Better Care Fund planning template – Part 1

Please note, there are two parts to the template. Part 2 is in Excel and contains metrics and finance. Both parts must be completed as part of your Better Care Fund Submission.

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	**Herefordshire Council**
Clinical Commissioning Groups	**Herefordshire Clinical Commissioning Group – single CCG**
Boundary Differences	**There are no differences between LA and CCG boundaries – the areas are co-terminus**
Date agreed at Health and Well-Being Board:	**27.1.2014**
Date submitted:	**13.2.2014**
Minimum required value of BCF pooled budget: 2014/15	**£734,000**
2015/16	**£3,380,000**
Total agreed value of pooled budget: 2014/15	**£734,000**
2015/16	**£11,694,000**

b) Authorisation and sign off

Signed on behalf of the Clinical Commissioning Group	Herefordshire Clinical Commissioning Group
By	Jo Whitehead
Position	Chief Officer
Date	14.2.14

Signed on behalf of the Council	Herefordshire Council
By	Alistair Neill
Position	Chief Executive Officer
Date	14.2.14

Signed on behalf of the Health and Wellbeing Board	Herefordshire HWB
By Chair of Health and Wellbeing Board	Cllr Graham Powell
Date	14.2.14

c) Service provider engagement

Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it

Engaging with local NHS providers and the wider health and social care market across Herefordshire is recognised as being key to the commissioning plans for both health and social care and to developing integrated pathways.

For the purposes of this document where the term NHS acute provider/provision is included this refers to the full spectrum of acute care for physical and mental health pathways.

During 2013/14 a number of programmes and commissioning projects have taken place across the health and social care provider market. This has included undertaking a Market Position Assessment for Herefordshire Social Care, an ambitious commissioning programme changing the model for all home and community support provision in social care and the Next Stage Integration programme that has led to a modernisation of social work and safeguarding adult delivery and interventions. Across health partnerships re procuring elements of urgent care, reviewing acute care strategies and for example the introduction of a clinical assessment unit have all involved collaborative work with NHS providers.

As a health and social care community we have also come together to refresh our dementia plans, implemented developments such as the virtual wards, rapid response and the assess to discharge schemes and strengthened our quality and safeguarding assurance processes and interventions with our care home providers. The Clinical Commissioning Group (CCG) has during 2013 significantly invested in IAPT and dementia pathways. We were also shortlisted for a collaborative and integrated bid for dementia as part of the national Integration Pioneer Bid. We also have existing s75 and a governance structure for elements of children's and adults well-being joint commissioning.

Current collaborative work

Our governance structures allow us to collaborate and involve all of our providers at a number of levels. Our Health and Wellbeing Board has representation from our NHS main providers, but also the wider market, housing, Healthwatch, voluntary sector and carer representation.

The HWBB has refreshed its vision, in line with the Joint Strategic Needs Assessment, overseen the development of a high level set of joint commissioning objectives as well as been regularly updated on some key system wider issues such as the implications of the Care and Support Bill, the future of the local acute hospital, the development of the clinical strategy and the financial challenges across the health and social care system. During 2013/14 the HWBB has also taken on a very strong leadership role in engaging with communities and volunteers about how we shape pathways, and enable them to take more responsibility for improving health outcomes through local community led planning. The HWBB approved the high level joint commissioning priorities for the next three years in December 2013

Our NHS providers and primary care colleagues have also been engaged through a Unit Of Planning workshop that had a specific focus on all ages joint commissioning and the Better Care Fund (BCF). In Addition a Chief Officer and system leader group continues to discuss and develop a system wide solution for Herefordshire. This includes the steps that will need to be taken to achieve that solution and recognises the very immediate challenges all organisations are facing including where quality and service user experience need to be improved in the immediate future.

Specific programmes during 2013 have enabled involvement and engagement with local authority, primary care, Clinical Commissioning Groups and NHS providers to come together to discuss system wide impacts. This has included

- Wye Valley Trust Futures Project
- Clinical Commissioning Group Clinical Strategy
- Health and Well Being Board Communities and volunteers programme of change
- Local Authority 2014/15 Public Budget Consultation
- Local Authority Next Stage Integration Programme
- Herefordshire Primary Care Challenge Bid
- Local Authority Provider and Market Consultation Programme 2013
- Health and Social Care Over View and Scrutiny Task and Finish Groups
- GP Parliament
- Urgent Care Pathway development

- Troubled Families Programme
- Safeguarding Adults and Children's Board
- Primary Care Commissioning

Engagement has therefore taken many forms and has contributed to the development of a broader system wide solution for Herefordshire of which the Better Care Fund is one important level which enables and accelerates the delivery of integrated pathways and joint commissioning for the residents of Herefordshire, including their children. Included via their involvement in the events described above have been a range of NHS providers, not only the ambulance service and primary care, but also other key public sector partners such as the police. In addition, our independent and voluntary health and social care providers, together with our local communities have been significantly engaged in discussions about solutions for Herefordshire in relation to Health and Social Care. As have the clinical and multi professional workforce that deliver and lead many of our services.
As further guidance on the BCF has been developed specifically through the Health and Wellbeing Board, formal briefings have been given to the wide range of stakeholders on its development. Separate meetings have already been held during January and will continue during February and March, in particular with our NHS Acute provider, Health Watch and our Carer Representative organisation, to confirm the detailed schemes that will be supported.

d) Patient, service user and public engagement
Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

Joining up pathways by working with the residents of Herefordshire is central to our broader Health and Well Being vision for Herefordshire. Our communities and volunteers theme and the engagement work that is been undertaken is based on building on what is already in place in local communities and voluntary networks that supports health and social care, and then looking how we can then transform professional pathways across health and social care, and at a primary and secondary care in a coordinated way maximising independence and self management – and providing high quality interventions when we need to do so. Our priorities for integrated care within Herefordshire has been based on the national I statements. With care and enablement focused on and wrapped around individuals, their families and their communities, whether this is geographical or around specific interests and needs.

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Adult Well Being (AWB) have an established model of service user reference groups and forums through which they engage service users, families, carers and advocates on key subjects around service redesign, service user preferences, provider specification inputs and social work practice improvement. Over the past twelve months adult social care services have committed to the 'Making it Real', the Social Care Commitment and refreshed some of its involvement arrangements such as the Learning Disability Partnership Board. In addition the local authority has appointed a Learning Disability Councillor Lead Champion for people with a Learning Disability.

In addition, with an ambitious transformation agenda that will accelerate progress on

personalisation and preparation for the Care and Support Bill in 2015 the local authority has in place a programme of involvement and engagement to ensure the changes reflect the service users and carers' voice.

Across our health system commissioners and providers have engaged and communicated with patients, carers and the wider population living in Herefordshire on current and planned changes in service delivery for example

- Urgent Care Pathway Development
- Wye Valley Futures Project

At the heart of developing our joined up working has been the recognition that though system wide planning and transformation needs to take place we also need to use current opportunities to involve and engage service users, carers and communities in making changes. Together health and social care commissioners have worked alongside Healthwatch and other local key voluntary sector stakeholders on a variety of projects such as

- Virtual Wards
- Developing Dementia friendly communities
- Falls Pathways
- Dementia Action Plan refresh

Health and Social care Overview and Scrutiny (HOSC), Cabinet, Full Council and public meetings of the CCG and the NHS Provider Board meetings have also enabled service users, carers and residents to comment and contribute to transformation during 13/14 and the plans for 14/15 and 15/16.
We have also worked to embed patient/service user/carer engagement into the on-going evaluation and evolution of the work programmes. Both the Virtual Ward stakeholder group, Falls implementation group and Dementia implementation group being examples. Further engagement at a public level is planned to be conducted at the appropriate stage following our clinical services review.

We recognise the need to ensure we maintain and develop our focus on engagement, and the need to develop a more coherent and structured approach that integrates with, rather than duplicates, other CCG and LA work. We have identified the need to address this at system level, and are planning a programme of work which will include a series of iterative workshops to ensure this is continued as the plans are commissioned and implemented.

e) Related documentation
Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	Synopsis and links

Joint Strategic Needs Assessment (JSNA)	**https://www.herefordshire.gov.uk/government-citizens-and-rights/statistics-and-census-information/facts-and-figures-about-herefordshire**
Joint Health and Well Being Strategy (JHWS)	 HWB Strategic approach April 2013.p  HWB presentation 221013 final.pdf
Joint Commissioning Intentions Herefordshire Council/Herefordshire Clinical Commissioning Group	 LA_and_CCG_Joint_ commissioning_Intent
Herefordshire Council Adult Well Being and Children's Well Being Priorities and Medium Term Financial Strategy 2014 - 2016	**http://councillors.herefordshire.gov.uk Feb 7th 2014**
Primary Care Challenge Delivering Seven Day Services	**Available on request**
Herefordshire Clinical Commissioning Group QIPP and Operating Plan	**Available on request – submitted with 2 & 5 year plan documentation**
Draft Herefordshire Primary Care Strategy	**Available on request**
Hereford Dept. Public Health Annual Report "Collaborating for health in Herefordshire"	 DPH Annual report final version.pdf
Call to Action - Plan on a page Herefordshire Response	**Available on request – submitted with 2 & 5 year plan documentation**
WVT Rapid Response Review	**http://www.england.nhs.uk/publications/rrr/**
Urgent Care Recovery Plan	**http://www.herefordshireccg.nhs.uk/strategies**

2) VISION AND SCHEMES

a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

Our Vision:

Herefordshire is a large rural county - it has one of the lowest density populations in the UK with a population of 183,600 in 2011. Nevertheless it has grown by 5% since 2001 largely due to net migration from outside the UK. (Understanding Herefordshire JSNA 2013).

There are distinct and significant challenges associated with the delivery of services in this rural area. These are compounded by the age profile of the county, with an older population who tend to live within remote rural communities.

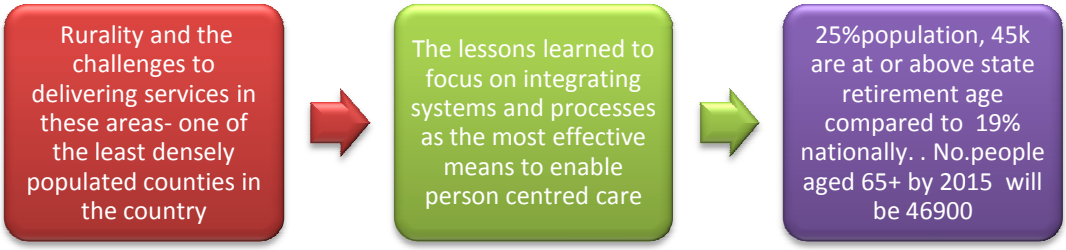
Children and young people represent 17% of the population, with relatively little growth expected. 25% of the population is at retirement age or above, compared to 19% nationally. The number of people aged over 65 is expected to rise to 46,900 by 2015. Growth will be especially high in those aged 80 plus - numbers are expected to double by 2031. This is particularly relevant when looking at the increasing prevalence of dementia and the associated rise in support needs.

Whilst outcome indicators such as premature mortality are relatively good, Herefordshire has higher than expected prevalence of Long term Conditions, and experiences high levels of pressure on the Acute Care pathway.

Herefordshire is undergoing a period of challenge with regard to financial sustainability and viability across the whole of its Health and Social Care System. It is only by transformational change that Herefordshire will be able to provide high quality services across Health and Social Care on a sustainable basis.

Herefordshire has a history of organisational integration, with the formation of a “deep partnership arrangement” between the PCT and local authority on the commissioning side, and of an Integrated Care Organisation on the provider side. Whilst these organisational structures have not survived, there is on-going reconfiguration to address the need for greater integration of *pathways* rather than of organisational structures to achieve real change for the residents of Herefordshire and their children.

As part of developing our joint commissioning priorities we have identified three key factors which have shaped the Herefordshire vision. This vision however is also formulated within the context of the significant financial challenge that all public sector services in Herefordshire face and recognition that the Better Care Fund (BCF) in reality represents a net loss of funding available across the health and social care system.



Our vision for Herefordshire in 2018/19 is that it will be at the leading edge of seamless integration of care and support around individuals and their families. For patients, service users and their families this will mean that services "wrap around them", to provide co-ordinated consistent and high quality services across organisational boundaries.

Primary care and practice populations will act as the focal point around which we will organise community based services, social care services, the voluntary sector and communities. In this way we will :

- Support patients, service users and their families to maximise their independence,
- Promote proactive anticipatory care planning,
- Support self-management,
- Deliver effective reablement and integration back into communities.
- Provided improved information, advice and care planning

This will ensure that the residents of Herefordshire and their children are at the heart of decision making about their health and wellbeing. We will enable community led planning to reflect local need and aspiration. We will in transforming our current service delivery ensure that we have a range of interventions that can respond to individuals, families and communities in a joined up way, with a specific focus on the most vulnerable children and adults building on nationally recognised programmes we are already involved in such as the Troubled Families.

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Our joined up pathways and interventions will aim to deliver

- Meeting the needs of those most excluded and vulnerable, tackling health inequality with evidence based targeted approaches to those who have the worst health outcomes in the population and who often place the greatest demand on health and social care services
- A focus on enablement, maintaining independence through maximising preventative approaches particularly for older people, but also those with a learning disability and recognising the value of encouraging the wider population to live a healthy lifestyle
- A focus on families, learning from our nationally recognised Troubled Families programme, and recognising that through supporting families we can have a positive effect on children and adults in the short term but in also for future generations breaking a cycle of poor health and social care outcomes
- Supporting communities and volunteers to take responsibility for promoting healthy and inclusive neighbourhoods, building resilience to deal with challenges

and be mutually supportive and inclusive
- A integrated health and social care system that is affordable for the residents of Herefordshire

We will deliver this transformational change through a focus on five key transformational change priorities

- Creating Care Closer to Home
- Transforming Community Hospitals
- Promoting Ambulatory Care
- Delivering 7 day access to health and social care interventions
- Implementing all ages mental health pathways that include enablement and crisis resolution

We recognise this is an ambitious transformation programme, and that we need to do more work on understanding the financial model that can support this but as a health and social care system we are committed to boldness of action, a pace of change and a commitment to moving beyond organisational boundaries and priorities to deliver what the residents of Herefordshire and their families are asking for

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

1. **The aim is**:

   "To provide integrated services which promote self-management and independence across Herefordshire's population. Robust sustainable community based services which will form part of an integrated continuum, with seamless pathways of care that integrate primary, community, secondary, mental health and social care services around the residents of Herefordshire, their children and communities.

2. **The objectives are**:

- To provide proactive anticipatory care that promotes supported self-management and prevents crises presentations
- To embed reablement across all health and social care settings as a fundamental building block of preventative care
- To integrate voluntary sector services and community support into all services and

pathways of care
- To align services (statutory and voluntary) around primary care, making it the heart of community services that provide real alternatives to emergency hospital admission and facilitate earlier discharge home
- To enable effective liaison and integration of process's across organisational boundaries to ensure seamless pathways of care – in particular between primary, secondary, mental health and social care services
- To embed patients and service users views into commissioning plans, service developments and monitoring/evaluation

3. The aims and objectives will be measured through national and local metrics for our Better Care Fund Submission:

- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes
- Proportion of older people (aged 65 and over) at home 91 days after hospital discharge to reablement/rehabilitation services
- Delayed transfers of care from hospital
- Avoidable emergency admissions – adults and children
- Patient/service user experience – using current measurement tools such as the annual adult social care service user survey and the Friends and Family Test until the National metric has been developed
- Local metric – A greater proportion of people aged 18 and over suffering from a long-term condition feeling supported to manage their condition

Residents, their children and stakeholder experience will be core components and we will ensure robust evaluation takes place of individual work programmes and service developments, in terms of both clinical and cost-effectiveness. Healthwatch and carer's support are providing evaluation feedback as are stakeholder reference groups for existing key initiatives, an approach which will be used across all work programmes. In addition we have a range of other formal evaluation programmes such as the Troubled Families and community led planning feedback at a parish level that will inform measurements of success

Our Measures of Health Gain

- Reduce avoidable hospital admissions
- Specific NHS outcome indicators relating to urgent care:
    - Emergency admissions for children aged 0- 18 with lower emergency respiratory tract infections.
- Supported self management and independence:
    - Improvements in proportion of people feeling supported to manage long term conditions in the community
- Provide improved choice in end of life care
- Patient and service user experience of Health and Social Care
- Increase number of existing service users with long term conditions who have a health and social care budget
- Maintain the numbers of older people at home 91 days after discharge from hospital care into reablement
- Reduce the proportion of patients falling into crisis and needing admission to hospital or care home

c) Description of planned changes

Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

We recognise that we need to have an ambitious programme of change, that can deliver within a very short timescale and that the financial and quality challenges mean that we must focus on delivery not strategy. We also recognise that in addition to the Better Care Fund, each organisation has its own transformation programme and changes to prepare for such as the Care and Support Bill.

However, we are confident that we have robust enough leadership, and natural advantages, such as the coterminous boundary of the CCG and the LA / Primary Care shared IT system, to swiftly move into delivery. We can demonstrate significant progress during 2013/14 across the system of delivering change such as the RAAC, the virtual wards, troubled families, primary care challenge bid and the Next Stage Integration programme that demonstrates we have already delivered major change within very short timescales.

Our Time table for delivery

We are developing our timetable for delivery for the BCF which we have set out below

January – March 2014

- Complete and finalise our proposed schemes and the supporting financial models
- Develop a joint programme of change, with a route map and critical path, with risks and interdependencies fully shared and an agreed governance structure in place across the health and social care system
- Undertake a system wide financial risk appraisal and develop a shared risk mitigation/risk sharing plan across the health and social care system

April 2014 – March 2015

- Continue to evaluate agreed schemes and roll out, where agreed as effective, across the county
- Develop and implement a Health and social care performance dashboard for monthly reporting on key metrics relating to the Better Care Fund
- Commence mobilisation of Better Care Fund schemes and integrated governance structure ready for full implementation by March 2015

Alignment of other Key Plans

We have recognised that in the health and social care system, and in the wider council and public sector in Herefordshire other major transformation programmes are in place, for example; the Care and Support Bill implementation, Children's and Families Bill and the Primary Care Challenge Fund. We will use the Integrated Governance, the System Leaders meeting and the Health and Wellbeing Board to provide an oversight role in managing the interdependencies across the system.

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

To achieve the level of transformation required and manage the Herefordshire financial challenge we have recognised that investment in health and social care will not only reduce but also shift from crisis and more complex care into primary and community based care. We will be seeking to reduce demand for urgent care in all settings and move from a model of delivering crisis care to a model of prevention. However, we have not completed and agreed the financial model and how we will manage the financial consequences of a shift from crisis to prevention, this is especially important in the context of rising demand in the older population which is growing faster than the national average. We also have to take into account the significant financial local authority budget cuts that have already taken place and those planned over the next three years along with the risk these place on NHS acute care.

We will be working with our acute and mental health NHS provider over the next few weeks to produce detailed financial scenarios for the schemes that have been agreed and also considering what this means for the commissioning model and route to market for specific schemes that will be adopted to ensure mobilisation and implementation is completed for March 31st 2015.

e) Governance

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

Herefordshire has pioneered integration in the last 5 years. Structural integration between the Council and PCT as well as integration of service delivery between the Wye Valley NHS Trust, PCT and Council has resulted in several successful programmes including pooled budgets for adults with complex needs, children's support and care, integrated community equipment stores and neighbourhood teams, The county was also

an early pilot for the Health and Wellbeing Board. Whilst structural integration did not deliver all of the transformational change we needed, we are now committed to delivering the pathway integration and the joined up approaches that will make a real difference to the people of Herefordshire

Previous integration has focused primarily upon secondary services. Now the emphasis is to build upon the strengths of the individuals and their carers whilst maximising the use of resources and facilities within local neighbourhoods and communities.
New management teams, with active participation by clinical staff, including GPs, are now in place. They have a determination and commitment to drive forward integration crossing boundaries and overcoming associated barriers.

The Health and Wellbeing Board adopted the transformation and integration agenda as a priority issue. They recognised that the challenges Herefordshire health and social care system has to manage can only be overcome through applying a system wide solution. The HWB has overseen the development of the Joint Commissioning priorities for 14/15, the Better Care Fund and a governance structure that will bring joint commissioning and system wide transformation together with accountability and leadership for delivery at Chief Executive and Chief Statutory Officer level. This ensures professional leadership and executive leadership share responsibility for delivering transformational change and through the HWB elected members, carers, voluntary sector and patient /service user views through Healthwatch are able to hold the health and social care partnership to account.

We will develop a Joint Service Transformation & Commissioning Board that will be the engine room to take our high level “design blueprint” system wide solution for Herefordshire into delivery. It is also responsible for delivering the change required to achieve the services and interventions that are important for the residents and children of Herefordshire.
The Joint Service Transformation and Commissioning Board - JST&CB (consisting of senior commissioners, finance directors and performance managers from Hereford Council and Hereford CCG) is a new Board that will initially meet monthly and will:

- Be accountable for health and social care partnerships between Hereford Council and Hereford CCG – including the Better Care Fund
- Provide leadership for the development and delivery of the Better Care
- Manage and monitor the finances of the Better Care Fund to ensure that funding is spent as planned and in the best way to deliver the agreed outcomes to the defined parameters.
- Manage and monitor performance in relation to key outcomes and metrics
- Report quarterly to the Leaders Group
- Escalate key issues/concerns or successes to the Health and Wellbeing Board via the Leaders group update process

We will also look at how we bring the Area Team as Primary Care Commissioners into our governance structure. We will also discuss further how we have on-going dialogue with both the NHS and our other providers in the joint commissioning arrangements.

This joint commissioning board will be supported and facilitated by the system leaders

informal group already in place, bringing together decision makers and enabling the removal of obstacles and challenges in a forum that promotes trust, honesty and challenges organisational silo's thinking with a 'critical friend' approach.

3) NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services.

Protecting social care services in Herefordshire means ensuring that those who meet FACS (Fair Access to Care Criteria) eligibility which in Herefordshire is Substantial and Critical and require public funding (in line with the Fairer Charging policy) for care packages have their eligible need met in a time of growing demand and budgetary pressures. The council is committed to delivering on its statutory responsibilities, which will change and grow as the Care and Support Bill is implemented (which may require changes to local policy, guidance and operating models).The Council has recognised the importance of a range of prevention and early intervention approaches including Telecare, community equipment and reablement in keeping people independent but due to the need to prioritise meeting its statutory responsibilities it is only able to offer these interventions to those with eligible need.

In the longer term, demand management and enabling people to live independently has also been recognised by the council, and through some wider council funding of specific voluntary sector services such as advice, leisure, and homelessness it will ensure that this contributes to wider health and social outcomes. Herefordshire Council is also focused on enabling communities, volunteers, and the social capital within communities contribute toward reducing demand on the public sector while also developing a range of housing and wider environmental “place shaping” schemes which enable people to live as independently as possible for as long as possible.

Over the next three years it has an ambitious transformation programme and in the medium term financial plan the investments demonstrate an ambition to shift funding towards supporting increased demand prevention such as reablement. This strategy for adult social care will release funding and deliver savings through reductions in the cost of care. This will be delivered by tackling supply and the market and ensuring only those with eligibility receive long term support. Over time we expect to increase investment in joined up early intervention that will benefit the whole system

Please explain how local social care services will be protected within your plans.

Funding currently allocated under the social care to benefit health grant has been used to enable the local authority to sustain the current level of eligibility criteria and to provide timely assessment, care management and review, and commissioned services to clients who have Substantial and Critical needs as well as information and advice to those who are not eligible or need support around safeguarding. A significant level of resource is directed towards the hospital and acute pathways which is regarded as essential (due to the low bed base and higher than average older population)

This investment level will need to be sustained, and possibly increased during the 3 year transformation of adult wellbeing services if the current level of offer is to be maintained. Both in order to deliver 7 day services and implement core prevention pathways (including Telecare, information and advice and reablement) in order to reduce demand and provide long term demand management which will allow disinvestment from acute

and crisis social care. The new Social Care bill requires additional assessments for people who have not previously accessed which due to the high numbers of self funders in Herefordshire are expected to increase demand from 2015.

- Increased demand for assessments due to demographic growth
- Increased costs due to staffing 7 day working and evening shifts to facilitate discharges 7 days and evenings
- Increased demand for care support due to demographic growth
- Effects of care and support bill from 2015 onwards

b) 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.

The HWB have demonstrated strategic commitment to 7 day working through the CCG/LA Joint Strategic Commissioning Intentions.

Our local agreed plans include:

- 7 day working in social care assessments and extended hours 8am till 8pm
- 7 day access to a managed health and social care pathway in the community that will promote reablement, return home, reduce emergency admissions and facilitate discharge through:
    - Urgent access to time limited domiciliary care
    - Rapid access to alternatives to hospital admissions – nursing or residential care
    - Discharge to assess schemes enabling decisions on long term placement to be made outside of the hospital setting
    - In the future Hospital at Home will contribute toward discharge
    - 15/16 plans will include an integrated single point of access for the health and social care pathway, coordinating H&SC services and 365 days a year discharge
    - Our Next Stage Integration programme is planned to deliver a range of improvements including greater emphasis on pathway redesign, integration, 7 day working, improved assessment, review and approvals procedure
    - Virtual Ward
    - Mental Health

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

All Herefordshire health services use the NHS number as the primary identifier in correspondence. Hereford Council has instigated an independent review of all their systems as they do not currently use the NHS number. Plans are in place to change this so that technically we will be in a position by April 2014 to have the capability to record

the NHS number within the social services case management system.

Social services are in the process of adopting across children's and adult services the NHS number into the case management system FrameWork I. This will mean that where known the NHS number can be entered. Further work is required for situations where the service user doesn't know the NHS number.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

We are currently scoping and designing a high level health and social care ICT strategy and looking at how we will resource the capacity to deliver the changes required. This requirement to use the NHS number will form a key part of this health and social care IMT strategy with the expectation that it will be in place for the start of 15/16

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

Technology is seen as a core component of delivering joined up care at the point of access and is one of the strategic themes of our system re-design and joint commissioning plans for a system wide solution. To deliver cost and clinically effective services and enable service users to self- manage, technology will need to support the sharing of individual and anonoymised data, securely and in real time to enable a multi-disciplinary team care plan to be delivered,

Primary care general practice uses EMIS and any ICT strategy will commit the health and social care partnership to adopt systems based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

Please note access already shared - Framework i , Scheduler, Rio, CPAS, Exponaire, Discharge Planning.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

We confirm that we are committed to ensuring that the appropriate IG Controls will be in place, covering NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and set out in Caldicott 2.

We will be using the NHS Number as the primary identifier for health and care services, and we are pursuing open APIs, having already carried out an initial review of our systems.

We are working over the next 6 months to put in place appropriate Information Governance controls for information sharing in line with Caldicott 2. A review of our information sharing policies and procedures is currently underway, as is a project for safe collaborative working to enable information to be transferred securely between partner organisations. Experience of data sharing procedures used by the Herefordshire MASH

(Multi-Agency Safeguarding Hub) Team is being incorporated into this work.

Herefordshire Council has conducted a Personal Information Audit which included collecting copies of Privacy Notices provided to services users upon collection of data. These will be reviewed and updated where required to include the use of the NHS number as the unique identifier to be shared with third party organisations in order to provide the care/services required.

Adult Social Care contracts have also been reviewed to check that they have sufficient Information Governance clauses in them covering use of the NHS number.

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

We have implemented risk stratification linked to anticipatory care planning and supported self- management within virtual wards in one locality as a pilot covering Herefordshire City GP practices. This denominator accounts for 45% of Herefordshire's population.

In line with the international evidence base we have identified the top 0.3% of the adult population at highest risk of emergency admission in this population. They have a named GP accountable lead professional, and an anticipatory care plan that integrates ALL services required to meet patient's needs. This encompasses specialist medical and mental health, as well as social care services. Funding for dedicated social workers to support this process was part of our 2013/14 S256 agreement

We are awaiting initial evaluation of the city pilot but anticipate rolling this out county wide in 2014, to ensure we cover 0.3% of the county population.

We do not currently have a risk stratification tool in use – our LMC and CSU identified IG issues which have been escalated to NHSE by the CSU. Whilst awaiting resolution we have undertaken a pragmatic approach – community matrons identify repeat A and E attenders/Recurrent emergency admission patients, whilst GPs identify their known list of patients with high levels of service utilisation. Clinical correlation and discussion is then used to identify suitable patients.

In addition we are in discussion with primary care to enable implementation of the national GMS enhanced service for urgent care, which will provide anticipatory care planning and named lead professional for the top 2% of the population. Whist we await national guidance we are implementing a scheme of GP provided anticipatory care planning and named GP across all nursing home and residential homes within the county.

4) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	Risk rating	Mitigating Actions
Activity shifts	Medium	Engagement with providers Advance planning in anticipation of changes New activity in place prior to any decommissioning Advance training Parallel running
Technology and inability to share information	High	Implement physical changes to social care data collection Alternative forms of risk scoring/case finding rolled out Use of alternate methods e.g.EMIS mobile
Timescales and capacity	Medium	Apply greater resource Divert resource from elsewhere Reduce focus to projects which only meet very high level criteria Fast track expansion of projects which deliver improvements Review QIPP v NICE approved project list
Culture and relationships/primary care	Medium/Low	Extensive communication Build ethos of shared vision Concentrate on the Patient story – public and practices 1:1 Engagement hearts & minds Use thought leadership to culture shift e.g. Kings Fund
System wide budgetary pressures & £ risk of BCF not delivering	High	Regular programme and project management reviews v objectives Monitoring of KPIs/ £ Outcome improvements Engagement with NHS/ social care providers and care professionals Creation of explicit risk sharing agreements between organisations

		Development of additional BCF projects
Delays in governance and approvals delaying release of monies	Med/Low	Put Governance structure and TOR in place early for BCF Establish governance procedures using external partners Seek arbitration or independent assessment
Scale of transformation and change	Med	Make changes in small steps Spread high impact changes over time
Demographic demands on services and budgets	High/Med	Regular review of JSNA and demographic profile Awareness of high impact demographic changes age/condition/need