

AGENDA

Health and Wellbeing Board

Date: **Tuesday 22 October 2013**

Time: **3.00 pm**

Place: **Council Chamber - Brockington**

Notes: Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

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Agenda for the Meeting of the Health and Wellbeing Board

Membership

Chairman

Councillor GJ Powell
Councillor CNH Attwood

Herefordshire Council

Jacqui Bremner

Representative of a Carers' Organisation (Currently Herefordshire Carers Support)

Shaun Clee

2gether NHS Foundation Trust

Helen Coombes

Director of Adults Wellbeing

Jo Davidson

Director for Children's Wellbeing

Paul Deneen

Healthwatch

Richard Garnett

Herefordshire Business Board

Brian Hanford

National Commissioning Board Local Area Team

Claire Keetch

Third Sector Board

Alistair Neill

Herefordshire Council

Ivan Powell

West Mercia Police

Elizabeth Shassere

Director of Public Health

Derek Smith

Wye Valley NHS Trust

Dr Andy Watts

Clinical Commissioning Group

AGENDA

		Pages
1.	<p>APOLOGIES FOR ABSENCE</p> <p>To receive apologies for absence.</p>	5 - 8
2.	<p>NAMED SUBSTITUTES (IF ANY)</p> <p>To receive any details of Members nominated to attend the meeting in place of a Member of the Committee.</p>	
3.	<p>DECLARATIONS OF INTEREST</p> <p>To receive any declarations of interests of interest by Members in respect of items on the Agenda.</p>	
4.	<p>MINUTES</p> <p>To approve and sign the Minutes of the meeting held on 13 July 2013.</p>	9 - 12
5.	<p>QUESTIONS FROM MEMBERS OF THE PUBLIC</p> <p>To receive questions from Members of the Public relating to matters within the Board's Terms of Reference.</p> <p>(Questions must be submitted by midday eight clear working days before the day of the meeting (ie on the Wednesday 13 calendar days before a meeting to be held on a Tuesday.))</p>	
6.	<p>THE HEALTH AND WELLBEING STRATEGY - MAKING IT REAL</p> <p>To receive a presentation on the Health and Wellbeing Strategy – Making it Real:</p> <ul style="list-style-type: none"> • Staying Healthy • Community and Volunteers • Integrated Working • Think Family 	
7.	<p>WYE VALLEY NHS TRUST FUTURES PROJECT</p> <p>To receive a report on the Wye Valley NHS Trust Futures project.</p>	13 - 16
8.	<p>HEREFORDSHIRE CLINICAL COMMISSIONING GROUP STRATEGY</p> <p>To receive a presentation on the Herefordshire Clinical Commissioning Group's Strategy.</p>	
9.	<p>NHS TRANSFER TO SOCIAL CARE AND REABLEMENT MONIES</p> <p>To inform the Board how the local health and social care system is applying NHS funding for social care locally and to confirm that the Joint Strategic Needs Assessment for the local population has been taken into account, the outcomes reflect shared health and social care objectives and local monitoring of performance arrangements are in place for 2013/2014 and will be submitted to NHS England Area Team.</p>	17 - 28
10.	<p>AUTISM SELF-ASSESSMENT</p> <p>To receive a report on Autism Self-Assessment.</p>	29 - 40

11. NESTA BID

To receive a report on the Nesta bid.

41 - 42

12. HEALTH AND WELLBEING BOARD FORWARD PLAN

To seek the Board's views and finalise the quarterly forward plan.

43 - 46

Herefordshire Health and Wellbeing Board

Vision and guiding principles July 2012

Vision: Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.

Overall outcome: To increase healthy life expectancy and reduce differences in life expectancy and healthy life expectancy between communities.

Principle 1: personal responsibility

People should be responsible for their own health and wellbeing, and should try to stay fit, well and independent for as long as possible. Herefordshire Health and Wellbeing Board and its partners recognise, actively promote and support the contribution made by family, friends, the community and other services in helping people to achieve good health and wellbeing, with support from professional services when required.

Principle 2: information and support

People can do many things to help themselves and their families to stay healthy, but there will be times when extra support is required. Information and advice will be available from a wide range of sources, easily and quickly, when and where people need it, so that they can make informed decisions about what they need to do to remain healthy.

Principle 3: sustainable services

Herefordshire Health and Wellbeing Board and its partners will work together to provide a unified service for everyone, through consistently good quality shared care and managed networks. Services will be financially viable, safe and sustainable and affordable for everyone.

Principle 4: working together

Publicly funded services will be delivered in conjunction with the resources of family, friends and community to ensure the right service is delivered, at the right place and time needed. The Health and Wellbeing Board will facilitate the provision of care as close to home as possible and ensure easy access to acute hospital services when needed. Services will protect people's safety, independence and dignity.

Principle 5: a lifecourse approach

There are differences in people's health and wellbeing that start before birth and accumulate throughout life. It is important to work with people throughout their lives to improve their healthy life expectancy. A vital part of this is sustaining a healthy workforce for the county.

Principle 6: the ladder of interventions

Health and wellbeing issues will be addressed, where possible, through the 'ladder of intervention', which provides a means of integrating lifestyle choices and enforcement action into a single strategy for improving health and wellbeing for the people of Herefordshire.

Principle 7: five ways to wellbeing

The Five Ways to Wellbeing (Connect, Be Active, Take Notice, Keep Learning, Give) will be used by Herefordshire Health and Wellbeing Board and its partners to support wellbeing in the county by enriching people's lives through cultural opportunities, altruism and volunteering.

Understanding Herefordshire – The 2012 integrated needs assessment

Understanding Herefordshire provides a single integrated assessment of the needs of the people of Herefordshire, bringing together the Joint Strategic Needs Assessment (JSNA) and the State of Herefordshire Report.

It is integral to the commissioning cycle, providing an explicit evidence base that will enable strategic priorities, commissioning decisions and partnership working to be based upon a clear and comprehensive understanding of need.

It also provides a mechanism to evaluate the effectiveness of commissioning decisions and of interventions, with the ability to monitor or “track” progress over time.

Understanding Herefordshire explicitly identifies the underlying factors relevant to the Health and Wellbeing Board’s vision that Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.

The essential point of the Integrated Needs Assessment is that it be used to influence and inform future decision-making.

Recommendations from Understanding Herefordshire are that we:

- Be proactive about our changing demographics, identifying the predicted rise in need for services and ways to address it.
- Develop the infrastructure, services and support networks needed to enable people to live independently. As well as direct service provision this will include housing and accommodation that facilitates independence, the economy, spatial planning, transport, engagement with the third sector and communities, and support for carers.
- Continue to build on a community based approach, developing our assets of volunteers, carers, third sector organisations, active communities and statutory services.
- Adopt this community based approach to provide comprehensive and integrated services and support for people living with Dementia.
- Ensure that the environment and infra-structure enables people to make healthy choices such as cycling and walking, as well as supporting economic growth and improved connectivity.
- Target preventative activities at the major causes of morbidity and premature mortality, in particular smoking, alcohol and falls.
- Make childhood obesity a priority for all stakeholders, tackling the underlying causes as part of a joined up strategy.
- Ensure continued improvement for Early Years and Foundation Programme, primary and secondary school children to achieve top quartile performance.
- Ensure the various strategies targeting families living in poverty are joined up to provide an integrated response.
- Address social inequalities through a comprehensive approach, encompassing opportunities such as employment as well as lifestyle behaviours, access to services and community engagement.
- Undertake more in depth analysis in the following areas:
 - Domestic violence
 - The care needs of people with learning disabilities
 - Impact of changes to the welfare system, particularly on families

June 2012

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HEREFORDSHIRE COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

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HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health and Wellbeing Board held at Council Chamber - Brockington on Tuesday 9 July 2013 at 3.00 pm

Present: Councillor GJ Powell (Chairman)

Mr K Andrews, CNH Attwood, Ms J Bremner, Mr P Brown, Mr S Clee, Mrs J Davidson, Mr N Doverty, Mr A Neill, Ms M Pert, Supt I Powell, Ms E Shassere, Dr I Tait and Mr R Widdowson.

In attendance: Councillors MD Lloyd-Hayes and AJW Powers

Officers: Herefordshire Council: C Attwood (Research and Intelligence Officer), J Edwards (Root and Branch Programme Support Officer), D Mason (Interim Transformation Manager), Dr A Merry (Consultant in Public Health/Assistant Director of Public Health, C Wichbold MBE (Health and Wellbeing Grants and Partnership Officer), T Brown (Governance Services).
Clinical Commissioning Group: D Farnsworth (Executive Nurse Quality and Safety)

14. APOLOGIES FOR ABSENCE

Apologies were received from Mr P Deneen, Mr B Hanford, Mrs C Keetch, Mr D Smith and Dr A Watts.

15. NAMED SUBSTITUTES

Mr K Andrews substituted for Mr P Deneen, Mr N Doverty for Mr D Smith, Ms M Pert for Mr B Hanford, Dr I Tait for Dr A Watts and Mr R Widdowson for Mrs C Keetch.

16. DECLARATIONS OF INTEREST

None.

17. MINUTES

RESOLVED: That the Minutes of the meeting held on 16 April 2013 be confirmed as a correct record and signed by the Chairman.

18. UNDERSTANDING HEREFORDSHIRE 2013

The Board reviewed evidence from the 2013 "Understanding Herefordshire" report.

The Director of Public Health gave a presentation, a copy of which has been placed on the Minute book with the agenda papers.

In discussion the following principal points were made:

- It was considered that the Understanding Herefordshire report continued to be a valuable resource and as such it was important that it was kept up to date, whilst noting that this had resource implications. It was requested that the Board be informed by briefing note of proposals for the frequency with which the report was to be reviewed and updated.

- The capacity to support and train volunteers, on whom a number of transformation proposals relied, needed to be kept under review. Social return on investment was included as a consideration within the commissioning framework.
- That all partners needed to focus together on core elements identified within the report to effect improvement.
- It was reiterated that the report template for the Board should include explicit reference to links the report had to the Understanding Herefordshire report. It was suggested other partners could also usefully take the same approach.
- That there was scope to target issues much more effectively, for example poverty, and through rural proofing.

RESOLVED:

- That
- (a) **the evidence in the 2013 ‘*Understanding Herefordshire*’ is used for strategic planning and commissioning decisions;**
 - (b) **the Board’s priorities be reviewed in the light of the Understanding Herefordshire report and a report made to the next Board meeting recommending any changes; and**
 - (c) **the Board be informed by briefing note of proposals for the frequency with which the JSNA is to be reviewed and updated.**

19. THE MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY CHAIRED BY ROBERT FRANCIS QC - NEXT STEPS

The Board received a report on considerations arising from the Mid-Staffordshire NHS Foundation Trust.

The Clinical Commissioning Group’s (CCG) Executive Nurse Quality and Safety (ENQS) presented the report. He emphasised the CCG’s commitment to maintaining quality in the provider structures. A completed action plan was to be submitted to the CCG and progress against the action plan would be reviewed.

He also commented on reports of higher mortality rates at Hereford Hospital, there having been a suggestion that Wye Valley NHS Trust performance was an outlier compared with the average. The ENQS reported that the Trust had been transparent in its response and was seeking to ensure wider quality benefits as a result of its review of performance. This was in line with approach advocated in the Francis report.

He added that work was also underway to address pressures on the urgent care services.

The Board considered that it should receive a further report once the CCG action plan was finalised to ensure that the Board had the requisite assurance that the measures in response to the Francis report were satisfactory.

RESOLVED: That a further report be made to the Board once the Clinical Commissioning Group had finalised its action plan.

20. COMPREHENSIVE FUNDING REVIEW 2015/16

The Director of People's Services gave a presentation on the Government's spending review 2015/16.

A copy of the presentation has been placed on the Minute book with the agenda papers.

21. INTEGRATION PIONEER PROPOSAL

The Board was invited to consider and endorse the Integration Pioneer proposal.

The Director of People's Services presented the proposal emphasising that it entailed changing systems and approaches.

RESOLVED: That the expression of interest in becoming an Integration Pioneer be endorsed.

22. ADULT SOCIAL CARE - NEXT STAGE INTEGRATION - WYE VALLEY NHS TRUST

The Board was advised of progress to date on the Next Stage Integration Project and the implications and opportunities for the health and wellbeing system and invited to consider opportunities for synergy between commissioners to achieve service transformation.

The Interim Transformation Manager and the Root and Branch Programme Support Officer gave a presentation. A copy of the presentation was included with the agenda papers.

In discussion the following principal points were made:

- It was important to ensure that the changes were clearly communicated. GPs needed to understand the changes and be able to explain them clearly to patients.
- Health and social care leaders in the County needed to work together to achieve a whole system redesign of health and social care. It was proposed that the Health and Care Leaders Group should be established on a more formal basis and should report formally to the Board on progress in integrating services.

RESOLVED:

That (a) the development of the new operating model for Adult Social Care in Herefordshire be noted; and

(b) the Health and Care Leaders Group should be established on a more formal basis and should report formally to the Board at regular intervals on health and social care whole system redesign.

23. UPDATE FROM THE DEMAND MANAGEMENT WORKSTREAM

The Board reviewed development work under the Demand Management workstream.

The Director of Public Health presented the report highlighting the priorities it was intended to focus on in 2013/14.

RESOLVED: That priorities for focus in year 1 (2013-2014) be noted.

24. UPDATE ON THE REVIEW OF SERVICES AND PATHWAYS FOR ALCOHOL MISUSE

The Board reviewed development work on the review of services and pathways for alcohol misuse.

The Consultant in Public Health/Assistant Director of Public Health presented the report and gave a presentation. A copy of the presentation has been placed on the Minute book with the agenda papers.

It was suggested that there were a number of examples from other areas that could be drawn upon to help progress the proposed work.

RESOLVED: That activity on addressing the impact of the alcohol consumption priority be noted.

25. ANNUAL REPORTS OF THE SAFEGUARDING BOARDS

The Board received the annual reports of the Safeguarding Boards but agreed to defer this item until October so that the independent Chair of the Safeguarding Boards could attend.

26. HEALTH AND WELLBEING BOARD WORK PLAN

The Board noted that the following matters discussed at the meeting would need to be added to the Board's work plan:

- Understanding Herefordshire
- Update on Adult Social Care – Next Stage Integration
- Report from Health and Care Leaders Group on whole health and social care system redesign.
- Clinical Commissioning Group report in response to Francis report
- Annual Safeguarding Reports

The meeting ended at 5.20 pm

CHAIRMAN

Health & Wellbeing Board
22nd October 2013

Derek Smith, Chief Executive
Derek.Smith@wvt.nhs.uk

WVT Futures Project – Update

1.0 INTRODUCTION

The purpose of the Futures Project is to define and assess options for the best model and approach that will provide the sustainability required to achieve foundation trust (FT) status.

WVT is leading the process to establish the future form of the organisation under the auspices of the Futures Project . A number of possible options have emerged and a process has been put in place to test the options and to identify the preferred way forward in an Outline Business Case (OBC). This was set out in the Strategic Outline Case (SOC) approved by the WVT Board in March 2013.

The SOC identified five potential options for the future organisational form of WVT. Following the approval of the SOC by the WVT Board, it was agreed that an additional option (Service Reconfiguration) would be considered based on feedback from key stakeholders.

Due to the addition of the Service Reconfiguration option, it was agreed that additional time was required to complete the OBC. An early draft version of the OBC was discussed by board members at a workshop meeting on the 27th June 2013.

This short paper gives an update on the progress of the Futures Project since the last board update.

2.0 RECOMMENDATION

The Board is asked to note the contents of this report, particularly the new project timeline which takes into account the work required to assess the additional option and the production of a clinical strategy by Herefordshire Clinical Commissioning Group (HCCG).

3.0 MAIN BODY OF REPORT

3.1 Project progress since the last report

The Project Oversight Board met in July 2013 and reviewed the draft OBC. The need for HCCG to develop a clinical strategy for Herefordshire in parallel to the OBC was acknowledged and the timescale was accepted. The Chair asked that the project team meet with her to discuss the

impact of the Trust Development Authority's (TDA) accountability framework on the Futures Project.

The Trust Stakeholder Group also met in July and reviewed the draft OBC. The group made a number of very helpful contributions which will be fed into the next iteration of the OBC.

Following Grant Thornton's development of a long term financial model (LTFM) to inform the draft OBC, work began in August to rebase the LTFM in line with the plan and forecast out-turn for the 2013/14 financial year. This is in line with TDA expectations and should be completed by the end of September 2013. This work is a pre-cursor to the further development of the financial models in the OBC and is being achieved through supplementing the Trust's financial team with additional support..

Work to create an IM&T Strategy for the Trust completed its first stage in July. DTZ were appointed through a competitive process to develop an outline strategy for the Trust's estate in August. Both these elements will contribute to the OBC and are expected to be completed in October.

HCCG began work to develop a clinical strategy for Herefordshire in August and agreed a project initiation document in September. The WVT Futures project team are supporting this work by sharing the outputs of the considerable amount of analysis and modelling that WVT has completed in recent years.

Two visits to other sites have been completed in recent weeks in order to inform the development of the OBC. Representatives of the Trust visited Hinchingsbrooke Hospital as guests of Circle Healthcare to view the site and hear about the operational franchise that was put into place over a year ago. The Trust has also visited Airedale Hospital in Keighley, West Yorkshire to find out how this trust serves a small, largely rural, population whilst retaining its status as a successful FT.

3.2 Project Plan

The final version of the OBC will be presented to the Board in January 2014. This timescale is dictated by the production of the Clinical Strategy by HCCG and will allow time for the outputs to be evaluated and the assumptions tested.

The project team is proposing to produce a second draft OBC to demonstrate the progress made to date in October 2013. The latest version of the project timeline can be found at Appendix 1.

4.0 CONSULTATIONS

Key stakeholders, including staff, patients, public and service users, have been kept informed of the changes to the project timeline.

5.0 CONCLUSIONS

The timeline for production of an OBC has been extended to incorporate both an additional option and the emerging clinical strategy of HCCG. This additional period is being used to estimate the effect of the developing clinical, estates and ICT strategies on the financial models within the OBC.

ID	Task Name	Start	Finish	Duration	2013								2014		
					May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
1	First draft OBC to Board Workshop	27/06/2013	27/06/2013	1d											
2	First draft OBC to Stakeholder Group	18/07/2013	18/07/2013	1d											
3	First draft OBC to Project Oversight Board	26/07/2013	26/07/2013	1d											
4	Long term financial modelling rebase for 2013 - 14	01/08/2013	30/09/2013	8w 3d				█	█						
5	IM&T Strategy Development	01/07/2013	31/10/2013	17w 4d				█	█	█					
6	Estate Strategy Development	01/08/2013	31/10/2013	13w 1d				█	█	█					
7	Herefordshire Clinical Commissioning Group – Clinical Strategy Development	01/08/2013	25/12/2013	21w				█	█	█	█				
8	Visit to other organisations	25/09/2013	24/10/2013	4w 2d						█					
9	OBC Development	29/07/2013	24/10/2013	12w 4d				█	█	█					
10	Second draft OBC to Board	31/10/2013	31/10/2013	1d											
11	OBC Development	28/10/2013	19/12/2013	7w 4d										█	
12	Engagement Period	01/11/2013	31/12/2013	8w 3d										█	
13	Third Draft OBC to Board	19/12/2013	19/12/2013	1d											
14	OBC Development	23/12/2013	24/01/2014	5w											█
15	Final version of OBC to Board (date to be confirmed)	23/01/2014	23/01/2014	1d											



MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATE:	22 October 2013
TITLE OF REPORT:	NHS transfer to Social Care and Reablement Monies
REPORT BY:	Director of Adult Well Being: Helen Coombes

Classification

Open

Key Decision

This is not an executive decision.

Wards Affected

County-wide

Purpose

To inform the Board as the forum which provides assurance, on behalf of NHS England, how the local health and social care system is applying NHS funding for social care locally and to confirm that:

- The Joint Strategic Needs Assessment for the local population has been taken into account
- The outcomes reflect shared health and social care objectives
- Local monitoring of performance arrangements are in place for 2013/2014 and will be submitted to NHS England Area Team.

Recommendations

THAT:

- a) **The Board notes and confirms to the NHS England Area team that the spending plans and monitoring arrangements set out in this paper meet the conditions set out in Gateway Letter 00186 – funding transfer to social care enabling the transfer to take place from the NHS England Area Team to Herefordshire Council (the Local Authority)**
- b) **The Board notes the transfer of reablement funding from the Clinical Commissioning Group (CCG) to the local authority as the NHS element of the Herefordshire reablement investment.**

Further information on the subject of this report is available from
Helen Coombes Director for Adults Well Being on Tel (01432) 260339

Alternative Options

- 1 There are no alternative options.

Reasons for Recommendations

- 2 The Health and Wellbeing Board on behalf of NHS England has a responsibility for ensuring that discussion and agreement on the proposals between the CCG and the Local Authority has taken place, that due regard has been taken of the Joint Strategic Needs Assessment and that outcomes and measures are in place which will be reported to the NHS England Area Team.

Background

- 3 Since 2011/12 annual payments have been made by the Department of Health to Primary Care Trusts, these payments were then transferred to the Local Authority responsible for social services (i.e. Herefordshire Council). The aim of this money has been to support the local health and social care economy.
- 4 There was recognition that it would be necessary to provide additional money to social care in order to protect eligibility, investment in critical preventative services, meet demographic changes and mitigate the negative impact on health as a result of local government funding reductions.
- 5 On the 19th June 2013 NHS England issued a letter to the CCG confirming the allocation for 2013/2014, which for Herefordshire is £3,151,863. During 2013/14 the responsibility for transferring this funding from the NHS to Local Authorities lays with NHS England, but the arrangements should be agreed locally with the CCG and the Local Area Team of NHS England. The transfer will be through a formal “Section 256 agreement” of the 2006 NHS Act.
- 6 There is an additional transfer to the Local Authority requiring a Section 256 agreement, as detailed in *Everyone Counts: Planning for Patients 2013/14* in which it states that CCG’s “will assume responsibility (from the PCT’s) for the management and administration of the £300 million a year reablement provision”. CCG’s are expected to spend a prescribed amount, jointly agreed with the Local Authorities. The proportion for Herefordshire is expected to be £968k of which £484k will be transferred to the Local Authority as the NHS element of the Herefordshire reablement investment. Appendix 2 sets out how this investment will be spent within the NHS and the Local Authority during 2013/14.
- 7 The Local Authority and the CCG have considered the proposed priorities, expected outcomes and monitoring arrangements, and formally agreed these within the CCG Service Transformation and Innovation Group (STIG). These arrangements will be submitted to the CCG Board for final approval.
- 8 The Local Authority and the CCG are currently starting to develop, in addition to their own organisational commissioning intentions, a set of agreed health and social care integrated commissioning priorities in preparation for the implementation of the Care and Support Bill in 2015 and its focus on integrated care. This process that includes NHS providers in Herefordshire, will include discussions and agreement about priorities for funding for 2014/15.
- 9 There is recognition that planning and approvals should take place at an early stage in the financial year, however like the majority of local authorities the change from

Further information on the subject of this report is available from
Helen Coombes Director for Adults Well Being on Tel (01432) 260339

PCT's to CCG's, the late confirmation from DoH as to how Section 256 funding would be awarded and confirmation of the need for Health and Well Being Board oversight has contributed to a delay in the current financial year. The involvement of and discussion with service users/patients, carers, professionals and a wide range of providers will be essential before formal implementation plans decisions are confirmed

Funding Transfer from NHS England to Social Care Gateway Letter 00186

- 10 The allocation for NHS England to pay Herefordshire Council in 2013/14 is £ 3,151,863.
- 11 As in previous years, the criteria state that the NHS funding must be used to support Adult Social Care services in each local authority, and must also have a health benefit. Beyond this broad condition, NHS England wants to provide flexibility for local areas to determine how this investment in Adult Social Care is best used.
- 12 It should be noted that the criteria has been explicit with regard to using local flexibility and to allow funds to be used to support existing services that might otherwise not be available because of budget pressures.
- 13 NHS England requires that the Local Authority agrees with its local health partners how the NHS funding is best used within social care, and the outcomes expected from this investment.

Conditions of the funding

- 14 The following conditions are to be in place prior to the transfer of funds from NHS England to the Local Authority;
 - Local Authorities and CCG's must have regard to the Joint Strategic Needs Assessment for their local population, and existing commissioning plans for both health and social care, in how the funding is used
 - Local Authorities must demonstrate how the funding will transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer
 - The funding can be used to support existing services or transformation programmes, such where such services or programmes are of benefit to the wider health and social care system, provide good outcomes for service users, and would be reduced due to budget pressures in local authorities without this investment
 - The funding can also support new services or transformation programme, again where joint benefit with the health system and positive outcomes for service users have been identified
 - The *Caring for Our Future* White Paper also sets out that the transfer of funding can be used to cover the small revenue costs to local authorities of the White Paper commitments in 2013/14 (excluding the Guaranteed Income Payments disregard, which is being funded through a grant from the Department of Health).

Governance

- 15 The Area Teams will ensure that the CCG/s and local authority take a joint report to the Health and Wellbeing Board to agree what the funding will be used for, any

Further information on the subject of this report is available from
Helen Coombes Director for Adults Well Being on Tel (01432) 260339

measurable outcomes and the agreed monitoring arrangements in each local authority area.

- 16 The Health & Wellbeing Board then approves the report which has appended to it the agreed Section 256 agreement between the local authority and NHS England. The agreement is signed by both parties.
- 17 A copy of each signed agreement should be sent to NHS England Finance Allocations Team at england.finance@nhs.net so that a national review of the transfer can be undertaken.
- 18 Purchase Orders should then be set up by the Area Teams with each Local Authority that will confirm the precise financial arrangements.

Reporting

- 19 Area Teams will be supplied with specific budget codes to enable them to set up Purchase Orders, monitor the expenditure on this allocation and to drawdown the necessary cash required to pay local authorities on the agreed basis. Area Teams should use their specific cost centre (Annex B) and the local authority sub analysis 2 code (Annex C) to generate their purchase orders (using the non-catalogue request category 'XXX').
- 20 NHS England will require expenditure plans by local authority to be categorised into the following service areas (Table 1) as agreed with the Department of Health. This will also ensure that we can report on a consolidated NHS England position on adult social care expenditure.

Table 1: Analysis of the adult social care funding in 2013-14 for transfer to local authorities	
<i>Service Areas- 'Purchase of social care'</i>	<i>Subjective code</i>
Community equipment and adaptations	52131015
Telecare	52131016
Integrated crisis and rapid response services	52131017
Maintaining eligibility criteria	52131018
Re-ablement services	52131019
Bed-based intermediate care services	52131020
Early supported hospital discharge schemes	52131021
Mental health services	52131022
Other preventative services	52131023
Other social care (please specify)	52131024
Total	

Herefordshire Council Proposal for Funding Use

- 21 The proposal is that the funding is used in Herefordshire in a similar way to previous years. In previous years this funding has been essential funding to support the council to maintain existing eligibility criteria, and existing programmes which support people to remain independent and in their own homes. The investment is focused on

Further information on the subject of this report is available from
Helen Coombes Director for Adults Well Being on Tel (01432) 260339

the following specific areas that specifically support the flow through acute and community health care pathways, including

- Maintaining performance in delayed transfers of care by removing blockages in discharge
- Additional reablement ,
- Increasing funding to carers breaks,
- Provision of handy person, equipment, increased occupational therapy
- Maintaining investment in some specific vulnerable groups such as Learning Disability and Safeguarding Adults.

22 Appendix 1 sets out the specific funding proposals, links to NHS and Adult Social Care Outcomes frameworks and where relevant the spend change from the previous year. The figures shown do not represent the full spend in a specific area that the council makes, for example the spend on carers was in excess of 1.2m during 12/13.

23 It is important to recognise that despite this funding in previous years, the council Adult Social Care budget has continued to overspend significantly, which has required use of council reserves. At the end of 2012/2013 the over spend position for adult care was 5,190m. During the last three years demand and cost of care has increased dramatically, and is continuing to rise despite increases in preventative activity. For example in 12/13 738 safeguarding investigations were completed, based on the first quarter of 13/14 the forecast is for 1204.

24 An ambitious ASC transformation programme is underway to shift towards a prevention based approach, which does manage demand effectively, is responsive, integrated across health, housing and social care and of lower cost. However this requires time to implement and a culture change across the system not just within the council and social care. Shared integrated commissioning and priorities across the health and social care system and the right delivery vehicle to make sure change happens are now being discussed and will require the support of the Health and Well Being Board. It does need to be noted that the challenges faced in Herefordshire in adult social care are replicated across the country, but that even with this additional funding, local budgets will continue to be under pressure and are requiring additional support from the broader council budgets.

Monitoring Arrangements

25 The CCG and the Local Authority have in place a formal s75 agreement with a bi monthly monitoring meeting on a range of shared investments outcomes. This formal shared governance structure will also consider the performance against the measures as set out in the Adult Social Care Outcomes framework and the NHS Outcomes framework. In addition of more locally sensitive measures may be developed to aid future investment planning and integrated commissioning. Performance monitoring and data collection requires development as the information collected presently, is often difficult to collect or does not give a real indicator of quality, clinical and cost effectiveness or provide the basis to accurately plan for future commissioning. For example locally collected data has shown that during quarter 1 the directly provided reablement service activity was

Referrals	Number of Contacts	Number of Client Hours	Travel Time Hours
201	9406	5858	3391

Further information on the subject of this report is available from
Helen Coombes Director for Adults Well Being on Tel (01432) 260339

- 26 Using the national outcomes framework we can measure levels of independence and re admission rates for example, but we do not have sufficiently sensitive indicators and or data collection to evaluate outcomes and where improved effectiveness could be achieved through targeted activity. Improving performance management is a key activity for 13/14 and 14/15 across the health and social care system.
- 27 The Health and Well Being Board and NHS England will receive performance data as set out in the guidance letter on a quarterly basis, and on a yearly basis where that information is currently obtained through annual satisfaction surveys.

How will your report meet the vision and guiding principles of the HWBB?

Health & Well Being, Clinical Commissioning and Adult Social Care Priorities and Outcomes

- 28 The priorities and plans support the delivery of key priorities identified within the Health and Wellbeing Board strategy these include
- A funding system that supports integrated care and the prevention of the use of acute/secondary care
 - Maintaining a good quality health and social care system where personal safety, dignity and independence is ensured and delivered as much as possible in Herefordshire
- 29 The plans also reflect the objectives in the CCG and Local Authority 13/14 Section 75 Partnership Agreement:
- promote the independence of people through a strategic shift to health promotion, prevention, early intervention and supported self-management to produce better outcomes and greater efficiency for the health and social care system;
 - focus on helping people who may be at risk of needing health and social care support to remain independent for as long as possible;
 - Prioritise the development of services that support people's recovery after an injury or episode of ill-health (including reablement, intermediate care, crisis response and telecare).

Key Considerations

- 30 This work is a vital component of health and social care to deliver better outcomes for the residents of Herefordshire and to maintain current services. HWBB members need to assure themselves that the Section 256 funds support and align to its priorities.

Community Impact

- 31 Engagement events with service users, carers and staff consistently highlight that people wish to remain in their own homes for as long as possible. Appropriate support enables people to remain healthy for longer, with a greater emphasis on self-managed care to sustain longer term well-being. Alongside, the shift to self-responsibility robust community engagement over the coming years will access the assets, strengthens and resources available within neighbourhoods.

Further information on the subject of this report is available from
Helen Coombes Director for Adults Well Being on Tel (01432) 260339

Financial Implications

- 32 The financial challenges faced by the system and are well known. Best use of resources is highlighted by the deployment of the Section 256 funds, which will reduce demand and financial pressures across the health and social care economy.
- 33 This activity benefits Herefordshire's patients and public in an ever challenging financial climate, to this end it is designed to support the delivery of the HWBB vision, as well as aligning to national and regional priorities.

Appendices

- None identified.

Background Papers

- None identified.

Former Measure	NHS Outcome Framework Domain	Proposal	Aim/Health Benefit	Current Adult Social Care Outcomes Framework Measures 13/14 Applicable
Delayed Transfer of Care from Hospital N131 Rehabilitation and Intermediate Care users 3 months after discharge NI 125	<p>Helping people to recover from episodes of ill health or following injury</p> <p>Enhancing quality of life for people with long term conditions</p>	<p>Dedicated support to virtual wards – hospital at home (admission avoidance and early supported discharge). See bullet points for detail</p> <p>Dedicated support to virtual wards – risk stratification. See bullet points for detail</p> <ul style="list-style-type: none"> • Social workers • Domiciliary care • Community equipment <p>health and social care hub approach to be further discussed and any development for 13/14 to be delivered through existing resource re design</p>	<p>To enable primary and secondary care health services to be provided to patients in their own homes, preventing the need for hospital admission and/or enabling early supported discharge to usual place of residence. This will maximise return to usual place of residence and promotion of self-care and independence.</p> <p>To identify those at high-risk of hospital admission and loss of independence, in order to provide targeted multi-disciplinary medical, therapist and social assessment and care through an anticipatory care plan. This will maximise opportunities for self-care, reduce emergency admissions to hospital, and promote return to usual place of care and independence.</p> <p>Single point of access to an integrated service that provides timely direction to the most appropriate care. It will maximise opportunities for self care, reduce emergency admissions to hospital, and promote return to usual place of care and independence.</p>	<p>2 Delaying and reducing the need for care and support</p> <p>2A Permanent admissions to residential and nursing care homes, per 1,000 population</p> <p>2B Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</p> <p>2C Delayed transfers of care from hospital , and those which are attributable to adult social care</p> <p>1 Enhancing quality of life for people with care and support needs</p> <p>1A Social care – related quality of life</p> <p>1B Proportion of people who use services who have control over their daily life</p> <p>1D Carer - reported quality of life</p> <p>1L Proportion of people who use services and their carers, who reported that they had as much social contact as they would like</p> <p>3 Ensuring that people have a positive experience of care and support</p> <p>3A Overall satisfaction of people who use services with their care and support</p> <p>3B Overall satisfaction of carers with social services</p> <p>3C The proportion of carers who report that they have been included or consulted in</p>

Further information on the subject of this report is available from
Helen Coombes Director for Adults Well Being on Tel (01432) 260339

Former Measure	NHS Outcome Framework Domain	Proposal	Aim/Health Benefit	Current Adult Social Care Outcomes Framework Measures 13/14 Applicable
				discussions about the person they care for 3D The proportion of people who use services and carers who find it easy to find information about support
Delayed Transfer of Care from Hospital N131 Rehabilitation and Intermediate Care users 3 months after discharge NI 125	Helping people to recover from episodes of ill health or following injury	<ul style="list-style-type: none"> • Contribution to social care demographic pressure inc increased growth in domiciliary care • Maintain eligibility criteria for social care services at “critical” and “Substantial” • Maintain and increase Capacity for assessments and case management • Mental Health Reablement/Intermediate care provision • Emergency Respite and Interim Residential and Nursing Capacity 	<p>Ensure continued level of service across all service users groups with specific growth in frail older people, dementia, complex disability and transitions. This will help ensure an adequate supply of care and avoid an increase in delayed discharges.</p> <p>By continuing to meet “substantial” needs this will prevent crisis situations, which often result in an NHS intervention and hospital admission</p> <p>Ensuring sufficient social work assessment capacity to deal with increased numbers of social care cases.</p> <p>Contributing to maintaining patient flow through the specialist mental health services and prevention of admissions by offering alternatives</p> <p>Contributing to maintaining patient flow through the acute care sector to the community and preventions of admission by offering alternatives</p>	<p>2 Delaying and reducing the need for care and support</p> <p>2A Permanent admissions to residential and nursing care homes, per 1,000 population</p> <p>2B Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</p> <p>2C Delayed transfers of care from hospital , and those which are attributable to adult social care</p>

Former Measure	NHS Outcome Framework Domain	Proposal	Aim/Health Benefit	Current Adult Social Care Outcomes Framework Measures 13/14 Applicable
	Treating and Caring for people in a safe environment and protecting them from avoidable harm	<ul style="list-style-type: none"> Maintain advocacy, personalised budget advice and brokerage investment levels Increased Safeguarding Adults screening and investigation capacity Rapid Access to Assessment and Care 	<p>By maintaining a level of additional investment in information and advice for people who wish to take a direct payment, whilst the current system is transformed will reduce the risk of recruitment of Personal Assistants without adequate checks, and making them more vulnerable to abuse</p> <p>Ensuring sufficient capacity to respond to Safeguarding activity across the sector with specific reference to care homes and minimising pressure in capacity as a result of suspensions on placements. Also contributing to assessment and case management capacity including those placed by CHC</p> <p>To provide temporary safe environments for people who would otherwise be admitted to, or remain in hospital, where:</p> <ul style="list-style-type: none"> ongoing health and care needs can be assessed targeted interventions can be provided return to normal place of residence is maximised – with any alternative onward placement based upon the principal of maximised independence 	<p>4 Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm</p> <p>4A The proportion of people who use services who feel safe</p> <p>4B The proportion of people who use services who say that those services have made them feel safe and secure</p> <p>2 Delaying and reducing the need for care and support</p> <p>2A Permanent admissions to residential and nursing care homes, per 1,000 population</p> <p>2B Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</p> <p>2C Delayed transfers of care from hospital , and those which are attributable to adult social care</p>
	Enhancing quality of life for people with long term conditions	<ul style="list-style-type: none"> Maintain and increase Housing Prevention/Low level equipment Maintain Community Equipment investment levels Maintain capacity in Learning Disability assessment, case management and increase 	Facilitate hospital discharge, prevention of admission and contribution to a reduction in falls, continence related issues, use of pharmaceutical interventions, management of symptoms of dementia enabling people to live at home longer Maintenance and increased capacity in current housing prevention schemes including handy person and healthy home schemes contributing to prevention of hospital admissions, GP attendances and flow through	<p>1 Enhancing quality of life for people with care and support needs</p> <p>1A Social care – related quality of life</p> <p>1B Proportion of people who use services who have control over their daily life</p> <p>1D Carer - reported quality of life</p> <p>1E Proportion of adults with a learning</p>

Further information on the subject of this report is available from
Helen Coombes Director for Adults Well Being on Tel (01432) 260339

Former Measure	NHS Outcome Framework Domain	Proposal	Aim/Health Benefit	Current Adult Social Care Outcomes Framework Measures 13/14 Applicable
		<p>review capacity</p> <ul style="list-style-type: none"> Increased investment in Carers Breaks and Carer Support 	<p>acute hospital</p> <p>Maintenance of investment in community equipment which includes non eligible adult social care people allowing for a service redesign process to take place, reducing and preventing delays in the health acute and community system</p> <p>Ensuring sufficient social work assessment and review capacity to deal with increased numbers of Learning Disability social care cases due to increased demand with improved care packages that prevent crisis requiring admission/ and or require out of area high cost placements</p> <p>Supporting carers through carer breaks prevents breakdown and reduces risk of admission to hospital.</p>	<p>disability in paid employment</p> <p>1F Proportion of adults in contact with secondary mental health services in paid employment</p> <p>1G Proportion of adults with a learning disability who live in their own home or with their family</p> <p>1H Proportion of adults in contact with secondary mental health services living independently without support</p> <p>1L Proportion of people who use services and their carers, who reported that they had as much social contact as they would like</p> <p>3 Ensuring that people have a positive experience of care and support</p> <p>3A Overall satisfaction of people who use services with their care and support</p> <p>3B Overall satisfaction of carers with social services</p> <p>3C The proportion of carers who report that they have been included or consulted in discussions about the person they care for</p> <p>3D The proportion of people who use services and carers who find it easy to find information about support</p>



MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATE:	22 October 2013
TITLE OF REPORT:	The 2010 Adult Autism Strategy Fulfilling and Rewarding Lives: Evaluating Progress – the second national exercise.
REPORT BY:	Director for Adults Wellbeing

Classification

Open

Key Decision

This is not an executive decision.

Wards Affected

County-wide

Purpose

That the Board note that a self-assessment on the progress made by the Council on implementing the 2010 Adult Autism Strategy “Fulfilling and Rewarding Lives” has been submitted to Public Health England.

Recommendation

THAT: The report be noted

Alternative Options

- 1 There are no alternative options.

Reasons for Recommendations

- 2 The report is for information only

Key Considerations

- 3 On 2 August 2013 Norman Lamb MP, Minister of State for Care and Support wrote to Directors of Adult Social Services informing them of the second national exercise to evaluate progress in implementing the 2010 Adult Autism Strategy Fulfilling and Rewarding Lives. The assessment was designed to:

Further information on the subject of this report is available from
John Gorman Commissioning Support Officer on Tel (01432) 383157

- a) assist Local Authorities and their partners in assessing progress in implementing the 2010 Adult Autism Strategy,
- b) see how much progress has been made since the baseline survey, as at February 2012 and
- c) provide examples of good progress that can be shared and highlight remaining challenges.

The deadline for submissions, made via an on-line return to Public Health England, was required by Monday 30 September 2013. Herefordshire's response was submitted on time.

Community Impact

- 4 The self-assessment describes the progress that has been made in the county with regard to the 2010 National Strategy. The Council has been slow to begin work on implementing the National Strategy however, it has recently published a draft local Autism Strategy which is awaiting clearance by Cabinet and the CCG Board. It is also due to come before the Health and Well Being Board. Once agreed, the local strategy will be implemented through partnership working with a range of local groups and third sector providers.

Equality and Human Rights

- 5 The self-assessment in itself does not meet any of these duties however, once it is implemented, the local Autism Strategy will help advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it

Financial Implications

- 6 None.

Legal Implications

- 7 None. This document is for information only.

Risk Management

- 8 None. This document of for information only

Consultees

- 9 Relevant Council officers were asked to contribute to the self-assessment

Appendices

- 10 A copy of the self-assessment return is attached.

Background Papers

- None identified.



Autism Self Evaluation

Local authority area

1. How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?

1

Comment

We are working with the Herefordshire Clinical Commissioning Group (HCCG)

2. Are you working with other local authorities to implement part or all of the priorities of the strategy?

- Yes
- No

If yes, how are you doing this?

Planning

3. Do you have a named joint commissioner/senior manager of responsible for services for adults with autism?

- Yes
- No

If yes, what are their responsibilities and who do they report to? Please provide their name and contact details.

*The Local Authority is the lead commissioner for Learning Disability Services (adults of working age and older adults), and autism is incorporated into these responsibilities.
Mental Health commissioning is not covered by joint arrangements however the commissioning plans of partner organisations are aligned*

4. Is Autism included in the local JSNA?

- Red
- Amber
- Green

Comment

Steps are in place to include Autism in the 2014 JSNA - aka 'Understanding Herefordshire'

5. Have you started to collect data on people with a diagnosis of autism?

- Red
 Amber
 Green

Comment

Currently there is no systematic recording of this data for Herefordshire.
 From 2014 we are planning to collect data on health conditions (including autism) as part of the new Equalities and Classifications Framework (EQ-CL) data for the adult social care national data collections.

6. Do you collect data on the number of people with a diagnosis of autism meeting eligibility criteria for social care (irrespective of whether they receive any)?

- Yes
 No

If yes, what is

the total number of people?

the number who are also identified as having a learning disability?

the number who are identified as also having mental health problems?

Comment

We currently have no systematic way of collecting data on the health conditions (such as autism) which may give rise to a client's need for social care. In some cases details will be recorded in case notes by care managers as part of the care assessment and planning process where they judge it relevant, but not in any way that can be summarised or reported on.
 From 2014 we are planning to collect data on health conditions (including autism) as part of the new Equalities and Classifications Framework (EQ-CL) data for the adult social care national data collections.

7. Does your commissioning plan reflect local data and needs of people with autism?

- Yes
 No

If yes, how is this demonstrated?

8. What data collection sources do you use?

- Red
 Red/Amber
 Amber
 Amber/Green
 Green

Comment

We maintain a Transition Register which aims to ensure no young person is lost through the transition process, and we also employ 2 FTE SEN Personal Assistants to carry out the S139a LDD assessments. The register uses information from schools but does not receive information from GPs.

9. Is your local Clinical Commissioning Group or Clinical Commissioning Groups (including the Support Service) engaged in the planning and implementation of the strategy in your local area?

- Red
 Amber
 Green

Comment

The CCG were involved in the development of our Autism Strategy and they have also been part of the approval process. The CCG will also be part of the Partnership Board which will oversee the implementation of the Strategy.

10. How have you and your partners engaged people with autism and their carers in planning?

- Red
 Amber
 Green

Please give an example to demonstrate your score.

There was a limited amount of consultation during the recent production of our Autism Strategy. This consultation included people with autism. It is intended that people with autism will be asked to play an active role in the newly created Partnership Board which will oversee the implementation of the strategy

11. Have reasonable adjustments been made to everyday services to improve access and support for people with autism?

- Red
 Amber
 Green

Please give an example.

Currently we only have anecdotal examples of adjustments being made to everyday services in order to improve access and support for people with autism

12. Do you have a Transition process in place from Children's social services to Adult social services?

- Yes
 No

If yes, please give brief details of whether this is automatic or requires a parental request, the mechanism and any restrictions on who it applies to.

The process does not require a parental request. The process identifies young people with a potential need for adult social services as they approach transition. The process, which is described in detail in the Transition Protocol, takes the young person through to an Adult Social Care Panel 6 months prior to the young person's 18th birthday.

13. Does your planning consider the particular needs of older people with Autism?

- Red
 Amber
 Green

Comment

Currently there is no dedicated collection of data, assessment of need or specific training in dealing with autism in older people's services.

Training

14. Have you got a multi-agency autism training plan?

- Yes
 No

15. Is autism awareness training being/been made available to all staff working in health and social care?

- Red
 Amber
 Green

Comment: Specify whether Self-Advocates with autism are included in the design of training and/or whether they have a role as trainers. If the latter specify whether face-to-face or on video/other recorded media.

*A day's training entitled 'Autism Awareness' is currently delivered on a regular basis. This training is facilitated by members of the ALD team and coordinated by HOOPLE (our strategic training partner). It is open to anyone supporting an adult with a learning disability and autism in Herefordshire and is free of charge.
 Video clips are used to provide the perspective of a self-advocate with autism on the one day training.*

16. Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?

- Red
 Amber
 Green

Comments

Over 75% of social care staff who carry out statutory assessments have attended autism training.

17. Have Clinical Commissioning Group(s) been involved in the development of workforce planning and are general practitioners and primary care practitioners engaged included in the training agenda?

- Yes
 No

Please comment further on any developments and challenges.

To date they have not been involved in the development of workforce planning or the training agenda. There are currently plans to include the CCG in a Task & Finish group which will have been asked to develop an Integrated Adult Social Care Workforce Plan

18. Have local Criminal Justice services engaged in the training agenda?

- Yes
 No

Please comment further on any developments and challenges.

Although the Local Criminal Justice System have not been engaged in the training agenda they have been engaged in the development of the Autism Strategy and they will be asked to participate in the newly created Partnership Board which will oversee the implementation of the strategy.

Diagnosis led by the local NHS Commissioner

19. Have you got an established local diagnostic pathway?

- Red
 Amber
 Green

Please provide further comment.

A local diagnostic pathway is not available for LD services in Hereford.

20. If you have got an established local diagnostic pathway, when was the pathway put in place?

Month (Numerical, e.g. January 01)

Year (Four figures, e.g. 2013)

Comment

Please see response to question 19

21. How long is the average wait for referral to diagnostic services?

Please report the total number of weeks

Comment

Please see response to question 19

22. How many people have completed the pathway in the last year?

Comment

Please see response to question 19

23. Has the local Clinical Commissioning Group(s)/support services taken the lead in developing the pathway?

- Yes
 No

Comment

Please see response to question 19

24. How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?

- a. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis
 b. Specialist autism specific service

Please comment further

Please see response to question 19

25. In your local diagnostic path does a diagnosis of autism automatically trigger an offer of a Community Care Assessment?

- Yes
 No

Please comment, i.e. if not who receives notification from diagnosticians when someone has received a diagnosis?

Please see response to question 19

26. What post-diagnostic support (in a wider personalisation perspective, not just assuming statutory services), is available to people diagnosed?

Please see response to question 19

Care and support

27. Of those adults who were assessed as being eligible for adult social care services and are in receipt of a personal care budget, how many people have a diagnosis of Autism both with a co-occurring learning disability and without?

a. Number of adults assessed as being eligible for adult social care services and in receipt of a personal budget

b. Number of those reported in 27a. who have a diagnosis of Autism but not learning disability

c. Number of those reported in 27a. who have both a diagnosis of Autism AND Learning Disability

Comment

It is not possible to answer question 27 - please see response to question 6

28. Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?

- Yes
 No

If yes, please give details

No - however, improved signposting of services for people with autism is a key aspect of our recently created autism strategy. This process will include employing the services of local third sector experts in signposting people with autism, their carers and their families to local services

29. Do you have a recognised pathway for people with autism but without a learning disability to access a community care assessment and other support?

- Yes
 No

If yes, please give details

No - however, the creation of such a pathway will be considered as part of our new autism strategy

30. Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?

- Red
 Amber
 Green

Comment

There is an advocacy programme in place however, currently, not all advocates have yet received training in their specific requirements.

31. Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an advocate?

- Red
 Amber
 Green

Comment

There are mechanisms in place to ensure that those who require a service can be referred to an advocate.

32. Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?

- Yes
 No

Provide an example of the type of support that is available in your area.

No - to access adult social care personal budgets clients must be Fair Access Criteria eligible. Broader information, advice and guidance services are available for people who are not eligible but these are not Autism specific.

33. How would you assess the level of information about local support in your area being accessible to people with autism?

- Red
 Amber
 Green

Comment

Currently there is a minimal amount of information regarding appropriate local provision and choice however an improved level of information and signposting of services for people with autism is a key aspect of our recently created autism strategy.

Housing & Accommodation

34. Does your local housing strategy specifically identify Autism?

- Red
 Amber
 Green

Comment

There is no mention of Autism within the current local housing strategy. However, housing requirements of people with autism is a key theme within our autism strategy and they will be more fully reflected in future versions of the housing strategy.

Employment

35. How have you promoted in your area the employment of people on the Autistic Spectrum?

- Red
 Amber
 Green

Comment

To date, there has been minimal work in this area. However, improving employment opportunities and better training of staff involved with people with autism is a key theme within our autism strategy. This will include engagement with the local Job CentrePlus service.

36. Do transition processes to adult services have an employment focus?

- Red
 Amber
 Green

Comment

Our recently agreed Transitions Protocol highlights the roles of post 16 education and training providers, Job CentrePlus and schools in preparing and supporting young people for transition into paid employment or volunteering, the provision of information and advice on the range of programmes and grants available to support people into employment or gain new skills and to identify further education opportunities and provision.

Criminal Justice System (CJS)

37. Are the CJS engaging with you as a key partner in your planning for adults with autism?

- Red
 Amber
 Green

Comment

Representatives from the Local Criminal Justice System were engaged in the development of the Autism Strategy and they will be asked to participate in the newly created Partnership Board which will oversee the implementation of the strategy. This process has yet to begin.

Optional Self-advocate stories

Self-advocate stories.

Up to 5 stories may be added. These need to be less than 2000 characters. In the first box, indicate the Question Number(s) of the points they illustrate (may be more than one). In the comment box provide the story.

Self-advocate story one

Question number

Comment

Self-advocate story two

Question number

Comment

Self-advocate story three

Question number

Comment

Self-advocate story four

Question number

Comment

Self-advocate story five

Question number

Comment

This marks the end of principal data collection.

Can you confirm that the two requirements for the process to be complete have been met?

a. Have you inspected the pdf output to ensure that the answers recorded on the system match what you intended to enter?

Yes

b. Has the response for your Local Authority area been agreed by the Autism Partnership Board or equivalent group, and the ratings validated by people who have autism, as requested in the [ministerial letter](#) of 5th August 2013?

Yes

The data set used for report-writing purposes will be taken from the system on 30th September 2013.

The data fill will remain open after that for two reasons:

1. to allow entry of the dates on which Health and Well Being Boards discuss the submission and
2. to allow modifications arising from this discussion to be made to RAG rated or yes/no questions.

Please note modifications to comment text or additional stories entered after this point will not be used in the final report.

What was the date of the meeting of the Health and Well Being Board that this was discussed?

Please enter in the following format: 01/01/2014 for the 1st January 2014.

Day

Month

Year



MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATE:	22 October 2013
TITLE OF REPORT:	NESTA SOCIAL INNOVATION FUND, EXPRESSION OF INTEREST SUBMISSION, OCTOBER 2013
REPORT BY:	Grants and Partnerships Officer

Classification

Open

Key Decision

This is not an executive decision.

Wards Affected

County-wide

Recommendation

THAT: The report be noted

Alternative Options

1 There are no alternative options.

Reasons for Recommendations

2 The report is for information only

Key Considerations

- 3 The Centre for Social Action Innovation Fund is a £14 million Fund to support the growth of innovations that mobilise people's energy and talents to help each other, working alongside public services. The strand under which the submission for Herefordshire is being made is "Helping people to age well: particularly by helping them to have a purpose, a sense of well-being and to be connected to others".
- 4 The application, which at this stage is an expression of interest, complements the Pioneer application and the Transformation bid which have also been recently submitted. The submission is based on identifying existing projects around arts and culture, sports, heritage and environment and economic enterprise and linking them

Further information on the subject of this report is available from
Clare Wichbold MBE, Grants and Partnership Officer on Tel (01432) 261875

in to primary care to be prescribed through local GP surgeries to enable older people to begin or restart a structured engagement with community activities. Further strands are linked to community-led activity, digital information provision, and up-skilling and support for older people to look at developing opportunities for social and economic enterprise.

- 5 The expression of interest has been developed by a group of officers from the Adults Wellbeing Directorate, Public Health and Place Directorate, and is endorsed by the Chairman of the CCG, Dr Andy Watts, Helen Coombes, Director for Adults Wellbeing, and the Chairman of the Health and Wellbeing Board, Councillor Graham Powell. The closing date for submissions is 31 October, but the expression of interest was submitted prior to this and a decision is awaited on whether or not the submission will be agreed to go forward to full application stage.

Appendices

- 9 None.

Background Papers

- None identified.



MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATE:	22 October 2013
TITLE OF REPORT:	Health and Wellbeing Board Work Plan
REPORT BY:	Grants and Partnerships Officer

Classification

Open

Key Decision

This is not an executive decision.

Wards Affected

County-wide

Recommendation

That: The report be noted

Purpose

- 1 To seek the views of the Board and finalise the quarterly forward plan.

Reasons for Recommendations

- 2 The report is for information only

Appendices

- 3 Health and Wellbeing Board Work plan

Background Papers

- None identified.

HEALTH AND WELLBEING BOARD WORK PLAN
 October 2013 to May 2014

TIMELINE OF ACTIVITIES AND DECISIONS UPDATED

October 2013

DATES	BOARD MEETINGS ALL MEETINGS RUN FROM 3pm – 5pm
28 January 2014	Approving the Care and Support Bill Transformation Programme Use of Strategic Intelligence Approving the Autism Strategy Approving the roles, responsibilities and accountabilities of the Health and Wellbeing Board, Herefordshire Safeguarding Children Board, Improvement Board and Children’s Partnership in relation to improving Children’s Outcomes
15 April 2014	Board processes and operations Sustainability of the health and social care system CCGs 2014/15 priorities and Business Plan 2014/5 Demand management Crisis prevention
October 2015	Sustainability of the health and social care system <ul style="list-style-type: none"> • Pharmaceutical needs assessment

