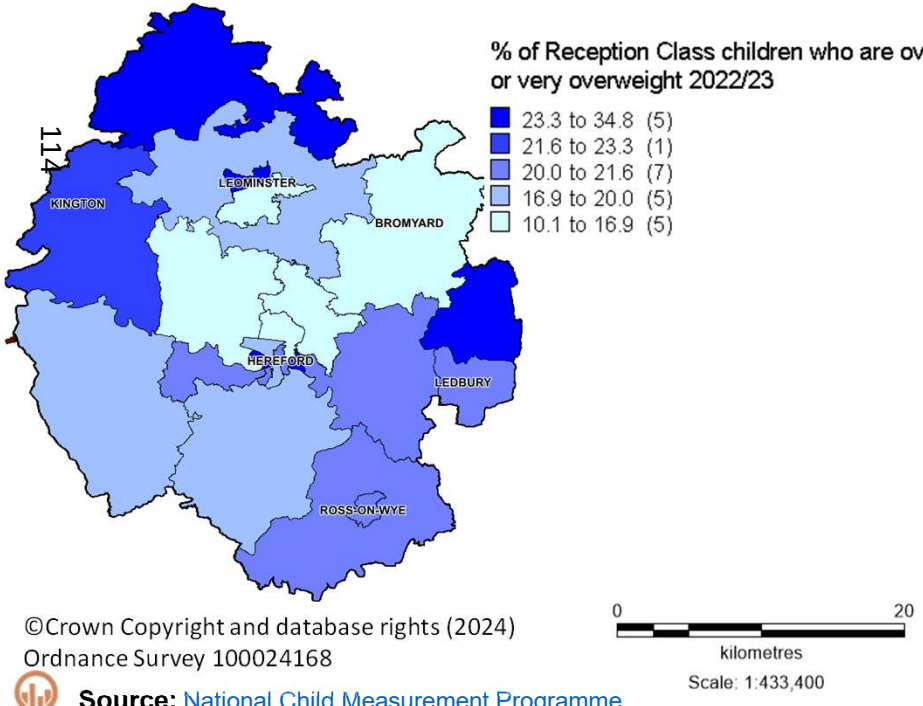
Source: National Child Measurement Programme

Excess weight around the county for 2022/23

Excess weight is a countywide issue: at least 1 in 10 children in all Middles Super Output Areas (MSOAs) are overweight or very overweight, rising to 1 in 3 children in one MSOA. at least 20% of Y6 children in all MSOAs are either overweight or obese, although this was as high as 52% of children in one MSOA.

Hereford West was the MSOA with the highest proportion of overweight or obese YR children (35%), whilst Bromyard and Bishop's Frome had the smallest proportion of overweight or obese YR children (10%).

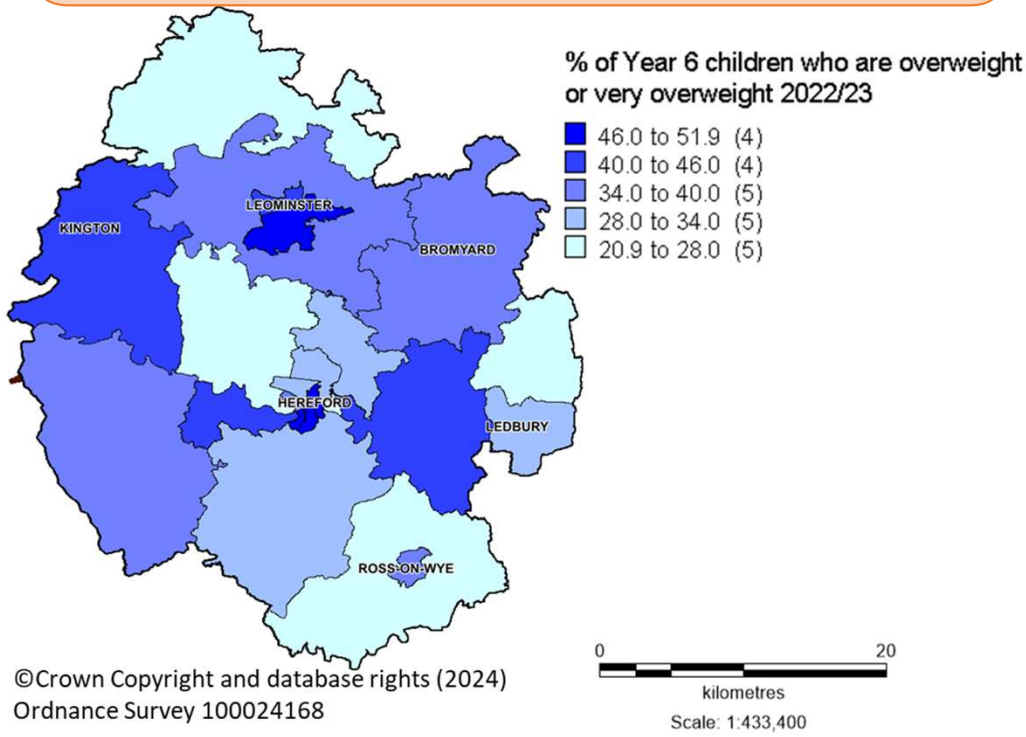
18 reception aged children were measured as being underweight (1.1% of cohort).



Source: National Child Measurement Programme

Hereford South was the MSOA with the highest proportion of overweight or obese Y6 children (52%), whilst Wigmore, Orelton and Brimfield had the smallest proportion of overweight or obese Y6 children (21%).

31 Y6 children were measured as being underweight (1.7% of cohort).



Excess weight pooled years 2020/21, 2021/22, 2022/23

Tackling obesity is one of the greatest long-term health challenges currently faced in England. Obesity is associated with reduced life expectancy and a range of health conditions including type 2 diabetes, cardiovascular disease, liver and respiratory disease and cancer. It can also have an impact on mental health.

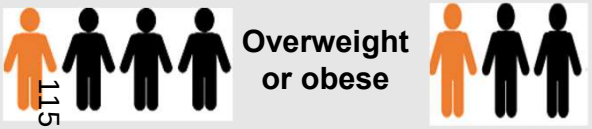
Office for Health Improvement and Disparities

> By 2022/23 we will treat up to a further 1,000 children a year for severe complications related to their obesity, such as diabetes, cardiovascular conditions, sleep apnoea and poor mental health.

NHS England Long Term Plan

Excess weight in Herefordshire

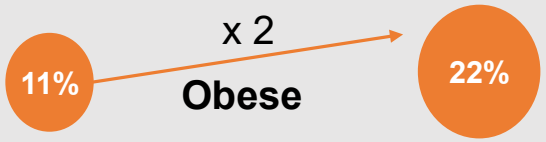
Long standing pattern of excess weight **increasing with age.**



Overweight or obese

24%
Reception

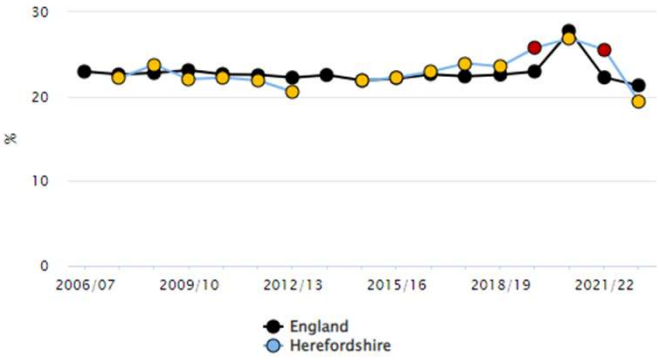
37%
Year 6



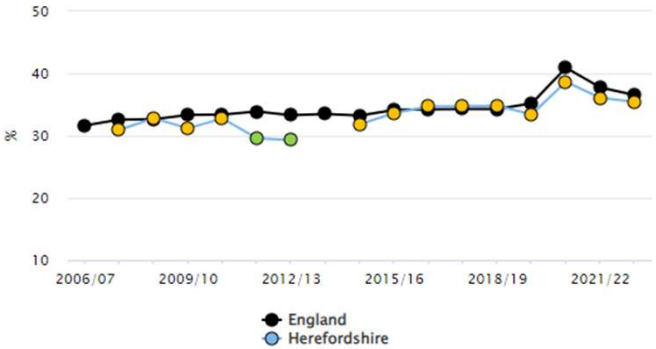
- **Boys** are more likely to be overweight or obese.

Reception		Year 6
25%	**Boys**	40%
23%	**Girls**	33%

% of reception class children in Herefordshire who are overweight or obese 2007/08 – 2022/23



% of Y6 children in Herefordshire who are overweight or obese 2007/08 – 2022/23



Trends over past 14 years

- Proportion of overweight and obese primary school children have largely followed the English trends with only a few years seeing the proportion in Herefordshire being significantly higher or lower than England
- Large peak seen nationally and locally in 2020/21
- In 2022/23 the % of reception aged children who are overweight or obese fell below 20% for the first time

Sources: National Child Measurement Programme, Fingertips, NHS Long Term Plan

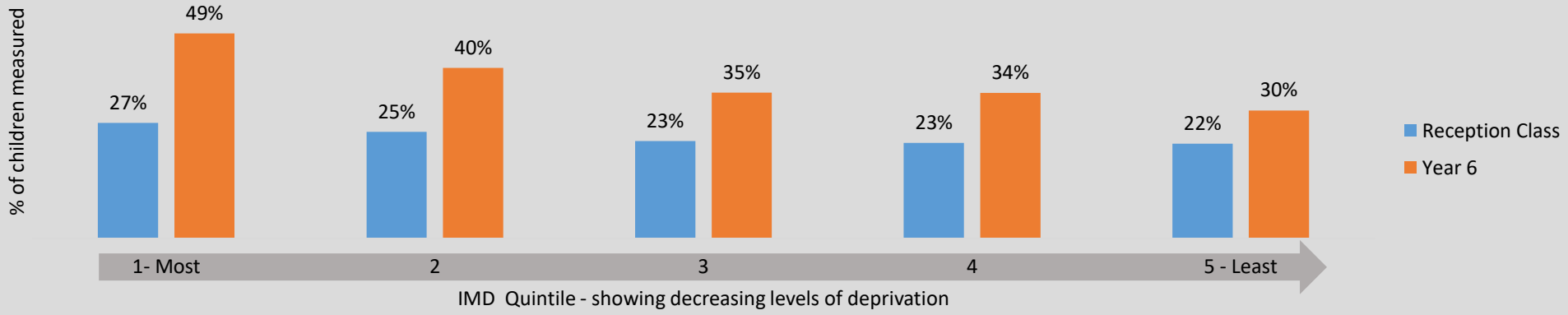
Excess weight pooled years 2020/21, 2021/22, 2022/23

Obesity is highest amongst the most deprived groups in society. Children resident in the most deprived parts of England are more than twice as likely to be living with obesity than those in the least deprived areas, and they are also more likely to gain excess weight throughout their school years. 2020/21 saw a substantial widening of this disparity gap following lockdowns, driven by very large increases in child obesity prevalence in the most deprived areas and a comparatively small increase in the least deprived.

Office for Health Improvement and Disparity

Some link with deprivation locally, but not a linear relationship

- Little variation between IMD quintiles for reception age children
- Nearly 1 in 2 children in most deprived areas are overweight or very overweight compared with nearly 1 in 3 in least deprived areas



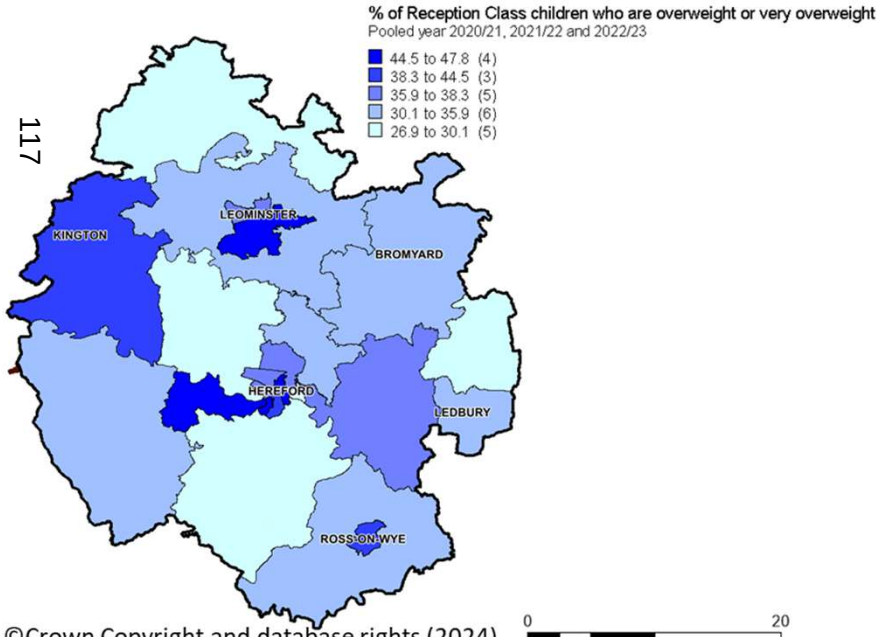
Source: National Child Measurement Programme

Excess weight around the county for pooled years 2020/21, 2021/22, 2022/23

Excess weight is a countywide issue: at least 18% of reception aged children in all Middle Super Output Areas (MSOAs) are overweight or very overweight, rising to 36% in one MSOA. For year 6 children, at least 27% in all MSOAs are either overweight or obese, although this was as high as 48% of children in one MSOA.

North Leominster was the MSOA with the highest proportion of overweight or obese YR children (36%), whilst Bromyard and Bishop's Frome had the smallest proportion of overweight or obese YR children (18%).

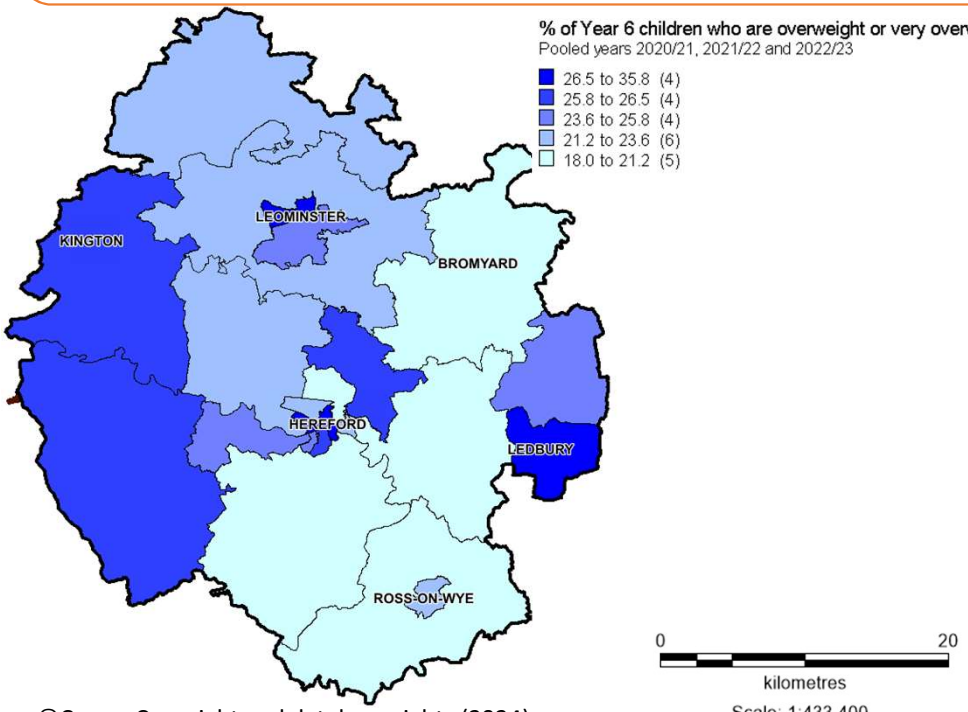
32 reception aged children were measured as being underweight (0.7% of cohort).



Source: National Child Measurement Programme

South Leominster was the MSOA with the highest proportion of overweight or obese Y6 children (58%), whilst Kingstone and Kingsthorne had the smallest proportion of overweight or obese Y6 children (27%).

68 Y6 children were measured as being underweight (1.4% of cohort).



Health and Wellbeing Board Forward Plan 2023/24

AGENDA ITEM	REPORT FROM	FREQUENCY	PURPOSE	ACTIONS
4 December 2023 – Public Board				
Health and Wellbeing Board Delivery Plans: Mental Well-being action plan for Herefordshire; and Best Start in Life	Kristan Pritchard – Mental Wellbeing Lindsay MacHardy – Best Start in Life	Quarterly	Information	
Joint Strategic Needs Assessment	Rob Davies	Ad-hoc	Decision	
Community Paradigm update	Hilary Hall/Christine Price	Ad-hoc	Information	
Health Protection Forum Annual Report	Sophie Hay	Annual	Information	
11 March 2024 – Public Board				
Herefordshire Safeguarding Adults Board report	Kevin Crompton	Annual	Information	
HWB Delivery Plans: Best Start in Life	Matt Pearce	Quarterly	Information	
Better Care Fund progress update	Marie Gallagher	Ad-hoc	Information	
Most Appropriate Agency	West Mercia Police	Ad-hoc	Information	
3 May 2024 - Private Development Session				
10 June 2024 – Public Board				
HWB Delivery Plans: Mental Health (inc. CQC well led Inspection Report – Herefordshire & Worcestershire Health and Care NHS Trust)	Matt Pearce	Quarterly	Information	
Falls Prevention Health Needs Assessment	Steve Brotherwood, Matt Pearce and Harpal Aujla	Ad-hoc	Decision	
Tobacco Control	Luke Bennett and Harpal Aujla	Ad-hoc	Information	
Autism Strategy	Sally Wilson	Ad-hoc	Information	
DPH Annual Report	Matt Pearce/Public Health	Annually	Information	
Community Safety Partnership Update – including priorities	Adrian Turton	Ad-hoc	Information	
Better Care Fund Annual Report	Marie Gallagher	Annually	Information	
Mental Health Needs Assessment	Matt Pearce and Michael Dalili	Ad-hoc	Decision	
Herefordshire and Worcestershire Child Death Overview Panel (CDOP) Annual Report	TBC	Annually	Information	
17 July 2024 - Private Development Session				
16 September 2024 – Public Board				
HWB Delivery Plans: Best Start in Life	Matt Pearce	Quarterly	Information	
Rural Deprivation	Matt Pearce	Ad-hoc	Information	

Herefordshire Health Inequalities Strategy 2023-26 Update	TBC	Annually	Information	
Physical Activity Strategy Update	TBC	Annually	Information	
Oral Health Improvement Board Update	Harpal Aujla	Annually	Information	
21 October 2024 - Private Development Session				
9 December 2024 – Public Board				
HWB Delivery Plans: Mental Health	Matt Pearce	Quarterly	Information	
Domestic Abuse Strategy	Kayte Thompson Dixon and Hannah McSherry	Ad-hoc	Information	
23 January 2025 - Private Development Session				

Potential Ideas for Development Sessions:

- **Herefordshire Place based governance**: discussion of the Local Government Association review.
- **Monitoring of the Health and wellbeing strategy implementation plans:** deep dives into Best Start in Life and Good mental wellbeing across the life course.
- **Health inequalities:** deep dive
- **Prevention:** Discussion of data and evidence to agree the principles for investment in prevention initiatives.
- **Wider determinants:** deep dives into relationships between these and health.
    - E.g. Transport system and access to healthcare.
    - Housing and health.
    - Herefordshire 2050 Economic plan: Work and Health.
- **Community Paradigm** approach: deep dive.
- **People with multiple complex vulnerabilities**: deep dive on how the system manages and responds to them.
- **JSNA**: in detail review when published.
- **Standardised Hospital Mortality Indices:** deep dive and link to broader mortality in Herefordshire. Session to be led by Wye valley trust CMO
- **Herefordshire Local plan**

Herefordshire Council

Meeting date	Action from meeting	Owner	Outcome
25/09/23	Update board membership as stated in constitution	HMM	Completed
	MAA report back to following meeting (put for Dec? - need to await for OHP meeting info)	West Mercia Police	In progress - short update by Sue Harris on March agenda
	Harpal Aujla to bring back update on work of Oral Health Improvement at a following HWB meeting	Harpal Aujla	Completed - see below
04/12/23	Twice yearly updates against each implementation plan on Best Start in Life and Good Mental Health	Public Health	In progress - each strategy objective to be presented at every other meeting
	Short briefing on childhood obesity alongside the Best Start in Life update at the next HWB meeting in March.	Kristan Pritchard	Completed - under AOB on agenda
	To bring an item on the outcomes dashboard at a following HWB meeting	Matt Pearce	Completed - under BsIL update
	To bring an item back to update the board on oral health at a following HWB meeting.	Harpal Aujla	Completed - under AOB on agenda
	To bring an item on rural deprivation at a following HWB meeting.	Matt Pearce	In progress - on June meeting agenda
11/03/24			
Other	Luke Bennett asked for item on Tobacco Control	Luke Bennett and Harpal Aujla	In progress - on June meeting agenda
	Health and Wellbeing Board Workshop Session Ideas	Mohamed Essoussi	In progress – under AOB on agenda; email sent to members