AGENDA

Health Scrutiny Committee

Date:	**Tuesday, 23rd September, 2008**
Time:	**10.00 a.m.**
Place:	**The Council Chamber, Brockington, 35 Hafod Road, Hereford**
Notes:	Please note the **time, date** and **venue** of the meeting. *For any further information please contact:* *Tim Brown, Committee Manager Scrutiny, Tel 01432 260239* **E-mail: tbrown@herefordshire.gov.uk**

Herefordshire Council

HEREFORDSHIRE COUNCIL

AGENDA

for the Meeting of the Health Scrutiny Committee

To: Councillor JK Swinburne (Chairman)
Councillor AT Oliver (Vice-Chairman)

Councillors WU Attfield, PGH Cutter, MJ Fishley, P Jones CBE, G Lucas, GA Powell, A Seldon, AP Taylor and PJ Watts

Pages

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 Committee.

3. DECLARATIONS OF INTEREST

To receive any declarations of interest by Members in respect of items on the Agenda.

GUIDANCE ON DECLARING PERSONAL AND PREJUDICIAL INTERESTS AT MEETINGS

The Council's Members' Code of Conduct requires Councillors to declare against an Agenda item(s) the nature of an interest and whether the interest is personal or prejudicial. Councillors have to decide first whether or not they have a personal interest in the matter under discussion. They will then have to decide whether that personal interest is also prejudicial.

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4. MINUTES 1 - 12

To approve and sign the Minutes of the meeting held on 18 June 2008.

5.	**SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY** To consider suggestions from members of the public on issues the Committee could scrutinise in the future.	
6.	**HEREFORDSHIRE PRIMARY CARE TRUST - UPDATE** To consider an update on the commissioning of services in Herefordshire.	13 - 18
7.	**HEREFORD HOSPITALS NHS TRUST - UPDATE** To receive an update from the Trust.	19 - 24
8.	**WEST MIDLANDS AMBULANCE SERVICE NHS TRUST - RESPONSE TIMES** To consider performance in meeting targets for response times.	25 - 30
9.	**NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (NICE) - PRESENTATION** To receive a presentation on how NICE can help with scrutiny.	
10.	**LOCAL INVOLVEMENT NETWORK** To consider a progress report on the development of the Herefordshire Local Involvement Network (LINk).	31 - 36
11.	**JOINT COMMISSIONING PLAN FOR PEOPLE WITH MENTAL HEALTH PROBLEMS 2007-11** To consider the current status of the Joint Commissioning Plan for people with Mental Health problems and future reviewing process.	37 - 82
12.	**JOINT COMMISSIONING PLAN FOR HEALTH AND SOCIAL CARE SERVICES 2008 – 2012 FOR ADULTS WITH PHYSICAL DISABILITIES AGED 18 – 64 YRS** To consider the current status of the Joint Commissioning Plan for health and social care services 2008 – 2012 for adults with physical disabilities ages 18 – 64 yrs and future reviewing process.	83 - 124
13.	**WORK PROGRAMME** To consider the Committee's work programme.	125 - 128

PUBLIC INFORMATION

HEREFORDSHIRE COUNCIL'S SCRUTINY COMMITTEES

The Council has established Scrutiny Committees for Adult Social Care and Strategic Housing, Childrens' Services, Community Services, Environment, and Health. A Strategic Monitoring Committee scrutinises corporate matters and co-ordinates the work of these Committees.

The purpose of the Committees is to ensure the accountability and transparency of the Council's decision making process.

The principal roles of Scrutiny Committees are to

- Help in developing Council policy
- Probe, investigate, test the options and ask the difficult questions before and after decisions are taken
- Look in more detail at areas of concern which may have been raised by the Cabinet itself, by other Councillors or by members of the public
- "call in" decisions - this is a statutory power which gives Scrutiny Committees the right to place a decision on hold pending further scrutiny.
- Review performance of the Council
- Conduct Best Value reviews
- Undertake external scrutiny work engaging partners and the public

Formal meetings of the Committees are held in public and information on your rights to attend meetings and access to information are set out overleaf

PUBLIC INFORMATION

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There are also two other ways in which you can directly contribute at Herefordshire Council's Scrutiny Committee meetings.

1. Identifying Areas for Scrutiny

At the meeting the Chairman will ask the members of the public present if they have any issues which they would like the Scrutiny Committee to investigate, however, there will be no discussion of the issue at the time when the matter is raised. Councillors will research the issue and consider whether it should form part of the Committee's work programme when compared with other competing priorities.

Please note that the Committees can only scrutinise items which fall within their specific remit (see below). If a matter is raised which falls within the remit of another Scrutiny Committee then it will be noted and passed on to the relevant Chairman for their consideration.

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Adult Social Care and Strategic Housing

Statutory functions for adult social services including:
Learning Disabilities
Strategic Housing
Supporting People
Public Health

Children's Services

Provision of services relating to the well-being of children including education, health and social care.

Community Services Scrutiny Committee

Libraries
Cultural Services including heritage and tourism
Leisure Services
Parks and Countryside
Community Safety
Economic Development
Youth Services

Health

Planning, provision and operation of health services affecting the area
Health Improvement
Services provided by the NHS

Environment

Environmental Issues
Highways and Transportation

Strategic Monitoring Committee
Corporate Strategy and Finance
Resources
Corporate and Customer Services
Human Resources

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COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

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HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Wednesday, 18 June 2008 at 10.00 a.m.

Present: **Councillor JK Swinburne (Chairman)**
Councillor AT Oliver (Vice Chairman)

Councillors: PA Andrews, WLS Bowen, PGH Cutter, MJ Fishley, B Hunt, P Jones CBE, G Lucas and AP Taylor

In attendance: **Councillors LO Barnett (Cabinet Member - Social Care Adults) and PJ Edwards**

1. APOLOGIES FOR ABSENCE

Apologies were received from Councillors W.U. Attfield, G Powell, A Seldon and P. Watts.

2. NAMED SUBSTITUTES

Councillor PA Andrews substituted for WU Attfield, W.L.S. Bowen for G. Powell and B.Hunt for A. Seldon.

3. DECLARATIONS OF INTEREST

There were no declarations of interest.

4. MINUTES

RESOLVED: That the Minutes of the meeting held on 3 April 2008 be confirmed as a correct record and signed by the Chairman.

5. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY

There were no suggestions from Members of the Public.

6. PUBLIC HEALTH ISSUES - STROKE SERVICES

The Committee considered an overview of the burden of disease and mortality from stroke, the range of services in Herefordshire for the prevention of stroke and the treatment and care of people who have had a stroke.

The Committee had requested a report in greater depth on Stroke Services following its consideration in December 2007 of the Director of Public Health's Annual Report 2007.

Dr Akeem Ali, Director of Public Health, referred to his report on stroke services included with the agenda papers and gave a presentation highlighting key issues.

Whilst deaths from heart disease and stroke were lower than the national average stroke remained the leading cause of death in Herefordshire. Factors included old age and lifestyle issues. It was clear that more could be done within the County to reduce deaths.

He highlighted the need in particular for preventative action through measures such as lifestyle advice. It was estimated that 80% of strokes could be prevented. The PCT was one of the few PCTs spending a reasonable amount on such measures and he suggested this provided scope for practitioners to do more.

He also remarked on the need for improved clinical support, noting that many stroke patients required long term care outside the hospital environment. This required an integrated approach from a range of organisations.

There was a tension in that the pressure to meet targets created an incentive to invest in acute services rather than preventative measures. The development of a prevention plan was needed to address this and ensure that services worked together.

In the ensuing discussion the following principal points were made:

- Treatment of stroke within three hours of the onset of stroke symptoms was required to improve outcomes. It was asked whether this was achievable in the County. In reply it was said that work was being done to seek to improve the position but the three hour standard was not being achieved at the moment. It was noted that the Ambulance Trust was also working on the problem, for example considering the use of an air ambulance in the more rural areas.

- Asked about the scope for improvement Dr Ali reiterated that although there was currently a better outcome than the West Midlands average more needed to be done. Long term plans needed to be put in place. He had asked GPs to look into risk areas and he intended to develop a quality risk framework. Joint working was taking place with social care on a single assessment process.

- Questions were asked about limits on capacity, including resources. Dr Ali replied that rurality was an issue but the development of practice based commissioning could contribute to meeting that challenge. There was also a clinical governance issue to be addressed. A critical mass of patients was needed to ensure that specialisms could be maintained to the required standard. The Stroke Network was considering this issue to seek to avoid inequality of care.

- It was acknowledged that there was scope to increase involvement with the Voluntary Sector.

- The Head of Adult Social Care added that the more progress made to develop multi-disciplinary teams the greater the chance would be of providing the complete support people required. She added that the emphasis was on reducing time spent in hospital, replacing that with greater community support. The development of personalised budgets was an important element of this process and an area the Service had identified as one of its priorities.

- It was asked whether GPs would be expected to be proactive in seeking to encourage those registered with them to take preventative measures. Dr Ali said that this was a complex issue and there was a also a question of investment but he did consider that there were avenues that GPs could proactively explore in

relation to prevention that would make a difference.

RESOLVED: That progress in development of Stroke services be kept under review.

7. PUBLIC HEALTH ISSUES - SEXUAL HEALTH

The Committee considered an overview of Sexual Health Service provision in Herefordshire, an illustration of the successes of the department, and the challenges and medium term work plan for Herefordshire within the remit of Sexual Health.

The Committee had requested a report in greater depth on Sexual Health Services following its consideration in December 2007 of the Director of Public Health's Annual Report 2007.

Dr Akeem Ali, Director of Public Health, referred to the report included with the agenda papers and gave a presentation highlighting key issues.

He said that, as with Stroke Services, there was clear scope for improvement. For example the Herefordshire was not meeting the Department of Health requirement for screening for Chlamydia, a major sexual health issue in the County. There was a clear need to increase provision beyond Hereford City, to destigmatise sexual health services and to think more broadly of reproductive health.

It was noted that the support of the National Support Team had been invited to review and advise on service delivery to achieve improvement.

In the ensuing discussion the following principal points were made:

- In discussing the issue of destigmatising sexual health services, the work on providing choice to people as to where they were treated and the integration of sexual health services with mainstream provision was noted. The majority of local people now sought treatment within the County. The role social care services, independent providers and school nursing services had to play was acknowledged.

- The effectiveness of providing screening services at pubs and nightclubs was discussed. The reply was that in the previous year the Service had failed to meet the screening target for 15-24 year olds. This had been addressed and in the current year performance against this target was above average. The screening service at pubs and clubs alongside the delivery of broader sexual health messages was proving successful, although more males used the service than females.

- It was added that services aimed at young people were also provided at local festivals. It was acknowledged that the PCT was financing services to many people who would be from out of the County but residents of Herefordshire travelling to other festivals would benefit equally from services provided by other PCTs. It was requested that the focus on local youth provison should not be overlooked. Dr Ali assured the Committee that he paid keen attention to the effectiveness of investment in services.

- The importance of the role of schools and support afforded by facilities such as the South Wye Learning Centre in engaging communities was acknowledged.

- In response to a question Dr Ali confirmed that the PCT was engaging with

migrant workers in the County and their employers.

RESOLVED: That the involvement of the National Support Team in reviewing service delivery be welcomed and a report be made to the Committee on the outcome of the review and the proposed action in response to it.

8. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST - RESPONSE TIMES

The Committee considered the Trust's performance in meeting targets for response times.

At the Committee's request additional information had been provided showing response times by postal code area. Mr Nick Harris, Divisional Commander – Worcestershire, and Mr Lee Hutchinson (Group Station Manager – Hereford), attended to present the report and answer questions.

Mr Harris reported that since 1 April 2008 a new standardised performance reporting system (Call Connect) had been introduced across the ambulance service. Response times were now calculated from the time the call was received rather than from the time the message was passed to the control room. Previously time had been allowed to collect details from the caller. The effect of this was that in the context of an 8 Minute response, on average some 90 seconds had now been lost requiring a quite significant improvement in performance if the target was to be met.

He added that the Trust had to be selective in deploying its resources. These were concentrated where assistance could be provided to the larger centres of population. The Community First Responders Scheme was used to provide an initial response in the more outlying areas with additional support being provided as soon as practicable.

In response to the Call Connects initiative extra funding had been provided by the Primary Care Trusts to increase provision in control rooms, buy additional vehicles and recruit additional operational staff.

In the ensuing discussion the following principal points were made:

- NH confirmed that if a Community First Responder attended an incident with a defibrilator and Oxygen this would qualify as a response against the target.

- Attention was drawn to response times in HR8 and HR9 which respectively included the Towns of Ledbury and Ross-on-Wye and their surrounds. NH confirmed that it would be possible to provide a further breakdown of the data to examine response times to incidents in the Towns themselves where the Ambulance Stations were, compared with the surrounding areas. However, the key point was that, for example with one ambulance only in Ross, if that vehicle was on call transporting a patient to Hereford hospital and another call was received this clearly presented a challenge. The Trust did seek to deploy its vehicles strategically to provide cover in Ross as elsewhere.

- It was observed that performance in the Market Towns as a whole against the 8 Minute target was not good and it was asked at what point the Trust decided that additional resources were needed.

  NH replied that demand analysis was ongoing and there were quarterly reviews to allow trends in demand to be identified. Resources were finite and with six staff required to man a car for 24 days a week, 7 days a year and 11 staff for an

ambulance the Service had to provide evidence to justify further investment.

A performance review plan was required to be produced to demonstrate that local need was being met. There were also areas targeted for the number of Community First Responders to be recruited, trained and deployed.

RESOLVED: That a monthly breakdown of performance be provided for circulation to Members of the Committee and a formal report requested if any issues of concern were identified either by Members or by the Trust.

9. GP-LED WALK-IN HEALTH CENTRE DEVELOPMENT

The Committee considered the development of a GP-led walk in Health Centre for Herefordshire.

Mr Euan McPherson (EM) and Charmaine Hawker (CH), Programme Managers, gave a presentation on the proposed development.

EM said that the national model would not suit Herefordshire's needs. The Government had provided £800,000 for the developments in the base budgets of all Trusts although this sum was not ring-fenced. Finance for the proposed Herefordshire model was therefore not easily identifiable, but it was considered that the proposal would be cost effective, sustainable and meet local needs.

He noted the need to retender for the provision of the out of hours service (6.30 pm to 8.00 am Monday to Friday and weekends) and the potential cost effectiveness and benefits for patients that a single procurement exercise for this service and the Health Centre could deliver.

A national timescale had been prescribed for the development of the Centres across the Country. However, the PCT had considered that the Darzi model was more suited to urban areas and, notwithstanding the time pressure, had undertaken a local needs analysis.

The key findings were:Herefordshire is currently well provided with GPs and GP services; 87% of local people are happy with existing GP opening times; access to GPs is very good in Herefordshire. The 2007 patient survey about GP access showed that 92% of patients could make an appointment with a GP within 48 hours (86% nationally) and 80% of patients could book an appointment with a GP two or more days in advance (75% nationally); population growth forecasts showed that the existing GP base should be able to accommodate this increase; there are a substantial number of people who commute into Hereford City each day, any new development should be based in Hereford City as a result of the demographics of the county, commuter travel flows and existing service delivery models; and a Hereford City based service would have the potential to alleviate inappropriate attendances at A&E and provide more appropriate services to some patients.

The County's demographics suggested the Walk-in Centre should be located in Hereford City, but consideration could be given to the development of satellite facilities and outreach work.

The potential service model envisaged a single point of contact from which patients would be directed to the appropriate service whether it be A&E, GP, Dental Care, Social Care (out of hours), or District Nurse (out of hours).

He explained that the views of 270 individuals, organisations and groups had been sought and reported the key findings of the feedback from this engagement: the Herefordshire PCT Model was seen as innovative and rational; the response was generally supportive across all stakeholders; there were concerns about destabilising existing services; respondents were keen to see links and/or referral routes into other Primary Care and Social Care services; and there was a need to address potential risks that could arise from lack of continuity of care and poor communication. He sought the Committee's views on whether this obviated the need for a formal 12 week public consultation process.

He concluded by reporting that the Herefordshire model envisaged the walk in centre providing essential general services without undermining the County's good base of primary care. However, whilst the Strategic Health Authority and Department of Health had approved a number of local flexibilities to allow the model to be developed the Centre was required, contrary to the PCT's request, to have the ability to register patients.

In the course of discussion the following principal points were made:

- The benefit to the City and the wider County of reduced referrals to A&E was noted.

- That in addition to the benefit of the increased access to care provided by the Walk-in Centre, the separate national requirement that at least 50% of GP practices had extended opening hours would provide an enhanced service in rural areas.

- A question was asked about the cost implications of the number of commuters into Hereford City from out of the County on services (estimated at 6,000 per day out of the total of 22,000). EM advised that, given that residents of the County would also be commuting to neighbouring Counties, the net impact was considered favourable to the PCT.

- That patients clearly wanted increased access, in particular the opportunity to see GPs on Saturday mornings and the provision of open sessions that could be attended without having to make an appointment.

- The issue of the clinical governance arrangements for the Centre was raised. EM acknowledged that there would be practical issues to be addressed but in a sense a similar situation existed, as it always had done, with out of hours provision where patients were seen by a GP from outside their registered practice. He emphasised that the Centre was intended to provide essential care only, with patients with long-term conditions being referred back to their GPs.

- It was asked how feasible it would be to recruit the additional GPs required to staff the new Centre. EM said recruitment was a national issue. There would be pressures and it would be important to ensure that quality of care was maintained. To an extent the solution was dependent on the nature of the bids received to provide the walk-in service.

- Clarification was sought on the funding for the Walk-in Centre and the implications for other budgets. CH replied that the single procurement exercise for the Centre and the Out of Hours Service would help to offset some of the cost. Although the Government had allocated funding of £800,000 it was expected that the cost of providing the Centre would exceed that sum. The PCT would need to plan for this additional expenditure but the financial commitment

could be managed.

- It was noted that some Wards in the South Wye area, constituting one of the largest population groupings in the County, were not served by a Doctor's Surgery. CH commented that the PCT had no evidence that there was insufficient primary care available to residents of these wards, adding that that part of the population would benefit from the Walk-in Centre.

- In relation to the location of a Centre the PCT view was that it needed to be aligned to A&E but it was envisaged outreach services would be developed. It was noted that many of the people self-referring to A&E were from the South Wye Area and the proposal in seeking to reduce such admissions would target services for that community.

- It was suggested that the PCT should give further consideration to enhanced local provision in the South Wye area having regard to the development taking place in the area.

- It was asked whether enhanced investment in capacity in existing local practices and facilities might not be preferable to investment in a new central facility. The reply was that extended opening hours and greater use of existing facilities would enhance local provision. The Centre in Hereford would be most accessible to the most people. The commuting pattern indicated that people from the Market Towns would also benefit from the Centre.

- The work on the local needs analysis and the evidence it provided in support of the Herefordshire model was commended.

- The single point of contact and the integration with social care was welcomed.

- The fact that social care out of hours was provided from Worcester was discussed. It was noted that the current contract had been approved for one year only and would therefore allow for the provision of the service to be incorporated into the proposed Hereofordshire model.

- The potential impact on local GPs was raised. In reply it was said that there was a potential risk if a large number of patients chose to register with the Centre. However, because the County was well provided with primary care services it was planned that the Centre would be restricted to providing essential services only. This would minimise the risk to local practices and avoid undermining the existing arrangements which were of a high quality as demonstrated by the patients surveys and the quality and outcomes framework.

- There was consensus that the PCT had consulted extensively and had taken account of the responses it had received in developing its proposals. No formal public consultation exercise was therefore recommended.

RESOLVED:

That (a) the proposals for extended access to GP Services in Hereford City be welcomed recognising that they are demonstrably based on local need and the proposed Herefordshire Model for equitable access to Primary Medical Care Services therefore be supported;

(b) a single provider of out of hours care and the service required to

be provided between 8am and 8pm seven days a week would be beneficial to the local population;

(c) the additional benefit of reducing inappropriate A&E attendances be noted;

(d) the Primary Care Trust be urged to ensure continued engagement with GPs throughout the County to ensure their co-operation;

(e) a communication programme be instigated by the Primary Care Trust to ensure the public know how and when to access the appropriate medical care;

(f) the public consultation particularly with patient groups has ensured an appropriate level of engagement in the process;

(g) the aim of ensuring there is access to GPs across the County on Saturday be supported; and

(h) that the future integration of out of hours social care services in the new facility be encouraged.

10. CANCER SERVICES

The Committee considered an update on the proposed expansion of local radiotherapy services by the 3 Counties Cancer Network (3CCN).

In March 2008 the Committee had affirmed its support for the Hereford County Hospital option for extra radiotherapy services provided on a satellite basis and asked the Three Counties Cancer Network to consult on this preferred option, taking account of the National Cancer Strategy recommendation that no patient should have to travel more than 45 minutes for cancer treatment and supporting the development of a treatment facility at Worcester **as the next** subsequent phase of development after that recommended at Hereford.

A letter from the 3CCN dated 4 June 2008 had been circulated to Members. This enclosed a pre-consultation paper inviting comment on the proposed decision making and consultation processes.

Mr Antony Walsh, Service Improvement Lead at the 3CCN, gave a presentation. This described radiotherapy, reminded the Committee of the current provision in the 3CCN and the options for expansion. Decisions to date were that a linked service would be managed by the Oncology Centre at Cheltenham and would utilise the same clinicians (and some other specialists); it would comprise 2 linacs to provide cover (although a single linac might be an interim solution); the 3CCN Board could not make a decision which impacted on other Networks and patients would not be made to travel to improve the cost effectiveness of an option.

Factors to be considered included cost effectiveness, although it was noted that each PCT had agreed to underwrite its preferred option; clinical and radiation safety; and access – noting national guidance that a maximum journey time of 45 minutes should be seen as best practice. Some patients (c. 20-30%) would still need to travel to the Centre for more specialised treatment (including some of the sickest patients). Recruitment to radiotherapy posts had been difficult.

Nine criteria had been weighted by the Network Board, PCTs and patients and carers. The top three were: patient access, patient safety and cost effectiveness.

He outlined the next steps which envisaged the 3CCN identifying a preferred option in July for consultation in July, with a final decision in December 2008

In the course of discussion the following principal points were made:

- The Committee reaffirmed its support for the proposed extra provision to be located at Hereford County Hospital as set out in its decision of 5 March 2008.

- Herefordshire PCT's view that there was a need for a radiotherapy service to be provided locally was also reaffirmed. It was added that the PCT had made financial provision for the Service to be provided. It was noted that the Gloucestershire PCT was neutral on the proposal given that it would benefit from increased local capacity whichever option was chosen. The Chief Executives of the Trusts therefore had to decide whether provision was to be at Hereford or at Worcester.

- In response to a further question on funding it was reiterated that the PCT had made provision for revenue funding. Further consideration would be given to precisely how the capital funding requirement to be met, if it were agreed the service would be sited in Hereford.

- It was noted that the enhanced provision had been under consideration since 2005 and implementation was now planned to take place in two years time. Mr Walsh commented on the developments during this period in the thinking about the proposal, including clinical issues. Members expressed unhappiness at the delay in reaching a decision noting in particular the weight of public expectation.

RESOLVED:

That (a) the Committee's resolution of 5 March 2008 be reaffirmed; and

(b) that a response by the Chairman to the 3CCN Consultation document be authorised following consultation with Members of the Committee.

11. INTERMEDIATE CARE SERVICES

The Committee considered an update on the development of intermediate care services, as requested following consideration of the Local Delivery Plan in March 2008.

Mr Paul Edwards, the Primary Care Trust's (PCT's) Director of Commissioning and Strategy, gave a presentation describing the service, a typical case study, the national policy context and models of intermediate care.

He gave an overview of Herefordshire Services and current developments, concluding by saying that many people benefited from the current service arrangements to reduce their hospital stays and remain independent in their own homes. The range of services was in transition towards a single countywide service being developed by the PCT, the Council and the Hospitals Trust. Intermediate care was part of a wider pattern of services to promote independence and deliver care

closer to home.

The Head of Adult Social Care said that the potential for integrating services was good but more work remained to be done. This was one of her key priorities for the year. Asked about the cost implications of the proposal to provide six weeks free intermediate care she said that the proposal was based on the benefit to the individual and the reduced level of service they would then need following that care.

Members extolled the benefits of integration and concluded that there was evidence of the service improving but that the degree of improvement should continue to be monitored.

12. CHANGES IN THE MANGAGEMENT OF MENTAL HEALTH SERVICES

The Committee received an update on the development of mental health services in the last 18 months.

Mr Mark Hemming, Directorate Manager of Herefordshire Mental Health Services, described a number of developments that had taken place.

The Committee welcomed the changes in response to local needs.

13. AUDIOLOGY SERVICES

The Committee considered presentations from Herefordshire Primary Care Trust (PCT) and Hereford Hospitals NHS Trust (HHT) on audiology services in Herefordshire.

In considering its work programme in April the Committee had noted concerns had been expressed about HHT's audiology service. Reassurance had been provided to the Committee at the meeting by the Chief Executive of HHT and the PCT's Director of Commissioning and Strategy. The Committee had requested a written update confirming the position.

Marcia Perry, PCT Directorate Manager Children's Services gave a presentation on Paediatric Audiology Services in Herefordshire. She described the current establishment, the numbers of children seen by the service and the services provided.

She said strengths of the current service included that the service was a child focussed local service, combining education and PCT provision in a seamless service. The Children's Hearing Services Implementation Group had been commended in a new born hearing screening programme (NHSP) review. The Service was well regarded by many families. There was easy access for parents when there were problems with hearing aids etc. There were many positives from the external review of NHSP. There were skills in testing complex cases and close links with HHT.

Challenges included workforce and recruitment, Premises, NHSP inspection Autumn 2007 and action plan to address issues, a low critical mass issues for maintaining competence and skills, the target for an 18 week wait, meeting targets for assessment, the possibility the NHSP would move to regional commissioning and organisational change and reorganisation.

Future Developments included choose and book, an external review of the service by the National hearing Services Modernisation Team to commence July 08 to

inform future development, the need to develop networks, skill mix, and the countywide review of provider services.

Representatives of the Hospitals Trust gave a presentation on the audiology services at the County Hospital. This described the demand for the service, the hospital audiology team and the range of services. He detailed a number of improvements in the service highlighting the reduction in waiting time for digital hearing aid assessment and fitting from over 3 years to 10 weeks.

Future developments included the implementation of the choose and book direct booking system, decentralisation of services to community settings, increasing the skill base, and development of a hearing therapy service.

Members welcomed the improvements made and expressed support for the extension of the planned decentralisation of services. It was suggested an update should be provided following the outcome of the external review of the paediatric audiology service.

RESOLVED:

That (a) progress made in improving the audiology service for adults including the reduction in waiting times and the transition to digital technology be welcomed;

(b) an update on paediatric audiology service should be provided following the outcome of the external review of the service: and

(c) the update should include a report on progress in decenralising adult audiology services and plans for extending the programme.

14. WORK PROGRAMME

The Committee considered its work programme.

The Chairman commented on the range of health issues the Committee would need to consider in the coming months. She said that it was highly likely that additional formal meetings would be required. In addition she thought some informal meetings would also be necessary.

The Committee agreed that provision should be made for their next two scheduled meetings to be extended into the afternoon to ensure that they could give proper consideration to issues before them and to make more efficient use of the time of visiting presenters.

It was proposed to add consideration of access to appropriate Healthcare in the South Wye area to the work programme given the lower health outcomes for this area and the expanding population.

RESOLVED:

That (a) it be formally requested that an additional two meetings for the Health Scrutiny Committee be scheduled when the 2009/10 Council diary is prepared and that the Strategic Monitoring Committee give consideration to requesting that the same provision be made for the other Scrutiny Committees; and

(b) the work programme, as amended, be approved and reported to the Strategic Monitoring Committee

The meeting ended at 2.17 p.m. **CHAIRMAN**

HEREFORDSHIRE PRIMARY CARE TRUST - UPDATE

Report By: Chief Executive of the Trust.

Wards Affected

County-wide

Purpose

1. To receive an update from the Trust.

Background

2. A report is attached.

BACKGROUND PAPERS

- None

Herefordshire NHS
Primary Care Trust

Report for Health Scrutiny Committee

Herefordshire PCT Commissioning update September 2008

Development of an Operational Plan for 2008/9, Overarching Commissioning Plan for 2008-13 and the World Class Commissioning Strategic Plan 2008-11

1. Context

A three year strategic plan for Herefordshire is usually commenced in October and completed and signed off by the Strategic Health Authority (SHA) in the following February. Contracts for services are then agreed and services funded in line with the direction of travel described in the document which covers all of the commissioning areas of the PCT.

This year the PCT Board agreed an early draft of a three year plan which was subsequently extended at the request of the SHA to a five year plan. The early draft was circulated to partner organisations and the final draft included amendments reflecting the comments received. This document replaced the old three years Local Delivery Plan (LDP) and is now called the PCT 5yrs Overarching Commissioning Plan. The new Commissioning Plan covering the years 2008 to 2013 is a comprehensive document covering the Trust's aims and objectives over the next five year period.

Whilst the five year Plan indicates the overall strategic direction and investment of the PCT, there is a one year Operational Delivery Plan that gives specific detail of the money to be invested in this financial year and the anticipated outcomes for the people of Herefordshire from the additional investment.

2. Influencing factors

2.1 Provider review

The PCT, Hereford Hospitals NHS Trust and Herefordshire Council have commissioned the Health Services Management Centre (HSMC) to work with them in a strategic review that will 'ensure that provider services are fit for purpose and organised in sustainable configurations which are able to both drive service improvement and deliver real efficiency'.

In order to develop a vision and agree future care pathways to ensure the provision of high quality care for the Herefordshire population and optimal use of health and social care resources providers and commissioners have been working together. Workshops have taken place to agree care models suitable for Herefordshire based on regional and national work. This will provide the long term framework for the robust commissioning of future services to deliver national and regional priorities set out in the West Midlands Strategic Health Authority's 'Investing for Health' strategic planning framework and locally determined priorities for the County.
The outcome of these workshops will also need to be taken account of in the next iteration of the final Overarching Commissioning Plan.

2.2 Darzi review

The final DARZI report, NHS Next Stage Review [1] was published in June 2008 and followed on from the second local Staff Summit. The Commissioning Plan is being revised to take account of the national and local recommendations in its next revision. There has been further work done on developing national models of care to fit local needs in each of the eight DARZI groups

- Maternity and newborn
- Children
- Staying Healthy
- Mental Health
- Long term conditions
- End of Life

2.3 Strategic Health Authority (SHA) McKinsey review

The SHA, as part of its *Investing for Health* Strategic Framework (Project 8), and to progress development of World Class Commissioning in the region has commissioned an external agency to help analyse PCT Overarching Commissioning Plans. A tender for this work was won by McKinsey. They have already met with representatives of the PCT and fed back initial analysis of activity data and plans. From this work they have fed back to us:

- Comments on our draft 5 yrs Overarching Plan.

- A set of feedback reports presenting analysis of activity we commission benchmarked against other PCTs.

and fed back to the SHA:

- A high level overview report to the Project 8 Board, of the common areas of developmental need arising out of the analysis, and suggestions for collaborative approaches to shared learning and improving capabilities and capacity in those areas.

The key benefits from this work will be a thorough independent review of the Overarching Plans as a key component of strategic planning. This will support us in identifying areas of strength and areas requiring development.

The Integrated Director of Commissioning and two of the Integrated Commissioning Directorate staff attended the Masterclass at the end of July 2008 and the initial feedback to the PCT was very positive. Recommendations about the layout and construction of the Overarching Plan to improve its fluency have been taken on board.

2.4 World Class Commissioning guidance notes

In addition to the five years Overarching Commissioning Plan the PCT is also charged with producing a five year World Class Commissioning Strategy that is currently being drafted and needs to take account of:

- **DH - Managing the market and procurement guide** (aligned to the locally agreed COMPACT procurement code)
- **WCC Assurance Handbook** - the assurance system for world class commissioning ("commissioning assurance") is linked to the vision and competencies published in December 2007 and to resources for support and development available both nationally and locally. Together these provide a coherent programme aimed at supporting commissioners in delivering the health agenda.

[1] High Quality Care for All 2008

- **WCC Strategic Planning 'How to' Guide** - the 'how to' guide aims to help each PCT produce high-quality plans by describing the process and actions required to develop the strategic plan.
- **WCC Strategic Plan checklist** – the purpose of the strategic plan contents checklist is to provide a general guide for each PCT as it develops its strategic plan. It should be read together with the strategic planning 'how to' guide and other guidance issued by the DH and the NHS. The checklist is not meant to be prescriptive; rather, it is meant to serve as a helpful guide that the PCT can refer to for advice on what the final document should include at a minimum.
- **WCC Organisational development plan guide** - this is a tool, the first of its kind developed for the NHS, has been used with over 200 NHS organisations, challenging Boards to consider how they operate as corporate entity and in doing so enhancing Board effectiveness. This will be a separate document but should be part of the whole strategic planning process.

The Overarching Plan will feed into this even higher level World Class Commissioning Strategy. The requirements for the two plans are very different although there is some overlap and the PCT is now reviewing and refining its Plans not only in the light of nationally and locally changing aims and objectives for service provision but also reviewing the way in which these aims and objectives are reached in order to satisfy the requirements of a world class commissioning organisation. It is hoped that in the future this process will be aligned and refined and only two documents will meet the needs of the entire process.

Capturing the local and national visions

It is not possible at this stage to provide the Committee with revised Plans as all of these factors are creating a dynamic and challenging backdrop and a great deal of work is taking place to ensure this material is weaved into the Commissioning Plans and Strategy for the future. These documents will however be brought to the Committee at a later date.

3. NHS Constitution – draft for consultation

Lord Darzi completed the Next Stage Review of the NHS and launched his final report, *High Quality Care for All,* on Monday 30 June 2008.

At the same time Alan Johnson produced a draft of *The NHS Constitution* for public and stakeholder consultation. The Secretary of State for Health wants the Strategic Health Authorities to "mobilise the non-executive community of the NHS to ensure genuine local discussions".

It is the first written NHS Constitution and describes the principles and values that drive the NHS in addition to the rights of and pledges to patients and staff together with the responsibilities which patients, public and staff owe to ensure a fair and effective NHS.

The national consultation closes on 17 October 2008. The SHA is raising the awareness of the consultation process, timelines and relevant documents with a full range of stakeholders, including all 14 Health Overview Scrutiny Committees.

The SHA is proposing to meet with the Chief Executive, a non-executive Director and a senior officer from the PCT to discuss the draft NHS Constitution and its implications and to discuss how the consultation can be taken forward locally.

Yvonne Clowsley
Head of Planning and Change
September 2008

HEREFORD HOSPITALS NHS TRUST - UPDATE

Report By: Chief Executive of the Trust.

Wards Affected

County-wide

Purpose

1. To receive an update from the Trust.

Background

2. A report is attached.

BACKGROUND PAPERS

- None

HEALTH SCRUTINY COMMITTEE MEETING
23RD SEPTEMBER 2008

CHIEF EXECUTIVE'S UPDATE REPORT
SEPTEMBER 2008
HEREFORD HOSPITALS NHS TRUST

1) Introduction

This report provides committee members with an update on the operational and financial performance of the Trust up to September 2008 together with a summary briefing on key developmental issues for the organisation.

2) Operational Performance

2.1 Patients treated

The Trust is experiencing a significant increase in referrals from GP's for non urgent treatment. In response, activity levels to the end of August have been increased as follows:-

Daycases:	+17.5% on same period in 07/08
Elective Inpatients	+6.4% on same period in 07/08
Outpatients	+7.7% on same period in 07/08

Emergency patients treated to the end of August were 4.5% lower than the same period in 2007/08 but with an upward trend.

2.2 Accident & Emergency (4 hour waits)

The national target is that 98% of patients should be seen within 4 hours in A&E. The Trust achieved 98.9% in the first quarter and after a dip in July (97.1%) achieved 98.3% in August. The target is expected to be achieved at year end.

2.3 18 week access target

The national target is that by December 2008, no patient should wait more than 18 weeks from GP referral to subsequent treatment. The Trust is now progressing strongly towards this target (see Appendix 1): in the last week of August 88% of admitted and 98% of non admitted patients were treated within 18 weeks, with 100% performance predicted in all specialties apart from orthopaedics by the end of September 2008.

2.4 Healthcare Associated Infections (HCAI's)

The Trust is continuing its zero tolerance approach to HCAI's with a continued focus on hand hygiene (staff and visitors), screening patients for MRSA and cleanliness of both environment and equipment. New measures are being taken to improve decontamination of medical equipment and the patient mattresses. The performance figures are as follows:-

MRSA bacteraemias
6 cases to the end of August 2008 (5 pre 48 hours). Only 1 post 48 hour (i.e. hospital generated) since August 2007.

Clostridium Difficile
28 post 48 hour cases to the end of August 2008, substantially within the target reduction

The Trust continues to work with the Primary Care Trust to tackle HCAI's on a health community wide basis.

2.5 Finance

The Trust was in surplus by £746k at the end of July 2008 but £736k below its own plan for the same period. Further steps have been taken to ensure delivery of a required surplus of £1.1m at year end (a surplus is required to enable a prior year loan to be repaid) including:-

- Generation of additional income as a result of treating more patients in the latter part of the year
- Further cost containment measures, including tighter vacancy control measures and closer scrutiny of non pay orders
- Implementation of further cost saving schemes e.g. energy conservation measures

3) Developmental Issues

3.1 Management Structure

The Trust is currently introducing new management arrangements which will see the establishment of 4 Business Units (Medicine, Surgery, Diagnostics and Women/Children's) to replace the 3 existing Care Groups. Each will be headed by a clinician (Business Unit Director) working alongside a Business Manager. Costs will be contained within existing budgets.

3.2 Hutted Ward Refurbishment and Replacement

Dore and Leadon Wards have been refurbished to an improved standard with work expected to commence on Monnow Ward in the next few weeks. Kenwater Ward will remain as is pending its demolition next year (see below).

Planning continues on the phased replacement of the hutted wards within the next 2-3 years.

3.3 Macmillan Renton Unit and Radiotherapy

Planning continues on the new Macmillan Renton Cancer Unit (MRU) with building work expected to commence in Summer 2009. This will require the demolition of Dore and Kenwater Wards. With the decision in principle by the Three Counties Cancer Network to establish satellite radiotherapy in Hereford, plans are being worked up on the basis of the new linear accelerator facilities being provided alongside the MRU. A Project Board has been established by the Cancer Network with Trust representation.

3.4 Medical Day Case Unit

The old Day Hospital in the Fred Bulmer building has been converted on a pilot basis into a Medical Day Case Unit for patients who otherwise would need to be admitted or require treatment in an inappropriate setting within the hospital. Take up of the new service has been good and it is hoped that the new service can be made permanent.

3.5 DEXA Scanning

A new DEXA scanner has now been installed in the Fred Bulmer building funded by the National Osteoporosis Society. Following training, the new service will "go live" in early October when the service will be opened up to GP direct access via Choose and Book**.**

3.6 Provider Services Review and Foundation Status

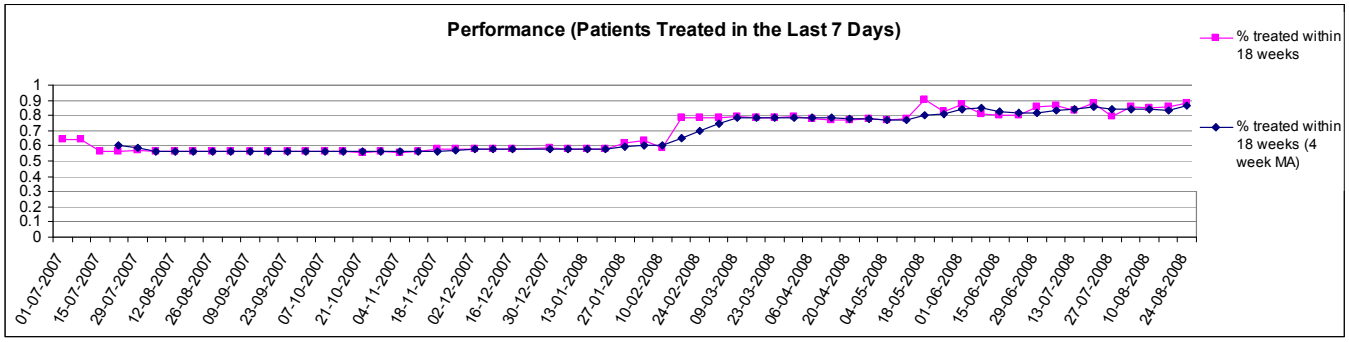
The Trust is an active participant in the Provider Services Review being led by the Primary Care Trust. Alongside this important exercise, the Trust continues to work up its plans for Foundation Trust status in line with Government policy although the timescale and nature of the application will be determined by the outputs of the review.

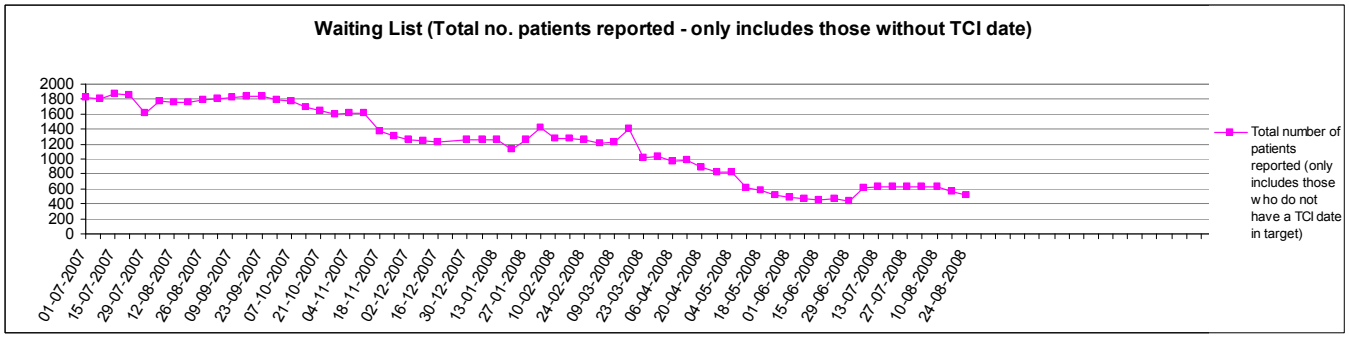
4) Conclusion and Recommendations

The Health Scrutiny Committee is asked to note this update report.

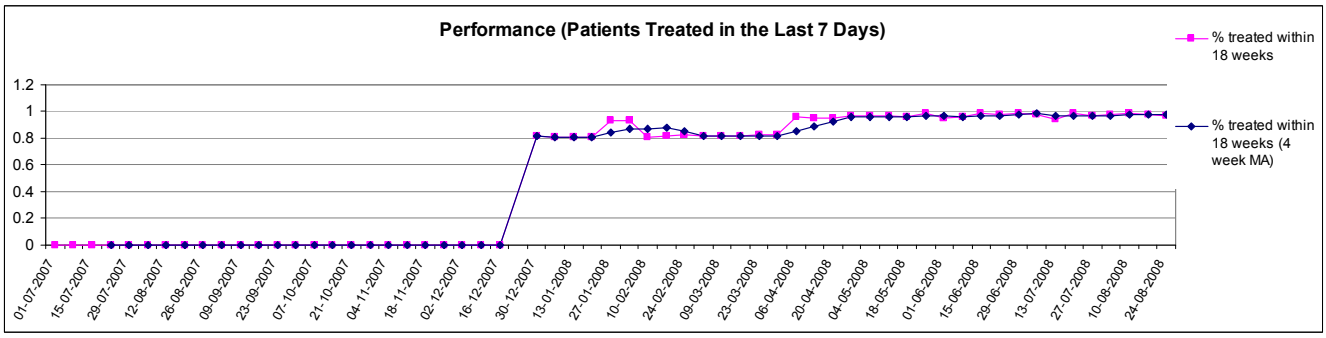
Martin Woodford
Chief Executive
Hereford Hospitals NHS Trust

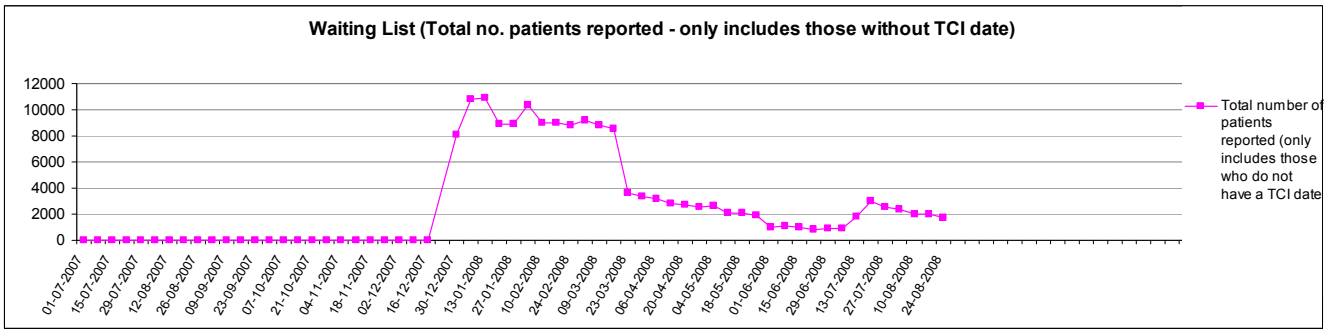
Admitted Patients





Non Admitted Patients





WEST MIDLANDS AMBULANCE SERVICE NHS TRUST - RESPONSE TIMES

Report By: Locality Director

Wards Affected

County-wide

Purpose

1. To consider performance in meeting targets for response times.

Background

2. The Committee last considered a report on the West Midlands Ambulance Service NHS Trust's performance in June. The latest chart showing response times is attached.

BACKGROUND PAPERS

- None

Herefordshire

KPI Area	Indicator	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	YTD
Category A	Respond to 75% of Category A calls within 8 minutes.	72.6%	72.7%	74.8%	75.1%	71.6%								
Category B	Respond to 95% of Category B Calls within 19 minutes	93.5%	90.2%	91.0%	88.6%	91.7%								
Category C Combined	Respond to Cat C Calls within 30 minutes and to Referral calls within a specified time	99.3%	97.3%	98.5%	97.6%	98.8%								

Hereford, Shropshire and Worcester Division

Category A	Respond to 75% of Category A calls within 8 minutes.	77.0%	76.4%	77.5%	74.7%	73.1%								
Category B	Respond to 95% of Category B Calls within 19 minutes	96.1%	95.2%	95.4%	95.5%	94.2%								
Category C Combined	Respond to Cat C Calls within 30 minutes and to Referral calls within a specified time	99.1%	98.0%	98.1%	98.2%	98.6%								

Trust

Category A	Respond to 75% of Category A calls within 8 minutes.	78.9%	78.9%	77.5%	77.5%	77.3%								
Category B	Respond to 95% of Category B Calls within 19 minutes	96.9%	96.9%	96.3%	96.6%	96.0%								
Category C Combined	Respond to Cat C Calls within 30 minutes and to Referral calls within a specified time	97.9%	97.3%	96.5%	97.2%	97.4%								

April 2008

	Cat A 8Min			Cat A 19Min			Cat B 19 Min			Cat C Combined		
	TOTAL	0-8 mins	%	TOTAL	0-19 mins	%	TOTAL	0-19 mins	%	TOTAL	In target	%
HR2	53	41	77.4%	53	52	98.1%	105	99	94.3%	68	68	100.0%
WR13	10	4	40.0%	10	10	100.0%	11	11	100.0%	11	11	100.0%
HR8	22	15	68.2%	22	21	95.5%	44	40	90.9%	43	42	97.7%
HR6	40	30	75.0%	40	38	95.0%	53	50	94.3%	44	44	100.0%
HR4	33	24	72.7%	33	33	100.0%	86	84	97.7%	65	65	100.0%
HR1	56	50	89.3%	56	55	98.2%	81	81	100.0%	71	71	100.0%
HR9	27	15	55.6%	27	26	96.3%	60	55	91.7%	53	52	98.1%
HR7	12	8	66.7%	12	11	91.7%	11	11	100.0%	22	22	100.0%
HR5	6	4	66.7%	6	6	100.0%	9	3	33.3%	22	22	100.0%
HR3	4	0	0.0%	4	3	75.0%	4	1	25.0%	5	5	100.0%
SY8	2	2	100.0%	2	2	100.0%	1	1	100.0%	1	0	0.0%
SY7	1	0	0.0%	1	1	100.0%	1	0	0.0%	1	1	100.0%
WR6							7	7	100.0%	1	1	100.0%
WR14							1	0	0.0%			
GL17							1	1	100.0%			
NP25										1	1	100.0%
TOTAL	266	193	72.6%	266	258	97.0%	475	444	93.5%	408	405	99.3%

May 2008

	Cat A 8Min			Cat A 19Min			Cat B 19 Min			Cat C Combined		
	TOTAL	0-8 mins	%	TOTAL	0-19 mins	%	TOTAL	0-19 mins	%	TOTAL	In target	%
HR1	62	52	83.9%	62	62	100.0%	126	125	99.2%	73	73	100.0%
HR6	36	26	72.2%	36	35	97.2%	57	51	89.5%	37	35	94.6%
HR9	29	17	58.6%	29	26	89.7%	56	54	96.4%	58	55	94.8%
HR4	46	39	84.8%	46	45	97.8%	82	79	96.3%	64	64	100.0%
HR8	22	11	50.0%	22	21	95.5%	38	30	78.9%	31	31	100.0%
HR2	52	43	82.7%	52	51	98.1%	115	108	93.9%	95	94	98.9%
HR7	8	7	87.5%	8	8	100.0%	18	16	88.9%	16	15	93.8%
WR13	7	0	0.0%	7	7	100.0%	9	6	66.7%	11	10	90.9%
WR6	5	2	40.0%	5	5	100.0%	4	4	100.0%	3	3	100.0%
WR15	1	0	0.0%	1	1	100.0%	0	0	0.0%	0	0	0.0%
SY8	1	0	0.0%	1	1	100.0%	1	0	0.0%	2	2	100.0%
HR3	3	0	0.0%	3	1	33.3%	2	1	50.0%	3	3	100.0%
HR5	6	5	83.3%	6	6	100.0%	14	1	7.1%	10	9	90.0%
LD8							2	0	0.0%	2	1	50.0%
NP25							3	2	66.7%			
WR14							1	1	100.0%			
SY7							2	0	0.0%	5	4	80.0%
TOTAL	278	202	72.7%	278	269	96.8%	530	478	90.2%	410	399	97.3%

June 2008

	Cat A 8Min			Cat A 19Min			Cat B 19 Min			Cat C Combined		
	TOTAL	0-8 mins	%	TOTAL	0-19 mins	%	TOTAL	0-19 mins	%	TOTAL	In target	%
HR1	51	44	86.3%	51	51	100.0%	116	112	96.6%	71	71	100.0%
SY7	1	0	0.0%	1	0	0.0%	3	2	66.7%	1	1	100.0%
HR4	44	37	84.1%	44	43	97.7%	99	96	97.0%	72	72	100.0%
HR2	46	35	76.1%	46	44	95.7%	124	119	96.0%	77	77	100.0%
HR8	21	12	57.1%	21	18	85.7%	41	32	78.0%	28	25	89.3%
HR6	32	22	68.8%	32	30	93.8%	62	54	87.1%	46	44	95.7%
HR9	26	19	73.1%	26	26	100.0%	65	55	84.6%	50	50	100.0%
WR13	6	2	33.3%	6	6	100.0%	14	13	92.9%	7	7	100.0%

HR7	11	10	90.9%	11	11	100.0%	19	19	100.0%	11	11	100.0%
HR5	11	7	63.6%	11	9	81.8%	10	2	20.0%	14	14	100.0%
WR6	2	2	100.0%	2	2	100.0%	1	1	100.0%	7	7	100.0%
SY8	1	0	0.0%	1	1	100.0%	4	4	100.0%	5	4	80.0%
HR3	1	0	0.0%	1	1	100.0%	5	3	60.0%	2	2	100.0%
GL17	1	0	0.0%	1	1	100.0%	0	0	0.0%	0	0	0.0%
NP25	0	0	0.0%	0	0	0.0%	2	2	100.0%	3	3	100.0%
LD8	0	0	0.0%	0	0	0.0%	0	0	0.0%	1	1	100.0%
TOTAL	254	190	74.8%	254	243	95.7%	565	514	91.0%	395	389	98.5%

July 2008

	Cat A 8Min			Cat A 19Min			Cat B 19 Min			Cat C Combined		
	TOTAL	0-8 mins	%	TOTAL	0-19 mins	%	TOTAL	0-19 mins	%	TOTAL	In target	%
HR1	52	42	80.8%	52	52	100.0%	95	95	100.0%	72	72	100.0%
HR2	65	53	81.5%	65	64	98.5%	111	105	94.6%	83	82	98.8%
HR6	38	25	65.8%	38	35	92.1%	49	45	91.8%	50	48	96.0%
HR4	58	51	87.9%	58	58	100.0%	98	95	96.9%	88	86	97.7%
HR7	10	6	60.0%	10	10	100.0%	21	20	95.2%	19	19	100.0%
HR9	35	25	71.4%	35	33	94.3%	55	40	72.7%	63	61	96.8%
HR8	19	11	57.9%	19	18	94.7%	36	26	72.2%	29	29	100.0%
WR13	7	2	28.6%	7	6	85.7%	10	8	80.0%	14	12	85.7%
HR5	9	7	77.8%	9	9	100.0%	17	5	29.4%	15	13	86.7%
SY8	1	1	100.0%	1	1	100.0%	0	0	0.0%	9	9	100.0%
HR3	1	0	0.0%	1	0	0.0%	5	2	40.0%	3	3	100.0%
NP25	2	0	0.0%	2	2	100.0%	1	1	100.0%	3	3	100.0%
WR6	0	0	0.0%	0	0	0.0%	8	8	100.0%	6	6	100.0%
SY7	0	0	0.0%	0	0	0.0%	2	0	0.0%	3	3	100.0%
TOTAL	297	223	75.1%	297	288	97.0%	508	450	88.6%	457	446	97.6%

Aug-08

	Cat A 8Min			Cat A 19Min			Cat B 19 Min			Cat C Combined		
	TOTAL	0-8 mins	%	TOTAL	0-19 mins	%	TOTAL	0-19 mins	%	TOTAL	In target	%
HR1	61	54	88.5%	61	61	100.0%	104	102	98.1%	79	79	100.0%
HR6	37	22	59.5%	37	36	97.3%	61	57	93.4%	49	49	100.0%
HR4	42	34	81.0%	42	42	100.0%	105	102	97.1%	70	69	98.6%
HR2	46	34	73.9%	46	44	95.7%	116	109	94.0%	51	51	100.0%
HR5	13	9	69.2%	13	11	84.6%	12	4	33.3%	18	18	100.0%
HR9	23	11	47.8%	23	22	95.7%	50	46	92.0%	53	51	96.2%
WR6	7	0	0.0%	7	6	85.7%	7	6	85.7%	6	6	100.0%
HR7	19	17	89.5%	19	19	100.0%	23	21	91.3%	28	27	96.4%
SY8	1	0	0.0%	1	1	100.0%	5	4	80.0%	4	4	100.0%
WR13	5	1	20.0%	5	5	100.0%	10	10	100.0%	12	12	100.0%
HR8	22	16	72.7%	22	22	100.0%	44	36	81.8%	24	23	95.8%
NP25	1	1	100.0%	1	1	100.0%	0	0	0.0%	2	2	100.0%
SY7	1	0	0.0%	1	0	0.0%	0	0	0.0%	2	2	100.0%
HR3	0	0	0.0%	0	0	0.0%	7	2	28.6%	4	4	100.0%
LD8	0	0	0.0%	0	0	0.0%	1	1	100.0%	0	0	0.0%
TOTAL	278	199	71.6%	278	270	97.1%	545	500	91.7%	402	397	98.8%

LOCAL INVOLVEMENT NETWORK PROGRESS REPORT

Report By: Mr Mike Vials, LINk Herefordshire Team Leader

Wards Affected

County-wide

Purpose

1. To consider a progress report on the development of the Herefordshire Local Involvement Network (LINk).

Financial implications

2. Area Based Grant to Herefordshire Council of £119,000 a year for three years, starting 1 April 2008.

Background

3. The Committee was informed in April 2008 of the appointment of the Carers Federation Ltd, an Organisation based in Nottingham, as host organisation and of some key performance indicators and Service Level Agreement targets for that organisation.

4. Amongst other things the Committee agreed that a report on the LINk's structure and proposed work plan be presented to a future meeting. The Committee also welcomed the benefit of establishing performance indicators for the LINk from the outset and agreed to seek regular outcome reports. To ensure a strong working relationship with the LINk it was also agreed that it be invited to nominate up to two representatives to attend and contribute to meetings of the Committee.

5. A progress report by Mr Mike Vials, LINk Herefordshire Team Leader is appended.

RECOMMENDATION

THAT the report be noted, subject to any comments which the Committee wishes to make.

BACKGROUND PAPERS

- None

LINk Herefordshire – summary of work done to date – September 2008

The LINk contract was awarded to Carers Federation Ltd. in April 2008.

Immediately

A press release announcing this was issued to local media on 14th April 2008. The new host organisation was also publicised in the Council publication (Herefordshire Matters) which is sent to 80,000 households in Herefordshire quarterly, and in council employees' monthly newsletter (First Press), and in elected members' publication Services Update.

A letter was sent to all Councillors, Board members of the PCT, Hospital Trust and WM Ambulance Service, informing them of Herefordshire's Local Involvement Network (LINk), host appointment and LINk Operations Manager, Kath Soanes contact details on 16th April 2008.

Recruitment

The Herefordshire team leader started work on 2nd June 2008.

Interviews were held in late June for the part-time community engagement worker and the position offered. The successful applicant is offered as a fulltime secondment from Hereford council and arrangements to enable this secondment are nearly complete

Office accommodation

While the initial arrangement fell through a 0844 number has been established and promoted for the public to call locally. The LINk Herefordshire office was established during mid August.

Promotion

LINk participant packs were sent to a database of local stakeholders, voluntary groups and ex PPI Forum members that had given their details to Herefordshire Council June 2008. This informed people of the role of LINk, the details of the host agency and began capturing local people's concerns.

The main database was derived from participants at a Herefordshire LINk stakeholder event which had been held in December 07 to determine what people wanted of a LINk and what they felt a host should offer to make it effective.

Prior to April 08, council officers had given many presentations and attended many meetings to brief and discuss the forthcoming LINk with PPIFs, local authority directorates, scrutiny committees, health bodies, non-government organisations and service-user led groups.

Since the abolition of PPIFs, Ex-PPIF members and other interested parties have been sent information about important health and social care issues happening at present (notably a strategic review of provider services, and plans to set up a GP-led 'polyclinic) in case they wish, in the transitional period, to pursue these through other avenues such as health scrutiny.

The health scrutiny committee has received regular updates on LINk progress.

The team leader has attended:

- LINk presentations to inform the public
- Hereford Council and PCT Involving People Strategy meetings – 5/06, 16/06, 10/07, 15/07, 25/07 various sub group meetings to decide public involvement events plan, press release, advertising and marketing communications plan.
- Network/visibility opportunities – including People's Union, Herefordshire Centre of Independent Living AGM, Mental Health Workshop to Develop the West Midlands Specialised Commissioning Patient and Public Engagement Strategy, Adult Social Care scrutiny committee meeting.

Directly engaging the Public and Health & Social Care organisations working locally

Working collaboratively, but independently with the Council and PCT from a shared platform with costs shared.

- Throughout August, 16 public involvement/engagement events were delivered at eight venues across the county, to inform the public of Herefordshire LINk and seek nominations to the steering group. Invitations had been sent to organisations and individuals and advertising placed in local media.
- Interviews have been given and press coverage or editorial should result.
- Leaflets explaining the purpose of LINk, how to get involved and how to raise issues, with the host contact details had been included with The Journal newspaper and distributed to 50,000 homes. An updated version of this leaflet will additionally be included in the September publication of Herefordshire Matters and distributed to the other 30,000 homes across the County.

These events were also used to engage members, participants and volunteers, and to further extend our knowledge of local organisational networks. The events also helped inform the Herefordshire Council & PCT joint 'involving people strategy', and determine the community preferred communication process over local health and social care issues. This intelligence will help to inform the LINk work plan

Election of the Steering Group

Through these public meetings we established nominees for the LINk steering group and asked for a guide as to what is wanted of the LINk.

A meeting of nominees was held on September 11th that decided the LINk steering group and the first full meeting is planned for mid October 2008.

NEXT

We will continue to work to support the steering group by offering suggestions on Governance and Protocols including:

- Complaints policy
- Procedure for dealing with conflicts of interest
- Agreement of roles and responsibilities
- LINk terms of reference
- Protocols with relevant Overview and Scrutiny Committee

- Protocols with Health Trusts and Social Care Services to ensure good communication and procedures for visits
- Protocols for communication and work with other relevant LINks
- Training policy and plan in place for LINks members
- Expenses policy

Also to support LINk Herefordshire to agree structure and appropriate groups (e.g. steering group, task groups) formed *(e.g. evidence of membership of group, meeting minutes)* and to agree work plan

Also to work across LINks boundaries – engaging in meetings, events, consultations and studies to better inform LINk Herefordshire of developing process and best practice.

Mike Vials LINk Herefordshire Team Leader August 5th 2008.

JOINT COMMISSIONING PLAN FOR PEOPLE WITH MENTAL HEALTH PROBLEMS 2007-11

Report By: Mike Metcalf, Senior Planning and Change Officer

Wards Affected

County-wide

Purpose

1. To consider the current status of the Joint Commissioning Plan for people with Mental Health problems and future reviewing process.

Financial Implications

2. To be determined.

Background

3. The Joint Commissioning Plan (attached) covers the integrated mental health services for adults and older people covered by a Section 75 (Health Act) Agreement. It was approved by the Adult Commissioning Board at its meeting on 7th February 2007.

4. Since the plan was signed off considerable progress has been made in adult services to establish community based rehabilitation and recovery services. The older people's service has also developed specialist intermediate care and domiciliary care services.

5. The Adult Commissioning Board has responsibility for monitoring all integrated services covered by Section 75 agreements and has received regular performance, highlight, exception and finance reports to monitor both adult and older people's services. This will continue.

6. Later in 2007, the Council and PCT collaborated on updating the needs analysis for adult services and visited exemplar services to help in future service modelling. Similar work is currently underway for older people's services, linked to the current review of services provided by the Primary Care Trust.

7. The Commissioning Plan will be reviewed to take account of national and local policy changes and the intelligence gathered from the needs analysis. National and regional policy is to involve "stakeholders" closely in planning and commissioning and the Herefordshire process is designed to ensure this. New Mental Health Partnership Boards are being set up to provide a wide forum for the review of commissioning intentions, priorties and targets.

8. There is parallel work on mental health finances beginning with a zero-based budgeting exercise this year. The intention is to align the budgets with commissioning intentions of the revised commissioning plan.

RECOMMENDATION

THAT the Committee notes the status of the Joint Commissioning Plan and the processes for its review.

BACKGROUND PAPERS

- Joint Commissioning Plan for People with Mental Health Problems 2007 -11

Joint Commissioning Plan

For

People with Mental Health Problems

2007-11

Herefordshire Council

Herefordshire Primary Care Trust

CONTENTS **Page**

1. Introduction

One in four adults will suffer from mental illness at any given time ranging from feelings of distress to dementia. Mental health problems are unfortunately not particularly well understood by the wider community due to fear and stigma.

This commissioning plan addresses the mental heath needs of adults over the age of 18. It focuses on improving the health and quality of life for people with mental heath needs and sets the strategic vision for the next four years in order to meet these needs. It is aimed at managers employed in commissioning and providing services rather than the general public.

The plan has been informed by national guidance, local strategic plans, local needs assessment and stakeholder experience. These drivers have identified targets, outcomes and specific guidance.

The information has been used to develop a position statement showing how services in Herefordshire currently compare against the targets and outcomes, (Appendix 3a and 3b). The position statement has informed the commissioning intentions for the next four years.

This plan lays out the vision for an integrated model that will enable local community organisations to contribute towards the provision of support and reduce the impact of mental ill health on the wider community.

2. Aims and measures for Mental Health Services.

This plan addresses the commissioning intentions for mental heath services for adults over the age of 18 years. It does not include substance misuse, which is the subject of a separate plan. It illustrates the need to transform local services, in order to ensure that people who experience mental health problems can access the most appropriate service for them, in a setting that promotes wellbeing and reduces the stigma often associated with mental ill health.

The aims of the plan are to:

- Promote the mental well-being of the population of Herefordshire;
- To ensure the needs of adults over the age of 18 with mental health problems are positively and effectively responded to;
- To satisfy the requirements of national policy and local priorities;
- To further develop the commissioning process in order to deliver to the aspirations of users and carers and expectations of choice and recovery;
- To provide a framework to enable engagement with a range of strategic partners to develop new service solutions to meet local needs;

- Promote social inclusion and recovery with an emphasis on;

    - Increasing access and provision to decent accommodation
    - Promoting employment opportunities
    - Combating stigma
    - Promoting Choice

Mental Health Services must link with other agencies and programmes to promote the full citizenship and social inclusion of people with mental ill health

3. Monitoring

Where services are commissioned, the Primary Care Trust and Council have existing systems for monitoring individual contracts. Both organisations have internal performance management systems and are subject to external inspections and performance monitoring of commissioned services.

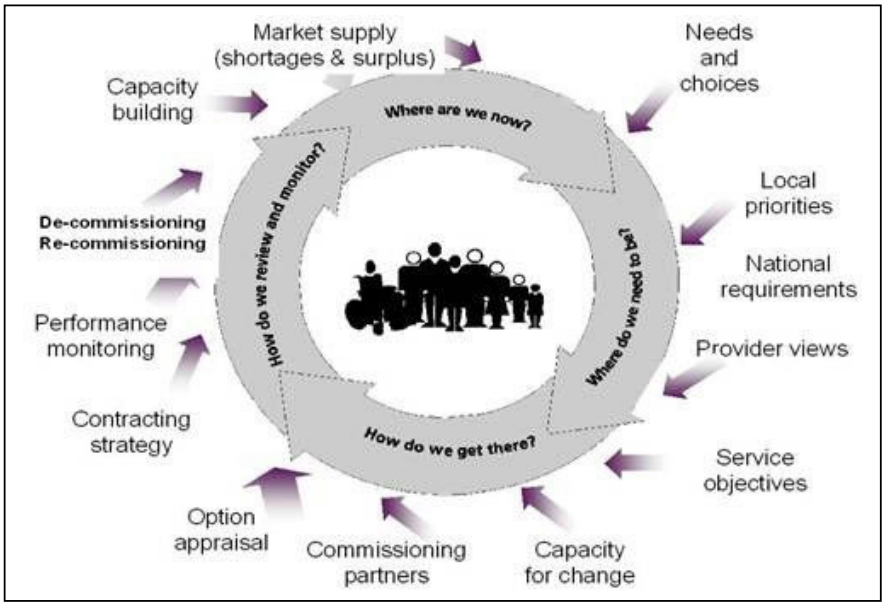
4. Carers Needs

This plan includes some services that assist carers by supporting the people they care for. Carers' issues are referred to in this plan in the sections on needs assessment, financial framework and commissioning intentions. The commissioning of services which have specific benefit for carers is co-ordinated through the carers' commissioning plan, which is referenced where appropriate. This is because some services that support carers are most easily managed within the service user specific arrangements e.g. day services for a specific service user group inherently support carers whereas training would help carers across a range of client groups.

5. The Commissioning Process

Commissioning has been defined as 'The process of specifying, securing and monitoring services to meet people's needs at a strategic level. This applies to all services whether they are provided by the local authority, NHS, other public agencies or by the private or voluntary sector' (*making ends meet website*….. also quoted in "*Report & Action Plan: Strategic Planning and joint commissioning in Herefordshire" p6, The Alliance 2006*)

This process is cyclical. Contracting and procurement are part of the process.



The Commissioning Cycle

The cyclical nature of the commissioning process and the diagram are echoed in:-

- "Every child matters – Joint planning and commissioning framework for children, young people and maternity services – 2006" *Department for Education and Science*
- Report & Action Plan: "Strategic planning and joint commissioning in Herefordshire" *The Alliance of Voluntary Sector Organisations in Health and Social Care (The Alliance), 2006*
- "Health Reform in England Update and Commissioning Framework: Annex. The commissioning framework" Department *of Health July 2006.*

The introduction of Practice Based Commissioning within the NHS will make the engagement of GPs in the process increasingly important. There will be more changes in the light of the Public Service Trust arrangements and "Commissioning and Person Centred NHS" which will become clearer during 2007.

This commissioning plan captures the situation and future intentions at a particular stage in the process. Any commissioning plan can vary in its relation to other strategic documents and in what it includes. It will reflect the level of the underpinning analysis and planning ranging from a statement of strategic intent to a detailed comprehensive statement of purchasing intentions.

6. Assessment of Need.

Herefordshire is the most sparsely populated unitary authority in England with only two other English counties having lower population densities. About one third of the population lives in Hereford City and a little more than a fifth in the market towns, although using the official rural definition, 55% of the population live in a rural area.

The black and minority ethnic (BME) population in Herefordshire rose from 2.7% of the total population in 2001 to 3.3% in 2003. The number of registered seasonal workers coming into Herefordshire remains relatively stable however there continues to be an in-migration of people from Eastern Europe.
Source: Health in Herefordshire. Director of Public Health Annual Report 2006

There are areas of poverty and deprivation within the County concentrated in Hereford City (South Wye and Central wards) and Leominster and most parts of the County fall within the 10% most deprived nationally in terms of geographical access to services.

There is a serious shortage of affordable housing with homelessness becoming a growing problem. *Source: The community Strategy for Herefordshire 'A sustainable Future for the County'2006.* A Housing plan for people with Mental Health Problems is currently under development. This plan will identify the accommodation needs of people with mental health problems over the next three years.

Carers

Carers play a vital role in helping to look after service users of mental health services. Providing help, advice and services to carers can be one of the best ways of helping people with mental health problems. The strains and responsibilities of caring can have an impact on carers' own mental and physical health and these needs must be addressed by health and social services.

The National Service Framework for Mental Health identified that all individuals who provide regular and substantial care for a person on CPA should;

- Have an assessment of their caring, physical and mental health needs, repeated on at least an annual basis
- Have their own written care plan which is given to them and implemented in discussion with them.

In 2001, 10% of Herefordshire's population provided unpaid care at some level (17,600) which is the same as England as a whole but slightly lower than the West Midlands Region (11%). Across all areas the majority of Carers provide between 1 and 19 hours per week.

A specific Carer's needs analysis in Herefordshire has not yet been carried out; however carers needs have been widely evidenced nationally and locally
Source: Joint Commissioning Plan for Carers Services in Herefordshire 2007-11

7. Financial Framework

7a. Current Financial Framework

The health care economy within Herefordshire defines its investment plans through the Local Delivery Plan whilst Adult Social Care Services of Herefordshire Council develop their service plans and investment priorities through the local authority. Some services, including adult and older people's mental health services are commissioned jointly by the Council and Primary Care Trust under arrangements made under Section 31 of the Health Act.

In 2005/06 £19 million was jointly invested in mental health services by Herefordshire Primary Care Trust and Herefordshire Council which is detailed below.

Primary Care Trust	£000s	Social Care	£000s
Provider Mental Health Services	9,301	Community Care - Residential	1,742
WM Specialised Services	1,876	Community Care - Nursing	1,377
Special Placements (out-county)	1,174	Social work costs	636
Commissioning (SLA)	855	Service Level Agreements	236
Continuing Health Care	527	Out of hours services	62
Free Nursing Care/Incontinence	487	Homecare	592
The Shires Nursing Home	296	Other (transport Drug/alcohol)	111
		Access/Systems capacity Grant	(87)
Total	**14,516**	**Total**	**4,669**

Significant resources are added to service delivery by the activity of third sector providers in attracting additional funding.

Carers

Specific funding for Supporting Carers 2006/07

Service	Funding Responsibility
Carers Grant	
Bob Izon Unit (nursing respite)	Herefordshire PCT
Elmhurst (residential respite)	Herefordshire Council
Alzheimers society – day care	Herefordshire Council
Carers Action (spot purchase)	Herefordshire Council

8. The health and social care market

Mental Health Services within Herefordshire are currently commissioned from the Primary Care Trust and is provided by an integrated service which offers support to people over the age of 18 with Mental Health problems. Services are also commissioned from third and private sector providers.

Herefordshire PCT and Herefordshire Council have agreed a compact with the Third Sector Alliance which includes a code of conduct to govern the commissioning and procurement relationships with the Third Sector. The commissioners have invested in the Alliance and the Compact to support Third Sector development that will provide greater diversity of provision.

Services are commissioned from private sector providers within the procurement roles of the Council and PCT. The care home market and domiciliary care market account for about 80% of the council's expenditure on social care services for people with mental health problems. A piece of work is currently underway to develop and improve working relationships between non-statutory partners and the PCT.

Within the health commissioning process of the PCT, GP practices will gain more responsibility for commissioning through Practice Based Commissioning. Budgets will be devolved to practice level to allow GP's to take commissioning initiatives within the framework of the Local Delivery Plan.

The White Paper "Our Health, Our Care, Our Say" and recent NHS reorganisations ("Creating a patient led NHS") will make health care more market orientated by 2011 and promote more commissioning outside of the acute sector. The Health Services currently provided directly by the PCT (mental health, community hospitals, district nursing, therapists etc) will become more independent from the commissioning function of the PCT.

The introduction of individualised budgets in social care will lift some barriers to the current low take up of Direct Payments and lead to more individual commissioning and new relationships between the user, commissioner and provider. This is currently being piloted in Learning Disability services.

Care Homes

Herefordshire has 122 care home beds for adults (18-65) with mental health problems – 1.36 beds per 1,000 people compared to a national average of 1.28 and 896 identified EMI beds for older people with dementia - 25.99 beds per 1,000 people compared to a national average of 20.04. These figures are an overestimation as many beds are dual registered. Occupancy levels within the care homes in Herefordshire remain high and commissioners experience a system running near capacity. There remains a shortage of beds for people with mental health problems.

Block purchase
The Council currently block purchases the following from Shaw Healthcare following a transfer of council owned homes in 2004;

25 EMI residential care beds
7 EMI residential respite beds

The PCT currently block purchases 23 EMI nursing beds from Blanchworth Care and 10 EMI nursing respite beds at Bromyard Community Hospital.

The majority of homes are small, independent businesses often with individual owners. Very few homes accept referrals for placements at the Council's band rate with the majority of homes charging families a weekly top-up fee; however, above inflation fee increases have been agreed by the Council for the last two years.

Domiciliary Care

Herefordshire Council has developed block contracts with 4 providers of which 11% of the contracted hours have been allocated to Mental Health Services. Additional hours are purchased on a spot basis from generic domiciliary care agencies.

There are no domiciliary care agencies within Herefordshire that specialise in either mental health problems or dementia.

9. ADULT MENTAL HEALTH SERVICES

9a. Assessment of Need

Common mental disorders affect up to 1 in 4 of the population at any one time. Therefore in 2006 it is estimated that up to 18,874 people in Herefordshire aged between 18 and 65 years will be suffering some sort of mental health problem at any one time, although the majority of these people will be seen in primary care.

Local information systems are not available to identify unmet need and provide trend data that informs population based commissioning therefore we have been reliant on epidemiological information derived from national sources and extrapolated for the local population.

It should be noted that the population figures used were based on the population forecasts for Herefordshire 2003-2011 based on ONS 2002 Mid-Year estimates. Key epidemiological information – based on the Local Authority population figures – can be summarised as follows:

Diagnosis	Estimated number of people aged 16-65		No. clients on caseloads
	2006	2011	July 06
People with severe and enduring mental illness[1] *(300 – 1,500 per 100,000 adult population)*	340 – 1,699	341 – 1,702	1338
Prevalence rate for probable psychotic disorder[2] *(5 per 1,000 adult population)*	566	567	
Annual incidence of schizophrenia[3] *(0.1 – 0.2 per 1,000 population)*	11 - 23	11 - 23	
Prevalance rate for schizophrenia[3] *(3% per 1,000 population)*	340	341	340
Prevalence of early onset dementia[4] *(1 in 1,000 population 40-64 yrs)*	65	68	

[1] *Source: Keys to engagement, Sainsbury Centre for Mental Health*
[2] *Source: Psychiatric Morbidity among adults living in private households, 2000*
[3] *Source: Oxford Textbook of Medicine*
[4]

Between 2006 and 2011 it is estimated that the 15 -64 population of Herefordshire will increase by less than 1% therefore it is not expected that the incidence or prevalence of mental health problems will change significantly.
Source: Herefordshire Population Forecasts, 2002-based, Herefordshire Council, 2004

Gaps in Service

Gaps in service that have been identified;

- NSF and NHS Plan targets for 'new workers'
  - Graduate workers,
  - Community Development workers,
  - Comprehensive Crisis assessment/home treatment service – 24/7 working
  - Comprehensive Early Intervention service
- Comprehensive Advocacy Services for people with mental health problems and their carers
- Specialist carer support services, including carers' support workers
- Comprehensive liaison between primary and secondary care – implementation of protocols for depression and other mental illnesses
- Comprehensive recovery and rehabilitation services
- Adequate range of housing options and housing support
- Comprehensive Mental Health Promotion services linking with suicide prevention and social inclusion
- Range of employment and vocational opportunities and support
- Community services for people with a personality disorder.
- Local/community services for people with an Eating Disorder
- Wide use of Direct Payments and individualised budgets
- Safe House/respite house
- Equitable distribution of psychological therapies
- Community based day opportunities that promote social inclusion
- Access to information for service users and carers
- Capacity to financially support service user and carer involvement
- Development of Women's Services

9b. Current Financial Framework

This section describes the comparative financial information for Herefordshire in relation to national and comparator group peers. It identifies indicators of relative efficiency for mental health services.

National Institute for Mental Health Financial Mapping:

The National Institute for Mental Health in England (NIMHE) commission an annual national Financial Mapping exercise, conducted by Mental Health Strategies, in relation to Working Age Mental Health Services.

Data is collected in relation to NSF LIT areas and comparative analysis is provided in relation to three comparator groups – England, the Strategic Health Authority and the ONS cluster. The ONS cluster is a classification produced by the Office of National Statistics (ONS) which allocates all local authorities to groups of areas with broadly

similar characteristics. Herefordshire is allocated to the ONS cluster - Prospering small towns.

It is recognised that there are some inaccuracies in the data – due to inaccurate or inconsistent data entry but the study does provide the best available national comparative financial data.

Per Capita Expenditure on Mental Health Services;

Overall Weighted Investment Per Head

2005/06 Total Health and Social Care Investment in Working Age Mental Health	Herefordshire	SHA	ONS Comparator area[1]	England
£12,958,000	£153.70	£146.30	£146.30	£149.90

This indicates that Herefordshire spends nearly 5% more – taking into account the weighted population – than the average for the comparator ONS cluster. Figures for the weighted investment per head in terms of service categories indicate the areas where we are spending significantly higher or lower in comparison with other areas:

- Areas of high weighted investment in relation to the ONS cluster were: Community Mental Health Teams and Secure and high Dependency Provision,

- Areas of low weighted investment in relation to the ONS cluster were: Access and Crisis Services, Accommodation, Home Support Services and Psychological Therapy Services

Further summary:

Herefordshire has a similar percentage spend on direct costs compared to other comparator groups. This suggests that Herefordshire is as efficient as other comparators.

The percentage expenditure by service area for Herefordshire was within a similar range to comparator groups for most service areas. The widest variations in relation to the ONS cluster were Community Mental Health Teams which was 5% higher at 20% of the total and Secure and High Dependency Provision at 8% higher at 23% of the total
However, home support services was 3% lower at 0%; psychological therapy services was 3% lower at 1% and accommodation which was 2% lower at 6%.

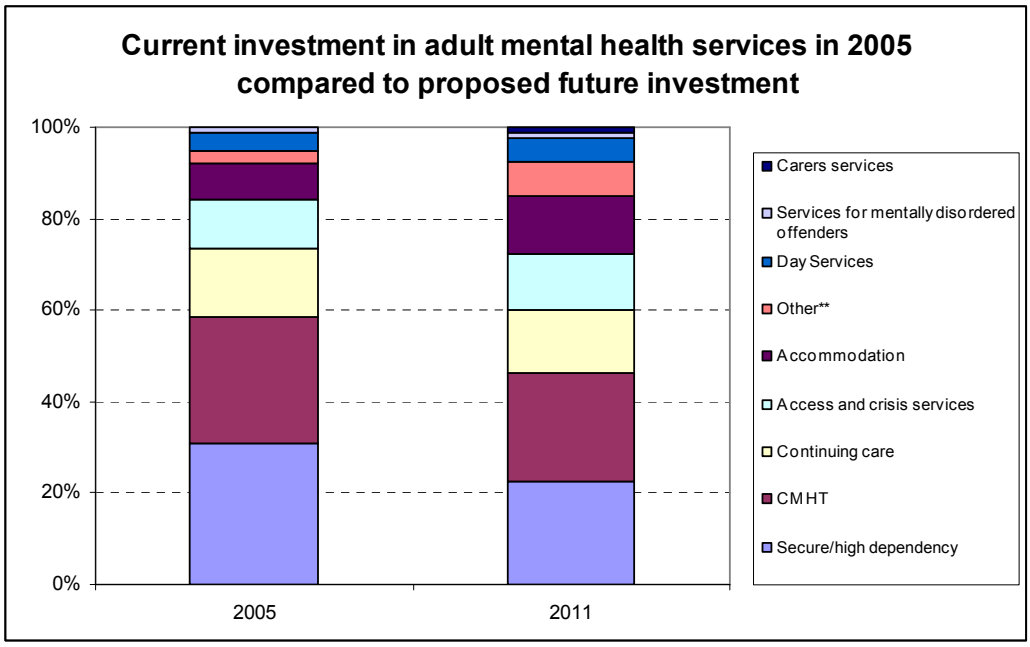
9c. Anticipated future financial framework

2007-08 is the last year in which PCT revenue allocation has been identified by the Department of Health (HSC2005/001) and in which associated development funds for people with mental health problems are highlighted in the Local Delivery Plan. From 2008-09, resources are unlikely to increase therefore to meet the diverse needs of people experiencing mental health problems it will be essential to re-engineer current services into a mixed economy of providers

Achieving our aims will depend on the effective use of existing resources, including re-designing existing services, decommissioning some services combined with investment from non-traditional sources.

In line with national guidance, community services will be further developed to ensure that everyone with a severe mental illness receives the range of services they require and so reduce the need for hospital admission or permanent long term care. Therefore some resources will be redirected from these services.

The following graphs show current investment by service area compared with the proposed future split, which is in line with the English average as identified in the Financial Mapping exercise 2005 – reducing investment in high dependency and inpatient services and increasing investment in community services.



2005 figures from autumn 2005 monitoring LIT Results of Financial mapping for Herefordshire
"Day Services" includes employment and training
"Other" services include support services, Direct payments, Home support services and health promotion services

This plan acknowledges the requirement to invest the resources across a number of mental health providers and to continue to direct resources into local, Third Sector providers, particularly in relation to providing support and treatment interventions to people with common mental health problems. In line with national guidance, resources will be directed at services that will support people to remain in their own homes.

This will involve more partnership arrangements with private and third sector providers. In the case of Third Sector organisations this will fall under the framework of the Funding and Procurement Guidelines of the Herefordshire Compact. Similar working relationships are currently being developed with private sector providers by the Council and PCT.

9d. The health and social care market

The PCT and Council commission the following services for adults with mental health problems from an integrated mental health service which offers support to people over the age of 18 with Mental Health problems and from the independent and third sectors.

Community Services
5 x Community mental health teams
Crisis Assessment Home Treatment Team
Forensic Assessment Community Team
Assertive Outreach Service
Early intervention in psychosis Service
Psychological Therapy and Counselling Service
Deliberate self Harm Psychiatric Liaison service
Acute inpatient Unit
38x beds Stonebow Unit (Mortimer/Jenny Lind wards)
4 x beds Enhanced Care Area
9x beds Oak House – Residential Rehab Unit
NHS Day Hospital
Stonebow unit
Registered Care Home
13 x beds - The Shires Nursing Home
10 x beds - Advance Housing 54-56 New Road, Bromyard (residential)
Adult Placement
residential/nursing homes – spot purchase
Specialist out-of-county placements/Continuing Health Care
Forensic – secure/medium/low secure placements
Supported Housing
Community Support Service (supporting People funded)
9 x beds Ferncroft – transitional housing scheme
Madonna House – transitional housing scheme
Etnam Street, Leominster – transitional housing scheme
Intensive supported housing project
Day Centre/Resource Centre
Herefordshire MIND – Heffernan House/Drop-in centre
Employment Schemes
Shaw Trust – MH employment project
Mental Health Promotion
Mental Health Promotion – via PCT Public Health Directorate – Information, Training etc.

Many services are provided by the third sector without statutory funding. These services include;

- Education and Leisure Opportunities
- Primary Care Counselling Service
- Carer Services
- Service User Group/Forum
- Advocacy Service
- Herefordshire Rural Support Network

9e. Future Commissioning Intentions

Services will be commissioned to support the aims outlined in Section 2 above.

Mental Health Services within Herefordshire will be developed in line with the vision identified by the Local Government Association, the NHS Confederation, the Sainsbury Centre for Mental Health (SCMH) and the Directors of Social Services in the policy paper 'The Future of Mental Health: a vision for 2015 where the focus of public services will be on mental wellbeing rather than on mental ill health.

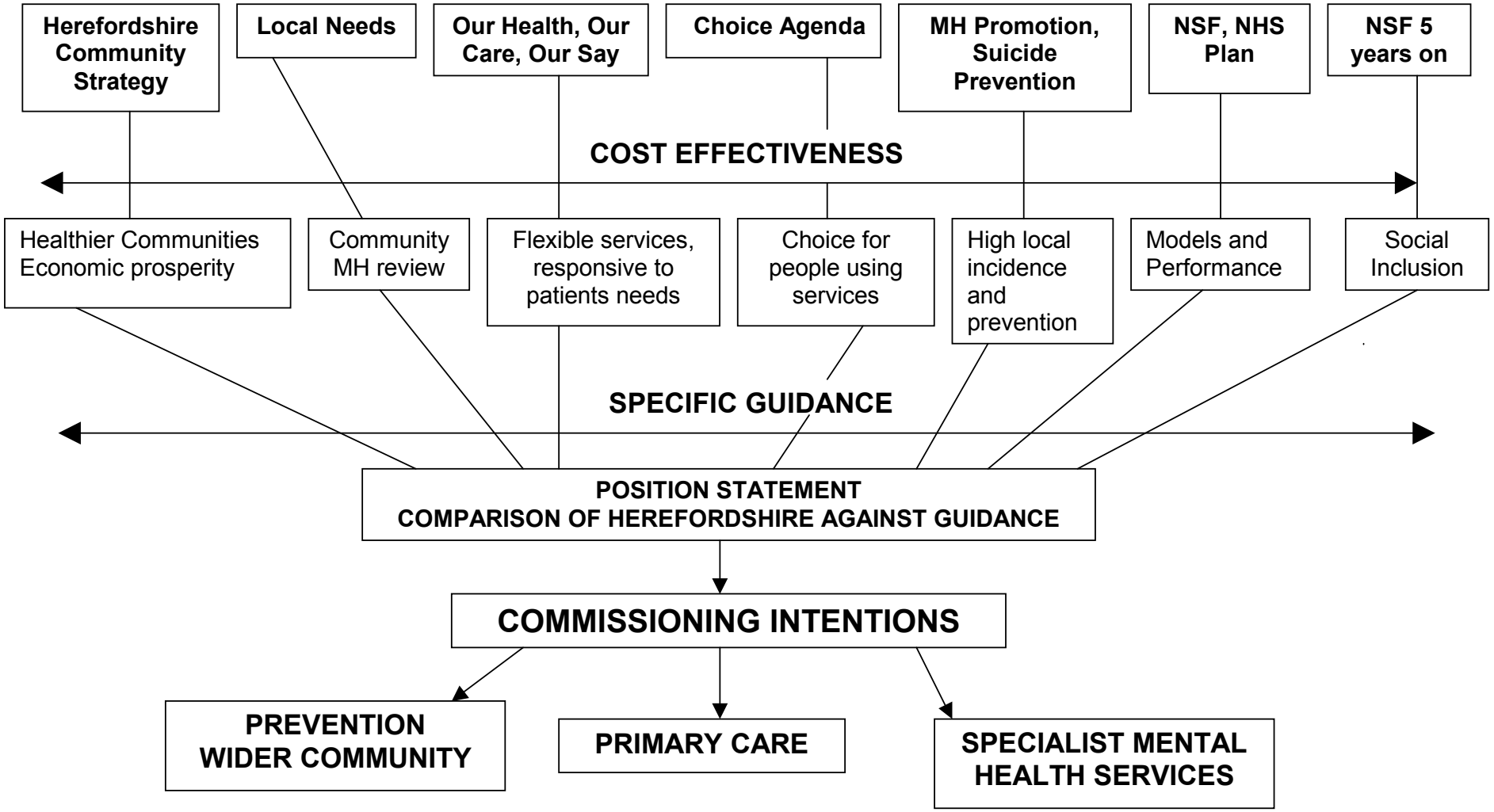
Therefore some changes will be required in the levels of service with a move in emphasis towards less intensive services that support independence as resources can be freed up.

Across the range of service provision the priority areas are;

- Wider community/ prevention,
- Primary care
- Specialist mental health services.

Adults with mental health problems

Drivers



COMMISSIONING INTENTIONS

PREVENTION/WIDER COMMUNITY (Social inclusion)	PRIMARY CARE	SPECIALIST MENTAL HEALTH SERVICES
Standard 2 NSF		Standard 1 NSF
Standard 3 NSF		
Standard 4 NSF		
Standard 5 NSF		
Standard 6 NSF		
Standard 7 NSF		
NSF targets • Community Development workers • Mental Health Promotion • Suicide prevention **NSF 5 years on/OHOCOS/Herefordshire Community Strategy/local targets** • Day Services • Employment • Education • Leisure opportunities • Housing/supporting people • Access to advice and information • Service directory • Advocacy • Benefit Advice • User and carer involvement • Community Support Networks	**NSF targets** • 24hour access to local services • Early Intervention service • Graduate Workers • Primary care protocols/care pathways **Local priorities** • Child Adolescent Mental Health Service interface/access • Psychology/ Counselling services	**NSF targets** • Crisis Team - gatekeeping • Assertive Outreach Team • Carers Support • STaR workers • Crisis Accommodation • Single point of access • Psychological Therapies **Our Health, Our Care, Our Say** • Direct payments/individualised budgets **Local priorities** • Personality Disorder service • Eating Disorder service • Rehabilitation & Recovery service • Eligibility Criteria • Learning Disability/Autistic Spectrum Disorder /Child and Adolescent Mental Health Service interface

Standard 1 *– Mental Health Promotion,*
Standard 2 & 3 *– Primary Care and Access to Services*
Standard 4 & 5 *– Effective services for people with severe mental illness*
Standard 6 *– Caring about Carers*
Standard 7 *– Preventing Suicide*

These commissioning intentions are explained further below;

In reviewing current provision and the desire to enhance access, reduce stigma and promote inclusion and choice, a programme of major change will be required. This will require some changes in the levels and patterns of service. There will be a move in emphasis towards developing specialist services for those most in need, preventative services for those who are trying to live independently and working in partnership with other agencies to provide services for the wider community, e.g. ensuring wellbeing.

1. PREVENTION/WIDER COMMUNITY (Social inclusion)

a) The achievement of key NSF targets

- *Community Development workers*
- Development workers will make links between mental health services and black and ethnic communities in order to ensure good access for all minority groups.
- *Mental Health Promotion*
- To improve mental health by promoting mental wellbeing "because mental wellbeing is crucial to good physical health and making healthy choices" (The Future of Mental Health: a Vision for 2015, SCMH 2005)
- *Suicide prevention*
- A Local suicide strategy to be implemented with good systems for measuring its impact and effectiveness including a suicide audit which results in the suicide rate being reduced by one fifth by 2010. Mental Health promotion and suicide prevention will be amalgamated into one programme of work.

b) Day Services/Leisure opportunities

To develop community resources with improved access to mainstream opportunities that promotes social inclusion.

c) Employment/Education

The development of a range of services and support to enable people with severe mental health problems to access or retain paid employment, mainstream education/training or integrated voluntary work in the local community as identified within "Report of a Service Evaluation of Help to Gain and Retain Work for People Using Herefordshire Mental Health Services by Occupational Therapists"

There are defined and agreed vocational and social outcomes for people with mental heath problems.

d) Housing/supporting people

The recommendations of the housing plan will be implemented to provide an adequate range, number and quality of housing and support options within Herefordshire to enable service users to remain in their own home wherever possible. The commissioners will work with Supporting People to identify areas of joint work.

e) Access to advice and information

Comprehensive and accessible information available on local services and diagnoses, including an up-to-date service directory

f) Advocacy

To ensure service users have access to independent advocacy to a level and in ways which are sufficient to meet local needs.

g) Benefit Advice

Endure that entitlement to benefits is being taken up in full, by developing signposting to appropriate agencies for benefits/welfare rights information

h) User and carer involvement

Expand the engagement and involvement with service users in planning, monitoring and developing services. Develop a stable funding base for effective user initiatives.

2 PRIMARY CARE

Nearly a third of all GP consultations are related to mental health problems (SEU, 2004). Some 91% of these people are treated entirely in primary care (Hague & Cohen, 2005). Services provided within primary care need to be developed and co-ordinated to provide seamless services with secondary care (CAMHS/Adult mental health services/older adult mental health services with clear care pathways. Appropriate treatment protocols for depression, anxiety and other mental illnesses need to be implemented. The commissioning intentions for primary care mental health services include;

a) The achievement of key NSF targets

- *Early Intervention service* - A team that serves at least 61 people within the community and meets the 8 criteria required within the national model.
  The team;
  - Has capacity to intervene over a period of 3 years with first-episode psychosis
  - Is accessible to the full age range – 14-35 years.
  - Offers active monitoring of individuals who are considered high risk of psychosis
  - Has caseloads of no more than 15 first-episode psychosis cases per case manager.
  - Employs a multidisciplinary staff mix
  - Has a system in place to cover out-of-hours and weekends
  - Has a strategy for early detection and engagement of high risk cases.
  - Routinely monitors outcomes
- *Graduate Workers*
  To provide therapies for people with less severe and enduring mental health problems within primary care and to liaise between primary care and social care/secondary care services including the development, implementation and promotion of primary care protocols/care pathways

b) 24hour access to local services

Develop single point of contact into the mental health service to allow signposting and further information

c) CAMHS/LD interface/access

Seamless services between primary care and social care/secondary care (CAMHS, Adult mental health services, older adult mental health services, Learning Disability services) irrespective of age

d) Psychology/ Counselling services

A range of equitable counselling services provided throughout Herefordshire.

- Mental Health Promotion & Primary Care Programme (ref. CSIP West Midlands)
- Mental Health Promotion toolkit implementation with reference to evidence based interventions - Signposting etc.

3. THE DEVELOPMENT OF SPECIALIST MENTAL HEALTH SERVICES

In order to meet key NSF targets and to manage the increasingly complex presenting needs of some people with mental health problems, the increase in the number of requests for placements and high occupancy rates within the inpatient unit necessitates some changes in the levels and patterns of specialist mental health services. The commissioning intentions for specialist mental health services include;

a) The achievement of key NSF targets

- *Crisis Resolution and Home Treatment* – A crisis assessment and home treatment team 'gate-keeping' admissions to the inpatient unit and providing alternatives to admissions, covering the county 24 hours per day, 7 days per week which results in reduced admissions and occupancy rates.
- *Assertive Outreach Team* – Providing support to at least 54 people living in the community with severe and enduring mental health problems.
- *Carers Support* – Comprehensive support provided to carers including routine carers' assessments performed.
- *STaR workers* – 9 workers trained in recovery, providing sustained and detailed support to maintain people in the community.
- *Crisis Accommodation* – an alternative to in-patient admission
- *Single point of access* - Single point of contact. Clear care pathways between all elements of mental health services Implement and promote a single point of access and agreed care pathway into the acute services – including in-patient units.
- *Psychological Therapies* - An equitable countywide service providing a range of interventions.

b) To increase the number of people receiving direct payments/ individualised budgets

Direct payments/individualised budgets offered to all service users. A % increase in the number of people receiving direct payments/individualised budgets each year.

c) The development of Personality Disorder services

To provide access to a range of services coordinated to provide a multidisciplinary psycho/social approach for people with a personality disorder within the Mental Health systems.

d) The development of a community Eating Disorder service

To develop a comprehensive, equitable community service that reduces the need for extended inpatient admissions.

e) The development of a Rehabilitation & Recovery service

To develop a range of socially inclusive services that provide effective treatment, care and support within a care pathway that joins up services seamlessly within the recovery journey which will reduce the number of long term residential/ nursing/out-of-county placements.

10. OLDER ADULT MENTAL HEALTH SERVICES

10a. Assessment of Need

Herefordshire population has an older age profile than the West Midlands Region and England and Wales; 20% is 65 years and over compared with 16% regionally and nationally. This pattern is reflected in each of the 3 age groups within this: 65-74 year olds, 75-84 and 85 years and over.
The population in older age groups is forecast to increase more rapidly in Herefordshire than nationally, with an increase of 19% forecast for the 65 and over age group by 2011 and an increase of 50% projected from 2004 to 2020. This is particularly evident in the 85 and over age group.

The overall prevalence of dementia for those aged 65 is estimated to be 7.3% of which most (57%) are estimated to have moderate or severe dementia with a greater need for ongoing social and medical support.

The prevalence rate for dementia increases with age from less than 2% in those aged 65 to 69 to affect around a quarter of people aged 85 or over. There is a gender effect with more women than men with dementia in those aged 75 and over.

The estimated number of dementia cases in Herefordshire in 2005 is 2,660 people or 14.9 per 1,000 population, which is the highest in the West Midlands South SHA area.

The number of people with dementia in need of regular ongoing support (those with moderate to severe dementia needing community support and mild to severe dementia needing institutional care) is estimated to be 1,051 people in 2005, projected to grow to 2,070 by 2015. Incidence rates of dementia rise exponentially with age so due to the numbers entering this group, the rates of increase are very high as shown below

Estimates of numbers of people aged 65 and over with dementia in Herefordshire 2005 – 2015

HEREFORDSHIRE	Estimated Number			% change in number	
	2005	2010	2015	2005-2010	2005-2015
Older people with dementia	*2,660*	*3,029*	*3,450*	*14%*	*30%*
Older people with dementia in need of regular ongoing support	1,051	1,775	2,070	69%	97%

"Older People needs assessment report. August 2006". Spinks, M. Herefordshire Council
" " Bannerjee, A. West Midlands South Strategic Health Authority, 2005

The need for mental health services for older people with dementia will increase considerably over the next five years. Mental Health Services will have to be reconfigured to manage this increase.

Gaps in Service for older people with mental health problems

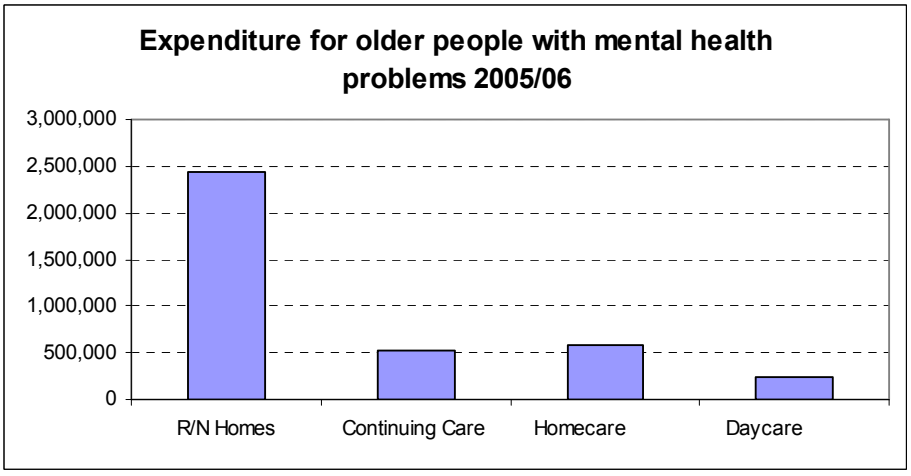
Identified gaps in service;

- Specialist carer support services – including day service provision/respite at home
- 24hr crisis rapid response service
- Home care providers with specialist mental health knowledge
- Mental Health awareness training for statutory/voluntary/independent sector
- Primary care mental health provision/ preventative services
- Telecare
- Dedicated services for younger people with dementia
- Comprehensive mental health promotion service
- Psychological therapies
- Easily accessible information
- Extra care and supported housing
- Use of direct payments and individualised budgets
- Intermediate care services
- Psychiatric liaison in district general/community hospitals
- Specialist inpatient area for older people with functional illness
- Service user/carer communication and consultation

Source: OPMH Strategy Action Plan, NSF older people Standard 7 – Action plan.

10.b Current Financial Framework

In 2005/06 expenditure on long term care for older people with mental health problems accounted for 74% of the total community care budget, with only 26% accounting for expenditure on home care, intensive home care and day care. This suggests an imbalance which could be hindering investment in preventative and lower level support services that may delay the need for expensive long term care.



Service	Expenditure
Residential/nursing home placements	£2,433,532
Homecare	£ 591,922
Continuing Care	£ 527,504

Daycare	£ 246,452

10c. Anticipated financial framework

2007-08 is the last year in which PCT revenue allocation has been identified by the Department of Health (HSC2005/001) and in which associated development funds for older people with mental health problems are highlighted in the Local Delivery Plan. From 2008-09, resources are unlikely to increase. Herefordshire Council are currently considering a model of service development and investment for the next 4 years based on the report "Future social care needs and services for older people and adults with learning disabilities in Herefordshire" *Source: Herefordshire Council, September 2006*.

Therefore to meet the needs of older people experiencing mental health problems it will be necessary to re-engineer current services. A range of services will be developed which will reduce the need for hospital admissions and delay need for long term care. These services will include more preventative services and an increase in low level support and crisis services to maintain people in their own homes.

10d. The health and social care market

Health and social care commission the following services for older adults with mental health problems

Team
Community Services
2 x Community mental health teams
Psychological Therapy Service
Acute inpatient Unit
14x dementia beds on Cantilupe ward; up to 6 older people functional beds on Mortimer ward, Stonebow Unit
NHS Day Hospital
Nan Belville Day Hospital
Memory Clinic
Registered Care Home
Residential/nursing homes – block purchase
residential/nursing homes – spot purchase
Specialist out-of-county placements
Continuing Health Care Placements
Supported Housing
Day Centre/Resource Centre
Alzheimers Society day Care Lawns Day Care
Mental Health Promotion

10e. Future Commissioning Intentions

Services will be commissioned to support the outcomes outlined in Section 2 above. The demography and policy direction will require some changes in the levels and patterns of service; however it will be necessary to meet the most intensive care needs of this disproportionately increasing number of people with mental health problems: preventative and low-level services can delay the progressive deterioration inherent to dementia if provided at the appropriate time. Services will be developed in line with the model in Appendix 4.

The general approach to growing mental health provision should be to offer the great bulk of services (including preventative services) as part of those provided in communities to all groups as detailed in the *Joint Commissioning Plan for Health and Social Care Services for Older People 2007-11*.

This will require the development of specialist skills in the care of older people with both organic and functional mental illness in a larger proportion of staff and wider awareness and basic skills training for all.

Support needs for older people with mental health problems will require a significant increase in health care provision, planned and delivered alongside the proposed improvements in social care as detailed in *"Future social care needs and services for older people and adults with learning disabilities in Herefordshire", Sept 2006. Martin S.*

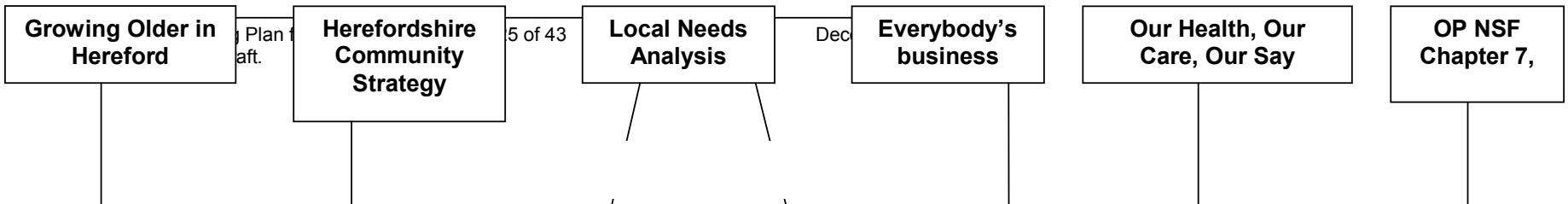
Across the range of specialist service provision the priority areas are;

- Promoting Good Mental Health in Older people
- Early detection and diagnosis
- Support for carers
- Providing a specialist mental health service for older people

SPECIFIC GUIDANCE

Older Adults with mental health problems

Drivers



COMMISSIONING INTENTIONS

Promoting Good Mental Health in Older people	**Early detection and diagnosis**	**Support for carers**	**Specialist mental health services**
Leading Healthy, active and independent lives by; Preventing ill health and promoting well being services, including telecare Improving access to advice and information. Extra Care and supported housing, including supporting people services Health and Mental Health promotion Lifelong learning Community safety schemes Community Support Networks	Mental Health education and training for staff in a range of services Direct payments and individualised budgets Advocacy Services Implement depression and dementia protocols	Comprehensive Support for carers including: - Respite options - Day opportunities - Flexible care and support for younger people with dementia - Carer assessments - Support which enables carers to maintain their own health and wellbeing and supports their caring role	Develop in-patient facilities that provide a full range of services for people with organic and functional illnesses Service for older people with functional illness Services for younger people with dementia. Psychological therapies Community support including; - Domiciliary care - Intensive home care - Intermediate care services - 24/7 rapid response team An increase of: - 25 EMI nursing placements - 41 EMI residential placements

7.1 Specific Commissioning Intentions

1. PROMOTING GOOD MENTAL HEALTH IN OLDER PEOPLE

a) Preventative and well being services, including telecare

A comprehensive range of preventative and well being services will be developed by the wider community, therefore mental health services must work in partnership with a range of organisations to ensure that older people with mental health problems and dementia are able to access these generic services.

b) Improved access to advice and information.

To work with adult services to develop comprehensive, overarching and accessible information available on local services for older people with mental health problems, including an up-to-date service directory.

c) Extra Care and supported housing, including supporting people services

An older person's housing plan is currently being developed which will include the future accommodation needs of older people with mental health problems. The commissioners will work with the Supporting People programme to identify areas of joint work.

d) Mental Health promotion

To work with the adult mental health service in improving mental health by promoting mental wellbeing

- Mental Health Promotion training for social care (statutory + voluntary) staff etc.
- Contributing to health and media programme to tackle stigma and discrimination.

2. EARLY DETECTION AND DIAGNOSIS

a) Mental Health education and training for staff in a range of services

Mental health services to provide mental health education and training for staff in a range of services.

b) Direct payments and individualised budgets

Direct payments/individualised budgets offered to all service users. A % increase in the number of people receiving direct payments/individualised budgets each year.

c) Advocacy Services

To ensure service users have access to independent advocacy to a level and in ways which are sufficient to local need

d) Implement depression and dementia protocols

Eligibility criteria and treatment protocols to be implemented within primary, acute and social care.

2) SUPPORT FOR CARERS

The commissioning intentions are to develop a range of appropriate services to support carers in partnership with adult services and other agencies which may include;.

- Respite options
- Day opportunities
- Flexible care and support for younger people with dementia
- Support which enables carers to maintain their own health and wellbeing and supports their caring role

3) SPECIALIST MENTAL HEALTH SERVICES

In order to meet key NSF targets and to manage the increasingly complex presenting needs of some people with mental health problems necessitates some changes in the levels and patterns of specialist mental health services. The commissioning intentions for specialist mental health services include;

a) In-patient units

Review all in-patient areas to develop a full range of services and facilities for older people with organic and functional illnesses. To consider;

- Separate units for older people with functional and organic illnesses;
- Appropriateness of environments for older people with functional mental health problems
- The availability of occupational therapy and physiotherapy.

b) Services for older people with functional illness

To develop services for older adults with functional illness

c) Services for younger people with dementia.

To develop flexible support and care for a small group of service users and families with high support needs, developing links with head injury, strokes and alcohol services.

d) Psychological therapies

To ensure an equitable countywide service providing a range of interventions.

e) Support in the community

The projected increase in older people supported at home will require growth in the provision of domiciliary care. Adult services will develop a strategy to achieve this increase. Generic providers should be able to meet most support needs of older people with mental health problems but a 24/7 rapid response team will be developed to meet the needs of older people undergoing a crisis within the community. Intermediate care services and an increase in the use of intensive home care as an alternative to residential care will also be explored.

f) Care Homes

The projected increase in older people and the current levels of EMI care home places means that, despite increasing support to allow people to remain in their own homes for longer, an increased need for care home places is anticipated. A strategy will be developed in consultation with providers and adult services to achieve an increase in the number of EMI residential and nursing home places

within Herefordshire as identified within the "Future social care needs and services for older people and adults with learning disabilities in Herefordshire,", Sept 2006. Martin S.

Underpinning financial assumptions

The strategy is provisional upon the council confirming the recommendations of the Needs Assessment and Costed Options paper under consideration by officers and councillors.
The strategy assumes that some of the development money for older people with mental health problems in 2007-08 identified in the 2005-08 Local Development Plan will be available for targeted specific investments and that after that financial settlements will require a no-growth budget with regard to PCT services.

	PCT financial implication	**Council financial implication**
Prevention/wellbeing services	PCT would anticipate supporting the council's support of people in their own homes through some increased investment	Strategic response dependent upon approval of financial model in Needs assessment and costed options.
Extra care and Supported housing	-	To be identified within the Housing Plan for Older People
Support for Carers	PCT would anticipate supporting the council's support of people in their own homes through some increased investment	Strategic response dependent upon approval of financial model in Needs assessment and costed options.
In-patient units	Within existing budgets – re-engineer current services	-
Services for older people with functional illness	Within existing budgets	
Services for younger people with dementia		
Support in the community	PCT would anticipate supporting the council's support of people in their own homes through some increased investment	Strategic response dependent upon approval of financial model in Needs assessment and costed options.
Care Home increase 2007-11	Identified within Joint Commissioning Plan for Older people 2007-11	Strategic response dependent upon approval of financial model in Needs assessment and costed options.

Appendix 1

A Future Vision for People with mental health problems

The Vision

The population of Herefordshire should be able to benefit from opportunities for positive mental health well-being, which includes involvement with the community, friends and family; meaningful activities and occupation; active learning and leisure and having good health care, housing and financial security.

People with significant health problems should have access to the same opportunities that promote mental well-being but they should also have access specialist services which provide for their individual needs and preferences and promoting their recovery.

Specialist mental health services should:

- Put service users at the heart of services, improving involvement, choice and control in using services.
- Be able to demonstrate they provide effective outcomes for service users.
- Promote recovery from the impact of mental health problems
- Be accessible and acceptable to all members of the community.
- Enable people with mental health problems to take up the life chances and opportunities available to others in their communities.
- Support carers as partners in care.

Local community services should:

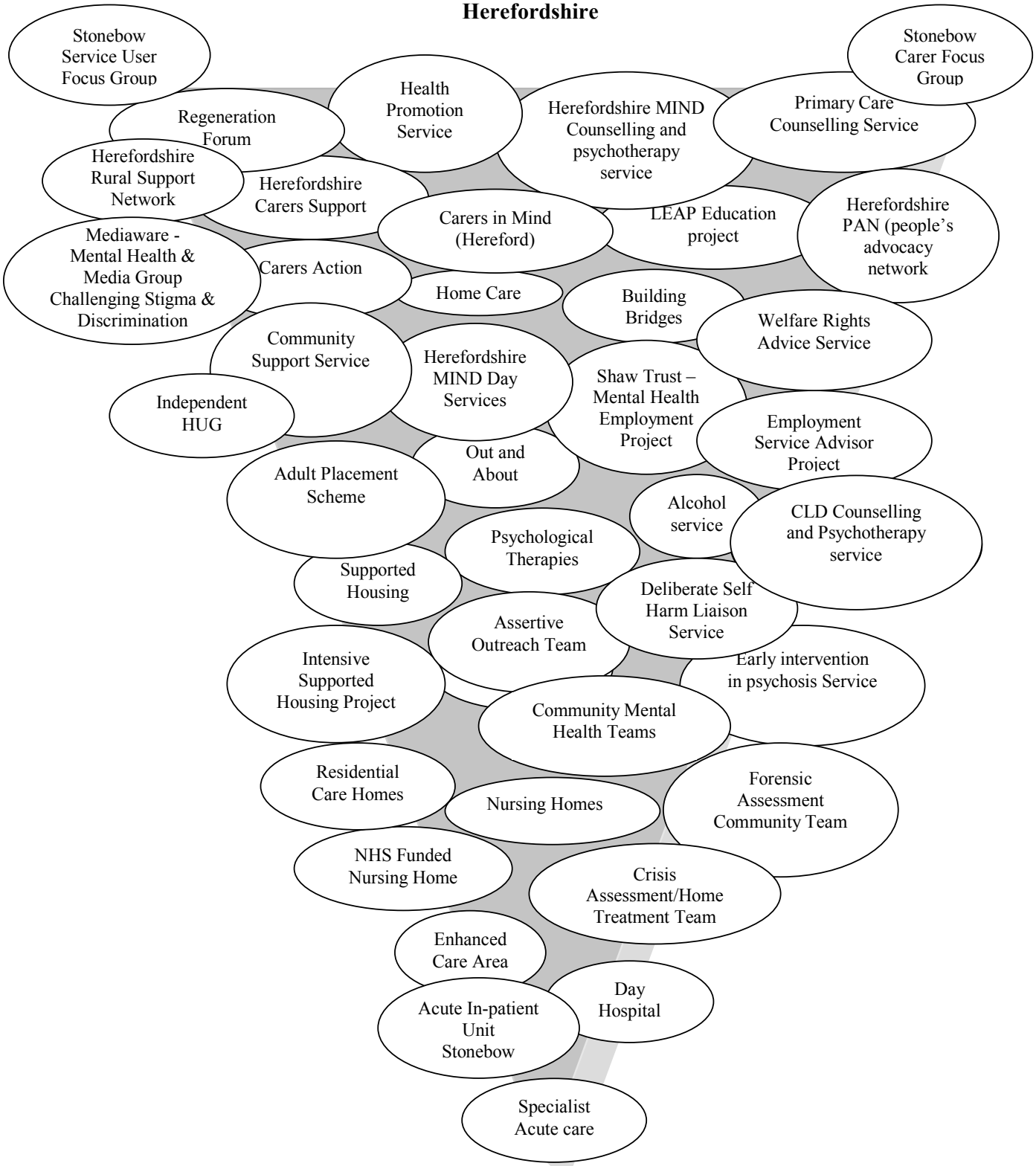
- Ensure their services are tailored to meet the needs of people with mental health problems
- Welcome and support people with mental health problems as citizens who are entitled to benefit from what's on offer.
- Tackle stigma and should encourage and enable inclusion in ordinary life chances and opportunities.

Services need to work seamlessly across agencies. A wider range of providers will be encouraged to engage in order to provide choice and appropriate services.

There will be a focus on commissioning to evidence-based models and ensuring services demonstrate outcomes for users of the service. Services will be commissioned which actively and creatively reflect the diverse needs of the local community.
Value for money is important to ensure that the best use is made of the limited resources available and this will be a significant consideration.

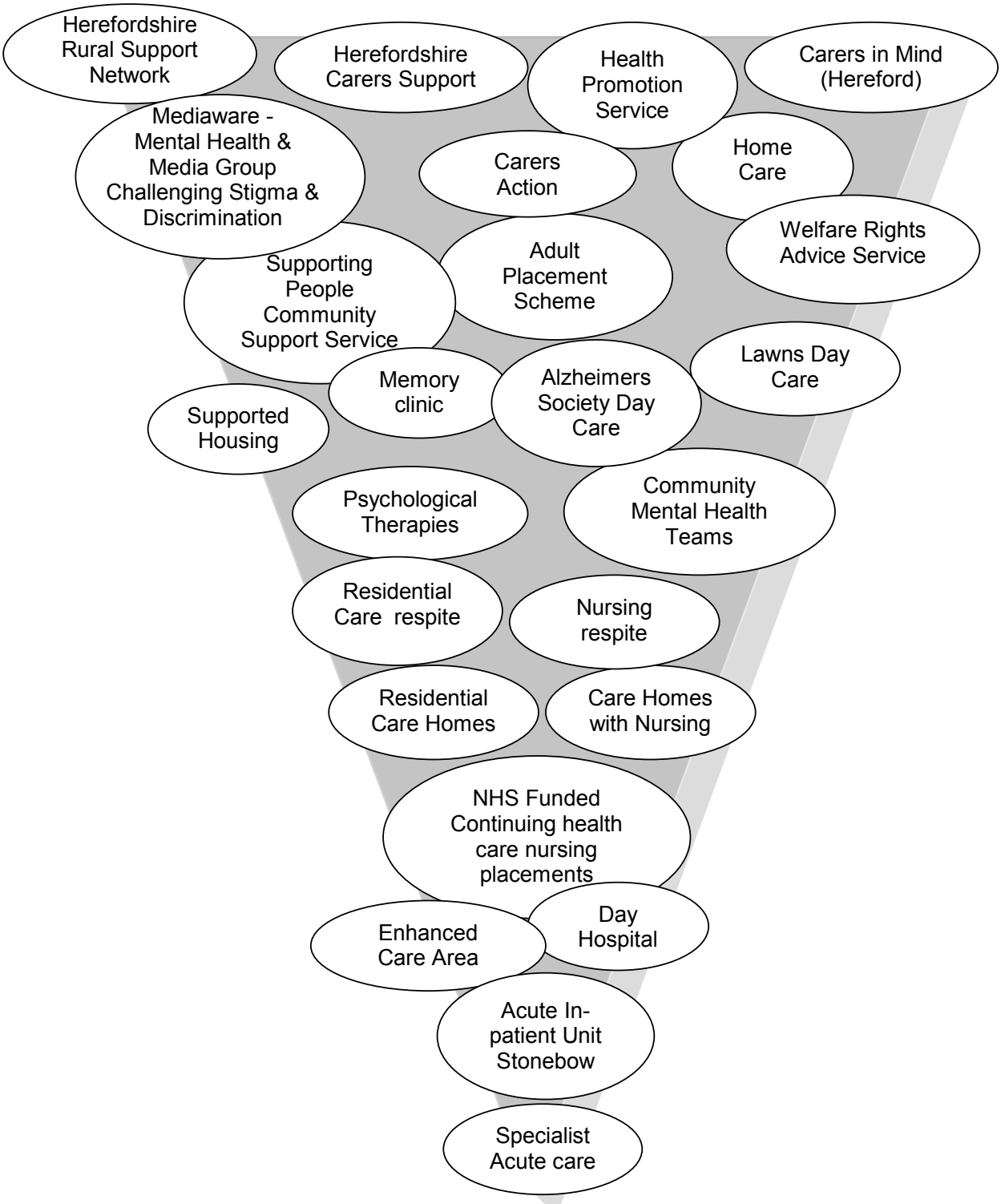
APPENDIX 2a

Services currently available to adults aged 18-64 with mental health problems in Herefordshire



Appendix 2b

Services currently available to older people with mental health problems in Herefordshire



APPENDIX 3a

POSITION STATEMENT

ADULTS WITH MENTAL HEALTH PROBLEMS

Prevention/Wider Community (Social Inclusion)

	Current Position	Future Requirements	Outcomes
Community Development Workers (CDW)	Number of CDW – 0	• **CDW** – up to 1.5wte • To review the health needs of minority & new economic migrant communities in partnership with public health. • Invest according to need	Improved access to services
Mental Health Promotion	Development of combined Strategy & Action Plan in conjunction with suicide prevention	To improve mental health by promoting mental wellbeing continuing to challenge stigma & discrimination. Comprehensive training availability	Stay healthy
Suicide Prevention	• Local suicide strategy developed • Annual suicide audits completed	• Local suicide rate to be reduced by one fifth by 2010 • Local suicide strategy in place with good systems for measuring its impact and effectiveness including audit	Stay healthy
Day Services	• Contract with Herefordshire MIND to provide day services within Herefordshire.	• Community resources with improved access to mainstream opportunities that promote social inclusion	Promote Social inclusion
Employment	• Contract with Shaw Trust – To provide support to employers/ support for training and work experience • All-set consortium • Generic employment services	• A range of services and support to enable people with severe mental health problems to access paid employment, mainstream education/training or integrated voluntary work in the local community.	Increased economic wellbeing through education, employment and benefit take up
Access to information and advice	• No standardised information regarding services available.	• Comprehensive and accessible information available on local services, diagnoses and treatments.	Keep control and choice
Housing / Supporting People	• Limited housing options available • Over reliance on care homes and OOC placements. • SP funded floating support.	• An adequate range, number and quality of housing and support options to enable service users to remain in their own homes/in the community wherever possible	Enjoy independence

	Current Position	Future Requirements	Outcomes
Advocacy	• Herefordshire MIND provides an advocacy service for people aged 18-65.	• Service users have access to independent advocacy to a level and in ways which are sufficient to local need	Keep control and choice
Service User/ Carer involvement	• Service users and carers consulted during the development of the commissioning plan. • Several service user/carer groups inform current planning and service development	• Service users and carers involved in the implementation of the commissioning plan. • Service users and carers routinely involved in the planning, development and monitoring of mental health services	Service users and carers influence the provision of mental health services

PRIMARY CARE

	Current Position	Future Requirements	Outcomes
Integrated working between primary care and all other health and social care services	• No formal eligibility criteria for access into secondary services • Treatment protocols not implemented • Transitional protocols in place but need updating	• Seamless services between primary care and social care/secondary care services (CAMHS, Adult mental health services, older adult mental health services) irrespective of age	Access to appropriate services
	• No graduate workers in post	• Up to three graduate workers required.	
Early Intervention in Psychosis (EI)	• **EI** – 1 whole time equivalent (wte)	• Comprehensive Early Intervention service to include 3 wte early intervention workers	Access to appropriate services
Primary care counselling services	• Services provided by Herefordshire MIND and CLD within the voluntary sector with a range of funding streams. • Primary care counsellors attached to some G.P practices.	• A range of counselling services provided that is equitable throughout Herefordshire.	Access to appropriate services.

Computerised Cognitive Behavioural Therapy (CCBT)	• No CCBT available in Herefordshire	• Equitable access to appropriate psychological therapy	Access to appropriate services
Mental Health Promotion Ref: CSIP project etc.	• Primary Care Mental Health Promotion toolkit etc. Planned pilot programme	• Rollout availability to all Primary Care Settings	Access to appropriate services. Referral options broadened

SPECIALIST MENTAL HEALTH SERVICES

	Current Position	Future Requirements	Outcomes
Improve the access for people into Acute Services	• Crisis Resolution and home treatment team – 24/7 for crisis, not 24/7 for countywide home treatment.	• **CRHT** – 24/7 crisis resolution and home treatment team countywide – that gate-keeps all referrals into acute services • Reduced admission rates and length of stay for service users admitted into the in-patient unit.	Access to appropriate services
	▪ No integration of current services ▪ Self harm service not integrated within the crisis service	▪ An integrated acute service with clear pathways and eligibility criteria, into and out of the service.	
Crisis/Safe House	• No crisis/safe house available	• Access to a crisis/safe house where appropriate	Access to appropriate services
Assertive Outreach Teams	**AO** – not full fidelity for whole service currently 31 service users	**AO** – full service for 54 service users	Access to appropriate services
STaRs workers	**StR** – 4/5 wte StR workers have not received recognised training	**StR** – 9 wte StR workers working within all parts of mental health services who have received recognised training.	Access to appropriate services
Develop the rehabilitation/ recovery service	No comprehensive formal rehabilitation service. Certain components of a rehab service but not formally linked. Each component has its own competing clinical demands.	A range of socially inclusive services that provide effective treatment, care and support with a care pathway that joins up services seamlessly within the recovery journey • Reduction in the number of long term residential/nursing placements • Reduction in the number of out-of-county placements	Enjoy independence

	Current Position	Future Requirements	Outcomes
Promote the uptake of direct payments and individualised budgets	No service users receiving direct payments	• Direct payments/ individualised budgets offered to all service users. • A % annual increase in people receiving direct payments/ individualised budgets	Keep control and choice
Easy access for service users/ carers into specialist MH services	▪ Full booking – 24hr response for all new referrals.	▪ Single point of contact ▪ Clear care pathways between all elements of mental health services	Access to appropriate services
Development of Personality Disorder Services	• No dedicated community service • In-patient services – spot-purchased in out-of-county placements	• A range of services coordinated to provide a multidisciplinary psycho/social approach for people with a personality disorder within the Mental Health systems.	Access to appropriate services
Development of a community eating disorder service	• Part time Co-ordinator to develop service • Community service provided from within CMHT's. • No equity of service across the county	• Comprehensive, equitable community service • Reduction in the number of people admitted into in-patient units.	Access to appropriate services
Therapeutic interventions	• Psychology services part of CMHT • Services within each CMHT differ both in volume and interventions available.	An equitable countywide service providing a range of interventions.	Access to appropriate services
Improve the support provided to carers	• Limited services available. • Carers assessments not performed/ recorded • No training for carers available	Carers assessments performed routinely Comprehensive support provided to carers	Enjoy independence

APPENDIX 3b

POSITION STATEMENT

OLDER ADULTS WITH MENTAL HEALTH PROBLEMS

Promoting good mental health in older people

	Current Position	Future Requirements	Outcomes
Preventing ill health and promoting well being services, including telecare	Little access to health and promoting well being services for older people with mental health problems	• Comprehensive range of preventative and well being services developed by the wider community	Enjoy independence
Improved access to advice and information		• Accessible information available on local services	Keep control and choice
Extra Care/ supported housing/ supporting people		• An adequate range of housing and support options as identified within the Housing Plan for Older People	Enjoy independence
Health and mental health promotion	• Little access to health promotion for older people - guidance & programme development	• To improve health/mental health by promoting mental/physical wellbeing • Access to comprehensive mental health promotion training	Stay healthy
Lifelong learning	•	• Community resources with improved access to mainstream opportunities that promote social inclusion	Retain Community contacts and roles
Community Safety schemes	• Safety – ref: alarm system Herefordshire Council	• Developed by the wider community	Enjoy independence
Advocacy	• No dedicated advocacy services for people over 65	• Service users have access to independent advocacy to a level and in ways which are sufficient to local need	Keep control and choice

Early Detection and Diagnosis

	Current Position	Future Requirements	Outcomes
Mental Health education and training for staff in a range of services	• DMHOP Staff provide education and training for staff in a range of services	• To extend the education and training to a wider range of staff.	Experience joined up care
Direct payments and individualised budgets	Few service users receiving direct payments	• Direct payments/ individualised budgets offered to all service users. • A % annual increase in people receiving direct payments/ individualised budgets	Keep control and choice
Implementation of depression and dementia protocols	• Eligibility criteria for access into secondary services not implemented • Treatment protocols not implemented • Transitional protocols in place but need updating	• Seamless services between primary care and social care/secondary care services irrespective of age	Experience joined up care

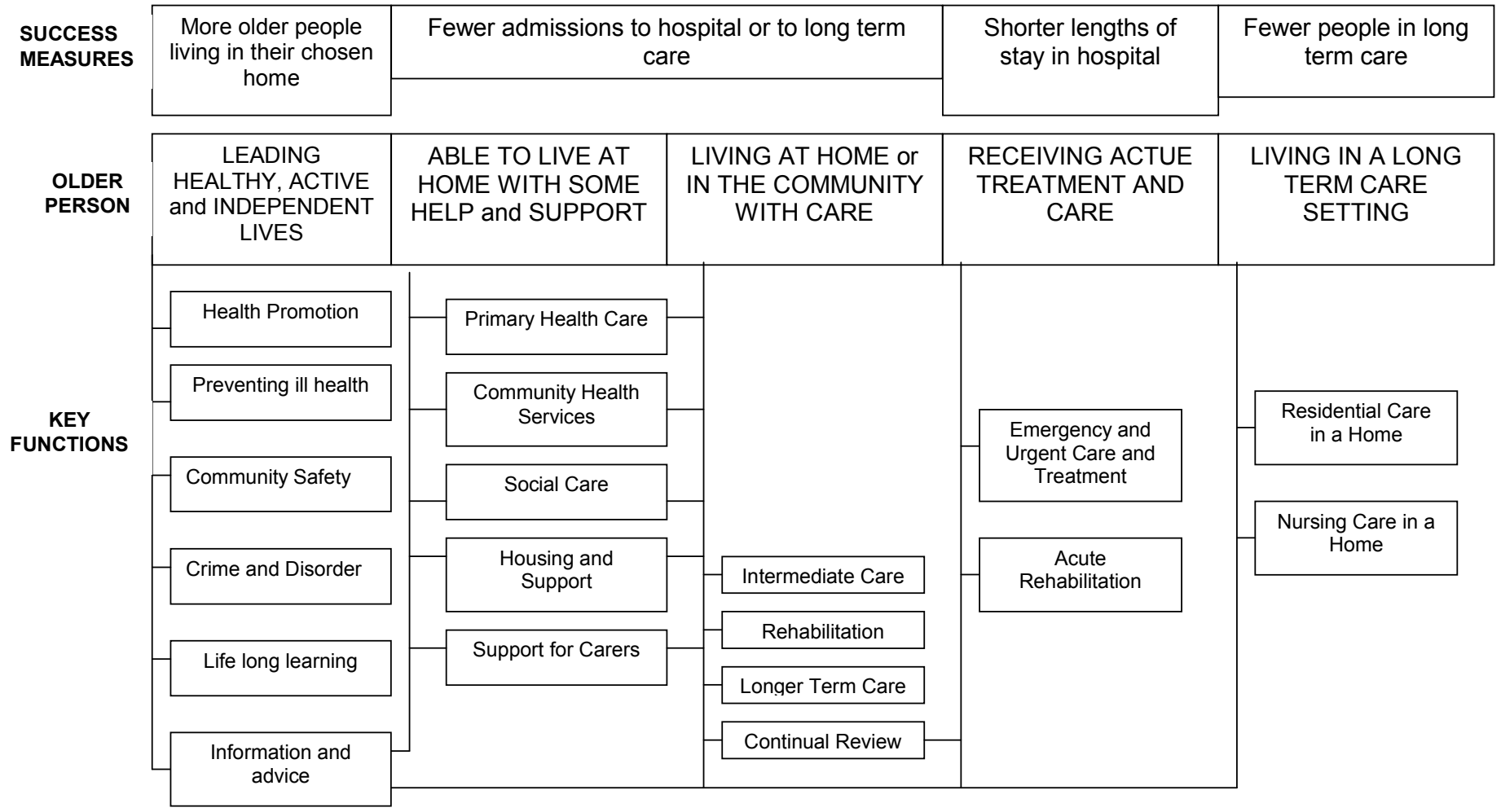
Support for Carers

	Current Position	Future Requirements	Outcomes
Comprehensive support for carers	• . Limited services available. • Carers assessments not performed/ recorded • No training for carers available	• Comprehensive support provided to carers including routine carers assessments	Enjoy independence

Specialist mental health services

	Current Position	Future Requirements	Outcomes
Develop in-patient facilities that provide a full range of services for people with organic and functional illnesses	• No separate units for people with functional and organic illnesses	• Separate units for people with functional and organic illnesses • Appropriate environments for older people with functional illness	Access to appropriate services Stay healthy
Services for older people with functional illness	• No age appropriate dedicated services for older people with functional MH illness	• Comprehensive services available for older people with functional MH illness	Access to appropriate services
Services for younger people with dementia	• No appropriate services for younger people with dementia	• Comprehensive services available for younger people with dementia	Access to appropriate services
Psychological therapies	• Limited psychology services available	• An equitable countywide service providing a range of interventions.	Access to appropriate services
Community support	A limited range of community services	• A range of flexible care and support services available in the community	Keep control and choice
An increase in the number of care home beds		• Appropriate care home provision	Access to appropriate services

APPENDIX 4


SUCCESS MEASURES
More older people living in their chosen home
Fewer admissions to hospital or to long term care
Shorter lengths of stay in hospital
Fewer people in long term care
OLDER PERSON
LEADING HEALTHY, ACTIVE and INDEPENDENT LIVES
ABLE TO LIVE AT HOME WITH SOME HELP and SUPPORT
LIVING AT HOME or IN THE COMMUNITY WITH CARE
RECEIVING ACTUE TREATMENT AND CARE
LIVING IN A LONG TERM CARE SETTING
KEY FUNCTIONS
Health Promotion
Preventing ill health
Community Safety
Crime and Disorder
Life long learning
Information and advice
Primary Health Care
Community Health Services
Social Care
Housing and Support
Support for Carers
Intermediate Care
Rehabilitation
Longer Term Care
Continual Review
Emergency and Urgent Care and Treatment
Acute Rehabilitation
Residential Care in a Home
Nursing Care in a Home

Appendix 5

NATIONAL (& REGIONAL) DRIVERS:

There are a number of policy/framework guidance documents which inform the commissioning of services for people with mental health problems. These include:

Policy/Framework	Implications
National Service Framework for Mental Health (2000)	Five key themes: – MH Promotion, Primary Care, Effective Services, Caring about Carers, Preventing Suicide.
NHS Plan (July 2000)	Modernising NHS services
NHS Improvement Plan (June 2004)	Further modernisation of the NHS – putting people at the heart of public services
Creating a patient led NHS: Delivering the NHS improvement plan	
1999 Health Act flexibilities	Using budgets flexibly to provide services
Choosing Health: Making healthier choices easier (public health white paper)	Mental Health /Health Promotion education and information
National Standards, Local Action	
Direct payments	Promoting independence
Supporting People	Developing the range of accommodation options
National Service Framework for Mental Health – 5 years on	
The journey to recovery;	The Government's vision for mental health care
10 High impact changes for mental health services (June 2006)	Improve quality of care and efficiency of services
Mental Health and Social exclusion	
Our Health, Our Care, Our Say – Health and Social Care white paper	Aims to make services as flexible as possible.
Independence, Well-being and Choice –Green Paper (March 2005)	Sets out the Government's vision for the future of social care for adults.
Dual Diagnosis:MH policy implementation good practice guide.	
Everybody's Business	Integrated Mental health services for older people
West Midlands Charter for Mental Health & Well-being	Sets out how individuals, communities & organisations can benefit from & contribute to Mental Health Promotion
Making it Possible – improving Mental Health & Well-Being in England	The priority areas for action to promote mental health – reflected in West Midlands Charter above.

The Carers Recognition & Services Act 1995	
The Carers and Disabled Children Act 2000	
Carers (Equal Opportunities) Act 2004	

LOCAL DRIVERS FOR CHANGE:

There are a number of policy/framework guidance documents and priorities which inform the commissioning of services for people with mental health problems. These include:

Local Drivers for change
• Financial balance
• Increasing usage of long-term residential/nursing home placements
• Continued usage of out-of-county placements
• Herefordshire Community Strategy
• Herefordshire Primary Care Trust, Local Delivery Plan
• Local Area Agreement and Local Public Service Agreement
• Herefordshire Health and Social Care Funding and Procurement Code of Good Practice
• Herefordshire Adult Mental Health Strategy – October 2000
• Report of a Service Evaluation of Help to Gain and Retain Work for People Using Herefordshire Mental Health Services by Occupational Therapists
• Joint Commissioning Plan for Health and Social Care Services for older people 2007/2011
• Joint Commissioning Plan for Carers Services 2007-2011

• Involvement Strategy 2004
• Mental Health Promotion & Suicide Prevention Combined Strategy 2007 – 11 (under development)

JOINT COMMISSIONING PLAN FOR HEALTH AND SOCIAL CARE SERVICES 2008 – 2012 FOR ADULTS WITH PHYSICAL DISABILITIES AGED 18 – 64 YRS

Report By: Jean Howard, Deputy Head of Planning and Change

Wards Affected

County-wide

Purpose

1. To consider the current status of the Joint Commissioning Plan for health and social care services 2008 – 2012 for adults with physical disabilities ages 18 – 64 yrs and future reviewing process.

Financial Implications

2. To be determined.

Background

3. The Joint Commissioning Plan (attached) covers the physical disabilities services in health and social care for adults. The Adult Commissioning Board considered the last draft at its meeting in March 2008 and further minor work was requested. A paper is going to the Adult Commissioning Board on the 22nd September 2008 to seek agreement to support officers moving stratight to implementation through the Partnership Board in order to speed up the process.

4. Since the Plan was signed off in principle at the Adult Commissioning Board a Physical Disability Partnership Board has been established that met for the first time on the 15th July 2008 and has begun to make progress towards establishing a number of workstreams in order to deliver the vision in the Plan.

5. The Adult Commissioning Board has responsibility for monitoring all joint services for adults and older people and has received regular performance, highlight, exception and finance reports to monitor both adult and older people's services.

6. Later in 2007, the Council and PCT collaborated on updating the needs analysis for adult physical disability services and progressing this is closely linked to the current review of services provided by the Primary Care Trust, particularly around the long term conditions agenda.

7. The Commissioning Plan will be reviewed to take account of national and local policy changes and the intelligence gathered from the needs analysis. National and regional policy is to involve "stakeholders" closely in planning in commissioning and the Herefordshire process is designed to ensure this. The Physical Disability Partnership

Boards has been set up to provide a wide forum for the review of commissioning intentions, priorties and targets.

8. Summary of commissioning priorities arising from the Partnership Board's initial discussions:

- Co-ordination of information and advice
- Day opportunities eg employment, leisure etc – importance of influencing those who directly provide this
- Gaps in services to support people to develop independence not just in a crisis e.g. additional therapy and carer support
- Impact of personalisation and future of Direct Payments
- How the Partnership Board can influence commissioning budgets
- Role of carers on Board

RECOMMENDATION

THAT the Committee notes the status of the Joint Commissioning Plan and the processes for its review.

BACKGROUND PAPERS

- Joint Commissioning Plan for Health and Social Care Services 2008 – 2012 for Adults with Physical Disabilities Aged 18 – 64 yrs.

Joint Commissioning Plan

For

Health and Social Care Services

2008 – 2012

For Adults with Physical Disabilities aged 18 – 64 yrs

Herefordshire Council

HEREFORDSHIRE COUNCIL

Herefordshire Primary Care Trust

Herefordshire NHS
Primary Care Trust

CONTENTS

Executive Summary

1. This Commissioning Plan provides a framework for the joint commissioning of health and social care services for younger adults with physical disabilities between the ages of 18 – 64.

2. The contents of the plan have been informed by a Needs analysis undertaken in 2007 and two consultation events, one in 2007 another in April 2008.

3. The outcome of the Needs Analysis which included a comparison with three authorities and PCT's against whom Herefordshire has been bandmarked, shows important ways in which Herefordshire needs to improve its services for younger adults with physical disabilities.

4. The emphasis of the improvements to be made during the period of this plan is to ensure that people who use services experience greater independence, choice and control over the services they receive.

5. More specifically there will be a proactive approach taken to the implementation of self-directed support and an increase in the number of people accessing direct payments.

6. Day centres will change in their role, providing community support centres with a range of appropriate services available under one roof.

7. Support for carers will be enhanced and there will be an increased range of advocacy services available.

8. The number of people receiving care in their own homes will increase; including the number of people receiving intensive home care.

9. Proactive approaches to re-ablement will increase through enhanced provision of Occupational Therapy and Physiotherapy for example.

10. Fewer people will receive their care in residential settings as a range of new services develop including supported housing and housing with extra care.

11. Where a residential setting is the only setting in which an individuals needs can be appropriately met such as a nursing home for example, the setting will be age appropriate and as close to the community in which the person has lived as possible.

12. Additionally a range of strategic and infrastructure issues have been identified, these will require urgent attention from the joint commissioners if the plan is to be effectively implemented. This will be the subject of a separate action plan.

13. The action plan for the progression of the commissioning plan and that referred to above addressing strategic and infrastructure issues will be presented to the Adult Commissioning Board in July 2008

14. Monitoring of this plan will be undertaken by a separate 'Progressing the Plan Group' Terms of reference for this group and a Partnership Board to whom it will report, will be submitted to the Adult Commissioning Board in July 2008.

1. Introduction

1.1 Definitions

Commissioning

"Commissioning is the process of specifying, securing and monitoring services to meet peoples or organisational needs. This applies to all services, whether they are provided by the Local Authority, National Health Service, Private or Third Sector".
Jointly agreed single definition of commissioning – Herefordshire Public Services Trust Project. Planning, Commissioning, and Performance Management Working Group. Presented to the Public Services Trust Steering Group on 14th march 2007)

Physical Disability

'An impairment which has a substantial and long term adverse effect upon the ability to carry out normal day-to-day activities' (Disability Discrimination Act 2005)

1.2 Purpose of the Plan

This commissioning plan outlines a framework for the commissioning of services for younger adult people with a physical disability and the joint health and social care commissioning intentions of Herefordshire County Council and Hereford Primary Care Trust (the Joint Commissioners).

The Plan relates to those services provided for adults with a physical disability between the ages of 18 -64. However, there will be flexibility where continuity of care or assessed needs indicate, thus ensuring that age does not of itself become a barrier to accessing the most appropriate service.

The relevant period covered by the plan is 2008 – 2012. However, it also looks forward to the longer term, specifically to 2021.

The Plan is written within the wider context of both national and local strategic plans for health and well-being and is intended as an integrated plan. This enables the development of joint health and social care services for young adults with a physical disability. The population of Herefordshire will benefit from this integrated approach through the

achievement of better health and social care, modernised services and greater efficiency in the deployment of its joint resources.

1.3 Values Underpinning the Plan

The Community Strategy for Herefordshire defines five guiding principles;

Realise the potential of Herefordshire, its people and communities

Integrate sustainability into all our actions;

Ensure an equal and inclusive society;

Build on the achievements of partnership working

Ensure continual improvement

This plan endorses these five principles.

Additionally, Herefordshire Council and Herefordshire Primary Care Trust (the Joint Commissioners) are committed to ensuring that the services they jointly commission maximise the independence, well-being and choice of people with physical and sensory disabilities, and that individuals using services are able to exercise as much control over their lives as their individual circumstances allow.

Activities of the Joint Commissioners will be undertaken in partnership with their stakeholders wherever possible and appropriate.

1.4 Aims of the Plan

The strategic aims of this plan reflect those highlighted in the government's White Paper *Our Health, Our Care, Our Say: A New Direction for Community Services* – White Paper, January 2006.

The White Paper sets four main goals:

Better prevention and early intervention
More choice and a louder voice
Tackling inequalities and improving access
More Support for people with long term needs

These goals, which cover all service user groups, are developed in more detail for physical disability in other national policy and guidance documents, most notably:

Improving Life Chances for Disabled People - Prime Minister's Strategy Unit, 2005.

Long Term (Neurological) Conditions – National Service Framework, DoH 2005.

Supporting People with Long Term Conditions to Self Care – DoH 2006.

Commission for Social Care Inspection Regulations. These regulations set seven outcomes:

Improved health and emotional well-being
Improved quality of life
Making a positive contribution
Exercise of choice and control
Freedom from discrimination and harassment
Economic well-being
Personal dignity and respect

Additionally, *'Putting People First: A shared vision and commitment to the transformation of Adult Social care'* published by HM Government in December 2007 with its clear commitment to independent living for all adults within an integrated health and social care system, is of great relevance to this plan

The *Community Strategy for Herefordshire* has as one of its four themes *Healthier Communities and Older People*. This theme is particularly relevant in relation to physical disability. The overall outcome sought is:

'To improve the health and well-being of all our citizens aged 18-64, reducing health inequalities and promoting the maximum possible control and independence for disadvantaged groups'

Within the context of Adult Services the *Adult Social Care Service Plan* expresses its overall aim as:

'To enhance quality of life, health, social and economic well-being for people in Herefordshire through the co-ordinated provision of health, social care, housing and community services'

Adult Social Care Service Plan details six priorities for transformation across all service user groups. This is in line with LAC (DH) (2008) 1 "Transforming Social Care". The local priorities are:

Effective Leadership and Management
Strengthening Joint Commissioning
Strengthening user and Carer Engagement
Personalisation
Increasing Options to Support Independence

Specific consultation in regard to physical disability has taken place with our stakeholders, and has evidenced support for national and local strategic aims.

1.5 Background and Context

The Herefordshire Strategy for People with Physical Disabilities 2001/2004; Joint Review; and Best Value Review, have been taken into account in the development of this plan.

In order to reach a considered view regarding the Joint commissioners intentions over the period 2001-2004, a comprehensive Needs Analysis and benchmarking exercise was undertaken during 2007.This exercise compared Herefordshire with high performing comparable authorities. These authorities were North Somerset, Somerset and Shropshire.

Comparisons were drawn against the following:

Financial costs`
Service delivery
Staffing ratios
Staffing costs

The outcome of this comparison was to highlight important ways in which Herefordshire needs to improve its performance. A summary of the benchmarking exercise can be seen at Appendix 3.

A report *'Future Care Needs and Services for 18-64 year-olds in Herefordshire with Physical Disabilities'* and based on the needs Analysis, was presented to Cabinet and Adult Commissioning Board in November 2007 where it was accepted as providing the steer for development of this commissioning plan.

2. Consultation Process

2.1 A service user representative was a standing member of the Commissioning Plan Development Group throughout the development of this plan.

2.2 A consultation event based on the outcome of the Needs Analysis was undertaken in July 2007.

2.3 A further independently facilitated consultation event for service users took place on April 29th 2008. The feedback from this consultation can be seen at Appendix 2.

3. Local Demographic Information and Assessment of Current Need

3.1 In order to effectively plan for the future, it is important to have both information about the current prevalence of physical disability within Herefordshire, the extent to which current needs are being adequately met and reasonable projections of future needs in the county.

The data available regarding younger adult people with a physical disability requires improvement. However the information currently available, and taken from the Needs Analysis, is sufficient to indicate the direction in which services should develop.

3.2 **The Demography of Herefordshire**

3.2.1 Herefordshire's current estimated population of 18-64 year-olds is 105,600 and makes up 59% of the total population. The county's overall age profile is older than both the West Midlands region and England and Wales.

3.2.2 According to the Office for National Statistics, numbers of 18-64 year-olds may increase by 2.0% by 2012 However, local forecasts which take into account housing provision, suggest this increase will only be 0.1% by 2011.

3.2.3 It is further anticipated that the 18-64 year-old population could be 107,000 in 2021, an increase of just 1.3% from 2005.

3.2.4 Recent years have seen a more rapid growth in numbers in older age groups (55-64s) and a more rapid decline in those of younger ones (18-34s) than is the case nationally. This ageing profile is expected to continue, with the 55-64 year-old age-groups showing the most rapid growth (7% in the short-term and 21% by 2021).

3.2.5 The county has a smaller proportion of people from 'Black and Minority Ethnic' (BME) backgrounds than the national average (3.5% compared to 14.7%).However this population increased by 40.9% between 2001 and 2004 – a much more rapid growth than the overall population of 1.7%. It is anticipated that numbers have increased further since the expansion of the EU in May 2004: between 2,500 and 3,000 workers from new member states were cleared to work in Herefordshire in 2005 It is not known how many remain in the county. The county also experiences an annual influx of around 3,000 temporary seasonal agricultural workers – mainly over the summer months.

3.2.6 In 2004, 3.8% of 18-64 year-olds in Herefordshire were estimated to be from a BME background; just under half of these were non-white.

3.3 Estimating Numbers of Physically Disabled People.

3.3.1 The number of household residents aged 18-64 in Herefordshire with disabilities has been estimated and projected using national prevalence rates for 2000-01:

3.3.2 Currently an estimated 13,200 people have a disability of any type, 3,200 of whom have a 'serious' disability. The largest increase in both 'serious' and 'moderate' categories of disability is expected by 2012:

3.3.3 There are an estimated 950 household residents with a 'serious' personal care disability, and most pertinent to social care service planning. This number is expected to increase by a maximum of 5% (50 people) by 2012. No further change is expected in the longer term. If all who need such a service have already come to the attention of assessors and care managers, and are receiving care, it can be anticipated that there will not be any notable change in demand over the short or longer term.

3.3.4 The number of people with a 'moderate' personal care disability (4,600) is expected to increase by a maximum of 5% (250 people) in the short-term, and 8% (350) by 2021.

3.3.5 Locomotor Disability

Restriction in mobility is the most common type of disability. Nationally most people with a personal care disability also have a locomotor disability. An estimated 9,200 people have a locomotor disability; 2,050 are classified as 'serious', this is expected to increase by a maximum 7% (150) in the short-term and 10% (200) by 2021.

3.3.6 Sight Disability

1,450 household residents are estimated to have a sight disability, 250 of them 'serious'. It is expected that this latter figure will remain more or less constant in the short-term, and increase by around 50 people by

2021. It is not anticipated that there will be growth in the numbers of those people who have a moderate disability over the same period.

3.3.7 **Hearing Disability**

An estimated 3,000 people have a hearing disability and 100 of these are classified as 'serious'. The latter number is expected to increase by 50 people by 2012, remaining at this level by 2021.

3.3.8 **Communication Disability**

It is estimated that there are 1,250 people with a communication disability, 300 of which are classified as 'serious'. The maximum expected change is an increase of 50 people with a 'moderate' communication disability by 2012, with no change in 'serious' in either the short or long-term.

3.4 Ethnicity of Adults with Physical Disabilities

3.4.1 Currently it is not possible locally to estimate the number of people within different ethnic groups who also have a physical disability.

3.4.2 The proportion of service users of an ethnic origin with a physical disability other than 'White British' in 2006/07 was less than half the proportion in the national population of 18-64 year-olds in 2004. This may have increased given anecdotal changes in the ethnicity of the national population since the expansion of the European Union in May 2004.

3.4.3 Currently little is known regarding the general health and social care needs of migrant and seasonal workers in Herefordshire.

3.5 Geographic Distribution of Adults with Physical Disabilities

3.5.1 Currently it is not possible to project the number of people in different parts of Herefordshire who will have a physical disability.

3.5.2 Further work is required to determine the distribution of adults with physical disabilities in Herefordshire, and whether current services are provided equitably across the county

3.6 Carers

3.6.1 If the prevalence of caring in Herefordshire has remained similar to that identified by the 2001 census, 14,100 people aged 18-64 are estimated to have been providing at least one hour of unpaid care a week in 2005.

3.6.2 At the same time, 1.3% of 18-64 year-olds in the county (1,340 people) were entitled to Carers' Allowance, i.e. were not in employment or full-time education and were caring for a severely disabled person for at

least 35 hours per week

3.6.3 Carers are more likely to be in 'not good' health than non-carers, and the disparity increases with the amount of time spent caring per week.

3.6.4 People who provide care over a long period of time are particularly at risk of poor health.

3.6.5 Carers' health is more likely to deteriorate over time than that of non-carers, with many of the detrimental changes attributable to the caring role. However, these risks are more likely to be in relation to carers' mental health. An ONS survey 8% of carers reported that caring responsibilities had a direct impact on their physical health.

3.7 **Housing**

3.7.1 Although little is currently known about the situation of adults with disabilities in Herefordshire, both national and local information suggests that it is reasonable to assume that people with physical disabilities are more likely to live in socially rented accommodation than people without a disability.

3.7.2 In November 2006, 6.5% of 18-64 year-olds registered with Home Point Were 'registered disabled', 'registered blind', were deaf or had partial hearing difficulties.

4. Current Services

Services Currently Available

A range of services are currently available that reflect a wide range of needs. These services support daily living such a Welfare Rights benefits advice; and the community alarm service. High intensity services such as Birmingham Head Injury Unit and Evesham Stroke Unit are at the other end of this spectrum.

4.2 **Cost of Current Services**

The table below demonstrates the current estimated level of spending by Herefordshire County Council and Hereford Primary Care Trust on the services for young adults with a physical disability.

Further work is required to refine understanding on this matter. Currently some budgets are of a generic nature and do not identify the people who are aged between 18-64

Service	Spend	Income	Net Expenditure
Social Care			
Assessment and Care Management	152,987	15,456	137,531
Nursing Home Care	337,235	105,545	231,691
Residential Home Care	1,507,150	292,283	1,214,867
Direct Payments	1,118,639	45,876	1,072,763
Domiciliary Care	1,413,843	447,987	965,855
Day Opportunities	440,063	19,899	420,163
Equipment and Adaptations	106,190	37,163	69,027
Carers	51,103		51,103
Sensory Impairment	146,274		146,274
Payments to Voluntary Organisations	77,210		77,210
Transport	5,648		5,648
Other Services	57,308		57,308
Community Health			
Parkinson's Disease Nurse Specialist	34,172		34,172
Speech and Language Therapy	69,953		69,953
Physiotherapy	368,577		368,577
Occupational Therapy	464,599		464,599
Head Injury Services	62,500		62,500
Wheelchairs	207,287		207,287
Pain Management	126,300		126,300

Other Health Services			
Stroke Rehabilitation Team/Rehab Centres	874,960		874,960
Cardiac Rehabilitation	2,334		2,334
Rheumatology	268		268
Continuing Care	196,898		196,898
Home Care	777,743		777,743
Special Placements	125,143		125,143
Multiple Sclerosis Nurse	4,136		4,136
Herefordshire Headway	63,596		63,596
Muscular Skeletal Clinic	89,378		89,378
Total Estimated Joint Investment	8,881,454	964,209	7,917,245

4.3 **Funding Services**

4.3.1 The costs referred to above are funded through the base budgets of the Joint Commissioners plus grants and generated income.

4.3.2 Prediction of income is a complex matter that requires further work.

4.3.3 Currently there is no information available regarding the financial status of young adults with disabilities. However it is known that earnings generally in Herefordshire are lower than the national average.

4.3.4 National evidence suggests it is reasonable to assume that people with physical disabilities are more likely to have a low income than those people who have no disability. This will impact upon the ability to pay for services and will impact upon the ability to generate income

4.4 **Performance of Services**

Key areas of concern within the Needs Analysis when comparing Herefordshire's performance with that of comparator authorities is as follows:

- slower to begin assessments (88% contact within 48 hrs compared to an average of 96%)
- slower to complete assessments (88.6% within 28 days compared to an average of 89%)
- slower to deliver care packages (76% within 28 days compared to an average of 92.5%)
- The proportion of Herefordshire's total net social care expenditure classified as an assessment and care management is the lowest at 6% with the average being 18% but substantially lower than Shropshire at 26%
- Is slower in carrying out major adaptations with waiting times being 39 weeks compared to 16.5 weeks in Somerset
- Provides less intensive home care for all adults 6.7 per 1000 population compared with an average of 5.5
- Despite the low levels of intensive home care, unit costs for home social care are higher at £295 per person compared to an average of £160
- Provides substantially more residential and nursing home care than two out of the three comparator areas (32 per 1000 population, compared with an average of 24 in North Somerset and Shropshire and 57 in Somerset); most dramatic is the comparison with Shropshire as 32% of Herefordshire Council's total expenditure is on these forms of care and Shropshire only spends 14%
- Most of Herefordshire's day care is building based and is reflected in the high cost per week at £102 per week compared to an average of £83

5. Areas for development and Improvement

5.1 Service user Feedback

A number of areas for improvement and development have been consistently identified by service users; these are:

Enablement and Self Directed Support
Extension of Direct Payments and Individual Budgets
More opportunity for self assessment
More local and flexible day opportunities
Improved access to housing
Improved access to employment

Communication
Improvement in communication between staff and people who use services
Improvement in communication between professionals
Better and clearer information about service

Performance
More consistent support from social workers, and occupational therapists and physiotherapists
Reduced waiting times for service

Specialist Services
Improved services for people with Acquired Brain Injury

When this service-user feedback is placed alongside the findings of the Needs Analysis, a gap is evident between what is currently available, what is needed to accommodate the aspirations of people who use services, and what will be needed in the future, within the context of both known information and policy development at both local and national level. It is the need to bridge this gap that forms the foundation for the development of this plan.

More specifically, development and improvement is needed in the areas described below.

5.2 Areas for Development and Improvement

5.2.1 Assessment and Care management

5.2.2 Access to Services
There is no single access point across the County for referrals into Adult Social Care which can result in delays from referral to first contact with the service user.

5.2.3 Professional Integration

There is currently limited integration of professions within health & social care with no access to triage as a consequence.

5.2.4 There is currently no specialist focus for physical disability and sensory impairment within assessment and care management services.

5.3 **Enablement and Self-Directed Support**

5.3.1 Day Opportunities

Herefordshire currently offers a traditional approach to day opportunities. These services are predominantly building based and do not adequately reflect the needs of the younger disabled adult.

There is currently work in progress to modernise day opportunities through the introduction of community support centres. A capital bid has been submitted to support a feasibility study on buildings in Hereford City, Ross-on-Wye, Bromyard and Leominster.

These support centres will become “one-stop shops”, providing a range of services which may include therapy based reablement/rehabilitation input; carers and service user support service; internet café access; complementary therapies; information relating to direct payments/individualised budgets and other services relating to Adult Social Care.

Work is also being undertaken through improvements to assessment and care management services to ensure that mainstream, non-specialist services are utilised wherever possible and that signposting services are enhanced as part of the modernisation of day opportunities. Reference is made to this in the adults Social Care Service plan

Access to paid employment may also be regarded as a day opportunity, and this is dealt with under a separate heading.

Modernisation of Day Opportunities will have an adult focus and not be lead by a specific disability. However, access to information and services specific to the service user’s need will be available. There is a cost implication to modernising day opportunities while at the same time supporting an existing service, while service re-design takes place.

5.3.2 Employment

The Council and PCT have a responsibility to facilitate employment opportunities and also have a wider responsibility as employers and community leaders to influence the uptake of employed disabled people within local businesses. Much work has already been undertaken to develop the learning disability workforce through social and micro enterprises. There is a need to develop similar initiatives to

ensure that the employment needs of younger people with a physical disability are also met.

This gap in employment opportunities requires further work to identify the size of the issue and the most appropriate options for development.

5.3.3 Accommodation

There is a need to improve the information available locally regarding the housing accommodation of people with a physical disability; however it is not unreasonable to assume that many will be accommodated in social rented housing.

Herefordshire has high numbers of service users in residential care and nursing home placements. Numbers of out of county placements are high and there are limited accommodation options for this service user group. This often results in younger adults being inappropriately placed in homes for older people.

There is currently no accommodation strategy for this service user group. There is a need to develop a spectrum of accommodation options to facilitate maximum independence. Uptake of support from supporting people requires improvement, as does the use of Third Sector organisations.

Work is currently in progress to develop a housing strategy for people with a physical disability.

There will be a resource implication while re-designing services to meet need.

5.3.4 Occupational Therapy

The demand upon occupational therapy services is extremely high. The current under-capacity of occupational therapy services leads to delays in contact and assessment. This in turn impacts upon performance indicators. The OT service has recently been restructured to reflect a single contact point where all referrals are centralised.

It is also anticipated that DFG waits will reduce with the integration of OT's and with the implementation of the housing strategy.

It is expected that contact and assessment waiting times will reduce, and a larger number of people will be enabled to remain in their own homes for a longer period of time.

5.3.5 Equipment

The Integrated Community Equipment Service is currently undergoing a market testing exercise. As part of this, the service is being reviewed with a view to possible re-design.

5.3.6 Long Term Conditions

There is a clear link with on-going primary care work related to long term conditions; and primary/secondary prevention services to prevent unnecessary admission to acute, residential, nursing or community hospital care. There will be a resource implication attached to these changes. New services will be required with additional intensive support in peoples own homes

5.3.7 Direct Payments and Individual Budgets

Uptake of Direct Payments and support to navigate service users through the system needs to improve. Herefordshire currently has less service users supported through direct payments than the comparator authorities used in the benchmarking exercise. This needs to be increased to supporting users with intensive needs.

5.3.8 Signposting Services

These services require considerable development since they are important in prevention and early intervention. They are also important in ensuring that maximum efficiency is gained from scarce resources, and that mainstream services are encouraged to undertake their full range of responsibilities

5.4 Specialist Services

Services for people who have Acquired Brain Injury (ABI) require specific development, particularly with reference to appropriate housing and day opportunities. Needs analysis has been undertaken and an action plan is being developed.

5.5 Communication

5.5.1 Service Users and Their Carers

Communication with service users and carers needs significant improvement. There is currently no formal mechanism for consultation regarding development within existing services, or the commissioning of new ones.

Herefordshire service users require a stronger voice if change is to be effected. A Service User Network (SUN) is currently being developed. It is anticipated that it will be fit for purpose by April 2008.

Herefordshire Carers is developing “Carers Hubs” within the City and Market Towns. It is also anticipated that carers involvement with the modernisation of day opportunities will be integral.

Access to a range of advocacy services needs to be enhanced if there is to be effective engagement with service users and/or their carers.

5.5.2 Communication between Professionals

There is a need to improve further the communication between professionals and organisations in order to avoid duplicated effort,

fragmentation and inconsistency. An integrated, multidisciplinary approach will facilitate this improvement.

5.6 Performance

5.6.1 Data Collection

The need for improved data collection across health and social care has resulted in major gaps in current data. Actions are required to remedy this. However, it is possible to be reasonably confident about the needs estimated for 2012: an increase of 5% of service users within this period. There will be an on-going need to ensure all data is captured relating to this service user group, making sure that demand for services is monitored, planned and met in a pro-active way

5.6.2 Transition

The quality of transition from children's services to adult services requires further improvement. There is need for a shared philosophy and approach across both areas of service if a smooth and successful transition for young people moving between them is to be achieved.

Protocols have been developed to support the transition period from school year 9. However, this is focused on learning disabilities and currently being piloted in 2 schools. Further work is required in rolling out the pilot to all schools and including children of all disabilities. There will be a resource implication to this.

5.6.3 Recognition of Service Overlaps

There are other areas of service provision that are related to physical disability such as Long Term Conditions, and work being undertaken to modernise the way in which equipment is provided for example. These areas of overlap must be identified and protocols established to ensure consistency and efficiency.

A needs analysis for Long Term Conditions has been undertaken in preparation for the development of a strategy. When completed, the Long Term Conditions Strategy will provide an important cross-reference to this plan.

6. Current Demand for Services

6.1 Information is recorded about people who receive a service from the Physical Disability Team within Social Care. Table 1 shows the number of physical disability service users in each age group for the last two financial years: both snapshot figures on the last day of the year, and the total number of people who used the service during the year

Table 1: Physical Disability service users aged 18-64, Herefordshire

Age-group	Service users at 31st March				All service users during year					
	Physical Disability service users*		Other vulnerable people		Physical Disability service users*		Other vulnerable people		Signposting service**	
	2006	2007	2006	2007	2005/06	2006/07	2005/06	2006/07	2005/06	2006/07
18-34	38	36	4	6	57	72	19	34	2	17
35-54	150	153	36	29	246	296	97	135	20	21
55-64	131	139	23	20	240	284	92	116	43	53
18-64	319	328	63	55	543	652	208	285	65	91

Source: Herefordshire Council Adult and Community Services Directorate
** Coded as either 'physical & sensory disability' or 'frail'; ** people who are referred by the council to other partner organisations, and are not coded.*

6.2 Due to the way data is collected, and the complexities involved in classifying service users, there is limited information about the nature of these people's disabilities.

6.3 Physical Disability service users are classified as either 'physical & sensory disability' or 'frail', but with no further definition.'

6.4 Other vulnerable people' fall under the remit of the Physical Disability Team, but may or may not have a physical disability; this group includes people who may have received welfare benefits advice from the council's Joint Working Team.

6.5 The people included in the annual count as 'signposting service' include those who contact the council for help but are subsequently referred to a partner organisation. An example of this would be someone who needs smoke alarms installed. This person's detail is added to the database, but then signposted to the Fire Service. If contact in such a case is by telephone, it is not possible to assign them a FACS code, and it is therefore not possible to know whether or not the person concerned has a physical disability.

6.6 The significant differences between the 'snapshot' counts on the 31st March and the count of all users over the course of a year are due to the turnover of people receiving short-term services such as welfare benefits and intermediate care.

6.7 A wider group of adults with physical disabilities are counted as being 'helped to live at home'. As well as the 328 people receiving 'traditional' social care services in March 2007, a further 293 were helped by less intensive services: the provision of information; Herefordshire ABLE; and Maintained Equipment.

6.8 An average of five young people with physical disabilities makes the transition from Children's Services to Adult Social Care per year.

6.9 From a health service perspective, 12 service users with an acquired brain injury inappropriately placed either in nursing or residential homes have been identified. These people need care closer to home in appropriate settings that will promote independence through re-ablement programmes.

6.10 The figures in table 1 generally show growth in demand, however work needs to be undertaken to improve the quality and clarity of the information upon which forward planning is based.

7. Future Shape of Services

7.1 In the future and as an outcome of this plan, the pattern of services will change over the period of the plan. The emphasis of this change will be to give people who use services greater choice, independence, and control in terms of the services they receive

7.2 A proactive approach will be taken to the implementation of self-directed support and there will be an increase in the numbers of people receiving a direct payment.

7.3 The role of day centres will change to provide Community Support Centres for adults with physical disability or sensory impairment. These centres will provide a range of appropriate services under one roof including information and carer support

7.4 Support for carers will be enhanced and there will be an increased range of advocacy services available,

7.5 The number of people receiving care in their own homes will increase, as will the number of people receiving intensive home care. These services will be enhanced through improved joint working arrangements.

7.6 Proactive approaches to re-ablement will increase through enhanced provision of occupational therapy and physiotherapy for example

7.7 Fewer people will receive their care in residential settings as supported housing, housing with extra care and care provided in peoples own homes increases.

7.8 Where a residential setting is the only appropriate setting in which to care for any individual, in a nursing home for example, this setting will be provided as close to the community in which the person has lived, as possible.

7.9 The emphasis of all services commissioned will be that they appropriately meet assessed need including age appropriateness; maximise independence, offer choice and control; and appropriately manage risk

8. The Way Forward – Commissioning Intentions

8.1 Based upon the Needs Analysis, comparative information and analysis of service gaps, the commissioning intentions proposed by the Joint Commissioners are listed below. For each of these intentions the plan identifies:

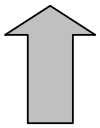
- The proposed approach to be used
- How the intention relates to the Transformation Priorities in the Adult Social Care Services Plan
- Who will be responsible
- The actions planned over the period of the strategy
- The resource implications where known
- What the change will mean in terms of outcome

Symbols are used to indicate whether the effect of the proposal is to increase or reduce investment in this type of service or whether a reshaping of services will take place without impacting on expenditure.

It needs to be understood that some of the actions being taken affect all service user groups and the commissioning process for health and social care as a whole

⇧	Increased Investment
⇩	Decreased Investment
⟳	Cost Neutral

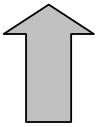
8.2 **Improving Assessment and Care Management Services**



Intention	Proactively develop self directed support A single access point for care, assessment, management and referrals
Transformation Priority: Adult Social Care Services Plan	1 Effective leadership and Management 4 Personalisation: 'Putting People' First 5 Increase Options to Support Independence
Approach to be used	• To embed Single Assessment process across all relevant organisations • To use the Target Operating Model (TOM) as a resource to support the development of integrated teams consisting of social workers, therapists, and assistants in order to triage service users to the most appropriate professional at point of referral • Ensure the development of a focus for physical disability within Assessment and Care Management Teams through the creation of a specialist post in each locality and the development of a 'virtual team'. • Agree appropriate resource allocation system • For the increased use of signposting to appropriate services for existing service users and new cases to reduced contact and waiting times in all disciplines • For OT's to be integral to the DFG process to reduce assessment waiting times for major adaptations
Responsible	Operational Services Manager/ Impact Officer

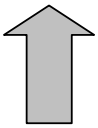
Planned Actions	2009/10 – • To work with the workforce development manager at HPCT to scope the current workforce against present and future need • To identify areas where re-allocation of the workforce needs to take place • To develop implementation plans and manage change process for staff affected • To have an operational team in place by the end of the financial year 2010/11 – • To continue programme of integrated case management and assessment through single access point
Resource Implications	It is anticipated the work in year one will be undertaken within existing staffing. The review in year one will identify any resource implications for services. Funding for 3 additional posts has been identified.
Outcome	Commissioning of services will be better informed Knowledge and expertise will be enhanced

8.3 **Transition to Adult Services**



Intention	To ensure a smooth transition from Children's into adult social care
Trnsformation Priority: Adult Social Care Services Plan	
Approach to be used	• To develop and implement protocols from school year 9 to ensure a seamless transition to adults services from children's services • To work with children's services and connexions to identify the number of children • To work with families prior to transfer to ensure they are clear re: eligibility criteria and what service they are likely to receive
Responsible	Operational Services Manager
Planned Actions	2008/09 – • To have developed these protocols and identified all the children 2010/11 – • For adult social care to be in contact with each family • To identify a key worker prior to the child's 18th birthday
Resource Implications	It is anticipated the work in year one will be undertaken within existing staffing and the review will not demonstrate a need for additional staffing.
Outcome	Experience of services for these children and their families will improve in quality Currently between 5-7 children per year who are assessed as being in need and who wish to receive adult services. This is not expected to change within the next 3-5 years

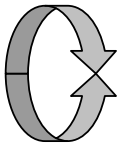
8.4 **Supporting Independence**



Intention	Proactively develop self directed support and enhance help to live at home and intensive home care packages
Transformation Priority: Adult Social Care Servcies Plan	1 Effective leadership and Management 2 Strengthen Joint Commissioning 3 Strengthen user and Carer Engagement 4. Personalisation: 'Putting People First' 5 Increase options to support independence
Approach to be used	• To review the current contractual arrangements with the partnership organisation and increase capacity to ensure all service users have access to direct payments • To explore the use of individualised budgets through the in-control model as piloted in LD • To ensure that all staff offer new service users direct payments as first line • To commission additional staffing support to facilitate staff and service users through this processes
Responsible	Operational Services Manager
Planned Actions	2008/09 – • To increase the number of people receiving direct payments by 28% a year for the next 3 years • Re-commission rehabilitation service for visually impaired people • Develop independent brokerage • Develop communication plan to inform current and potential service users and carers, including self-funders on personalisation • Develop support options for personalisation • Evaluate and enhance telecare services • Implement pilot Woodside rehabilitation flats • Contribute to review of OT services and enhance OT and physiotherapy role in promoting independence • Contribute to review of ICES service • Contribute to implementation of plan for self-management of Long term Conditions, linked to personalisation
Resource Implications	This intention links closely with work being undertaken across all service user groups e.g. review of ICES and development of self management for Long Term Conditions. An overall resource is committed to this intention across all service user groups. Support capacity Support officer at WTE salary

Outcome	People who use services will experience an increase in in choice and control. Numbers of people using Direct payments will increase and individual accounts will be established.

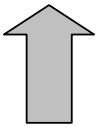
8.5 **Modernising Day Opportunities**



Intention	To develop new models for day opportunities that are needs led, community focused and enable early intervention, prevention and rehabilitation
Transformation Priority: Adult Social Care Services Plan	2 Strengthen Joint Commissioning 3 Strengthen user and Carer Engagement 4 Personalisation: 'Putting People First'
Approach to be used	• Contribute to the development and Implementation of a full day-care opportunities strategy linked to personalisation and individual budgets • Development of Community Support Centres providing a one-stop information shop for service users and carers as first point to accessing information about services • To use the money obtained from the capital bids process to conduct a feasibility study on 3 sites • To provide a wide range of reablement, therapy and social facilities • To ensure this links with the proposed one-stop information centre for service users, carers and potential service users • This is a key component of the TOM for adult social care • To maximise the involvement of partnership opportunities such as the carers hub and service user network •
Responsible	Operational Services Manager/ Impact Officer
Planned Actions	2008/09 – • Feasibility study complete and canal road fit for purpose • To scope existing need and existing services to identify the model, exploring how the Target Operating Model (TOM) fits with this • To scope current information services • To develop the link with community support centres in the potential development of centres of expertise • To develop a model for the delivery of this service and explore whether this should be a web, telephone or building based service • To work with all partner organisation but most especially increase the involvement of the third sector organisations

	• Increase use of public transport and access to mainstream community services • 2009/10 – • Feasibility studies to be completed in the other 2 areas 2010/11 - • All 3 community support centres to be fit for purpose • To develop further centre if need determines this 2008/09 - 2009/10 – • To have one information shop fit for purpose
Resource Implications	There is allocated funding through a successful capital bid to conduct feasibility studies on sites in Leominster, Bromyard and Hereford City £65 000 has been allocated for the next 3 years to complete this process
Outcome	Facilities will be fully utilised, service users will experience improved access to services and ???? will have enhanced support.

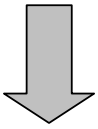
8.6 **Improvement for Service Users and their Carers**



Intention	Development and implementation of Service User and Carers Network To engage third sector services in providing schemes that will support advocacy for people fro physical and sensory disabilities
Transformation Priority: Adult Social Care Services Plan	Strengthen User and Carer Engagement
Approach to be used	• For both statutory organisations to continue to support the development of the identified Service User Network (SUN) until independence is achieved • To ensure the work of SUN fits with the LINKS project and the Host Organisation when appointed is aware of current work in progress • To maintain links with the Carers Network and establish a direct link once the carers hub has been established • To ensure both networks are integral to the community support centres • To ensure that there is an increase in the numbers of carers assessments undertaken • Increase the commissioning of specialist advocacy schemes from the third sector
Responsible	Operational Services Manager/ Impact Officer
Planned Actions	2008/09 – • To identify a support officer to help SUN with marketing and fund raising ensuring independence by the end of the financial year. • For this support worker to become part of the involving people team at the PCT • To review existing advocacy contract for this client group 2009/10 – • For statutory organisations to use this network as a consultation mechanism to effect service change and • To have a variety of advocacy schemes running • Set up 'Deaf Direct' consultation forum • Acquire information to reach 'Seldom Heard' groups • Award contract for Carers Hub and implement service • Enter three month consultation on delivery of short

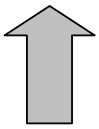
	breaks • Specification in place for short breaks • Develop and implement carers consultation forum
Resource Implications	1 year funding for support worker To speak with finance personnel at HPCT and HC To speak with PCT and HC finance colleagues
Outcome	User and carer representation will increase as a result of these developments. As awareness of services is increased this will have an effect on the number of people accessing information about services and possibility being eligible for services.

8.7 **Reshaping Residential Care**



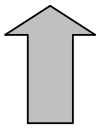
Intention	Reduce investment in long term residential care and enhance investment in based services. Ensure good quality and appropriate services for those people who require specialist and intensive forms of residential care, e,g, nursing home care.
Transformation Priority: Adult Social Care Service Plan	2 Strengthen Joint Commissioning 4 Personalisation: 'Putting People First 5 increase Options to Support Independence
Approach to be used	• To identify existing service users placed in residential and nursing homes • To assess each individual case and facilitate placement back into local community wherever possible. • To prevent new services users being placed unnecessarily in out of county care placements
Responsible	Operational Services Manager/ Impact Officer
Planned Actions	2008/09 – • To identify the number of existing service users in out of county care placements and assess ability to move. • Identify the most appropriate way of commissioning age appropriate nursing home care for those people who will continue to require this level of service. This includes the need to consider regional commissioning. 2010 - • for residential care placements to fall from 32 to 16 by • for intensive home care packages not supported by direct payments to fall from 34 to 18 by 2010 2010/11 – • for nursing care placement to fall from 10 to 3 by
Resource Implications	There will be a reduction in the spend on residential care. This saving will fund enhanced care at home services
Outcome	Community-based living options should minimise the need for residential care by 2012, but the current level of nursing home placements will need to continue and care at home will increase and achieve enhanced value for money.

8.8 **Housing**



Intention	Increase the accommodation options available and floating support for people to live in the community.
Transformation Priority: Adult Social care Services Plan	2 Strengthen Joint Commissioning 4 Personalisation: Putting People First 5 Increase options for Independence
Approach to be used	• To conduct a needs analysis to ascertain the accommodation and support needs of current service users and future needs of people with a neurological long term condition and a physical disability • To use the Acquired Brain Injury client group as a pilot for the needs analysis and then roll out across other conditions • To visit comparator organisations as an identification of best practice • To develop a housing strategy between HPCT, Adult Social Care and other partner organisations
Responsible	Impact Officer / Head of Neuropsychology/Operational Services Manager
Planned Actions	2008/09 – • To complete the needs analysis of all client groups with neurological conditions • To identify all service users currently in residential and nursing accommodation and review cases 2009/10 – • To complete the Housing strategy • To reduce the number of residential care placements through intensive home care packages commissioned • Improve value for money from intensive homecare packages commissioned • To reduce the number of nursing care beds but recognise there will be some need. • Identify the number of step-up and step down beds required to facilitate early discharge and prevent admission. 2010/2011 – • To have successfully completed the tender process for accommodation suitable for rehabilitation and reablement purposes and homes for life
Resource Implications	To discuss with PCT and HC finance personnel
Outcome	Robust forward plan for people with neurological conditions. Appropriate accommodation for people who use services

8.9 **Employment**



Intention	Commission a range of services that will lead to useful occupation, supported employment and open employment
Transformation Priority: Adult Social Care Service Plan	5 Increase options to support independence
Approach to be used	• To identify current service user pathways • Commission a job coach/ work placement service from a specialist independent sector provider such as Workmatch and LSC
Responsible	Operational Services Manager/ Impact Officer
Planned Actions	• To link with the work already under taken in Learning disabilities as their pathways will have similarities to PD • To develop a multi-disciplinary approach to assessment, care management and referral to employment opportunities • To identify unpaid as well as paid employment opportunities • Engage providers to ensure opportunities for employment for Service users
Resource Implications	This is an intention that cuts across a number of service user groups. Resources will be identified and allocated on a generic basis
Outcome	That employment is routinely included in the ??? as options available to people. For a range of occupational opportunity to be available.

9. Strategic Considerations

9.1 Implementation of the plan will require that the Joint Commissioners take into account wide ranging considerations. Progress regarding these considerations will be imperative for effective implementation. The considerations are:

9.1.1 The inter-dependence of health and social care and the arrangements that need to be in place to ensure that this is both recognised and managed in terms of all processes and procedures that support the plan and its delivery through commissioned services. Any enhancement in a specific area of service is likely to a) increase demand and b) impact upon other closely related services.

9.1.3 An appropriate balance of investment in community services must be achieved between the Joint Commissioners;

9.1.4 The Joint Commissioners are committed to a holistic, social, non-medical model for the commissioning and provision of services for this service user group.

9.1.5 The holistic model referred to above, requires a matrix approach to all aspects of the commissioning process, and requires the input support and agreement of housing, employment services, education, culture and leisure, welfare benefits, as well as the support and agreement of social care and health services or any other stakeholders that are identified in the planning of specific services. This will require close cross- reference to the strategic planning process associated with all relevant stakeholders is critical for effective implementation of this plan;

9.1.6 Consistent and comprehensive engagement with service users, carers and advocates on an ongoing basis to ensure their inclusion in planning and development of appropriate, needs-led services. This will require development of an appropriate range of mechanisms, supports, and transparency of decision making and feedback to those who engage.

9.1.7 Consistent and comprehensive engagement with the Third Sector in order to ensure that its strength and expertise is fully utilised when commissioning services for younger adults with a physical disability

9.1.8 Effective and efficient management of challenging interfaces, most notably but not exclusively, the transition between children and adult services.

9.1.9 The development of a clear focus for physical disability services,

through the creation of a multidisciplinary and specialist 'virtual' team at assessment and care management level;

9.1.10 During a major process of change management, some change will require additional funding during the implementation phase. This needs to be understood within the context of 'investing to save'.

9.1.11 Where it is anticipated that new developments will be funded from existing resources, clear protocols are required to describe how developments are prioritised; from where resources will come; and what (if any)service is to be de-commissioned as part of a re-alignment of resources.

9.1.12 Although the focus of this plan is the commissioning of specific services the need for which has been identified through the Needs Analysis, commissioning is a complex cycle of activity that often requires improved performance or different performance from a range of stakeholder and provider services. This needs to be clearly signalled in the planning process and defined within supporting action plans, including those of Workforce Development

With the above in mind, development of a clear focus for the commissioning of services across Hereford Primary Care Trust and Herefordshire County Council will be imperative. Such development will also be in line with the Department of Health vision of World Class Commissioning.

10. Implementing the Plan

Each of the commissioning intentions is detailed in a separate Action Plan. These together form the project plan for the each of the commissioning intentions.

A Partnership Board will be established under its own terms of reference agreed by the Adult Commissioning Board. The Partnership Board Group will comprise a lead officer representing each of the commissioning intentions, service users and carers, and voluntary sector representation.

Additional members will be co-opted as and when necessary and appropriate.

Reporting to the Partnership Board will be a 'Progressing the Plan Group' whose job will be to ensure that actions defined within the Action Plan will be progressed. The group will be jointly chaired by two senior managers from

Herefordshire Council and Herefordshire PCT and report to the ACB on a six monthly basis.

WORK PROGRAMME

Report By: Assistant Chief Executive – Legal and Democratic

Wards Affected

County-wide

Purpose

1 To consider the Committee's work programme.

Financial Implications

2 None

Background

3 A report on the Committee's current work programme will be made to each of the scheduled quarterly meetings of this Scrutiny Committee. A copy of the work programme is appended.

4 The programme may be modified by the Chairman following consultation with the Vice-Chairman in response to changing circumstances.

5. Should any urgent, prominent or high profile issue arise, the Chairman may consider calling an additional meeting to consider that issue.

6. Should Members become aware of any issues they consider may be added to the scrutiny programme they should contact the Directorate Services Officer (Health) to log the issue so that it may be taken into consideration when planning future agendas or when revising the work programme.

RECOMMENDATION

THAT subject to any comment or issues raised by the Committee the Committee work programme be approved and reported to the Strategic Monitoring Committee.

BACKGROUND PAPERS

- None identified.

Health Scrutiny Committee Work Programme 2008/09

December 2008	
	• Presentations by Chief Executives of Health Trusts • Monitoring of LINk Performance • Strategic Review of Provider Services • Scoping of work on access to Healthcare in the South Wye – To consider appropriate health care in the South Wye Area in view of the fact of the lower health outcomes for this area and the expanding population.
Scrutiny Reviews	
To be scheduled	
	• Elderly Falls Review – Report • Proposals for rolling forward the Local Delivery Plan beyond 2008/09 as prepared for consultation following the publication of the Darzi review. • Provision of services for children with special needs. • Reconfiguration of Mental Health Services • Consultation on the NHS Constitution • Stroke Services – progress report • Sexual Health – National Support Team Report • Walk in health Centre Progress • Audiology Services – outcome of external reveiw • Intermediate Care – monitoring of progress • Implementation progress reports on Joint Commissioning Strategy for physical disabilities and updated version of the Joint Commissioning Strategy for mental health services. • Workforce plan including training, recruitment and retention issues for the Primary Care Trust, social care and provider organisations in the independent sector
Scrutiny Reviews	• Access to health 1) for ethnic minorities – Scoping Statement • Access to Health 2) Scoping Statement
Other issues	
• Proposal to look at the long-term implications for people in the county of having an inappropriate diet.	

Further additions to the work programme will be made as required