

AGENDA

Health and Wellbeing Board

Date: **Tuesday 28 March 2017**

Time: **2.00 pm**

Place: **Committee Room 1, The Shire Hall, St. Peter's Square,
Hereford, HR1 2HX**

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

Vice-Chairman

Councillor PM Morgan

Dr Dominic Horne

Herefordshire Council

NHS Herefordshire Clinical
Commissioning Group

Jacqui Bremner

Jo Davidson

Simon Hairsnape

Diane Jones MBE

Councillor JG Lester

Jo Melling

Paul Deneen

Martin Samuels

Prof Rod Thomson

Healthwatch Herefordshire

Director for Children's Wellbeing

NHS Herefordshire Clinical

Commissioning Group

NHS Herefordshire Clinical

Commissioning Group

Herefordshire Council

NHS England

Healthwatch Herefordshire

Director for Adults and Wellbeing

Director of Public Health

AGENDA

		Pages
PUBLIC INFORMATION		5 - 6
1.	APOLOGIES FOR ABSENCE To receive apologies for absence.	
2.	NAMED SUBSTITUTES (IF ANY) To receive any details of members nominated to attend the meeting in place of a member of the committee.	
3.	DECLARATIONS OF INTEREST To receive any declarations of interests of interest by members in respect of items on the agenda.	
4.	MINUTES To approve and sign the minutes of the meeting held on 7 February 2017.	7 - 12
5.	QUESTIONS FROM MEMBERS OF THE PUBLIC To receive questions from members of the public relating to matters within the board's terms of reference. (Questions must be submitted by midday 2 clear working days before the day of the meeting.)	
6.	BETTER CARE FUND 2016/17 QUARTER THREE PERFORMANCE REPORT To note the better care fund 2016/17 quarter three national performance report as per the requirements of the programme.	13 - 30
7.	THE CARE MARKET To consider an account of the quality of the care market in Herefordshire for adults and children.	31 - 66
8.	HEALTH AND WELLBEING STRATEGY UPDATE ON PRIORITY TWO To review progress against delivering the children and young people's plan and agree further actions to support its delivery	67 - 80
9.	CORPORATE DELIVERY PLAN 2017-18 To review whether the commissioning plans and arrangements for the NHS, public health and social care are in line with and have given due regard to the health and wellbeing strategy.	81 - 96
10.	INTEGRATION: SUSTAINABILITY AND TRANSFORMATION PLAN (STP) DELIVERY PLAN To provide an update on joint working across the Herefordshire health and wellbeing system.	97 - 110

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- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
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HEREFORDSHIRE COUNCIL

SHIRE HALL, ST PETER'S SQUARE, HEREFORD, HR1 2HX.

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HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health and Wellbeing Board held at Committee Room 1, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Tuesday 7 February 2017 at 10.00 am

Present: Cllr PM Morgan (Herefordshire Council) (Chairman)
Dr Dominic Horne (NHS Herefordshire Clinical Commissioning Group) (Vice Chairman)

Prof Rod Thomson	Director of Public Health
Mr P Deneen	Healthwatch Herefordshire
Ms J Bremner	Healthwatch Herefordshire
Mr M Samuels	Director for adults and wellbeing
Mr C Baird	Assistant director commissioning and education
Ms J Melling	NHS England
Cllr JA Hyde	Herefordshire Council
Ms H Braund	NHS Herefordshire Clinical Commissioning Group

Officers: Jade Brooks (NHS Herefordshire CCG), John Coleman (Herefordshire Council), Sally Halls (Herefordshire Safeguarding Children Board), Ivan Powell (Herefordshire Safeguarding Adults Board)

94. APOLOGIES FOR ABSENCE

Apologies were received from Jo Davidson, Simon Hairsnape, Diane Jones, and Cllr JG Lester.

95. NAMED SUBSTITUTES (IF ANY)

Chris Baird substituted for Jo Davidson, Hazel Braund for Simon Hairsnape and Councillor JA Hyde for Councillor JG Lester.

96. DECLARATIONS OF INTEREST

None.

97. MINUTES

RESOLVED

That the minutes of the meeting held on 19 October 2016 be agreed as a correct record of the meeting and signed by the chairman.

It was noted that, with reference to the previous meeting during which members were briefed on the sustainability and transformation plan (STP), communications and engagement activity had been taking place, and clarification was being sought from health leadership on the extent to which this involved wider staff groups within health. A report was expected on the STP communications and engagement processes for the health and social care overview and scrutiny committee on 27 February.

There had been a proposal for a joint Herefordshire and Worcestershire health and wellbeing board on the outcomes from the engagement exercise for the STP. A date for the meeting was under negotiation and board members were asked to prioritise this meeting.

98. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions received.

99. HEREFORDSHIRE SAFEGUARDING CHILDREN BOARD (HSCB) ANNUAL REPORT 2015/16 AND BUSINESS PLAN 2016-18 HEREFORDSHIRE SAFEGUARDING ADULT BOARD (HSAB) ANNUAL REPORT 2015/16 AND BUSINESS PLAN 2017-18

Herefordshire Safeguarding Children Board (HSCB)

The independent chair, HSCB, presented the annual report for 2015/16, setting out progress on the board's priorities.

The priorities of the safeguarding board and the health and wellbeing strategy were aligned, so it was important for both to have critical oversight of each other to make a difference to safety of children. The following key points were highlighted:

- The number of child protection plans in the county were found to be higher than expected and this had been addressed by supporting professionals to manage risk and access higher thresholds of need only when in the best interest of the child, by focusing on early help and ensuring early indicators of harm were spotted
- A new priority to focus on neglect was identified as this was an emerging concern and this was an area that the health and wellbeing board could support
- there were other areas that the health and wellbeing board could consider that would improve health outcomes for children to give them the best start. Examples included fluoridation of the water supply to improve dental health, and further co-ordinated early intervention and commissioning to address the 'toxic trio' of domestic abuse, mental health and substance misuse
- that there was a significantly higher rate of sexual offences against children in Herefordshire compared with national figures, which needed to be better understood

In the discussion that followed, these key points were noted:

- water fluoridation had been considered in the past and although it was generally an obvious solution it was not the whole solution. The nature of the county also meant that there was no single water supply to households, and it would be a significant cost that would not benefit the whole population
- there was an awareness of dental health amongst children that had been assessed through work on dental care by Healthwatch and Crucial Crew
- domestic abuse was a priority for the community safety partnership board
- it was important to ensure that all partners were supported to attend MARAC (multi-agency risk assessment conference) meetings so that all were connected and sharing information
- sexual abuse of children could coincide with domestic abuse and as rates were high in the county, a multi-agency approach was needed to understand this issue better in terms of patterns of incidence. This was something the community safety partnership could look at.
- the refreshed joint strategic needs assessment could provide a focus on sexual abuse of children and coincidence with domestic abuse, linking to mental health and adult safeguarding
- a further dimension was that these issues featured as having an impact on children coming into care

Herefordshire Safeguarding Adults Board (HSAB)

The independent chair, HSAB, presented the annual report, highlighting the following:

- both safeguarding boards and the community safety partnership were supported by a joint business unit and this facilitated the sharing of cross-cutting themes
- the focus of adult safeguarding was different from that of children as it worked within the personalisation agenda and within the context of people making choices
- the presenting issues centred on the Care Act, domestic abuse and dementia, and West Mercia Police were leading on a bid focused on bespoke services to support the issue of domestic abuse by people with dementia. However other partners needed to be involved as disclosures were not made exclusively to the police. The stigma needed to be lifted to support people to feel able to make disclosures especially where an issue was seen as part of the illness rather than domestic abuse.
- There was ongoing work on domestic abuse including research work in Shropshire and there was value in bringing partners together for a domestic abuse summit to consolidate intelligence and approach
- 'making safeguarding personal' was the subject of a council-led external ADASS peer review and significant progress had been made on this and agencies were committed to the work
- Adult sexual exploitation needed a clearer national definition to include issues other than prostitution
- modern slavery was highlighted as an issue in the county, which included a crown court case this year
- there had been 4 adult safeguarding reviews this year under the Care Act. There was more flexibility in the approach to this compared with children's, and these were conducted using different methodologies
- a draft prevention strategy was developed as a requirement of the Care Act and it was hoped that there would be wider contribution to refreshing this. For example, broadening the scope of fire safety checks to include other aspects of the health and wellbeing agenda. An event was taking place on 14 February to encourage wider engagement on this issue.

In the ensuing discussion, the following comments were noted:

- it was important for partners to work together to support particular issues, such as domestic abuse, work on prevention, and hospital discharge, as many professionals contribute. If there were areas where greater engagement could be encouraged, this could be flagged up to the health and wellbeing board, and formal arrangements could be considered.
- the joint business unit was a good example of working together, enhanced by the appointment of the business manager
- the strategic intelligence team was exploring the extent of adult sexual exploitation and developing a definition
- boards needed to be sighted jointly on modern slavery and trafficking and also on domestic abuse. Research was noted on the impact of domestic abuse, finding adverse impact on children and their emotional resilience in the long term.

RESOLVED

That:

- (a) the annual reports and business plans of the two safeguarding boards be noted;**
- (b) the Community Safety Partnership board report to the meeting in May 2017, with a particular focus on domestic abuse and harm from alcohol and drugs, and incidents of sexual harm against children;**

- (c) a report on the public health strategic plan be presented at the May 2017 meeting;
- (d) a report by public health on children's dental health and possible actions be presented at the May 2017 meeting; and
- (e) the following action points be addressed:
 - community safety partnership board to facilitate a multi-agency approach in order to gain a better understanding of patterns of incidence of sexual abuse of children coinciding with domestic abuse
 - the refreshed joint strategic needs assessment be developed to provide a focus on sexual abuse of children coinciding with domestic abuse, and linking this to mental health and adult safeguarding
 - In developing a bid focused on bespoke services to support the issue of domestic abuse by people with dementia, West Mercia Police to involve partners in recognition that disclosures were not being made exclusively to the police
 - Partners to work on lifting the stigma of domestic abuse to support people in feeling able to make disclosures especially where an issue was seen as part of the illness rather than domestic abuse
 - For the adult safeguarding board to co-ordinate a domestic abuse summit for partners to consolidate intelligence and approach
 - both safeguarding boards and the community safety partnership board to ensure they are sighted on modern slavery and trafficking and also on domestic abuse, with a clear lead board to be identified.

100. MENTAL HEALTH UPDATE

The deputy director of operations (NHS Herefordshire Clinical Commissioning Group) presented an update on the mental health priority contained within the health and wellbeing strategy. It was noted that this was a positive report as developments in mental health care provision had started to take effect. The update noted the following points:

- a feature of the strategy was to reduce the stigma associated with mental health, and there had been a groundswell of talking within communities, and this could be developed through the strong young minds project.
- Work was progressing with increasing access to psychological therapies, supported by the crisis care concordat, the children and young people's plan and these were extending to enhance adult services. A number of agencies contributed to these and a multi-disciplinary and co-ordinated approach to early intervention was progressing
- referrals into services were being seen within 4 weeks for adults and 2 weeks for children and dementia services and the child and adolescent mental health services were regarded highly within the West Midlands
- The focus was now on promoting early intervention and prevention. Communities had contributed to development of this and the message could be reinforced through organisations such as Carers' Support, Healthwatch and the Ross project, a community-led focus on mental health support
- with regard to provision of a formal place of safety, a capital build was to commence in March 2017 at the Stonebow Unit. This would support crisis care management and Mental Health Act section 136 assessments. This was a positive step as it meant that people were no longer being taken to a police cell
- multi-agency training on mental health awareness was ongoing
- a mental health toolkit was developed and there was awareness raising through young peoples' ambassadors. The board was reminded this it was children's mental health week and the young peoples' ambassadors were working on a blog and using the online community to promote mental health awareness

- with regard to improving access to psychological therapies (IAPT), there was under-representation for mild and moderate depression and a workplace project was to commence in 2018
- a joint pathway was being developed for working with emotional and behavioural development issues around attachment and bonding and there would be further work to inform this
- there were to be further developments on mental health partnerships, workforce development and awareness raising. It was noted that suicide prevention work would commence this spring and also a care pathway for physical and mental health care.
- prevention and mental health promotion remained a cornerstone

In response to the update, the following points were noted:

- It would be beneficial to produce a briefing note to provide reassurance on positive developments in mental health work. There was a press campaign for young peoples' mental health week, and it was noted that a range of media was required to help to promote mental health work. The briefing note would be a useful medium in which to define the common mental health issues that affected the 1 in 4 people statistically
- It was noted that the place of safety under development at the Stonebow Unit was located in order to be close to the accident and emergency department. This meant that it was also close to the railway, however, and in mitigating this suicide risk, there had been discussions with transport police.
- Healthwatch focused on mental health in a question time event held last year. This was a multi-agency panel and the good partnership working on mental health was noted.
- With regard to schools, there were a number of strands including a network for special educational needs co-ordinators and CAMHS had started a helpline aimed at schools to talk through an issue or concern on a child
- there was also a task and finish group in progress which was focusing on children and young people, and a range of support and resources for schools were being developed which included a self-harm policy, mental health first aid training and the MindEd programme, which would provide a menu of options for schools to choose
- it was difficult to engage people in discussions on mental health and suicide prevention, and it was noted that input from the CCG could support this

RESOLVED

That:

(a) the report be noted; and

(b) action points, as set out below, be addressed:

- **the aim of the health and wellbeing strategy to reduce stigma associated with mental health be developed through the strong young minds project**
- **Carers' Support, Healthwatch and the Ross project (a community-led focus on mental health support) to support the promotion of early intervention and prevention**
- **CCG to produce a briefing note for councillors to provide reassurance on positive developments in mental health work and to define the common mental health issues that affect the 1 in 4 people statistically**

101. BETTER CARE FUND 2016/17 QUARTER TWO PERFORMANCE REPORT

The director for adults and wellbeing outlined that this report set out the quarter 2 return that had already been submitted to NHS England as it had not been possible to align the

national deadline for submissions with board meetings. The headlines of the report were that:

- with regard to residential care, there was more detailed analysis on the rate of admissions for the over 65 age group, showing that admissions were broadly in line with demographics
- demand for residential care was being overtaken by transfers directly into nursing care, with dementia care needs becoming more prevalent
- new guidance on the better care fund was awaited and so some informed projections were necessary with regard to funding
- It was hoped that the guidance would take a lighter touch approach and it was anticipated that under new guidance, with regard to full health and social care integration by 2020, this would be outlined in the BCF plan, with local interpretation

Discussion took place regarding delayed transfers of care, noting a shift from health related transfers, towards delays relating to social care support, particularly for transfers to out of county services. There was better understanding of the delays and identifying opportunities to support discharge planning, working together across the system, and addressing delays earlier. The patient's perspective was noted as it was important for people to be fully aware of care needs in time to be able to plan.

The following additional points were noted:

- the BCF would reflect limited changes in the overall budget as it was a small element and the majority of budget commitment sat outside the BCF and it was expected that the planned 2 per cent increase in the social care precept would be more than absorbed by cost increases
- the overall budget for adults and wellbeing was £85k less in cash terms in 2017/18 than it had been in 2016/17 and without the council tax increase there would have been a shortfall of around £2million. The budget for social care therefore needed to be reviewed to ensure it was sustainable once central government grant ceased and the council became fully reliant on locally-raised taxation from 2020
- there was regular dialogue with MPs about the budgetary pressures and ability to meet demand. However there were national pressures and changes to peoples' care provision, with all services facing significant reductions which put pressure on healthcare
- delayed transfers of care was a whole system issue and about working together to keep people safe
- there was value in the board looking at aspects of joint commissioning work as the BCF represented just 5 per cent of the budget

RESOLVED

That:

- (a) the quarter 2 BCF return, as submitted, be noted; and**
- (b) a report on joint working across the Herefordshire health and wellbeing system be presented to the next meeting**

The meeting ended at 12.17 pm

CHAIRMAN



Meeting:	Health and wellbeing board
Meeting date:	28 March 2017
Title of report:	Better care fund 2016/17 quarter three performance report
Report by:	Senior commissioning officer – better care and integration

Classification

Open

Key decision

This is not an executive decision.

Wards affected

Countywide

Purpose

To note the better care fund 2016/17 quarter three national performance report as per the requirements of the programme.

Recommendation(s)

THAT:

- (a) the better care fund (BCF) quarter three performance report at appendix 1 be noted, as submitted to NHS England; and
- (b) the board determine any actions it wishes to recommend to secure future improvement in efficiency or performance.

Alternative options

- 1 There are no alternative options. The content of the return has already been approved by the council's director for adults and wellbeing and Herefordshire Clinical Commissioning Group's (CCG) accountable officer and submitted to NHS England prior to the deadline of 3 March 2017, as it was a national requirement. This data is being formally submitted to the board at the first available opportunity.

Further information on the subject of this report is available from
Emma Evans – senior commissioning officer on Tel (01432) 260460

Reasons for recommendations

- 2 To meet national scheme requirements and ensure continuous improvement.

Key considerations

- 3 The national submission deadline for this quarterly return was 3 March 2017 and therefore the board is required to note the completed data, following its submission to NHS England.
- 4 The report identifies that the rate of permanent admissions to residential care (per 100,000 population, 65+) shows no improvement in performance. There have been significant increases in the number of admissions throughout 2016/17 and results are higher than at the same point last year. Processes remain consistent therefore this is a reflection of genuine increases in demand. There is also evidence of increased demand specifically for nursing care in the year, suggesting a greater complexity of client needs. All permanent placements continue to be evaluated by a practice panel which considers the appropriateness of every placement.
- 5 As detailed in the quarter three report, the proportion of older people who are still at home 91 days after discharge from reablement continues to be on track to be met. At the end of December 2016 a performance of 85% was being achieved. The current reablement service is due to cease at the end of June 2017. This contractual arrangement is currently being reviewed with options being developed.
- 6 The report at appendix 1 demonstrates that the reduction in non-elective admissions is due to be met. To support this work, during quarter three, a cross agency group has been established to address the number of non-elective admissions into hospital from care homes. The objective of the group is to ensure that we make the best use of resources by reducing unnecessary conveyances to hospitals, hospital admissions and bed days whilst ensuring the best care for residents. A number of schemes, including the 'hospital transfer bag' project, Red2Green day approach in the community and NHS111 pilots are being implemented and/or monitored through this group. The group will also support the implementation of the framework for enhanced health in care homes in Herefordshire.
- 7 A risk share arrangement, restricted to a cohort of individuals, has previously been agreed and continues to be monitored through the joint commissioning group. The quarter three report details that of the 27 clients in the risk share cohort, 14 have now been reviewed, 5 have passed away and 8 are still awaiting review. Plans are in place to ensure that all outstanding reviews are completed by 31 March 2017.
- 8 Throughout 2016/17, the council and CCG have worked together to review the existing rapid access to assessment and care (RAAC) scheme. During quarter three, an Intermediate Rehabilitation Service (IRS) pilot has been further developed and implemented. The focus of IRS is active therapeutic interventions, with the aim to maximise the independence of individuals. The service provides the opportunity for admission avoidance and also to facilitate earlier hospital discharge. Daily patient updates are being circulated, weekly multi disciplinary team discussions are in place and fortnightly monitoring meetings have been arranged. These will take place throughout the pilot period, which is due to end on 31 March 2017, in order to ensure that key outcomes are tracked and pilot implementation and results are closely monitored.

- 9 Partners continue to work towards a system wide intermediate care offer which will incorporate the findings of the IRS pilot. Future commissioning intentions for the IRS, RAAC and reablement service are currently being scoped and will be included within the better care fund plans 2017/18.
- 10 The national better care support team has confirmed that the subsequent better care fund plan will be a two year plan covering 2017/18 and 2018/19. Previous advice had been that the national policy framework and planning guidance would be published during November 2016; however this has now been delayed further. No revised date for publication has been confirmed. Partners continue to proceed with planning, where possible.

Community impact

- 11 The BCF plan is set within the context of the national programme of transformation integration of health and social care. The council and CCG are working together to deliver on the key priorities within the plan to achieve savings and improve the delivery of services.

Equality duty

- 12 The council and CCG are committed to equality and diversity using the public sector equality duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. All equality considerations are considered as part of the development and implementation of the plan.

Financial implications

- 13 The Herefordshire BCF 2016/17 plan details a planned full year spend of £42m. Since the budget was set, NHS England has announced that funded nursing care (FNC) fees will increase from £112 per week in 2015/16 to £156.25 in 2016/17, with effect from 1 April 2016. The budget assumed an increase of 1.1% for this area.
- 14 The attached quarter three performance report reflects the continuing budget pressures being experienced. The quarter three forecast reflects the increase of £1.312m in the cost of FNC placements which are included in the additional BCF pool. This has in part been offset by a reduction in direct expenditure on Fast Track cases; this has been offset by the CCG investment in the Hospice at Home service, the cost of which is outside the BCF.
- 15 Also reflected in this report are the council budget pressures seen in both residential and nursing, particularly within 'in-county' nursing placements, which are included in the additional BCF pool.
- 16 The 2016/17 protection of adult social care (PASC) current forecast is a £30k overspend position. Planning is taking place with regard to the final allocations of the PASC money across the various approved schemes but within the overall PASC financial envelope. The other areas of overspend will continue to be monitored as part of the normal budget controls in place. The principal changes arise from a further small reduction in funding for carer organisation, additional investment in rapid response and increased demand.
- 17 The current forecast reflects an overspend position of £1,858k above the pool two budget. Each partner carries the risk for their own budget. See following table:

Further information on the subject of this report is available from
Emma Evans – senior commissioning officer on Tel (01432) 260460

Financial Position: Q3 2016/17	BCF		
	Scheme Full Year Budget £'000	Scheme Full Year Forecast £'000	Scheme Full Year Over/(Under) spend £'000
Partner			
Council	19,468	20,810	1,342
CCG	9,272	9,788	516
Other	0	0	0
Total	28,740	30,598	1,858

Legal implications

18 There are no legal implications with the report.

Risk management

19 The board is required to note the content of the performance template, which is based on statistical and financial information and therefore the risk is minimal.

20 A quarter three update in relation to the risk share arrangement is provided at point seven of this report.

Consultees

21 None. This is a factual report on performance.

Appendices

Appendix 1 – Better care fund quarter three template

Background papers

- None identified.

Cover

Q3 2016/17

Health and Well Being Board

Herefordshire, County of

Completed by:

Emma Evans

E-Mail:

evevans@herefordshire.gov.uk

Contact Number:

01432 260460

Who has signed off the report on behalf of the Health and Well Being Board:

Martin Samuels, Director Adults and Wellbeing

17

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

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	36
4. I&E	17
5. Supporting Metrics	13
6. Additional Measures	67
7. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:

Herefordshire, County of

Have the funds been pooled via a s.75 pooled budget?	Yes
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If it had not been previously stated that the funds had been pooled can you confirm that they have now?	
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If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	
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Footnotes:

Source: For the S.75 pooled budget question, which is pre-populated, the data is from a previous quarterly collection returned by the HWB.

National Conditions

Selected Health and Well Being Board:

Herefordshire, County of

The Spending Round established six national conditions for access to the Fund.
 Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these have been met, as per your final BCF plan.
 Further details on the conditions are specified below.
 If 'No' or 'No - In Progress' is selected for any of the conditions please include an explanation as to why the condition was not met within this quarter (in-line with signed off plan) and how this is being addressed?

Condition (please refer to the detailed definition below)	Q1 Submission Response	Q2 Submission Response	Please Select ('Yes', 'No' or 'No In Progress')	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed	Yes	Yes	Yes		
2) Maintain provision of social care services	Yes	Yes	Yes		
3) In respect of 7 Day Services - please confirm:					
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	No - In Progress	No - In Progress	No - In Progress	31/03/2017	Several local authority functions are already in place for 7 days, including brokerage and social work. In addition, individuals can also be admitted into the RAAC scheme on a 7 day basis. Partners continue to work together to further develop 7-day services where demand requires and where budget allows.
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	No - In Progress	No - In Progress	No - In Progress	31/03/2017	7 day services form part of the Service Development and Improvement Plan (SDIP) in CCG contracts with main providers of Acute, Community and Mental Health Services- progress is assessed regularly through monthly contract monitoring meetings. With the local GP federation, the CCG are building upon work begun under the Prime Minister's Challenge Fund to deliver extended access to Primary Care at evenings and weekends through a number of locality hubs.
4) In respect of Data Sharing - please confirm:					
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes	Yes	Yes		
ii) Are you pursuing Open APIs (ie system that speak to each other)?	No - In Progress	No - In Progress	No - In Progress	31/03/2017	Further developments to be achieved by end of the year.
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes	Yes	Yes		
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes	Yes	Yes		
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	No - In Progress	Yes	Yes		
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	Yes	Yes		
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	Yes	Yes		
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes	Yes	Yes		

National conditions - detailed definitions

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Review, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with health and social care providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. Furthermore, there should be joint agreement across commissioners and providers as to how the Better Care Fund is a longer term strategic plan. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences. Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives should therefore be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.

2) Maintain provision of social care services

Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2015-16.

The definition of support should be agreed locally. As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This reflects the real terms increase in the Better Care Fund.

In setting the level of protection for social care localities should be mindful to ensure that any change does not destabilise the local social and health care system as a whole. This will be assessed compared to 2015-16 figures through the regional assurance process.

It should also be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013-14:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.

Local areas are asked to confirm how their plans will provide 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care in order:

- To prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services 7 days a week;
- To support the timely discharge of patients, from acute physical and mental health settings, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care. If they are not able to provide such plans, they must explain why.

The 10 clinical standards developed by the NHS Services, Seven Days a Week Forum represent, as a whole, best practice for quality care on every day of the week and provide a useful reference for commissioners (<https://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf>).

By 2020 all hospital in-patients admitted through urgent and emergency routes in England will have access to services which comply with at least 4 of these standards on every day of the week, namely Standards 2, 5, 6 and 8. For the Better Care Fund, particular consideration should be given to whether progress is being made against these standards. Standard 8 highlights the role of support services in the provision of the next steps in a person's care pathway following admission to hospital, as determined by the daily consultant-led review, and the importance of effective relationships between medical and other health and social care teams.

4) Better data sharing between health and social care, based on the NHS number

The appropriate and lawful sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a consistent identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. The right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:

- confirm that they are using the NHS Number as the consistent identifier for health and care services, and if they are not, when they plan to;
- confirm that they are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls (<https://www.england.nhs.uk/wp-content/uploads/2014/05/open-api-policy.pdf>); and
- ensure they have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place.
- ensure that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights. In line with the recommendations from the National Data Guardian review.

The Information Governance Alliance (IGA) is a group of national health and care organisations (including the Department of Health, NHS England, Public Health England and the Health and Social Care Information Centre) working together to provide a joined up and consistent approach to information governance and provide advice and guidance on data access issues for the health and care system. See - <http://systems.hscic.gov.uk/infogov/iga>

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and named care coordinator, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated services, supported by care coordinators, for example dementia advisors.

6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans

The impact of local plans should be agreed with relevant health and social care providers. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations.

There is agreement that there is much more to be done to ensure mental and physical health are considered equal and better integrated with one another, as well as with other services such as social care. Plans should therefore give due regard to this.

7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care

Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund.

This should be achieved in one of the following ways:

- To fund NHS commissioned out-of-hospital services, which may include a wide range of services including social care, as part of their agreed Better Care Fund plan; or

- Local areas can choose to put an appropriate proportion of their share of the £1bn into a local risk-sharing agreement as part of contingency planning in the event of excess activity, with the balance spent on NHS commissioned out-of-hospital services, which may include a wide range of services including social care (local areas seek, as a minimum, to maintain provision of NHS commissioned out of hospital services in a manner consistent with 15-16);

This condition replaces the Payment for Performance scheme included in the 2015-16 Better Care Fund framework.

8) Agreement on local action plan to reduce delayed transfers of care (DTOC)

Given the unacceptable high levels of DTOC currently, the Government is exploring what further action should be taken to address the issue.

As part of this work, under the Better Care Fund, each local area is to develop a local action plan for managing DTOC, including a locally agreed target.

N local areas need to establish their own stretching local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts. This target should be reflected in CCG operational plans. The metric for the target should be the same as the national performance metric (average delayed transfers of care (population (attributable to either NHS, social care or both) per month.

As part of this plan, we want local areas to consider the use of local risk sharing agreements with respect to DTOC, with clear reference to existing guidance and flexibilities. This will be particularly relevant in areas where levels of DTOC are high and rising.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute and community trusts and be able to demonstrate that the plan has been agreed with the providers given the need for close joint working on the DTOC issue.

We would expect plans to:

- Set out clear lines of responsibility, accountabilities, and measures of assurance and monitoring;
- Take account of national guidance, particularly the NHS High Impact Interventions for Urgent and Emergency Care, the NHS England Monthly Delayed Transfers of Care Situation Reports Definition and Guidance, and best practice with regards to reducing DTOC from LGA and ADASS;
- Demonstrate how activities across the whole patient pathway can support improved patient flow and DTOC performance, specifically around admissions avoidance;
- Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharge, with a shared approach to monitoring this capacity;
- Demonstrate how CCGs and Local Authorities are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the local population, and support the health and care workforce - ideally through joint commissioning and workforce strategies;
- Demonstrate engagement with the independent and voluntary sector providers.



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Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board:

Herefordshire, County of

Income

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£11,680,600	£10,122,300	£10,122,300	£10,121,968	£42,047,168	£42,047,168
	Forecast	£12,404,300	£10,389,800	£10,388,800	£9,934,268	£43,117,168	
	Actual*	£12,404,300	£10,389,800				

Q3 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£11,680,600	£10,122,300	£10,122,300	£10,121,968	£42,047,168	£42,047,168
	Forecast	£12,404,300	£10,561,500	£10,829,500	£10,110,000	£43,905,300	
	Actual*	£12,404,300	£10,389,800	£10,829,500			

Please comment if one of the following applies: - There is a difference between the forecasted annual total and the pooled fund - The Q3 actual differs from the Q3 plan and / or Q3 forecast	The forecast reflects an increase of £1.312m in the cost of FNC placements which are included in the additional BCF pool. This has been largely offset by a reduction in fast track expenditure. Also reflected are the LA budget pressures seen in both residential and nursing, particularly within 'in-county' nursing placements which are included in the additional BCF pool. Actual figures are the most recent forecast.
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Expenditure

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£10,511,800	£10,511,800	£10,511,800	£10,511,768	£42,047,168	£42,047,168
	Forecast	£10,605,700	£10,779,300	£10,779,300	£10,953,100	£43,117,400	
	Actual*	£10,605,700	£10,779,300				

Q3 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£10,511,800	£10,511,800	£10,511,800	£10,511,768	£42,047,168	£42,047,168
	Forecast	£10,605,700	£10,786,300	£11,449,000	£11,064,300	£43,905,300	
	Actual*	£10,605,700	£10,786,300	£11,449,000			

Please comment if one of the following applies: - There is a difference between the forecasted annual total and the pooled fund - The Q3 actual differs from the Q3 plan and / or Q3 forecast	The forecast reflects an increase of £1.312m in the cost of FNC placements which are included in the additional BCF pool. This has been largely offset by a reduction in fast track expenditure. Also reflected are the LA budget pressures seen in both residential and nursing, particularly within 'in-county' nursing placements which are included in the additional BCF pool. Actual figures are the most recent forecast.
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Commentary on progress against financial plan:	The Herefordshire BCF plan includes an additional pooled budget for residential, nursing, CHC and FNC costs. The late announcement of the increase in FNC fees by 40% was not reflected in the budget but has been updated in the forecast. I&E assumes an even profile with the exception of the DFG grant which is received in Q1.
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Footnotes:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB. Pre-populated Plan figures are sourced from the Q1 16/17 collection whilst Forecast, Q1 and Q2 Actual figures are sourced from the Q2 16/17 return previously submitted by the HWB.

National and locally defined metrics

Selected Health and Well Being Board:

Herefordshire, County of

Non-Elective Admissions	Reduction in non-elective admissions
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Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	A number of schemes have been set up to address the increased demand. These include rapid assessments, fallers first response, virtual wards and hospital at home.

Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
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Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	September continued to see a reduction, but overall remaining significantly above target. A number of schemes are being worked through to help address the pressures, including earlier identification of potential discharges, additional RAAC capacity and brokerage, additional support to self-funders and care homes.

Local performance metric as described in your approved BCF plan	As in the approved Plan the local measure is Reduction in Fall Related Admissions
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Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Falls represent a large proportion of ambulance conveyances to WVT and the falls related admissions are high. Performance continues to be positive in terms of the financial impact. The falls first responders scheme continues to help address the gaps in the falls pathways, caring for those fallers who have not received serious injury.

Local defined patient experience metric as described in your approved BCF plan	Customer satisfaction / user experience annual survey.
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	

Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	Annual survey out currently, response not due until Q4.

Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)
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Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	There have been significant increases in the number of admissions during the year and results are higher than they were at the same point last year. Processes remain consistent from last year, so this is a reflection of genuine demand for residential/nursing placements. There is also evidence of increased demand for nursing care in the year, suggesting a greater complexity of client.

Additional Measures

Selected Health and Well Being Board:

Herefordshire, County of

Improving Data Sharing: (Measures 1-3)

1. Proposed Measure: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	No
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	No

2. Proposed Measure: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Hospital	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Social Care	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally
From Community	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Mental Health	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Specialised Palliative	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	In development	In development	Unavailable	In development	In development	Unavailable
Projected 'go-live' date (dd/mm/yy)	31/03/18	31/03/18	31/03/18	31/03/18	31/03/18	31/03/18

3. Proposed Measure: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	No pilot underway
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Other Measures: Measures (4-5)

4. Proposed Measure: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	9
Rate per 100,000 population	4.8

Number of new PHBs put in place during the quarter	0
Number of existing PHBs stopped during the quarter	0
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%

Population (Mid 2016)	189,247
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28

5. Proposed Measure: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	No - nowhere in the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes - in some parts of Health and Wellbeing Board area

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2014-based (published May 2016).
<http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>
 Population figures were updated to the mid-year 2016 estimates as we moved into the new calendar year.

Narrative

Selected Health and Well Being Board:

Herefordshire, County of

Remaining Characters

30,602

Please provide a brief narrative on overall progress, reflecting on performance in Q3 16/17. A recommendation would be to offer a narrative around the stocktake themes as below:

Highlights and successes

What would you consider to be your most significant area of success, or development since the last quarter? What has contributed to this improvement?

Challenges and concerns

Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?

Potential actions and support

What actions could be taken and what support could be offered to address performance challenges and capitalise on successes for subsequent quarters?

Highlights and success

*Care Home Market

Non-elective admissions from care homes: A cross agency group meeting in relation to addressing hospital admissions from care homes has commenced. The objective of the group is to ensure that we make the best use of resources by reducing unnecessary conveyances to hospitals, hospital admissions and bed days whilst ensuring the best care for residents. A number of schemes, including the Red bag pilot scheme, Red2Green day approach in the community and NHS111 pilot are being implemented and/or monitored through this group. The group will also support the Managing the Care Home Market group in implementing the framework for enhanced health in care homes in Herefordshire.

* Reablement

The current reablement service is due to cease at the end of June 2017, this is being reviewed with options being developed and is a key element to the wider intermediate care work stream.

*RAAC redesign – Intermediate Rehabilitation Service (IRS) pilot

The IRS pilot has been further developed and implemented. The focus of IRS is active therapeutic interventions in a nursing home, with the aim to maximise the independence of individuals. The service will provide the opportunity for admission avoidance and also to facilitate earlier hospital discharge. Daily patient updates are being circulated, weekly MDTs are in place and fortnightly monitoring meetings have been arranged. These will take place throughout the pilot period, in order to ensure that key outcomes are tracked and pilot implementation and results are closely monitored.

Challenges and concerns

*Financial challenges

Please see narrative within tab 4 for update in respect of financial position of Pool 2.

* Risk share update

Of the 27 clients in the risk share cohort of clients, 14 have now been reviewed, 5 have passed away and 8 are still awaiting review. Of the 8 clients awaiting review, 1 is joint funded, 1 CCG funded and 6 council funded. Plans are in place to ensure that all outstanding reviews are completed by 31



Meeting:	Health and Wellbeing Board
Meeting date:	28 March 2017
Title of report:	The care market
Report by:	Director of Adults and wellbeing

Classification

Open

Key decision

This is not an executive decision

Wards affected

County-wide

Purpose

To consider an account of the quality of the care market in Herefordshire for adults and children

Recommendation(s)

THAT:

- (a) in light of the information within the report the board provides comments and recommendations to commissioners regarding their approach to market development, to ensure system wide coherence; and**
- (b) gives guidance to commissioners on those areas and aspects of market development/sustainability that should be considered priorities, in order to deliver the outcomes set out in the joint health and wellbeing strategy.**

Alternative options

1. The report is for consideration and assurance in respect of the health and wellbeing strategy.

Reasons for recommendations

2. Delivery of care is increasingly undertaken by external providers from the independent and the voluntary sector. A substantial proportion of this care is funded by individuals, rather than commissioners. A viable and quality market is essential if care goals are to be achieved.

Key considerations

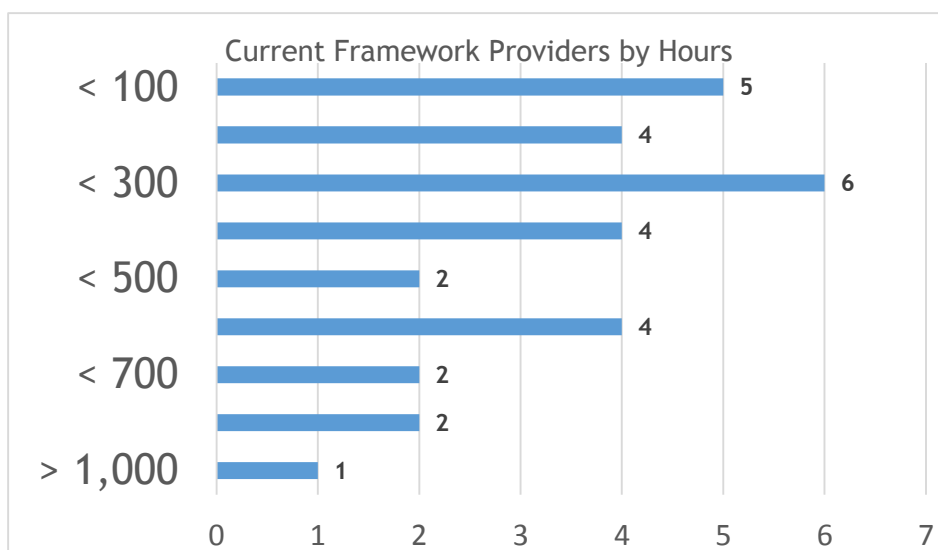
Market summary

Adults and wellbeing – residential and nursing care homes

3. There are currently 2,303 beds available across 88 homes in the county, of which 85 contract with the council for at least some of their capacity. There are just under 800 service users currently receiving services funded by the council. The remainder are funded by the NHS, other councils or (the majority) are self-funders.
4. On average 4-5% of beds are calculated to be available at any one time, which indicates the level of available capacity. However, there is a strong self-funder market which accounts for more than 50% of the occupancy. Consequently, whilst a significant component of care home income, the public sector can only expect to be influential in the market, as opposed to controlling it.

Adults and wellbeing – home care

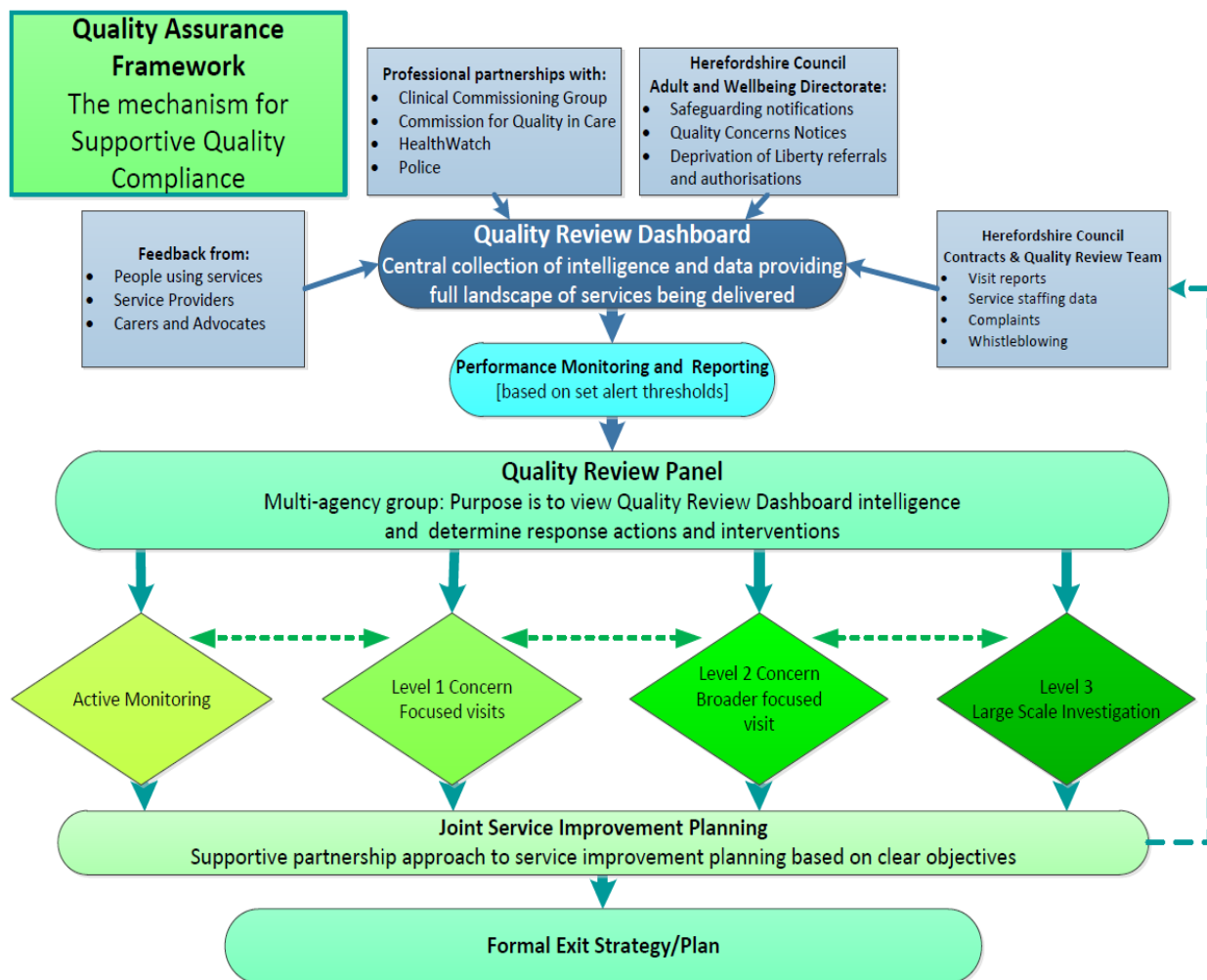
5. The market currently serves approximately 800 service users at any one time, delivering in the region of 11,000 hours per week.
6. A significant proportion of the market provision is delivered by smaller organisations as demonstrated in the table below. A snapshot taken recently showed that 50% of providers delivering services were providing less than 300 hours per week, implying a staffing cohort of perhaps 8 FTE (10-20 headcount).



7. Due to the fluctuating nature of the workforce and its direct impact on availability, it is more difficult to assess total market capacity, particularly as information on the self-funder market is limited.

Quality summary

8. Adult social care services are currently managed in the context of the quality assurance framework set out in the diagram below:



9. The framework provides the context for establishing the critical engagement with stakeholders who are involved in the three stages of the quality assurance process:

- Intelligence gathering;
- Quality monitoring visits; and
- Response and reporting

10. This work is undertaken in conjunction with the Care Quality Commission (CQC) who work and align closely with local quality and review inspectors and the Clinical Commissioning Group (CCG).

11. The quality and review team lead monthly meetings and share information on both care home and domiciliary providers based on the information held on the quality review dashboard and intelligence from key stakeholders such as:

- CQC
- Safeguarding teams
- CCG
- Healthwatch

12. The key focus is about supporting providers to improve their services and that they remain focussed on delivering quality person centred support to their clients.

Adults and wellbeing – residential and nursing care homes

13. In a recent national report Herefordshire was highlighted as having the highest quality ratings

in the county 83% of services are CQC rated as “good” or “outstanding”. The remaining services are a) not yet rated or b) actively monitored for improvement and sustainability through either level 2 strategies or a large scale investigation programme. Two services that are rated as “inadequate” are subject to large scale investigations and have business suspensions in place.

CQC Ratings: 2 Outstanding, 73 Good, 7 Require Improvement, 2 Inadequate, 1 yet to be inspected (85 contracted Homes).

Adults and wellbeing – home care

14. 40 home care providers are currently monitored by CQC and the quality and review team. Of those, 35 providers are currently registered under the HACS (home and community services) framework. 72% of services are CQC rated as “good” or “outstanding”, again the remaining services are a) not yet rated (8%) or b) actively monitored for improvement and sustainability through level 1 or 2 programs. There are no domiciliary care services rated as “inadequate”.

CQC Ratings: 1 Outstanding, 32 Good, 3 Require Improvement 0 inadequate 4 yet to be inspected.

Children’s Services

15. The council has a looked after children and complex needs placements commissioning and sufficiency strategy. This is attached in appendix 1. The priorities identified were to:

- Reduce reliance on independent fostering agency placements
- Avoid the need for use of residential placements by improving intensive wrap-around support to children with challenging needs and their carers, including reducing the reliance on residential placements by 50%
- Enable more children with complex needs to remain with their families or, if necessary, be accommodated closer to home
- Improve the quality and availability of local supported living arrangements for looked after children aged 16+

16. Herefordshire’s looked after children rate is comparatively high at 80 per 10,000 compared to comparator councils (50% higher). Our number of looked after children is 296 as at end of December 2016. The primary reason for becoming looked after is due to neglect. This is an area of focus for the children and young people’s partnership, including through the approach to early help, and the Herefordshire Safeguarding Childrens Board.

17. The council has taken steps to develop its use of foster care placements. 81% of placements are now in foster care compared to 74% nationally. The council has also increased the number of foster carers.

18. We now have 173 foster carers. In 2014 the number of Herefordshire foster carers was 131. All of our internal foster carers are regularly supervised and their annual reviews are scrutinised by the fostering panel to provide additional assurance and challenge. Herefordshire has a well-established programme of training and development for foster carers which has been a key factor in our ability to recruit against a national trend.

19. For placements with independent foster carer agencies and residential placements the council aims to place where the provision has been rated good or outstanding by OfSTED. Once placements are made the quality of the placement is regularly reviewed through the independent reviewing officers.

20. The council has also developed the foster care offer, in terms of specialism. This has included supporting foster carer placements through the Herefordshire Intensive Placement Support programme and developing family based overnight short breaks.

21. The core aim of work going forward is to appropriately reduce the number of looked after children to comparator authority levels whilst also ensuring that there was good local specialist provision for those children whose needs cannot be met by our internal carers.
22. Current work includes expanding the range of provision for older looked after children and care leavers through joint planning with the housing commissioner and the development of the vulnerable young adults housing strategy. This also includes developing provision for people with disabilities and unaccompanied asylum seeking children.
23. The council is also working with partners to improve the planning approach for young people who are placed in tier 4 mental health provision and who are then discharged.

Market challenges

24. There are a number of critical challenges facing the care market and our capacity to manage the market.
25. The principal areas of operational difficulty lie around capacity with providers not picking up some packages in a timely manner and the incidence of 'handbacks'.
26. An ageing population resulting in increased pressure on our systems and services. Such growth is set to continue. By 2034, Herefordshire's population is expected to increase by approximately 9%. In the same period over 65's will increase by 45% (to 30.9% of the population) and the over 85's will account for 6.2% of that population, more than doubling in absolute number
27. The success of developing support for individuals in their communities and sustaining their independence at home has led to a situation whereby those eventually entering care home accommodation do so with higher levels of need. This is leading to a shift in demand away from residential care towards nursing care, where there are signs of capacity limits being reached.
28. Taken together with the impact of the national living wage and the resultant cost expectations of providers, the pressure on public sector budgets will not ease for the foreseeable future.
29. The rurality of the county and travelling to the service users' homes increases the operational costs for providers of home care and places additional pressure on budgets.
30. The availability of staffing across the market is a becoming an increasingly significant issue with the competition for available workers affected by those able to offer higher paid jobs and better conditions.
31. This is particularly highlighted in the demand for additional nursing placements which have increased 22% since March 2013, and the availability of skilled staff to meet that demand. Additionally, elements of the health and care system compete with one another to secure workers in some areas of the market. In particular, nursing homes struggle to recruit nurses in the face of active recruitment by the NHS.

Community impact

32. The service contributes to achieving the council's priorities to "Enable residents to live safe, healthy and independent lives" and "Keep children and young people safe and give them a great start in life" by reducing demand on services, targeting care and support and increasing integration to support some of the most vulnerable residents within the community.

Equality duty

33. The council is committed to equality and diversity using the Public Sector Equality Duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. These services are commissioned on that basis.

Financial implications

34. There are no direct financial implications as a consequence of this report. The council spends a significant proportion of its budget on external care providers. A viable market is a big factor in controlling these costs.

Legal implications

35. There are no direct legal implications as a consequence of this report. The Care Act 2014 places a duty on councils to shape the local care market. The health and wellbeing board is responsible for:

- Reviewing whether the commissioning plans and arrangements for the NHS, public health and social care (including Better Care Fund submissions) are in line with and have given due regard to the health and wellbeing strategy
- Reporting formally to the council's executive, the Herefordshire Clinical Commissioning Group and the NHS Commissioning Board if commissioning plans affecting Herefordshire have not had adequate regard to the health & wellbeing strategy

Risk management

36. Key risks in this area include:

- Lack of workforce coming into the care market to meet the increase in demand due to demographic growth. This is compounded by impact of Brexit and competition from other sectors such as retail.

37. Failure to ensure an effective market would involve significant risk, as residents might be unable to access care and costs would increase.

38. Market risks are identified, classified and recorded in the relevant risk register as appropriate.

Consultees

39. None

Appendices

- Appendix 1 Looked After Children and Complex Needs Commissioning and Sufficiency Strategy.

Background papers

None

**Looked after children
& complex needs placements**

Commissioning & Sufficiency Strategy

2014 – 2019

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Chapter 1: Introduction & Vision

- 1.1 Herefordshire's overarching vision for looked after children and those with complex needs is the same as for all of Herefordshire's children and young people – ***that we keep them safe and give them a great start in life.***
- 1.2 In achieving this vision, the primary outcomes we seek to achieve is to support the resilience of families and reduce the need for children and young people to enter into accommodation placements. Our vision is to significantly reduce the reliance on residential accommodation. This can be achieved through effective local early help, child in need and child protection systems and direct work services targeting particular areas of need.
- 1.3 However, where the needs of a child do mean that an accommodation placement is in their best interests, it is Herefordshire's aspiration that, unless specific exceptional needs are identified, children should be able to benefit from living in a family environment and no child or young person will be placed in residential accommodation. We will achieve this by ensuring sufficient appropriate accommodation and support is available locally to enable looked after children, and those with complex needs, to live in a family environment as often as possible.
- 1.4 The Local Authority has a duty to operate a sufficiency strategy to meet the accommodation needs of its Looked After Child population (LAC). Herefordshire's strategy also encompasses those children with complex health, education or social care needs, who are jointly funded by the Council and Herefordshire Clinical Commissioning Group (CCG).
- 1.5 This strategy will address the sufficiency and quality of appropriate placement provision, as well as seeking value for money for Herefordshire's looked after children and those with complex needs. It forms part of Herefordshire's overall approach to commissioning services for children, young people and families and represents a key priority area. In this context, 'commissioning' represents the design and implementation of both in-house and externally provided services that are based on an analysis of local needs and evidence of what works well. The types of placements that this strategy considers include:
- In-house fostering & Family and Friends Carers care for looked after children
 - Independent fostering for looked after children
 - Independent residential homes for looked after children and those with complex needs
 - Independent residential schools for children with special educational needs or complex needs
 - In-house supported lodgings for 16+ looked after children and care leavers
 - Unregulated independent supported accommodation for 16+ looked after children and care leavers

- Emergency accommodation placements, which could include any of the above
- Placements of young people remanded to the care of the local authority
- Residential assessment centres for children and/or parents

1.6 In addition to ensuring that the care and accommodation needs of looked after children and those with complex needs can be met with appropriate types of placements, the Council and CCG also has a responsibility to operate within the available financial resources. So, to both promote good outcomes for children and young people, and ensure cost effectiveness, the Council and CCG are also working to develop early help and preventative approaches that will help to manage the numbers of children and young people that require accommodation placements.

1.7 In Herefordshire we aspire to all of our looked after and complex needs children being provided with the right type of placement and/or support package, which:

- meets their needs
- provides them with some choice about where they live
- enables them to benefit from positive experiences similar to those experienced by other children of the same age
- is found 'first-time' to ensure that it remains stable and avoids further disruption for the child or young person

1.8 Where the needs of a child do require them to be accommodated, Herefordshire will seek to ensure that such placements are:

- Of good quality
- Outcomes focussed and, therefore, cost effective
- Able to prepare children and young people for transition to a family environment or adulthood with confidence, a strong sense of self worth, and the skills and abilities to thrive, with a diminishing demand on resources
- As close to home as possible, preferably within 20 miles of home, unless the needs of the child are of a highly specialist nature or there are legitimate safeguarding reasons for making a placement at a greater distance.

Chapter 2: Priorities for 2014/19

2.1 Based on a strategic needs analysis (Appendix 2) of the local Looked After and Complex Needs populations, the Council and its partners will work to achieve the following priorities by 2019. In each of the priorities we will focus on quality and also on the voice of the child in shaping and evaluating services.

- 1) Reduce reliance on Independent Fostering Agency placements**
- 2) Prevent use of residential placements by improving intensive wrap-around support to children with challenging needs and their carers, including reducing the reliance on residential placements by 50%**
- 3) Enable more children with complex needs to remain with their families or, if necessary, be accommodated closer to home**
- 4) Improve the quality and availability of local supported living arrangements for Looked After Children aged 16+**

2.2 Herefordshire is undertaking a Children's Integrated Needs Assessment in 2014. The priorities described above will be kept under review so that they can adapt to any new learning from the integrated assessment or any other additional needs analysis work.

2.3 The governance of this strategy will sit primarily with the Council's Children's Well-being Directorate Leadership Team. Commissioning plans for children with complex needs will also be governed by the Children & Families Joint Commissioning Group, which is a partnership arrangement between the Council and Herefordshire Clinical Commissioning Group. Delivery of the strategy will also require functional links with housing and adult services in Herefordshire.

2.4 Objectives for 2014/19:

Objective	What will success look like?
<p>1) Increase in-house foster carer capacity & capability In 2013, a regional benchmarking exercise took place to evaluate the cost of in-house fostering services. This showed that Herefordshire's in-house average costs for 'standard' fostering placements is £520 per week, whereas the average standard agency fostering placement is £800-850 per week. There was a clear correlation between investment in in-house services and the Ofsted ratings that they achieved, so as well as increasing Herefordshire's capacity, some additional investment may be required to move towards a 'Good' rating at the next inspection. There appears to be little correlation between cost and quality of agency foster care.</p> <p>Delivering an enhanced in-house fostering service will be developed to move from a two thirds/one third split to an 90/10% split between in-house and agency fostering placements by 2019 or sooner. If the size of the LAC population remains stable over the period, achieving this objective is likely to require an net increase of 21-30 'standard' foster carers by 2019.</p>	<ul style="list-style-type: none"> ▪ Net increase of 'standard' foster carers of 21-30 by 2019 ▪ Rebalancing of in-house/IFA fostering placements from two thirds/one third to 90/10% by 2019. Success will be influenced by changes to the size of the LAC population ▪ Reduction fostering placements made outside Herefordshire
<p>2) Re-commission Independent Fostering Agency framework agreement There are emerging plans for a regional fostering framework agreement for the West Midlands from 2015. However, Herefordshire's current framework agreement, which is shared with Worcestershire County Council, will expire in July 2014. Therefore, a re-commissioning exercise will be completed with Worcestershire to ensure that there is a new framework in place from July 2014, but with the flexibility to opt-in to the regional framework at a later date if it is judges beneficial to do so.</p>	<ul style="list-style-type: none"> ▪ New Herefordshire & Worcestershire fostering framework agreement in place by then end of July 2014 ▪ Decide by April 2015 whether, and when, to join a regional fostering framework. ▪ Average cost of IFA placements is reduced from, or at least maintained, at 2013/14 levels
<p>3) Deliver a new intensive therapeutic support service model that promotes placement stability and reduces the need for residential placements by 50% by 2019 There are a number of evidence-based interventions that have been found to be effective in improving outcomes for adolescents in other areas. These include multi-systemic therapy (MST), multidimensional treatment foster care (MTFC) and functional family</p>	<ul style="list-style-type: none"> ▪ Herefordshire Intensive Placement Support service commissioned by September 2014

Objective	What will success look like?
<p>therapy (FFT). Following a analysis of Herefordshire's LAC population, it has been identified that there is a gap in current service provision and that could be filled by new intensive and therapeutic approach to supporting those challenging children who are at higher risk of placement disruption, entry into residential care, and those that could be supported to step-down from residential care. This population can include both looked after children and those with complex needs. The needs analysis specifically focussed on the MTFC model for 7-11, being tested by the DfE. While there was much to recommend the MTFC model, the analysis concluded that that it would be too rigid to meet Herefordshire needs, and a more flexible clinical and therapeutic service model is required to meet the needs of children and young people in a wider age range.</p> <p>A local Herefordshire Intensive Placement Support Service (HIPPS) model has been developed, based on experience from other areas, with the intention of procuring a service provider by September 2014. The delivery of this new approach will reduce the number of residential placements made by Herefordshire, including some of those made at a distance for children at risk of sexual exploitation. The success of the approach will be dependent upon access to sufficient 'specialist' in-house foster carers.</p>	<ul style="list-style-type: none"> ▪ Rolling capacity of 8-10 specialist in-house foster carers ▪ Reduction in number and cost of LAC and CNS residential placements by 2019 as a result of the HIPSS model. The LAC residential population is expected to reduce to no more than 5-9 placements at any one time. The rate of new entrants to the CNS population is expected to slow, with up to 2 cases per year being prevented from escalating to complex levels.
<p>4) Develop accommodation commissioning plan for children with complex needs Work has begun to identify those young people with high levels of need where their presentation suggests that there is a risk of them requiring residential accommodation at a later stage. This is being collected from special schools, paediatricians and the Children with Disabilities Team. Further detailed analysis is required to fully understand the needs of this population and to explore different models that can enable more children with complex needs to remain with their families, or be accommodated closer to home if necessary.</p>	<ul style="list-style-type: none"> ▪ Needs collated April 2014 ▪ Triangulation of information with CWD Team may 2014 ▪ Commissioning plan agreed by March 2015 ▪ Reduction in the number and cost of new CNS placements by 2019 ▪ More CNS children are able to remain at home or be placed close to home by 2019
<p>5) Develop 16+ supported living commissioning plan Further work is needed to analyse the needs of different groups with the overall 16+ population, however, it is known that there are pressures concerning the quality of some supported living arrangements and access to local provision for young people with challenging needs. A commissioning plan will build-on the early work that has already</p>	<ul style="list-style-type: none"> ▪ Increased supported lodging capacity ▪ Improved placement stability for 16+ ▪ Improved access to local quality supported accommodation

Objective	What will success look like?
<p>taken place:</p> <ul style="list-style-type: none"> ▪ The in-house fostering team is seeking to increase its capacity of supported lodgings hosts ▪ The Council has a block contract with a local housing provider for supported accommodation for 16-25 years olds and associated floating support services. The contract is being reviewed to ensure the needs of looked after children accommodated by the provider are understood and can be met. A re-commissioning process will be required in 2019, which will be informed by the needs of the LAC 16+ population ▪ The use of a sub-regional supported accommodation framework agreement has improved local knowledge of the provider market and could help to increase local capacity ▪ The Local Authority Homes & Communities team is keen to work with local housing providers to make suitable accommodation available if the right wrap-around support can be designed and delivered to meet the additional needs of this group. 	<ul style="list-style-type: none"> ▪ Reduced use of emergency B&B placements
<p>6) Participate in West Mercia Bail & Remand project Alongside this objectives described above, a West Mercia-wide project is looking at the accommodation and support needs of young people on bail or remand. The learning from this project could help to inform Herefordshire's plans to deliver an Intensive Placement Support Service, in-house fostering capacity and the 16+ supported living commissioning plan.</p>	<ul style="list-style-type: none"> ▪ West Mercia bail & remand needs analysis completed ▪ Agree individual authority or West Mercia response to needs identified

Appendix 1: Review of 2011-2014

1.1 2011/14 Priorities

1.1.1 Herefordshire agreed its first looked after children & complex needs placements commissioning & sufficiency strategy in 2011, with the following strategic priorities:

- i. Provide sufficient, high quality and value for money fostering placements
- ii. Reducing the need for, and cost of, residential placements for LAC and children with complex needs
- iii. Improved preparation for independence through supported, independent and emergency lodgings for 16/17 year olds
- iv. Business systems & processes

1.1.2 Against each of the priorities, an outcomes-based action plan was agreed. The outcomes to be delivered and progress made is summarised below.

1.2 Provide sufficient, high quality and value for money fostering placements

2011 Outcomes to be delivered	RAG	2011-2014 Progress
(1) Increase the number of in-house foster carers across the levels of need		Ongoing. There has been a 33% net increase of in-house fostering households since April 2012 to 121 households by October 2013. However there remains an imbalance in the spread of carers across the levels of need, which the latest carer recruitment strategy is seeking to address.
(2) Join Worcestershire fostering framework agreement		Completed. Achieved in 2011. The framework agreement is due to expire in July 2014.
(3) Seek to agree that existing placements with framework providers can move into the new framework pricing schedule		Completed. Achieved in November 2011.
(4) Develop strategic relationships with framework providers to increase understanding of demand and improve local capacity		Ongoing. Herefordshire holds local provider forums and contributes to similar forums in partnership with Worcestershire and across the West Midlands
(5) Develop procurement model for beyond 2013/14, which could		Ongoing. The framework agreement model has delivered significant benefits for the purchase of fostering placements. The option to

include a joint or sub-regional approach		extend the fostering framework agreement to July 2014 with Worcestershire has been implemented. Herefordshire and Worcestershire are proceeding with a re-commissioning exercise for a new framework agreement beyond July 2014, as well as considering an option to join an emerging West Midlands framework agreement that could be in place during 2015.
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1.3 Reducing the need for, and cost of, residential placements for LAC and children with complex needs

2011 Outcomes to be delivered	RAG	2011-2014 Progress
(1) Fewer long-term residential placements are required as a result of innovative solutions designed to support children on the edge of residential care. This could include intensive 'fostering plus' placements or short term residential placements designed to trigger a change in a young person and enable them to enter into a successful fostering placement or return home.		<p>Ongoing.</p> <p>The number of CNS packages has increased slightly since 2011 and appears to have levelled off during 2013. It should be noted that these are highly complex cases that incur a high cost, so even a small increase in numbers can have a significant impact on resources.</p> <p>The proportion of the looked after population in residential care has fallen over the last three years. There has also been a clear reduction in length of residential placement for LAC. In 2011/12 the average length of stay was 59 weeks, the average for April 2013 to end of January 2014 has reduced to 13.5 weeks.</p>
(2) Participate in the development of a regional residential framework		<p>Completed.</p> <p>Herefordshire participated in a regional procurement exercise in 2012. However, on assessing the tenders received, Herefordshire decided not to join the regional framework agreement at that time and to continue spot-purchasing residential placement as needed. Following a review of residential placement costs in 2013, Herefordshire repeated the decision to continue spot-purchase arrangements. The regional framework is due to be re-commissioned by 2015. Herefordshire will contribute to the procurement process and make a decision on whether to join a new framework agreement once the tenders have been assessed.</p>
(3) Consider the options, and identify a preference for the increased provision of complex needs residential placements within or closer to Herefordshire		<p>Initial needs assessment work suggests that an in-house residential unit might not be the right approach for Herefordshire and may not be cost effective.</p> <p>This position is currently being reviewed. Work is being undertaken to analyse local need in more detail and identify appropriate evidence based service models that can meet the need and demand.</p>

		Consideration is also being given to what preventative support can be offered at an early stage to families with a high risk of breakdown
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1.4 Improved preparation for independence through supported, independent and emergency lodgings for 16/17 year olds

2011 Outcomes to be delivered	RAG	2011-2014 Progress
(1) Avoid the need for fostering placements of 16 & 17 year olds who enter the looked after system by increasing the capacity for supported lodgings in Herefordshire to support their transition to adulthood		<p>Ongoing.</p> <p>Herefordshire introduced a staying put policy that has increased capacity of supported living placements and enabled more young people to remain with their foster carers beyond the age of 18 if they want to.</p>
(2) Integrate the procurement of externally provided supported lodgings with the procurement of 'supported accommodation & outreaching housing-related support services for young people at risk', being procured by adult social care in 2011		<p>Ongoing.</p> <p>The procurement of supported accommodation and outreach support, which was led by the Council's Adult Services, has been completed. It included the provision of 'Foyer' type supported accommodation, but did not include 'supported lodgings'. Herefordshire also participated in a sub-regional procurement exercise with six other authorities which has delivered a new framework agreement for supported accommodation providers, but excludes supported lodgings. The framework has provided access to an increased number of supported accommodation providers, however further work is needed to improve the quality of provision and increase capacity more locally in and around Herefordshire.</p> <p>The Children's Well-being Directorate has implemented plans to develop it's own in-house supported lodging scheme attached to the existing in-house fostering service. Where necessary, the 16+ service has continued to spot purchasing supported lodgings from a local provider. Further work is needed to ensure that contractual and placement terms and conditions are robust for this type of purchasing.</p>
(3) Review emergency B&B placement & procurement processes to ensure CYP and families are safeguarded and providers are quality assured		<p>Ongoing.</p> <p>Herefordshire avoids emergency B&B placements. Where a B&B placement is necessary, full assessments are carried out by social care to ensure that the young person s needs are met, and use known and trusted B&B providers.</p>

1.5 Business systems & processes

2011 Outcomes to be delivered	RAG	2011-2014 Progress
(1) Ensure that external agency foster placements are only used where the needs of children and young people require them. Wherever possible and appropriate, in house fostering placements will be used		<p>Ongoing The increase in in-house fostering capacity since 2011 has been reflected by a reduction in placements made with independent fostering agencies. The latest in-house fostering business development plan will seek to continue the increase of carer household across all levels of need.</p>
(2) Ensure that Individual Placement Agreements are completed fully and to a high standard to ensure that the best placement match can be procured to meet the needs of the child		<p>Ongoing The quality of IPAs has improved significantly since 2011, with greater involvement of social workers and with an increased focus on achieving outcomes for the child being placed. An 'interim IPA' has been introduced to ensure that there is a basic agreement recorded between the Council and placement providers. Additional work will take place to implement a similar placement agreement process for 16+ placements</p>
(3) Ensure placements are reviewed and a transition plan to supported or independent lodgings is agreed by placements panel at an appropriate time for each case		<p>Ongoing Both the LAC Placements Panel and Complex Needs Panel have implemented systems to ensure cases are brought forward for review in a timely manner.</p>
(4) Refine processes for performance and quality assurance of placement providers		<p>Ongoing A much more robust pre-placement check and approval system has been introduced. There is scope to improve the use of pre-placement visits by social workers to ensure a good match with a child's needs.</p> <p>The Children's Wellbeing Directorate has adopted a Placements Quality Assurance Framework as a working document, which sets out the roles and responsibilities of staff working in different parts of the organisation.</p> <p>A programme of contract monitoring visits to independent placement agencies has been implemented using monitoring tools developed by the West Midlands Children's Commissioning Partnership.</p>
(5) Implement a robust system for measuring discounts and savings, targeted at 5% each year for three years, on external placement		<p>Ongoing.</p> <p><u>Spend:</u> Despite a 29% increase in the number of in-house & agency placements made between January 2011 and September 2013, overall spend on all fostering, LAC residential, and CNS</p>

contracts	<p>placements has risen by only 1%. This has been achieved through increased in-house capacity, better purchasing arrangements and demand management.</p> <p>Projected spend on agency fostering in 2013/14 has fallen by 6% compared to 2010/11, while spend on in-house foster carer fees has increased by 17%. At the same time, spend on LAC residential placements has decreased by 35%.</p> <p>However, projected 2013/14 CNS costs have risen by 28%, since 2010/11 but appear to be levelling off in 2014. However, even a small fluctuation in the numbers of CNS children can have a significant impact on costs. Further work is needed to ensure value for money is achieved and to consider evidence-based alternatives to costly residential placements.</p> <p><u>Cost Avoidance:</u> A combination of changes in social care practice, increased in-house provision, and improved cost management of the agency placements has seen an overall reduction in spend for LAC residential and fostering placements (in-house and agency) since 2011. Use of a fostering framework agreement has been particularly beneficial achieving a 15% reduction of the average weekly cost of agency placements between 2010/11 and 2012/13, avoiding estimated costs of £240k in 2011/12 and £300k in 2012/13.</p> <p>The Placements Team has implemented new placement registers that enable the tracking of costs and discounts. In addition, the two Placements Officers have avoided a further estimated £200k of cost through direct negotiation with providers for spot purchase placements.</p>
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Appendix 2: Strategic Needs analysis

Introduction

Herefordshire's capabilities to understand the local needs and demands for services has improved significantly since the first LAC sufficiency strategy was written in 2011. This improvement journey will continue throughout the lifetime of the 2014/19 strategy. There is a good level of understanding around LAC fostering and residential needs. Further work will be necessary to develop the understanding of needs and demands for the LAC 16+ population and complex needs population so that improved services can be commissioned to better meet the needs of those children and young people. The intelligence that has helped to inform the following needs analysis includes:

- The Joint Strategic Needs Assessment
- Multi-dimensional treatment Foster Care Needs Analysis
- Centralised performance data
- Service-level performance data
- ONS & Ofsted Data
- The emerging Children's Integrated Needs Analysis for Herefordshire

1. Herefordshire Profile

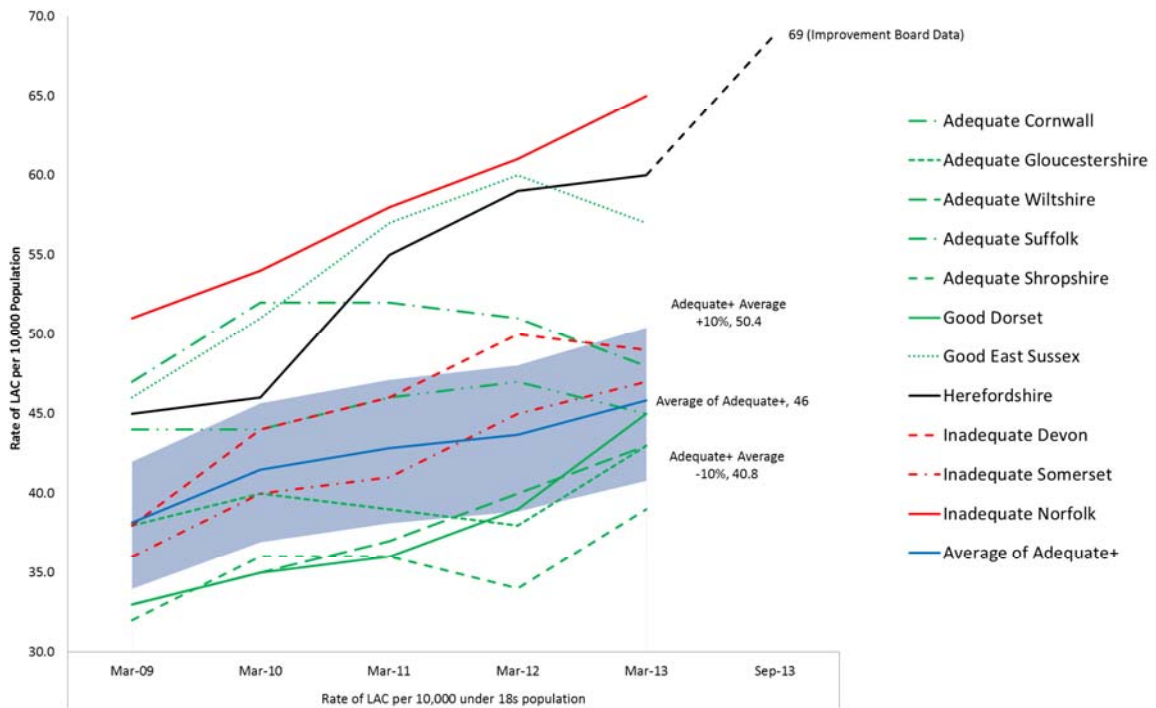
- 1.1 Overall population forecasts suggest that Herefordshire will experience a slight increase in the number of children between 2016 and 2025, peaking at 32,800 before starting to fall again. The last 4 years have seen looked after numbers in Herefordshire rise from 165 to 28 as of September 2013. With a steady rise in the number of child protection cases, and significant rise in repeat child protection plans in recent years, Herefordshire's LAC population is expected to continue to rise in the mid-term.
- 1.2 There are two main populations that may be subject of an accommodation placement. These are Looked After Children, including those aged 16+, and those with Complex Needs (some of whom may also be Looked After). The following sections describe the populations as they are understood in ear 2014, and where possible describe further analysis work that might help to improve the local understanding.

2. The Looked After Population

2.1 **Population size:** Herefordshire's LAC rate per 10,000 has increased significantly in recent years, leading to a significant difference between Herefordshire and the average of statistical neighbours rated as Adequate or better for safeguarding services, as shown below. As shown below, by September 2013, Herefordshire's rate had increased further to 69 per 10,000 :

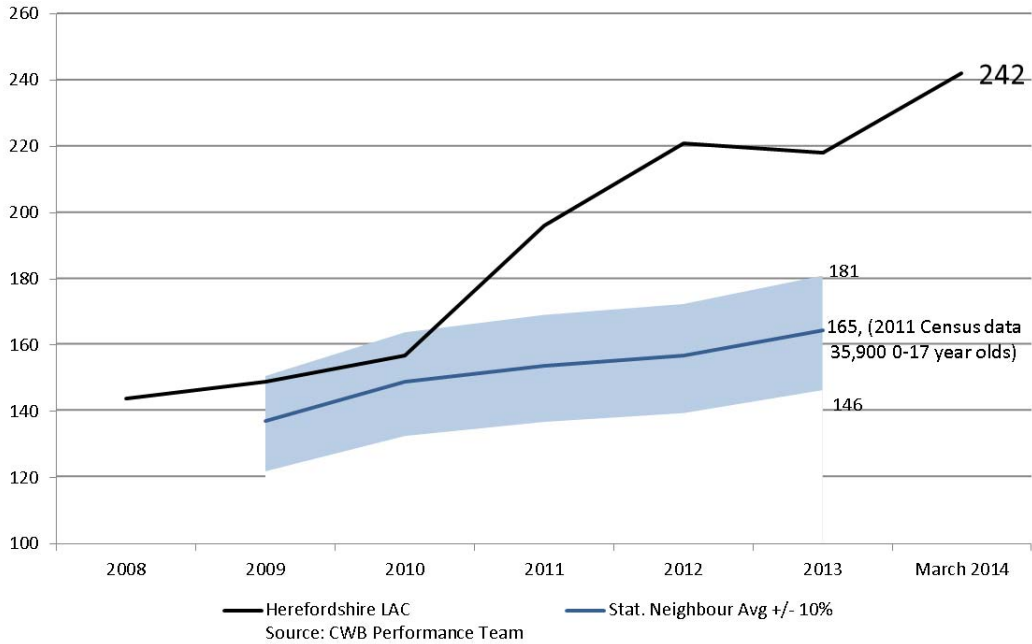
Statistical Neighbour most recent Ofsted Safeguarding ratings & Rate of LAC per 10,000 Under 18 Population

(Produced October 2013)

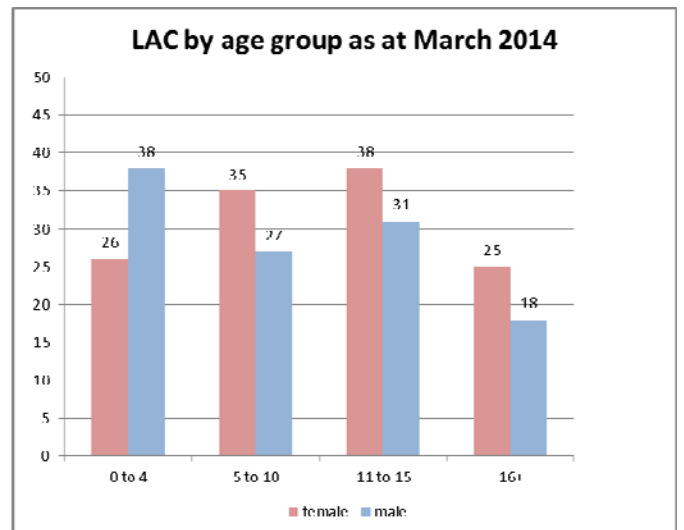
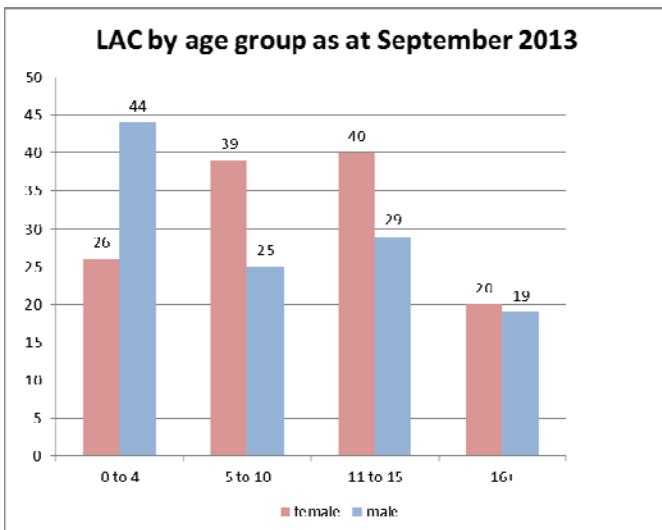


2.2 In terms of real numbers, Herefordshire's LAC population would range 146-181 in 2013/14 if it were on a par with statistical neighbours rated as adequate or better. As shown below, by March 2014, Herefordshire's LAC population stood at 242.

Actual Herefordshire LAC numbers compared to estimates based on Statistical Neighbour averages



2.3 **Gender & Age breakdown:** The following tables provide a breakdown of the LAC population by age and gender over a six-month period. Ongoing monitoring will show any emerging trends in changes to the LAC population to inform commissioning and service-redesign intentions. There are notable variations in gender between particular age groups. The largest fluctuations are in males age 0-4 and females aged 16+.



2.4 Further analysis required:

- An analysis of the trends and needs of the Child Protection and Child in Need Populations could help manage new entrants to the LAC system and inform projections for the LAC population size.
- A comparison of age and gender breakdown with statistical neighbours and national research may help to evaluate Herefordshire’s performance and inform service planning around specific age groups
- A more detailed analysis of the individual needs of Looked After Children could help to develop appropriate wrap-around support for children in placement. For example, there has been a growing demand for services to support children at risk of sexual exploitation. Some of this need will be met by a new Intensive Placement Support Service, but other local service developments may be required to prevent such children being placed out of county.
- An analysis of the needs and levels of demand of the 16+ LAC population would help to inform service re-design and ensure sufficient ‘Staying Put’ and supported accommodation resources are in place
- A detailed evaluation of the outcomes achieved by children in-placement and upon leaving care would help to measure the effectiveness of the placement models used in Herefordshire. A new Children’s Integrated Needs analysis is being prepared in 2014, and will help to inform local understanding of outcomes, service effectiveness and service gaps.

3. The Complex Needs Population

3.1 The Complex Needs (CNS) population in Herefordshire is supported by a tri-partite funding arrangement that includes resources provided by Education, Children’s Social Care and Health. The population is small, but due to its complexity also incurs some of the highest placement costs for any child, ranging from £85k to £235k per annum in April 2013. The needs of the population have historically been met via residential placement, however increased effort has been applied to sourcing community-based packages of support in recent years, that seek to prevent entry into institutionalised residential care. There is little turn-over within the CNS population. Once a child is admitted to the population, they very rarely step-down from it, and often remain within it until transferring to adult services.

3.2 In April 2013, the CNS population consisted of 16 residential and 3 non-residential support packages. Ages range from 11 to 19 years. 14 were male and 5 female. Approximately 50% of the CNS population were also Looked After Children.

3.3 The CNS population can be loosely broken down into the following categories:

Category of Need	# of children (April 2013)	Candidates for intensive therapeutic fostering?
Offending behaviour (usually with a court order)	4	Likely

SLD/ASD/challenging behaviour	7	Unlikely
Severe Challenging behaviour	2	Likely
Mental Health ('Tier 3.5')	3	Likely
Severe medical/sensory	3	Unlikely

- 3.4 Given the wide-range and complexity of needs involved, it would not be possible to design a single placement model that could be commissioned for the CNS population. However it is likely that specialist in-house foster carers linked to wrap-around intensive therapeutic support to promote placement stability in a family environment would meet the needs of a small number of CNS children and prevent their entry into residential care. It is anticipated that this could reduce the CNS residential population by 1 or 2 children per year.
- 3.5 Work has begun to identify those young people with high levels of need where their presentation suggests that there is a risk of them entering the CNS population and requiring residential accommodation at a later stage. This is being collected from special schools, paediatricians and the Children with Disabilities Team. Further detailed analysis is required to fully understand the needs of this population and to explore different models that can enable more children with complex needs to remain with their families, or be accommodated closer to home if necessary.

4. The 16+ population

- 4.1 The 16+ population includes:
- Young people who have been looked after by the local authority and have reached 16-21.
 - 16-17 year olds become homeless
 - Young people who have been remanded into the care of the local authority by the Court
 - Young people presenting as risk to themselves or others, with history of offending, mental health issues or drug and alcohol issues
- 4.2 Securing sufficient 16+ accommodation has been a growing pressure in recent years. Herefordshire's 16+ normally operates a case load of around 200 young people. Out of these 200 on average around 45-50 young people are looked after 16-18 so are in need of a placement. Analysis of the LAC aged 13-15 in March 2014 shows that 28 females and 20 males will become 16+ during 2014/19. Further analysis of the needs of the 16+ population is needed in order to ensure the most appropriate accommodation is available in Herefordshire.
- 4.3 Herefordshire has implemented a Staying Put policy that will build on and improve the existing arrangements for young people in foster care to remain with their carers after the age of 18. The aim is for young people to remain with their former foster carers until they reach 21 years of age (or for a substantial period beyond their 18th birthday). This is conducive to the stability of the placement, and consistent with wanting the young person to achieve economic well-being by offering the young person continuity of support to improve their life chances. This policy, and the demand it creates for extended foster care placements will need to be considered in addition to the current estimates to increase capacity of the in-house fostering service.

- 4.4 The staying put agenda is becoming increasingly popular as young people understand the reality facing them in leaving care looking at approx. It's estimated that 70% will prefer a change of placement type rather than to move from care. The 16+ service has identified gaps in provision for those care leavers post 18 who have left care, and is considering the following possible solutions:
- Multi occupancy SHAC (supported tenancies), which would also address issues of isolation and loneliness identified in new belongings questionnaire)
 - Working with the Council's Housing department and contracted providers to develop a service specification that could provide additional accommodation capacity for care leavers with targeted outreach support. Early discussions have taken place with housing providers to begin developing a service models and good practice examples of similar projects in different local authority areas have been highlighted
- 4.5 The majority of the 16+ population experience good levels of stability. However, some young people present challenging needs that have been difficult to meet. This includes those young people remanded to the care of the local authority by the court. While the numbers are relatively small (see table below), supporting these challenging young people puts additional pressure on resources. A lack of appropriate local accommodation has meant that some of Herefordshire's most challenging or vulnerable young people have been placed out of county.

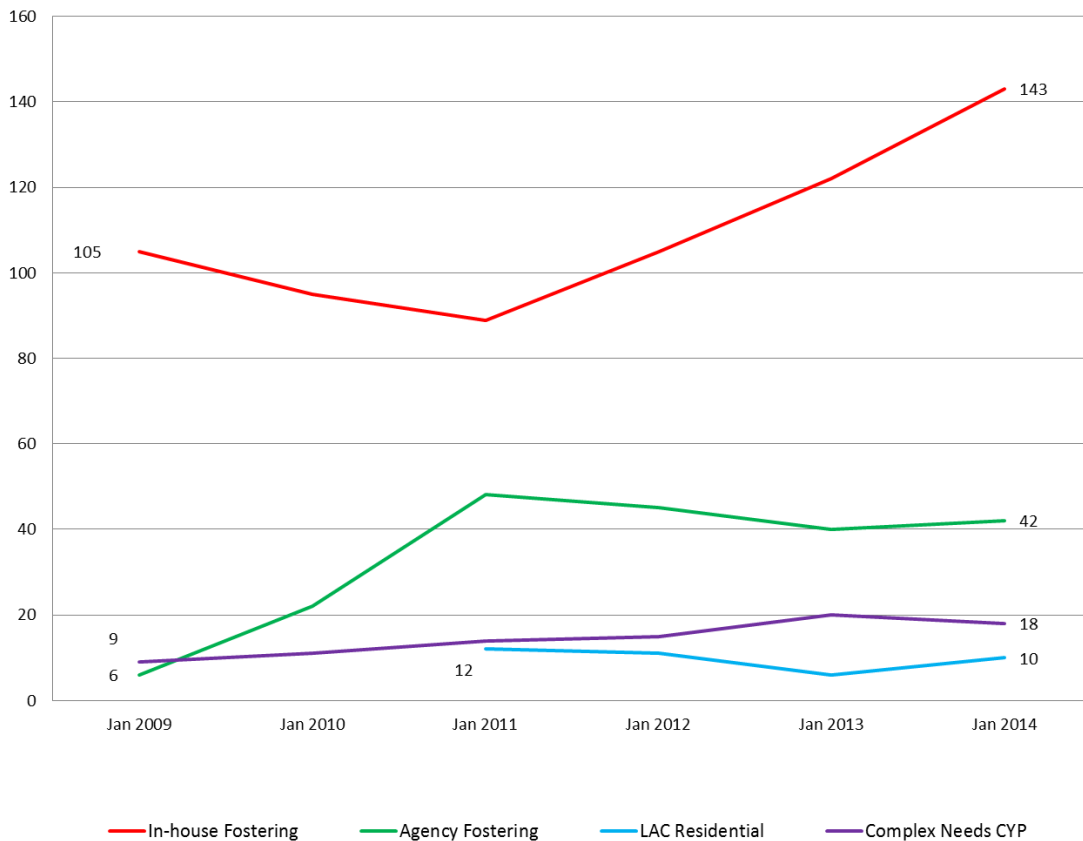
	Remand Population		
	2011	2012	Up to October 2013
Male total	4	5	3
Female total	0	1	1
Male (exc. repeats)	4	4	2
Female (exc. repeats)	0	1	0
Age 13	0	1	0
Age 14	2	1	3
Age 15	1	2	0
Age 16	1	1	1
Age 17	0	0	1

5. Existing Service Provision (April 2014)

- 5.1 The main types of placements commissioned by Herefordshire are:
- Fostering: Family & Friends arrangements, in-house foster carers and independent fostering agencies
 - Independent residential homes for looked after children and those with complex needs
 - Independent residential schools for children with special educational needs or complex needs
 - In-house supported lodgings for 16+ looked after children and care leavers
 - Unregulated independent supported accommodation for 16+ looked after children and care leavers
 - Placements of young people remanded to the care of the local authority
 - Residential assessment centres for children and/or parents

5.2 **Placements & Packages:** The chart below shows the recent trends in the types of placements made. As can be seen, there is a correlation between an increase in in-house fostering placements and decreased use of independent fostering agencies, which has resulted from an improved recruitment and retention strategy for in-house carers.

Children receiving placement or care package

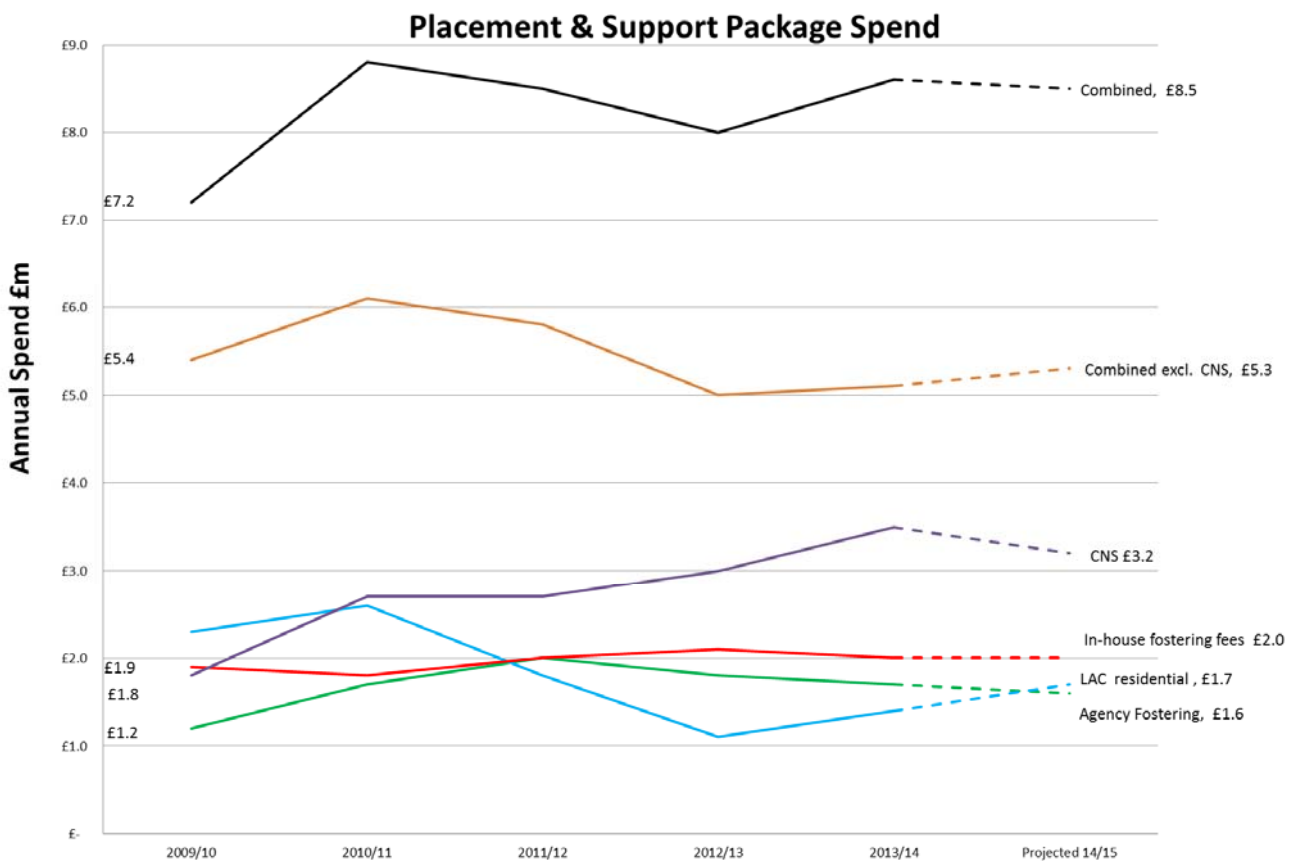


5.3 The table below shows that the residential population (as a proportion of the total LAC population) decreased by a third between 2011 and 2014. CNS packages have gradually increased in recent years, however CNS spend (see section 5.5) has almost doubled in the same period, and remains the highest placement cost due to the complexity of needs involved.

Snapshot	LAC population	Residential Placements	Proportion
1 Jan 2011	196	12	6%
1 Jan 2012	221	11	5%
1 Jan 2013	218	6	3%
1 Jan 2014	238	10	4%
1 Sept 2014	TBC	14	TBC

5.4 **Geographical placement:** Robust data regarding the distance Looked After Children are placed from home is unavailable. However, analysis of the LAC placements made with independent fostering agencies and residential children homes shows around 30 children (approximately 12% of the LAC population) are placed outside of Herefordshire. Some of these children are placed out of the County for safeguarding reasons, however some are placed because no in-county provision can be found to meet their needs, either by in-house or agency services. It should be noted that these estimations do not include Looked After Children placed out of county by the in-house fostering service, or into supported accommodation. It's therefore reasonable to estimate that up to 20% of Herefordshire's LAC population (approximately 50 children) are placed out of county at any time.

5.5 **Spend trends:** The chart below shows that spend on agency fostering and LAC residential placements has reduced since their peaks in 2010/11 and 2011/12 respectively. This has been achieved through a mixture of demand management by social care and price management by commissioners, however spend on LAC residential placements has begun to increase again. Spend on complex needs packages has increased to reflect increased demand, which is forecasted to begin to decrease in 2014/15. However, even a small change in the CNS population can have a significant impact on costs.



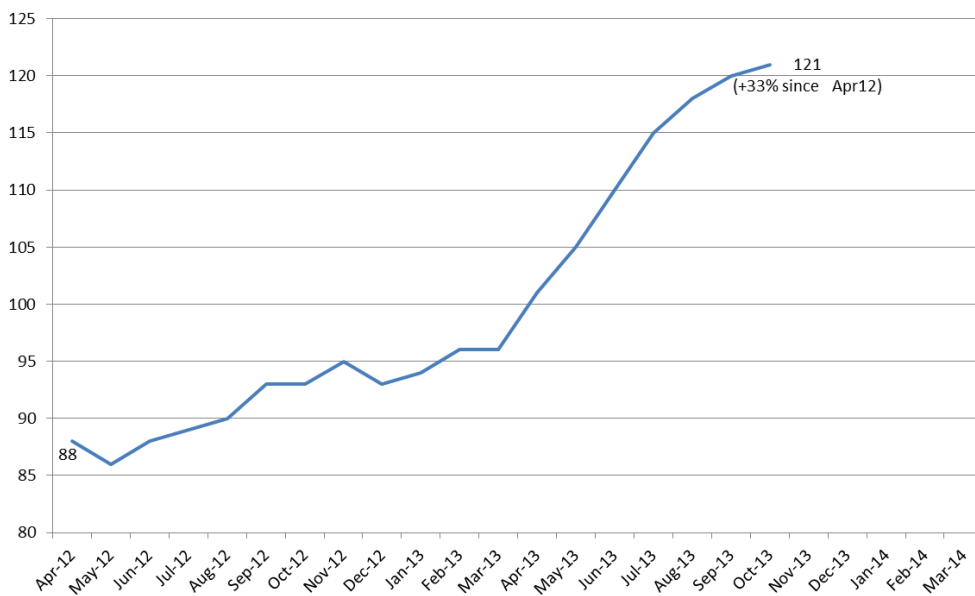
5.6 Analysis of standard placement costs by type in 2013/14 has shown:

- Average in-house standard fostering cost of £520 per week

- Regional correlation of investment & quality of in-house fostering
- Average IFA standard cost across the region of £800+ per week (In Herefordshire £784)
- No correlation between cost and quality of IFA placements
- Average LAC residential cost of £3400 per week

5.7 Re-energised efforts to recruit in-house foster carers are paying-off, as shown below. Analysis of the number of children that in-house carers would normally accept into their homes suggests in-house occupancy on 31st March 2013 was running at 87%. The in-house service operates four levels of foster-care capability. Most current capacity is in the lower two levels, however increases across all levels would be needed to achieve both a reduction in agency fostering placements and a reduction in residential placements.

Total in-house fostering households



5.8 Where placement requirements cannot met in-house, options are sought from the independent sector via a fostering framework agreement and spot purchasing. A regional benchmarking exercise has identified that the unit cost of 'standard' in-house fostering placements was around £520 per week in 2012/13. In the same year, the average weekly unit cost paid by Herefordshire was £784 for agency fostering placements.

5.9 It would be very challenging for the in-house service to provide sufficient choice alone to properly match the needs of individual children, so there is always likely to be a need to purchase placements from the independent sector. However, in order to change the balance between in-house and IFA placements, it necessary to first understand which types of placement has not been available in-house, and then recruit or develop sufficient carers based on the analysis.

5.10 In recent years, there has generally been a two thirds/one third split between the number of in-house and agency placements active at any one time. A one-off benchmarking exercise showed that the in house service delivered 34293 bed-nights of foster care in 2012/13 (excluding kinship placements). In addition to this, the authority purchased almost 16,000 bed-nights from

independent fostering agencies (IFAs) in the same year. The following table provides a breakdown of the IFA placements made by Herefordshire council in 2012/13.

Agency Placement Duration & Stability - Apr12 - Mar13 based on bednights register

	Total # individuals (excluding multiple placements)	Total # Placements (including multiple placements)	Placement need			
			Planned	Urgent	Emergency	Need not recorded / pre-placements team
0-4 years	30	41	8	16	12	5
5-10 years	25	30	3	5	9	13
11-15 years	29	39	15	4	10	10
16-17 years	11	15	2	2	1	10
Total	95	125	28	27	32	38
Upto 28 days	NA	45	10	6	21	8
29-182 days (6 Months)	NA	58	13	19	9	17
183-365 days(6-12 Months)	NA	19	5	4	5	5
1 year+	NA	16	5	0	1	10
Total	NA	138	33	29	36	40
Sibling groups	NA	14 groups	1 x 2 sibs	4 x 2 sibs	1 x 2 sibs 4 x 3+ sibs	3 x 2 sibs 1 x 3+ sibs
Parent & Baby	NA	12	6	1	3	2

5.11 The 2012/13 IFA placement data illustrates that:

- Almost 100 children could not be accommodated by the in-house service at the time of their need, although some of these may have later moved to an in-house placement.
- 15905 IFA bed nights were purchased in 2012/13
- The level of demand for IFA placements was broadly the same across the 0-4, 5-10 and 11-15 age bands.
- Where recorded, two thirds of placements were made as an emergency placement (required within 24 hours) or urgent placement (required within 7 days). However, there were particular pressures for emergency and urgent placements for 0-4 year olds, while half of the placements made for 11-15 year olds were planned.
- 20% of IFA placements lasted more than six months, some more than a year, even when the placement was made as an emergency or urgently. This shows that IFA placements can provide stability, and that insufficient capacity or inappropriate match of in-house carers is a cause of IFA placements. However, these placements accounted for 79% of the bed nights cost for the year. Existing and stable placements, such as these are unlikely to simply transfer to the in-house service, but new long-term placements should be able to be provided by an enhanced in-house service.
- 80% of IFA placements lasted less than six months, with around half of these lasting less than 28 days. Requests for this type of short term placement should be able to be easily met by an enhanced in-house service
- There is demand for placements of large sibling groups of three or more children. 28.4% of IFA bed-nights were for siblings

5.12 Reducing the reliance on the more expensive IFA placements will take some time, however the intention should be to move from a two thirds (in-house) / one third (IFA) split to an 90/10% split by 2019. The table below illustrates the impact of such a shift on the number of bed nights delivered, and the additional 'standard' foster carer capacity likely to be required to achieve it. This would be in addition to any plans to recruit 'specialist' foster carers as part of a local intensive placement service.

	2013/14 baseline	2014/16	2016/18	2018/19	Total by 2019
In-house/IFA split	68%/32%	75%/25%	85%/15%	90%/10%	
Approx. # in-house bed-nights (based on 49782 total in 2012/13)	33798	37277	42248	44733	124258
Approx. # IFA bed-nights (based on 49782 total in 2012/13)	15905	12426	7455	4970	24852
Approx. # additional in-house bed nights		3479	4970	2485	10935
Net additional in-house carer capacity required (1 FTE carer = 365 bed-nights)		7 to 10	10 to 14	5 to 7	21 to 30
Supporting Fostering Swkr capacity required (planned ratio of 17 Carers per 1FTW swkr)		0.6	0.8	0.4	1.8

5.13 The local authority has access to a range of supported living placements for young people aged 16+, including:

- Supported Lodgings – provided by the –in-house fostering service and an external organisation. Supported lodgings provide young people with semi-independent accommodation, usually in a family home or annex, with support provided by the 'host' family
- Supported Accommodation – provided in Herefordshire by a local housing association and out-of-county via a sub-regional framework agreement with multiple accommodations providers from the independent and private sectors. Supported accommodation usually involves properties of multiple occupancy with on-site support staff. This type of provision is unregulated, and the quality of accommodation and support provided can be variable.
- Supported tenancies – independent accommodation provided by a local housing association with additional support provided by the Council's 16+ team.

6. Service Gaps

6.1 Analysis of the LAC & CNS populations, service capacity and capabilities, and a review of evidence based service models, has shown that there insufficient capacity in Herefordshire's placement provision of:

- (1) **'standard' in-house foster carers**, causing a reliance on more expensive independent fostering agencies
- (2) **'specialist' in-house foster carers** linked to **wrap-around intensive therapeutic support** to promote placement stability in a family environment and prevent entry into residential care
- (3) **local provision** for children with complex needs, including **alternatives to residential care**
- (4) **supported living arrangements**, including supported lodging providers, general supported accommodation and specialist or intensive supported accommodation for young people with challenging needs

Appendix 3: National Drivers

1. The Sufficiency Duty

- 1.1 Section 22G of the Children Act 1989. seeks to improve outcomes for looked after children and young people by requiring local authorities to take steps that secure, so far as reasonably practicable, sufficient accommodation within the authority's area which meets the needs of children that the local authority are looking after, and whose circumstances are such that it would be consistent with their welfare for them to be provided with accommodation that is in the local authority's area ('the sufficiency duty').
- 1.2 The sufficiency duty requires local authorities to do more than simply ensure that accommodation be 'sufficient' in terms of the number of beds provided. They must have regard to the benefits of securing a range of accommodation through a number of providers. The accommodation must also meet the needs of children. These needs can be wide-ranging, in line with the typology which underpins the Framework for the Assessment of Children in Need and their Families.
- 1.3 A local authority which is taking a strategic approach to securing sufficient accommodation will include in their analysis, planning and delivery, children who are in need and are at risk of care or custody. Meeting the needs of these children will have a significant impact on the ability of the local authority to provide sufficient accommodation for those they look after. This means that securing sufficient accommodation requires a whole-system approach which includes early intervention and preventive services to support children in their families, as well as better services for children if they do become looked after.
- 1.4 Local authorities already have a number of duties towards children within their area which are related to the sufficiency duty. In particular:
- Section 17(1) of the 1989 Act provides that it is the general duty of a local authority to provide a range and level of services to children in need (as defined in section 17(10) of the 1989 Act) and their families in the local area which are appropriate to their needs.
 - Section 20 of that Act requires local authorities to provide accommodation for children in need within their area who appear to them to require accommodation in accordance with the provisions of that section.
 - Section 21 requires a local authority to accommodate certain children who are either removed or kept away from home under Part V of the 1989 Act or who are subject to a criminal court order.
 - Section 22C(5) requires local authorities to place children in the most appropriate placement available. In determining the most appropriate placement for a child, section 22C(7) requires local authorities to take into account a number of factors (such as the duties to safeguard and promote welfare; promote educational achievement; ascertain the wishes of the child and family; and give due consideration to religious persuasion, racial origin and cultural background).
 - In determining the most appropriate placement for a child, section 22C(7)(a) also requires the local authority to give preference to a placement with a relative, friend or other person connected with the child and who is also a local authority foster parent.
 - Section 22C sets out the additional factors (in no order of priority) which the local authority must take into consideration when deciding the most appropriate placement:
 - allowing the child to live near his/her home;

- not disrupting the child's education or training;
 - enabling the child and a looked after sibling to live together;
 - meeting the particular needs of disabled children; and
 - providing accommodation within the local authority's area, unless that is not reasonably practicable.
- 1.5 Section 23(1)(a) requires a local authority to provide accommodation for a child who is in their care (by virtue of a care order).
- 1.5 In order to fulfil these duties, a local authority requires sufficient accommodation (and other services) to provide suitable placements for those children for whom placement within the local area is most appropriate. The sufficiency duty reinforces the duties set out above by requiring local authorities, when taking steps to provide accommodation within their area for the children they look after, to have regard also to the benefit of having:
- a number of accommodation providers in their area; and
 - a range of accommodation capable of meeting different needs.
- 1.6 Existing good practice suggests that meeting the provisions set out in the 1989 Act can best be met through a step change in commissioning practice in which local authorities are active in managing their market and work with their partners to:
- support and maintain diversity of services to better meet the needs of looked after children including through the provision of preventive and early intervention services to reduce the need for care proceedings;
 - place children within their local authority area where reasonably practicable and where this is consistent with a child's needs and welfare;
 - support the market to deliver more appropriate placements and other services locally;
 - have mechanisms for commissioning appropriate, high quality placements and services outside of their local area, which can meet a child's identified needs (this will be necessary in circumstances where it is not consistent with a child's welfare or reasonably practicable for him/her to be placed within the local area); and
 - have in place a strategy for addressing supply issues and reducing constraints over time (methods for doing this might include building their own capacity and expertise, as well as those of local private and voluntary sector providers).
- 1.7 The local authority's duty in section 22G has to be understood in the context of their duty in section 22C of the 1989 Act. In accordance with section 22C(5), the overriding factor is that the placement must be the most appropriate placement available. Next, the local authority must give preference to a placement with a friend, relative or other person connected with the child and who is a local authority foster parent. Failing that, the local authority must, so far as reasonably practicable, in all circumstances find a placement that:
- is near the child's home;
 - does not disrupt his education or training;
 - enables the child to live with an accommodated sibling;
 - where the child is disabled, is suitable to meet the needs of that child; and
 - is within the local authority's area, unless that is not reasonably practicable.
- 1.8 There is no order of priority within the categories listed in the bullet points above. All of these are factors that have to be taken into account.

2. **Staying Put**

- 2.1 Herefordshire's Staying Put Project will aim to build on and improve the existing arrangements for young people in foster care to remain with their carers after the age of 18. The aim is for young people to remain with their former foster carers until they reach 21 years of age (or for a substantial period beyond their 18th birthday). This is conducive to the stability of the placement, and consistent with wanting the young person to achieve economic well-being by offering the young person continuity of support to improve their life chances.
- 2.2 The key aims are:
- Enable young people to build on and nurture their attachments to their carers, so that they can move to independence at their own pace and be supported to make the transition to adulthood in a more gradual way just like the other young people who can rely on their own families for this support;
 - Provide the stability and support necessary for young people to achieve in education, training and employment; and
 - Give weight to young people's views about the timing of moves to greater independence from their final care placement.
- 2.3 The Staying Put Project meets objectives within the Children Act 1989 and the Children (Leaving Care) Act 2000 to improve the life chances of young people in and leaving local authority care. The guidance of Children (Leaving Care) Act recommends converting foster placements at 18 into supported lodgings. The Staying Put arrangement promotes the Acts main aims to young people, which are:
- To delay young people's discharge from care until they are ready and prepared;
 - To improve the assessment, preparation and planning for leaving care;
 - To provide better personal support for young people after leaving care;
 - To improve the financial arrangements for care leavers.
 - This project also fits within the Public Service Agreement 2 National Indicators 147 and 148, which identify whether:
 - The young person is living in suitable accommodation;
 - The young person is in Education Training or Employment.
- 2.4 Staying Put supports the local Children and Young People's Plan and in particular gives young people who are in stable, supportive placements the opportunity to pursue education, training and employment in order to participate both socially and economically as citizens, without the disruption of having to move into 'independence' during this critical period of their lives.
- 2.5 Both The Green Paper "Care Matters - Transforming the Lives of Children in Care" and the White Paper "Care Matters - Time for Change" refer to the importance for young people of 'entering adult life at the right time'. To remain with foster carers beyond 18 is identified as an area for development.
- 2.6 Many young people who have been looked after by the local authority experience a compressed transition from childhood to adulthood (Professor Mike Stein - University of York), and the option to Stay Put seeks to protract and normalise the young person's experience of moving into adulthood. Staying Put fits within HC's aspiration to be a good corporate parent to all young people to whom it has acted as a substitute family.
- 2.7 The project also provides a framework to allow care leavers at university to return to their former carers during vacation time, and young people who commence basic training with the armed

services to return to their carers during breaks, reflecting the ongoing support which would be available to young people living in supportive families.

- 2.8 Staying Put can also contribute to 'decreasing' the role of the Personal Adviser with these young people, by taking into account the relationship and support provided by the former foster carer to the young person, enabling the Personal Adviser to work with other Care Leavers who may be living independently with less support and in more disadvantaged circumstances.
- 2.9 Staying Put will offer carers improved training opportunities and prepare them to support teenagers into adulthood in a planned and individual way. The training offered will complement the Induction Standards for Children's Workforce training requirements for foster carers. The investment and commitment of the foster carers is acknowledged through better levels of remuneration and support, increasing the retention of foster carers who find their task rewarding and fulfilling.
- 2.10 The Staying Put Project reflects the Government's determination to improve the experiences of children in care, to challenge the poor outcomes historically experienced by young people in care, and to reduce the gap between the quality of life of young people in the care of the local authority and those raised in supportive families.

3. G versus Southwark

- 3.1 G v Southwark is a significant judgement for all those working with young people who are homeless or at risk of homelessness. The ruling has implications on the support these young vulnerable people can expect and from whom. The implications of this are that 16/17 year olds who are accepted as homeless are to be treated as in care under section 20 of the Children Act.
- 3.2 Most of the young people who become children in care due to homelessness will be placed in temporary accommodation commissioned by housing services, supported lodgings, hostel or foyer accommodation as supported living options. These options will continue to be jointly commissioned by Children's Service, Supporting People arrangements and Housing services. Herefordshire endeavours to avoid the use of B&B as a temporary accommodation option for young people aged 16-17 and puts in alternative arrangements as well as promoting appropriate returns to home. Foster placements are sometimes an option in a small number of cases and generally short term pending suitable supported living.
- 3.3 Young people accommodated in supported living as children in care will have their rent and maintenance funded through children's service budgets and will become care leavers entitled to support to the age of 21, or 24 if in education until then. The judgement therefore has significant impact on the need for leaving care services over time. Experience locally and in other areas since the judgement suggests that some young people will opt to accept supported living options independently rather than as children in care, and will then be eligible for benefits rather than leaving care financial support. They will still require support from children's services as young people in need until the age of 18.



Meeting:	Health and wellbeing board
Meeting date:	28 March 2017
Title of report:	Health and wellbeing strategy update on priority two
Report by:	Assistant director, education and commissioning

Classification

Open

Key decision

This is not an executive decision.

Wards affected

Countywide

Purpose

To review progress against delivering the children and young people's plan and agree further actions to support its delivery

Recommendation(s)

THAT:

- (a) progress towards achievement of priority two of the Herefordshire Health and Wellbeing Strategy carried out through the children and young people's plan 2015 – 2018 be reviewed;
- (b) the board identify any further actions which further assist achievement of the objectives of the strategy; and
- (c) the board identifies what actions it can take to further promote a multi agency approach to delivering the priorities of the plan.

Alternative options

- 1 The board can consider whether additional or alternative actions would enhance the delivery of the children and young people's plan.

Reasons for recommendations

- 2 Herefordshire's health and wellbeing strategy contains a series of outcomes for

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Assistant Director, Education and Commissioning on Tel (01432) 260264

children and families, contained in priority two. The children and young people's plan has been established to deliver these outcomes and the health and wellbeing board is responsible for reviewing whether these are being achieved.

Key considerations

- 3 The Health and Wellbeing Strategy priorities for children and young people are:
 - Starting well with pregnancy, maternal health and smoking in pregnancy
 - Immunisation for 0-5 year olds, breastfeeding, dental health and pre-school checks
 - Children with disabilities
 - Young offenders
 - Young people not in education, employment or training
 - Looked after children
- 4 These contribute to the overall aim of giving children a great start in life and this aim underpins the wider objectives of the children and young people's plan.
- 5 The progress in delivering the children and young people's plan through 2016/17 is contained in appendix 1. There are some significant strengths in Herefordshire and some recent improvements including achieving top 25% performance in early years, from a position of being in the bottom 25% nationally, accelerated improvement in the number of pupils achieving a good level of development ahead of regional and national figures, the development and implementation of an emotional wellbeing programme for young people, a significant increase in the number of foster carers, reductions in the number of young people not in education, training and employment overall Herefordshire is now in line with national averages.
- 6 At the meeting on 28 March 2017 the board will be asked to consider what actions can add value to the ongoing focus in each priority area to drive improvement. It may be useful for example for the health and wellbeing board to actively consider how to strengthen the approach to improving oral health outcomes, the progress in the early help in Herefordshire and the further development of a 0-25 approach for children with special educational needs and/or disabilities, including the approach to paediatric therapy provision.
- 7 Information sharing is an important enabler so that different agencies and specialisms can work together effectively to support children and also to enable effective prevention and early help. At the same time there are clear data protection requirements which rightly place boundaries on what can or cannot be shared. A number of partners in the Children and Young People's Partnership have an agreed information sharing protocol in 2015 between the following partners.
 - Herefordshire Council
 - WVT
 - CCG
 - 2Gether
 - West Mercia Police
 - National Probation Service
 - Warwickshire and West Mercia Community Rehabilitation Company

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- Youth Offending Service
- Hoople

Examples of effective information sharing taking place include some individual case work as well as the troubled families programme, supporting the work and the payment by results claims. However, across partners and staff there are also examples of a lack of understanding on what can be shared.

- 8 It would be helpful if each agency represented at the Board review how their staff implement the protocol and the specific agreements beneath the protocol that are required to enable information sharing on a clear legal basis, this includes data sharing agreements.

Community impact

- 9 Key priorities for the people of Herefordshire's health and wellbeing are identified through the Health and Wellbeing Strategy. The children and young people's plan is the delivery plan for the children's priority in the strategy, enabling the Health and Wellbeing Board to have a specific focus on children and young people and the community impact of the plan for this group of Herefordshire's population. Addressing issues in childhood forms an important part of prevention and can reduce the reliance of intensive services later in life.

Equality duty

- 10 The work delivered through the children and young people's plan supports the council and other partners in their respective duties to promote equality by addressing protected characteristics, supporting access to universal services for those that have them and reducing inequalities between them and those that do not share the characteristics. There have been some good examples in 2016/17 of enhancing support and opportunities for social inclusion among those experiencing barriers to participation, including the development of support for emotional wellbeing and mental health which has included the establishment of a strong young minds approach in high schools, supporting pupils with emerging needs. The recommissioning of short breaks provision, including the emphasis on accessing universal opportunities is enabling young people with protected characteristics to have a wider choice and to be supported their development. It is also enabling families to lead a supported family life.

Financial implications

- 11 None arising from this report. If the board identifies actions that are not currently planned for then there may be financial implications to delivery which will need to be identified.

Legal implications

- 12 The Health and Social Care Act 2012 establishes Health and Wellbeing Boards as a forum where key leaders from Health and Social Care work together to improve the health and wellbeing of their local population. They have a statutory duty to produce a joint strategic needs assessment and a Joint Health and Wellbeing Strategy for their local population.

Further information on the subject of this report is available from
Assistant Director, Education and Commissioning on Tel (01432) 260264

- 13 This update on priority two should be shared with the Health and Wellbeing Board so that they may be satisfied that the strategy is being progressed effectively and appropriately.

Risk management

- 14 The delivery of the children and young people's plan is reviewed through Herefordshire's Children and Young People's Partnership. The steering group has met at least bi-monthly throughout 2016/17 to review actions and delivery across each of the priority areas. The Partnership Board has reviewed progress throughout the year by priority area and has paid particular attention to the development of the Early Help Strategy. The risks to children and their long term life outcomes have been highlighted in the development of the plan and there are continued challenges in a number of areas, as highlighted in Appendix 1, which the Partnership is actively working to address but there are opportunities for work across partners to have a greater effect.

Consultees

- 15 None for this report. Consultation takes place at an activity level and can involve a wide range of stakeholders.

Appendices

Appendix 1 – Presentation on the Children and Young People's Plan Update 2016/17

Background papers

- None identified.

Children and Young People's Plan 2015 - 2018



Herefordshire Children and Young People's Plan 2015 - 2018



OUR VISION FOR CHILDREN, YOUNG PEOPLE & FAMILIES

We want all children and young people in Herefordshire to have the best start in life and grow up healthy, happy and safe within supportive family environments.

- **Safeguarding** - part of our collective approach for children and family
- **Early help and prevention** – partnership approach, more than children's wellbeing directorate; key to long term shift in use of resources and improvements in outcomes

1

Early help

Improve the early identification and response to critical issues affecting children and young people's development



2

0 to 5 early years

Improve the health, wellbeing, developmental and educational outcomes of children aged 0 to 5 years



3

Mental health and emotional wellbeing

Improve how we identify and support children, young people and their families to access help and services



4

Children and young people in need of safeguarding

Improve how we identify and respond to safeguarding needs and risks



5

Addressing challenges for teenagers

Improve how we support young people's behavioural, emotional and social needs to ensure successful progression into adulthood



6

Children and young people with disabilities

Improve our range of services and education and learning opportunities



1

Early help

Improve the early identification and response to critical issues affecting children and young people's development



Key achievements:

- Early help strategy agreed by full Council and the children and young people's partnership
- 274 families benefiting from the families first / troubled families programme
- A whole partnership approach being established with other strands of the partnership's work
- Significant engagement of public and providers in early years around the early help approach

Ongoing focus:

- A clear shared understanding of what 'early help' means and the approach to be taken
- Build on current work across the partnership and supporting practitioners by developing family network meetings
- Systems for data capture and analysis to support work with children and families
- Tools, processes and training to enhance understanding barriers to development

2

0 to 5 early years

Improve the health, wellbeing, developmental and educational outcomes of children aged 0 to 5 years



Key achievements:

- In 2016, the percentage of pupils at the end of the early years foundation stage (EYFS) achieving a good level of development in Herefordshire was 71.7%, exceeding the England average of 69.3%. We are in the top quartile of all English local councils
- Great progress has been made in the percentage of pupils achieving a good level of development in Herefordshire. There has been an improvement of 11.8 percentage points from 2014 to 2016, which exceeds both the improvement seen at regional (8.7 percentage points) and national levels (8.9 percentage points)
- Herefordshire's children's centre services have undergone an intense period of improvement and re-design. Service delivery focuses on our most disadvantaged children and work is targeted around those most in need. Analysis and co-ordination of need within a community means interventions and support are delivered through outreach and closer partnership links with other providers and health ensure improved outcomes

Ongoing focus:

- To improve the oral health outcomes for children and young people and reduce oral health inequalities in Herefordshire
- Tooth decay is the most common oral disease affecting children and young people in England, yet is largely preventable. Poor oral health can affect children and young people's ability to sleep, eat, speak, play and socialise with other children. Other impacts include pain, infections, poor diet and impaired nutrition and growth. In Herefordshire, we need to improve the oral health of our 0 to 5 year olds to ensure the best possible start in life
- Further development of children centre services, health visitors work and wider health and wellbeing community support

3

Mental health and emotional wellbeing Improve how we identify and support children, young people and their families to access help and services



Key achievements:

- A review into special educational needs and disabilities by the CQC and Ofsted in September 2016 acknowledged the low waiting times and flexible provision by CAMHS
- A new emotional wellbeing programme of work led by CLD Trust, which supports young people before mental health develops, including information, resources, workshops and individual support. The Strong Young Minds programme has opened up access in schools and community settings to reach young people earlier, with the learning informing our approach to early intervention and children and young people engagement
- Healthwatch hosted a 'Question Time' style event at Hereford Sixth Form College in June 2016, which focussed on mental health services, people's changing attitudes and priorities. 86% of attendees voted that their understanding of mental health was better following the event
- The level and breadth of engagement by children, young people, their families, local organisations and communities has been developing since 2014, including the development of the young people wellbeing ambassadors, who led on a countywide conference in October 2015. They're championing a wider conversation about mental health awareness and what children and young people need as part of the transformation plan throughout schools, colleges and events

Ongoing focus:

- The group has a number of task and finish groups such as workforce development, a toolkit for schools, CYP-IAPT and young people in a mental health crisis. We warmly invite people and organisations to participate
- We are making changes to the accessibility of urgent mental health assessments, moving towards seven days a week. This will help children that present at A&E in mental health distress
- The partnership is designing multi-agency pathways, such as infant attachment, so services wraparound a child, young person and family to provide co-ordinated care

4

Children and young people in need of safeguarding

Improve how we identify and respond to safeguarding needs and risks



Key achievements:

- Improved response to child sexual exploitation (CSE) across the county. 92 young people have been identified as being at risk of CSE over the past year, however 52 are now deemed to be no longer at risk and 26 remain at high risk
- An increase in the number of foster carers recruited by the council. An overall net increase of 15, which bucks the regional trend
- We have fewer children at risk of significant harm in Herefordshire. There were 288 at risk a year ago, now it's reduced to 114
- An improved 16 plus team which effectively supports young people as they transition into adulthood. We now have 145 young people supported by the team

Ongoing focus:

- We will develop a wider range of accommodation for older looked after young people and care leavers
- We will increase the self-confidence of our staff through the introduction of a three year staff development programme

5

Addressing challenges for teenagers

Improve how we support young people's behavioural, emotional and social needs to ensure successful progression into adulthood



Key achievements:

- A reduction in young people not in education, employment or training (NEET). We have reduced our annual NEET figure by 1.7% to bring us more in line with national averages
- Sustained work around reducing first time entrants into the criminal justice system, with the Herefordshire figure falling significantly since 2012
- A reduction in exclusions, with both fixed term and permanent exclusions performing better than the England and statistical neighbour average. Fixed term exclusions in Herefordshire are at 4.99% in comparison to the England average of 5.99% and our statistical neighbour average of 7.51%

Ongoing focus:

- Restorative justice within the criminal justice system has been embedded and is becoming standard practice. Across Herefordshire, we want to see lessons learned taken out into a wider context and utilised in schools, residential placements and community groups. This will be a multi-agency approach led by the early help and adolescents with challenges groups
- The accommodation strategy is gathering pace and the adolescents with challenges group is working in partnership with social care and housing services to ensure it meets the needs of our vulnerable young people

6

Children and young people with disabilities

Improve our range of services and education and learning opportunities



Key achievements:

Education, health and care (EHC) plans...

- More than 90% of EHC plans are now being delivered within the timescales and all parents and carers are being offered a range of co-production options
- We're on track to deliver all conversions of statements to EHC plans by April 2018
- Parent quote: "Fantastic SEN support, genuine co-production and person centred. Very pleased with (our) EHC plan"

Short breaks...

- The short break offer has been significantly re-modelled following an extensive consultation exercise with children, families and service providers, with an improved offer now available
- Parent quote: "I didn't think the council could do it, but you proved me wrong" (in relation to the growing short breaks sleepover service delivered by the council's fostering team, which has five carer households providing 250 nights a year for six disabled children)

Post 16...

- We have an improved offer with 14 young people with significant learning difficulties opting for the New Horizons local provision. We've also introduced the first supported internships and have six young people enrolled (four at Wessington Court Farm and two at Hoople)
- Parent quote: "My son loves the college and I think without it, he would not be the lovely man he is today. Thank you to everyone"
- Student quote (when asked what he enjoyed): "Everything. It's good and it's been fun"

Special educational needs and / or disabilities (SEND) inspection...

- We had an overall positive inspection of arrangements for children with SEND in Herefordshire
- SEND inspection letter quote (December 2016): "Leaders have a strong sense of purpose and aspiration to improve outcomes for children and young people who have SEND, meaning that partners are taking increasingly effective action"

Ongoing focus:

- Ensure all agencies actively embrace the SEND reforms themselves, including their responsibility to provide accurate information into the education, health and care planning process
- Develop the integrated pathway for disability to provide a 'tell it once approach' by offering families the opportunity of having a link worker
- Improve the local offer and other tools for getting the right information to families, when they want it
- Extend the range of options at post 16 for young people with SEND, so they are confident in their preparations for adulthood
- Thoroughly review the suitability of the community health services for children with SEND to support re-commissioning



Meeting:	Health and wellbeing board
Meeting date:	28 March 2017
Title of report:	Corporate delivery plan 2017/18
Report by:	Directorate services team leader

Classification

Open

Key decision

This is not an executive decision.

Wards affected

Countywide

Purpose

To review whether the commissioning plans and arrangements for the NHS, public health and social care are in line with and have given due regard to the health and wellbeing strategy.

Recommendation(s)

THAT:

- (a) **the board reviews the council's draft corporate delivery plan (at appendix a) and, subject to any recommendations to improve alignment with health and wellbeing priorities or to improve integrated working between the council and health commissioners, confirm to cabinet that the plan is in line with the priorities of the health and wellbeing strategy.**

Alternative options

- 1 The board may recommend amendments to the proposals, but in doing so regard must be made to ensuring any changes continue to demonstrate how the corporate plan is to be implemented and that the proposals can be delivered within the agreed budget.

Reasons for recommendations

- 2 The board is asked to consider the draft corporate delivery plan and how it aligns with the health and wellbeing strategy, to provide assurance that there is a joint use of

Further information on the subject of this report is available from
Steve Hodges, directorate services team leader on Tel (01432) 260695

resources and effort in delivering the priorities where they align.

Key considerations

- 3 The corporate delivery plan 2017/18 is attached at appendix A. It is aligned to the four corporate priorities agreed in the [corporate plan 2016-2020](#) that direct and underpin everything that we do: enable residents to live safe, healthy and independent lives; keep children and young people safe and give them a great start in life; support the growth of our economy; and secure better services, quality of life and value for money. It will remain a live document and will continue to evolve throughout the year.
- 4 The plan is a key document in helping us ensure that the council has a co-ordinated approach across all directorates to delivering these four key priorities and supporting some of the most vulnerable people in our society. For example, working together across the whole organisation to collectively improve outcomes for our vulnerable adults, children and young people.
- 5 Targets are being established for a number of measures in the corporate delivery plan to support performance monitoring; some of which rely on the availability of year-end outturns to better inform the target setting process.

Community impact

- 6 The corporate delivery plan 2017/18 demonstrates how the council intends to achieve its vision for the people of Herefordshire, and continues to draw from the evidence base available through Understanding Herefordshire.

Equality duty

- 7 The Public Sector Equality Duty (PSED) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.
- 8 Increasing equality of opportunity and access, and reducing inequalities, underpin the corporate plan, and consequently the corporate delivery plan. Individual elements of activity within the corporate delivery plan will undergo equality impact assessments as an integral part of their planning and implementation.

Financial implications

- 9 There are no direct implications arising from this report. Proposals within the corporate delivery plan 2017/18 will be delivered within the budget agreed by Council on 3 February 2017, and include activities to deliver the savings required for a balanced budget.

Legal implications

- 10 There are no legal implications arising directly from the recommendations of this report. In relation to the plan attached, the health and wellbeing board is responsible for:
 - reviewing whether the commissioning plans for public health and social care are in line with and have given due regard to the health and wellbeing strategy; and

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- reporting formally to the council's executive if commissioning plans affecting Herefordshire have not had adequate regard to the health and wellbeing strategy.

Risk management

- 11 The corporate plan and its delivery plan are integral elements of the council's [performance, risk and opportunity management framework](#) (PROM). Risks associated with each objective and project are entered onto the relevant service or directorate risk register and escalated as appropriate. The corporate risk register is a living document and is reviewed monthly by management board and cabinet.

Consultees

- 12 The views of residents and the community were captured as part of the priorities and budget consultation which ran throughout the summer of 2015, and were used to confirm the priorities; and the results of the budget consultation 2016 helped inform consideration of the projects required to meet priorities during the coming year.

Appendices

Appendix A –corporate delivery plan 2017/18

Background papers

- None identified.

Corporate Delivery Plan 2017/18

Enable residents to live safe, healthy and independent lives		
Objective	1	Improve the provision of good information and signposting to enable people to support themselves and each other, getting the right help at the right time as needs change
	2	Build supportive relationships and resilient communities, acting as a catalyst for communities to become stronger
	3	Build services that help people get back on track after setback or illness and support disabled people to be independent, including through ensuring the provision of good quality housing
	4	Ensure that care and support is personalised, of good quality, that it addresses mental, physical, and other forms of wellbeing and is better joined-up around individual needs and those of their carers
	5	Work with the community to devolve services and assets where quality can be improved through local delivery
	6	Combine the use of facilities to create a network of Health and Wellbeing hubs, shaped by and serving local communities
	7	Ensure safe and secure neighbourhood environments, with attractive, safe surroundings, and good quality local amenities which enable people to enjoy life where they live
	8	Help create a strong sense of community where people feel they belong and have the confidence to get involved
<p>For 2017/18 we will:</p> <ul style="list-style-type: none"> • Further develop the Wellbeing Information and Signposting for Herefordshire (WISH) website to offer a broad range of local wellbeing support and care options to help people find activities and services in their area. Enhancements to the current online service to include greater search functionality, newsfeed and an easier registration process for providers • Facilitate closer networking between the information and advice services provided by the council and various local voluntary sector bodies in order to maximise the effectiveness and coherence of the offer and reduce duplication and hand-offs between organisations • Develop a sustainable network of organisations across the county that are able to promote key public health messages and offer behaviour change support to the wider community, including children, young people and families. This will include four levels of support, ranging from information and advice to 1-2-1 support. Develop a framework of guidance and resources to support the organisations involved in the network, with the aim of this becoming self-sustaining in due course¹ • Further develop the Healthy Lifestyle Trainers Service to provide information and motivation for behavioural change to individuals and communities to improve their health and wellbeing² • Work in partnership with the Clinical Commissioning Group (CCG) to fully implement the Healthier You Diabetes Prevention Programme² • Increase uptake of NHS Health Checks for early detection of risk factors for 		

Delivery of the Adults Wellbeing Plan 2017-2020

¹ Public Health grant funded

² Public Health grant funded, nationally mandated

<p>cardiovascular disease by providing information and signposting to reduce avoidable risks²</p> <ul style="list-style-type: none"> • Improve the accessibility of information and the ability to transact easily with the council via the web by further developing the council's website; and support people to connect to the web by extending the broadband network across the county and providing training on digital use • Build stronger links between statutory services and voluntary and community services by effective community mapping to understand the support and resources available in local communities and identify areas for further development of capacity by the community • Implement a new role within adult social care that develops creative support and care plans by incorporating local community resources and blends with formal care provision if required (built on a strengths based assessment) • Reduce fuel poverty through energy efficiency projects • Promote community cohesion in Herefordshire supporting the Prevent Strategy and Community Safety Strategy implementation • Support volunteering, recognising its role in the local economy and in strengthening communities • Establish closer links with a range of community organisations to support the operations of facilities for children and co-ordination of the health and wellbeing offer to families² • Deliver Strengths Based Assessment Training for all social work assessments, ensuring the focus is on what people can do for themselves • Recommission our home care services to support people to regain independence • Maximise use of Disabled Facilities Grants (DFGs) to ensure people are able to remain at home through adaptations and home improvements • Implement our assistive technology programme to support people with learning disabilities to live in the community rather than in residential care following successful award of housing bid • Develop a new carers strategy, in partnership with carers and their advocates, and start to implement its priority actions • Redesign adult social care short term care pathway using a strengths based model of practice, a new care planning function and improved systems and processes to improve outcomes • For the adult population as a whole, deliver a wide range of public health campaigns and services, examples include substance misuse service, sexual health services, stop smoking service and annual flu vaccinations² • Work with health partners to ensure services are joined up effectively and maximise the use of resources • Maintain the quality of residential and nursing care as being amongst the best in the country by embedding a quality assurance framework as part of the contract management process • Increase uptake of NHS Health Checks for early detection of risk factors for cardiovascular disease and thereby provide information and signposting to reduce avoidable risks² • Focus engagement with parish councils on increasing local capacity to preserve and manage locally important services/assets and promote best practice to meet community needs, completing next phase transfers of assets and services to town and parish councils and community groups 	
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<ul style="list-style-type: none"> • Reach additional premise with the fibre network and support businesses and residents to overcome barriers to going on-line, by delivering Fastershire phase 2 • Utilise local activities to increase levels of physical activity (ActiveHere)² • Influence the development of appropriate housing through linking the needs of vulnerable people and housing development • Deliver the Local Transport Plan (LTP) Programme, providing an enhanced, accessible, safe and integrated transport network supporting economic growth • Work with partners, including the Police, through the Herefordshire Community Safety Partnership to reduce crime and anti-social behaviour • Support market towns and rural communities to identify local priorities for delivery within and through the Invest Herefordshire Economic Vision • Project development support to maximise funding for projects in the county • Enable members of the public to report faults and defects via the web in an easy to use way (be our 'eyes and ears') 		
How will we measure progress?		
<i>Relevant objective</i>	<i>Measure</i>	<i>Target</i>
1	Increase the take up of the NHS Health Check programme	60%
2	% of residents who volunteer	
2	% of households fuel poor in Herefordshire (annual in arrears, 2 year lag)	
3	Reduce the rate of younger adults needing permanent placements in residential and nursing care homes (aged 18-64)	
3	Reduce the rate of older people needing permanent placements in residential and nursing care homes (aged 65+)	
3	Reduce the rate of delayed transfers of care from hospital which are attributable to adult social care	
3	Increase the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation services	
3	Increase the number of affordable housing units delivered	
3	Reduce the number of households in temporary accommodation	
4	Improve the overall satisfaction of people who use services with their care and support	
4	Maintain, and seek to improve still further, the quality of life for people with care and support needs	19.6
4	Increase the proportion of people using social care services who receive a direct payment	45%
4	Improve the proportion of cases where a social care service is delivered within 28 days of referral	80%
4	Increase the proportion of clients in receipt of long term social care that are reviewed	80%
5 & 8	No. of assets and services transferred	
6	No. of health and wellbeing networks	
7	Maintain the proportion of completed safeguarding enquiries where the clients' safeguarding outcomes are met	80%
7	Reduce anti-social behaviour	<6,558

7	Increase the proportion of hate crime incidents that are reported	>78
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Keep children and young people safe and give them a great start in life		
Objective	1	Provide early help to 600 families to help them to improve education, health and employment outcomes
	2	Reconfigure £3.5 million to deliver early years services including children centre services, health visiting and school nursing to improve the health, well-being, developmental and educational outcomes of children aged 0-5 years
	3	Make improvements so that the estimated 8,620 children and young people that require support with their mental health or emotional resilience are identified and supported to access help in a timely manner
	4	Continue to develop a range of provision that can effectively identify and respond to safeguarding risks and needs; from the initial signs of the call for early help to a range of evidence-based interventions for a variety of complex situations
	5	Develop better evidence based approaches to support young people in adolescence to ensure a more successful transition to adulthood
	6	Promote and enable access to universal opportunities and services for children with disabilities and their families and ensure a range of provision to meet identified need
	7	Champion the attainment of all children and diminish the difference for vulnerable groups, particularly for children and young people who are eligible for free school meals
<p>For 2017/18 we will:</p> <ul style="list-style-type: none"> • Develop and deliver the Early Help Action Plan with partners to deliver the Early Help Strategy and reduce the reliance on high threshold services • Continue to implement the Integrated Early Years strategy • Review facilities for early years to maximise their use and stronger community involvement • Establish a development programme for early years, including re-commissioning and decommissioning of services that has a revised service offer in place from April 2018 • Improve healthy eating / physical activity / weight management / oral health in the first year of birth. At age 2-3, reception year at school and years 6 and 9 – develop a comprehensive and structured approach to support early years settings, schools and families² • Align services and stimulate the market, including raising awareness of mental health issues as part of the council's contribution to the development of an all age mental health pathway for Herefordshire • Deliver mental health training and support for tiers 1 and 2 for frontline staff working with children and young people • Ensure robust pathways in place for maternal and perinatal mental health • Review the effectiveness of the Herefordshire Intensive Support Programme • Implement and review the effectiveness of the revised Multi Agency Safeguarding Hub (MASH) • Herefordshire Safeguarding Children Board (HSCB) to ensure that all professionals understand their Threshold of Need Guidance • Ensure that child protection decisions are informed by evidence of impact upon the child through revised case conference guidance 		
		Delivery of Herefordshire Council's contribution to the Herefordshire Children and Young People's Plan 2015-2018

<ul style="list-style-type: none"> • Implement the Threshold of Care Panel process to ensure that children become looked after only when it is in their best interests to be so • Embed the Single Social Work Assessment across social work teams • Review the 'step down' process for children who will be supported outside of children's social care • Improve the reliability of data to identify young people who are 'not known' • Increase the numbers in education, training or employment (ETE) • Assess the second year impact of pilot projects to ensure young people are engaged in education and training post 16 years of age and develop a sustainable model for September 2017 onwards • Develop a wider range of accommodation options for young people • Develop a family-held information tool to facilitate improved sharing of information between families and practitioners and young people and supports the 'tell us once' approach • Improve the quality, range and usage of information held of children and young people with special educational needs and disabilities (SEND) as part of the 'Local Offer' • Develop a model of link working to help families navigate the multi-disciplinary systems and processes associated with disability • Review current gaps in post-16 educational provision for young people with learning difficulties and develop proposals to address these gaps • Challenge and support schools and settings, through work with leading head teachers on the Herefordshire School Improvement Partnership, to achieve top quartile results for their pupils • Hold schools and settings accountable for the attainment and progress of pupils who are entitled to free school meals (FSM) or those that have been eligible for FSM in the last six years (Ever 6) supported by the pupil premium through the council's learning and achievement team's risk assessment and forward target-setting processes • Support more children with reading through a campaign in libraries to support their reading and learning 		
How will we measure progress?		
<i>Relevant objective</i>	<i>Measure</i>	<i>Target</i>
1	Reduce the attainment gap at age 16 between free school meal pupils and their peers	
1 & 5	Increase the proportion of pupils attending a school and or setting that is good or outstanding	
1 & 5	Herefordshire Children are at or above the national comparative indicator of attainment and progress at 16	
2	Improve education outcomes at age 5	
2 & 3	Improve health outcomes at age 5	
3 & 4	Reduce the number of children being referred to children's social care for a service	
5	Decrease the number of children requiring accommodation help from the local authority	
5	Increase the number of 17 and 18 year olds sustaining a place in education, training or employment including apprenticeships	

4	Care proceedings completed within 26 weeks	100%
6	Number of children that take part in summer reading challenges	

Support the growth of our economy		
Objective	1	Support economic growth and connectivity (including broadband, local infrastructure, transport and economic development)
	2	Finalise and implement plans that strengthen and diversify the economy of Herefordshire
	3	Make the best use of existing land and identify new opportunities to enable existing businesses to stay and expand, and for new businesses to locate to the area
	4	Make Herefordshire more attractive to younger age groups for a more balanced age profile, improving local access to skills training so that everyone can benefit from economic prosperity
	5	Continue to work with further and higher education and we will support the development of a new university for Hereford, identifying buildings for teaching and student accommodation
	6	Have good quality housing to meet everyone's needs
	7	Support the improvement in quality of our natural and built environment, bringing about quality development to enable sustainable growth, addressing the need for better business space, affordable homes and student accommodation across the county
	8	Improve the county's energy efficiency and reduce the carbon footprint
	9	Ensure that the infrastructure is in place to prevent and improve community resilience to flooding
	10	Continue to work with the Local Enterprise Partnership (LEP) and government with a focus on: employment creation and business support; skills; health transformation; transport; broadband; property and finance; and governance
	11	Have vibrant town centres with shops, restaurants and leisure facilities that keep people spending locally
For 2017/18 we will:		
<ul style="list-style-type: none"> • Launch the Invest Herefordshire Economic Vision and engage with key stakeholders and partners across the county and commence working on delivery of shared priorities • Deliver the Public Realm annual plan 2017/18 • Bring forward the re-supply of car parking for Hereford City, including developing detailed proposals for a multi-storey car park • Develop the South Wye Transport Package: Southern Link Road and associated active travel measures • Develop the Hereford Transport Package: Hereford Bypass and Active Travel measures • Develop the Hereford City Centre Transport Package: City Link Road and Public Realm Improvements (including the Transport Hub) • Deliver the Hereford City Centre improvements: High Town refurbishments; St Owen Street contraflow; on-street parking charges; and residents parking • Deliver the LTP Programme, providing an enhanced, accessible, safe and integrated transport network supporting economic growth • Assist county businesses to secure growth funding and obtain specialist business advice • Implement the Enterprise Zone delivery plan, including progressing the planned delivery of the shell store incubation centre • Achieve full profiled spend on Growth Deal projects 		

- Progress feasibility study and infrastructure funding applications to enable delivery of the Model Farm employment site
- Develop the infrastructure and use of existing facilities and open spaces to increase levels of physical activity
- Support work place health through the Health and Wellbeing Network Model
- Secure funding for small and medium-sized enterprises (SME) from the EU Programme and other external grants
- Run a series of training, seminars and one to one advice sessions for businesses of making the most of the fast broadband speeds (Fasterbusiness)
- Continue the development of neighbourhood plans and publish the draft Hereford Area Plan for public consultation
- Deliver the agreed LEADER programme
- Support developer in securing funding support for the Leominster Link Road
- Deliver the Corporate Property Strategy
- Continue to improve and enhance the county's retail and leisure offer
- Support the proposed New Model in Technology & Engineering (NMITE) University
- Appoint the development partner through which council owned land will be developed for new mixed-tenure housing, and support Construction Industry Training Board (CITB) skills training/delivery through the development of the development partnership project
- Influence the development of appropriate housing through linking the needs of vulnerable people and housing development
- Progress the Minerals and Waste Local Plan to public consultation
- Progress the Travellers Sites Development Plan to public consultation
- Develop the Rural Areas Site Allocation development plan documents
- Deliver the Access Fund behavioural change campaign
- Following the appointment of the development partner, commence delivery of new homes including accommodation for students in Higher Education
- Reduce fuel poverty through energy efficiency project
- Continue to implement energy efficiency initiatives in order to reduce cost and energy usage
- Continue to work with our communities and partners to minimise the impacts of flooding, and deliver the drainage works identified in the LTP
- Ensure preparedness to respond to government policy on devolution and combined authorities
- Support the City of Culture bid
- Progress the development of the fire damaged buildings at 16-18 High Town
- In addition to supporting rural parishes we will continue to support market town councils in developing their neighbourhood plans, including potential approaches to delivering improvements to the local economy and town centres
- Promote the Black and White House museum as a major visitor attraction for the city, introducing new displays and marketing
- Support the sustainability of libraries through working closely with community organisations, establishing community libraries, multi-use of sites for functions and services, encouraging users to use self-service option and generating additional income

How will we measure progress?		
<i>Relevant objective</i>	<i>Measure</i>	<i>Target</i>
1 & 3	No of business start-ups still operating after 24 months	
1 & 3	LEADER: creating jobs and supporting small and micro businesses	100% spend against profile
1 & 3	Increase the % of working age population in employment	
1, 3, 5 & 11	Higher median workplace based earnings with a reduced gap between Herefordshire and the West Midlands; and a higher overall employment rate	
3	Number of businesses supported by Fastershire	
2	Minimise the number of people killed or seriously injured in road traffic collisions (3 year average)	75
2	Condition of Principal; Non-Principal Roads (B/C roads); and Unclassified Roads	
2	Increase levels of cycling	
2	Improve bus punctuality	90%
2	Improve average journey time for multiple routes across the urban area in the morning weekday peak period	19 minutes
2	% of county premises with access to Next Generation Access (NGA) broadband	87%
3	Supply of ready to develop housing sites	
7 & 8	Delivery of strategic housing sites across the county, in accordance with the Core Strategy	25%
3	Reduce anti-social behaviour	<6,558
3 & 7	Net additional homes provided	850
3, 8 & 11	Investment achieved through the EU, Government and other funding programmes	
4	Improve processing rates for planning applications: Major Minor Other	60% 65% 65%
4	Increase the proportion of appeal decisions that are dismissed	65%
5 & 6	Reduce the number of 16-19 year olds not in education, employment or training	
8	Reduce the amount of Residual Household Waste per Household per year	<540kg
8	Increase the % of household waste that has been recovered for recycling and reuse	41%
8	Reduce energy consumption and CO2 emissions from Herefordshire Council's operations	34%

Secure better services, quality of life and value for money		
Objective	1	Secure the highest possible levels of efficiency savings and value for money to maximise investment in front-line services and minimise council tax increases
	2	Ensure our essential assets, including schools, other buildings, roads and ICT, are in the right condition for the long- term, cost-effective delivery of services
	3	Review management of our assets in order to generate on-going revenue savings, focusing on reducing the cost of ownership of the operational property estate by rationalising the estate and by improving the quality of the buildings that are retained
	4	Apply appropriate regulatory controls
	5	Design services and policies that support positive engagement and interaction with residents, including the use of information technology, to improve customer experience and ability to access a range of services on-line
	6	Further improve commissioning and procurement to deliver greater revenue efficiencies and savings
	7	Recruit, retain and motivate high quality staff, ensuring that they are trained and developed so as to maximise their ability and performance
	8	Be open, transparent and accountable about our performance
	9	Work in partnership to make better use of resources, including sharing premise costs through co- location of services and local solutions for community used facilities such as libraries
<p>For 2017/18 we will:</p> <ul style="list-style-type: none"> • Manage our finances effectively to secure value for money and deliver a balanced budget • Deliver agreed savings plans • Deliver the Public Realm annual plan 2017/18 • Deliver the capital programme works: integrated transport; bridges; safety and maintenance • Deliver the Schools Capital Investment Strategy to guide investment and provide high quality learning environments for pupils through Real Planning events. These will establish a programme of change and investment, focussing on the priority areas of the strategy, and in particular: the Golden Valley; Ledbury (Colwall School); South Wye (Marlbrook School); and special school provision • Enable more archives to be digitally catalogued to support easy access material • Work with partners to procure and deploy a new wide area network to connect Herefordshire organisations and locations, which may extend to include the NHS network; reviewing and refreshing the provision of Wi-Fi in our corporate buildings • Roll out the programme of replacing ICT assets which are obsolete or have reached the end of their useful life, including the replacement of the network switches which run our wide area network and connect council buildings across the county • Approve the Health Safety Wellbeing and Equality Plan • Deliver a programme of property investment • Complete sale of the smallholdings estate by October • Review facilities for early years to maximise their use and stronger community involvement • Co-locate Hereford customer services with Job Centre Plus 		

- Work with partners to make best use of public sector land assets
- Draft revisions of outstanding sections of the constitution for adoption by Council in May and develop and implement a programme of communication and training to ensure that employees, elected members, partners and the public are aware of their respective rights and responsibilities as set out in the constitution
- Ensure a successful outcome for the council in any litigation claims that it faces
- Continue delivering the communications strategy to improve engagement and communication with communities and interested parties
- Further improve the council's website to build on the development in 2016/17 to access more services on-line in an easily to use way
- Operate the Black and White House as a key visitor attraction for Hereford and develop the market town libraries in offering different opportunities for visitors, such as health and well-being services
- Implement a new commissioning strategy, and carry out robust contract management to achieve value for money, and undertake procurement activity in line with best practice and legal requirements to secure best value
- Improve organisational effectiveness through our people by: improving staff induction processes; delivering a wellbeing strategy; improving staff engagement
- Assess workforce development needs and design a new training offer which makes the best possible use of apprenticeships and the apprenticeship levy
- Provide quarterly performance and budget reports to Cabinet
- Implement the Annual Governance Statement action plan
- Continue to develop our key public estate sites
- Lead the 'One Herefordshire' public sector reform
- Undertake a series of community governance reviews working with parishes and considering local issues

How will we measure progress?

<i>Relevant objective</i>	<i>Measure</i>	<i>Target</i>
1	Increase the number of new council tax registrations	
1	Improved collection rates for Council Tax and Business Rates	
1	Net new business rates achieved	
1	Improve the processing of housing benefit claims	
4	Spend within the council's overall budget	Balanced budget
4	Achieve £6.85 million savings in 2017/18	
4 & 7	Mandatory training compliance for all eligible staff	
4 & 8	Compliance with the Information Governance (IG) Toolkit	
5 & 9	Visits to the council's website	
7	Reduce absence (sickness rates)	
7	Improvement in employee engagement index (measured through staff survey)	



Meeting:	Health and wellbeing board
Meeting date:	28 March 2017
Title of report:	Integration: Sustainability and transformation plan (STP) delivery plan
Report by:	Director of transformation for One Herefordshire; and Director for adults and wellbeing

Classification

Open

Key decision

This is not an executive decision.

Wards affected

Countywide

Purpose

To provide an update on joint working across the Herefordshire health and wellbeing system

Recommendation(s)

That the board:

- a) consider whether the STP and One Herefordshire work is consistent with the Health & Wellbeing Strategy;
- b) make recommendations as to how the STP and One Herefordshire might be made to better align with the goals in the Health and Wellbeing Strategy; and
- c) determines how it would wish to be involved in the STP and One Herefordshire processes going forward.

Alternative options

1. There are no alternative options. The STP is mandated by NHS England, so all the NHS organisations in Herefordshire (and Worcestershire) are required to be actively involved.

Further information on the subject of this report is available from
Dr Alison Talbot-Smith on Tel (01432) 260618

Reasons for recommendations

2. The recommendations enable the board to fulfil its role to:
 - a) Review whether the commissioning plans and arrangements for the NHS, public health and social care (including better Care Fund submissions) are in line with and have given due regard to the health and wellbeing strategy; and
 - b) Report formally to the council's executive, the Herefordshire Clinical Commissioning Group, and the NHS Commissioning Board if commissioning plans affecting Herefordshire have not had adequate regard to the health and wellbeing strategy.

Key considerations

3. The Herefordshire and Worcestershire draft STP submission has previously been presented to the Health and Wellbeing Board. These were fed into the drafting process and influenced the revision of the document.
4. It was submitted to NHS England (NHSE) in October 2016 and published in November 2016. A period of STP wide public engagement on the plan and the high level themes within it took place between December 2016 and February 2017.
5. The findings of the public engagement are not available at the time of writing, but will be considered by the STP partnership board and used to update the plan in April 2017, alongside any further NHSE guidance.
6. The updated plan will be presented to a simultaneous meeting of the Herefordshire and Worcestershire health and wellbeing boards in May, and considered by the health scrutiny committees in each county to a similar timescale.
7. CCG governing bodies across Herefordshire and Worcestershire will reconsider the refreshed plans in public sessions in May 2017.
8. The One Herefordshire Transformation Programme is the delivery vehicle for the STP in Herefordshire.
9. In the context of a national drive towards integration it is based upon partnership working across the Local Authority (LA), Clinical Commissioning Group (CCG), Wye Valley NHS Trust (WVT), 2gether NHS Foundation Trust (Mental Health) and Taurus GP Federation.
10. One Herefordshire has developed a "Design Logic Model" that articulates its key aims and intended outcomes, and the underpinning work programs and activities to deliver them. This was developed within the context of the Herefordshire Health and Wellbeing Strategy.
11. It has also developed and implemented a delivery structure across the partner organizations:
 - a. From a system perspective the initial current focus is on developing Out of Hospital Care to provide coordinated joined up services that maximize independence in partnership with patients, the public and the voluntary and community sector (VCS). This is being developed and delivered by the Integrated Care Alliance Provider Board, chaired by the Director for adults and wellbeing.
 - b. From a commissioner perspective the LA and CCG already have an integrated strategy in the form of the Children and Young Peoples Plan,

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supported by a joint commissioning post across the two organizations. We are developing a similar approach for adult health and social care services, which will act as the strategic context for, and be underpinned by, the Better Care Fund (BCF).

12. It should be noted that stakeholder, patient and public engagement remain at the heart of the One Herefordshire approach, to ensure that co-production is embedded within our transformation programme. This includes two separate engagement/consultation activities within Herefordshire:
 - a. A formal public consultation on [7 day primary care services and the Walk-In-Centre](#) - already commenced, and which will end on 24 April 2017.
 - b. A public engagement process on adult community services – to take place in Spring/Summer 2017.
13. We have also started discussions with the VCS to develop our approach to embedding them within this work.
14. Development of the One Herefordshire programme will remain an iterative process to ensure our transformation agenda continues to evolve, rather than being fixed at a single point in time. This will include a review and refresh following a recent One Herefordshire “summit” hosted by the NHS Commissioners Confederation and the Local Government Association on the 3rd March.
15. The revised 5 Year Forward View (5YFV) Delivery Plan is also due shortly, and is expected to set out a clearer direction for the STP and the NHS approach to commissioning and delivery.

Community impact

16. The STP and the One Herefordshire Transformation Program seek to optimize the impact of public sector resources in order to improve the outcomes for Herefordshire residents.

Equality duty

17. Reducing inequalities is a specific aim of the One Herefordshire Transformation programme, and is included within the Design Logic Model.

Financial implications

18. There are challenging financial savings targets across both commissioners and providers within Herefordshire. The STP and the One Herefordshire Transformation Program seek to identify where we can use our resources collectively more efficiently to improve outcomes, improve productivity, and/or reduce costs.

Legal implications

19. None arising from the recommendations – all the organisations are participating in the STP and One Herefordshire within the bounds of their statutory accountabilities.

Risk management

20. Not applicable at this point – any decisions regarding the development of collective risk

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management will require consideration through the usual governance process of each organisation.

Consultees

21. Not applicable at this point – but consultees for the STP and One Herefordshire approaches include each organisation, Cabinet, GP Parliament, health scrutiny committees, Healthwatch, patients and the public.
22. A presentation was made to the health and social care overview and scrutiny committee in December 2017 regarding the 7 day primary care and walk-in centre consultation. The committee has not yet received a formal update on this.

Appendices

Appendix 1 - presentation

Background papers

None identified.

Herefordshire Health and Wellbeing Board

Integration and the STP Delivery Plan

An update on joint working across the
Herefordshire Health and Wellbeing system

28th March 2017

Herefordshire and Worcestershire STP

A five year plan to provide safe, effective and sustainable care in our area

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Herefordshire and Worcestershire STP – Key Milestones

- Draft Plan Submitted to NHSE: October 2016
- Draft Plan Published: November 2016
- STP Wide Public Engagement: December – February 2017
- Plan “Refreshed”: March/April 2017
 - Feedback from engagement – content TBC
 - Urgent care (Worcestershire focus)
 - Financial model post NHS 2017-19 contract round
 - Community services resource modelling

Herefordshire and Worcestershire STP – Key Milestones

- Updated plan:
 - To simultaneous HWBB meetings May 2017
 - To Health Scrutiny Committees
- GB's Reconsider for Sign-Off: May 2017 (June 2017 Worcs)
- “Delivery” Commenced:
 - CCG 2017 Operational Plans
 - Engagements and consultations on specific themes
 - All service changes via appropriate local governance route
- One Herefordshire as the delivery mechanism



One Herefordshire Transformation Programme

One Herefordshire: Logic Model

LOGIC MODEL

A

Our CONTEXT

Herefordshire is a very rural county. Its 188,100 residents are spread over a large geographical area, making it the 4th most dispersed population in England and increasing the delivery costs of services. It has a relatively high proportion of people aged over 65 years that is growing faster (in both relative and absolute terms) than the national average. With people living longer the demand for health and care services is growing, with rurality making it difficult to attract and retain a suitably skilled workforce. This combination of higher delivery cost, greater demand, and workforce constraints impacts significantly on the clinical and financial sustainability of services. The One Herefordshire Transformation Programme describes our collective vision to address these challenges and deliver the aims of our Health and Well Being Strategy, so that Herefordshire residents are resilient, lead fulfilling lives, are emotionally and physically healthy, and feel safe and secure. We will work in ways that create the capacity, capability and culture to deliver joined up care, and promote prevention and self-management. With individuals and communities taking responsibility for their own Health and Wellbeing we will constrain demand for health and social care to levels that we can meet through sustainable, high quality and aligned services.

B

With these INPUTS

C

We will carry out the following ACTIVITIES

D

Creating the following OUTPUTS

E

To deliver the following OUTCOMES

F

With these long term IMPACTS

Patent Voice

- Co-production with communities, patients & public

Organisational:

- Alliance working across commissioners & providers
- Joint Commissioning: LA and CCG
- Provider alliance: focus on functions

Workforce and OD:

- HR framework for single workforce across organisational boundaries
- Workforce pipeline
- Skills development framework

IM and T:

- Single strategy including IG

Estates:

- Public sector estates strategy
- Common delivery points
- Delivery of clinical activity outside hospitals

Enabling activities

- Capacity, capability & culture to deliver joined up support and care, prevention & self-management
- Alignment of incentives through outcomes based weighted capitation contract(s)
- Operating and contracting frameworks that deliver joined up support and care
- Interoperability & shared information across primary, community and secondary care
- Virtual support – for information, advice, self-management and access to clinical opinion
- Mobile working

Prevention, Self-Care and Wider Wellbeing

- Link to economic development
- Develop supportive communities
- Embed information/advice, supported self-management and social prescribing
- Embed MECC
- Roll out NDPP
- Work to improve MH and Wellbeing

Children and Young Peoples Plan
Improve outcomes for priority areas:

- Early help
- 0-5 (early years)
- Mental health & emotional wellbeing
- Safeguarding
- Challenges for teenagers
- Children/ young people with disabilities
- Transition to adult services

Develop Integrated Out of Hospital Care:

- Primary Care at Scale
- Integrated Community and MH Teams
- Redesigning Intermediate Care/Community Beds and Reablement

Pathway Redesign (incl Social Care)

- Urgent Care
- ASC Short Term Care
- Frailty (including dementia)
- Elective pathways

Acute Services Clinical Strategy

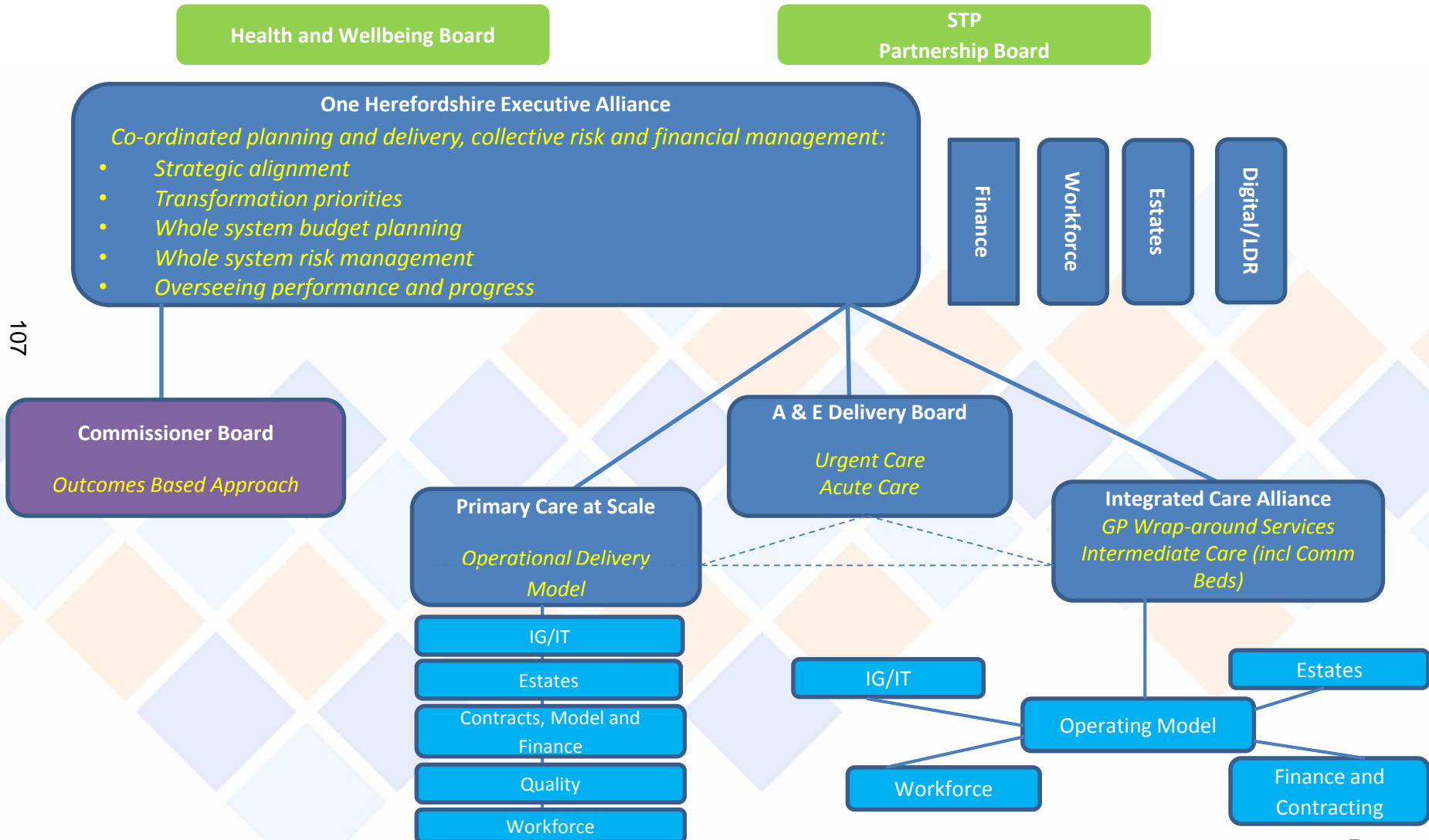
- Develop networked services
- Workforce redesign
- Digital solutions

- Thriving voluntary and community sector
- More people self-navigating advice, support and self-care
- Workforce trained & delivering brief interventions & advice
- Information and support for self-management
- Personalised care planning, available digitally undertaken in partnership
- Information sharing
- Staff competent & confident to manage needs
- Increased quality of referrals
- Access to 7 day primary care
- Proactive identification of “at risk” patients
- MDT approach, joint care planning & delivery
- Admission prevention and facilitated discharge
- Alternatives to hospital & long term support and care
- Simplified access to urgent care – via primary care
- Early clinical assessment and direction
- Proactive identification of frailty
- Links to end of life care
- Improved performance
- Improved recruitment/retention
- Functional integration with community and primary care

- Reduced social isolation
- More people acting to improve their own health & wellbeing
- Increased self-care
- Fewer complications with physical and mental health comorbidities
- Reduced use of services for non-essential reasons
- Increased uptake of personal budgets
- Reduced referrals to specialist services
- Reduced out of county placements
- Reduced numbers of looked after children
- Improved educational achievement in children/ young people
- More young people in education/training
- Population behaviour change
- More GP time spent in proactive support and care
- Reduced utilisation of non-elective and long term care
- Improved A&E performance
- Shift of care to non-acute settings
- Reduced inappropriate elective activity
- More people die in their preferred place of death
- Clinically & financially sustainable services

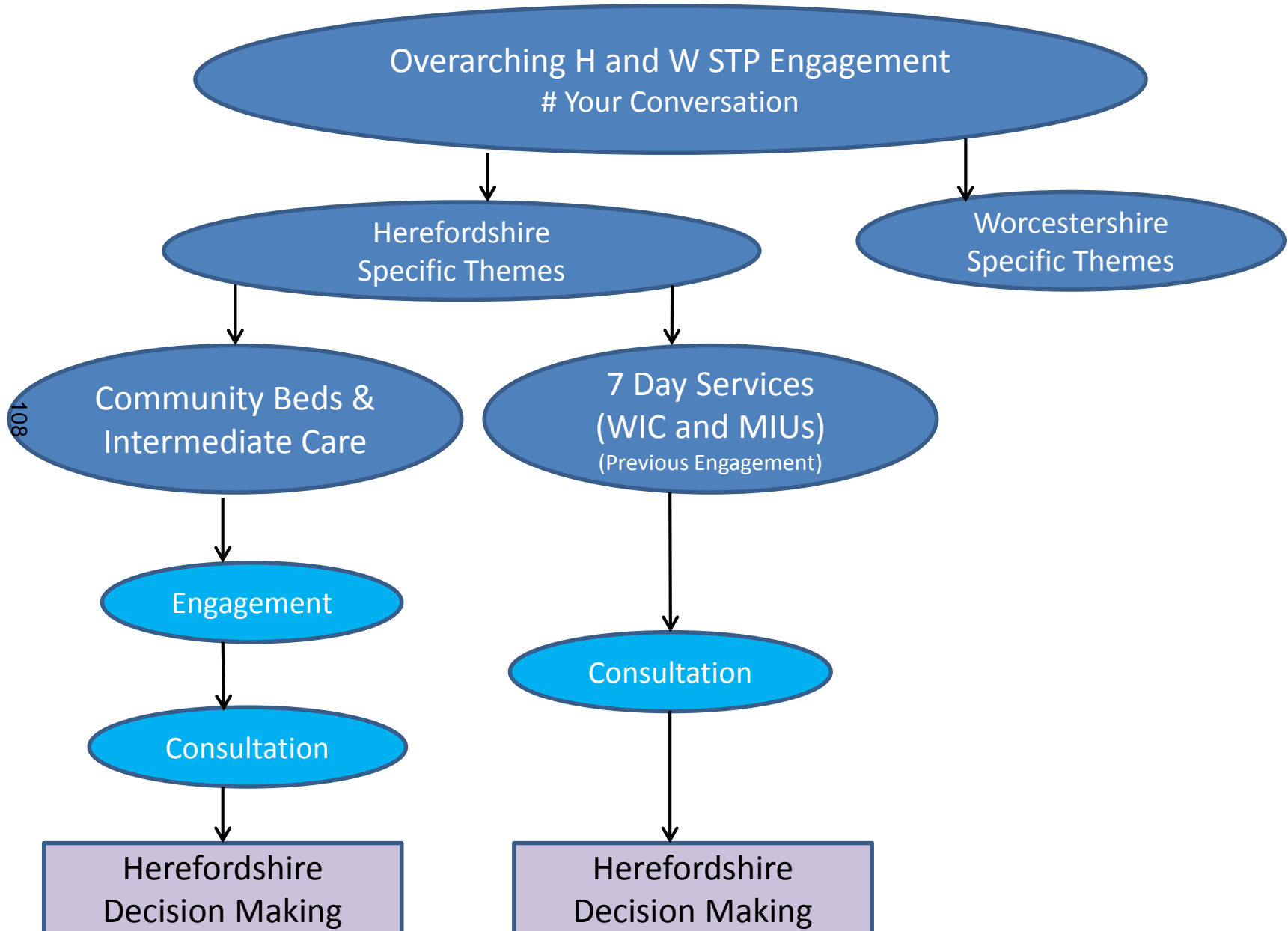
- Fewer people die early from causes that are preventable or amenable to intervention
- Reduced gap in healthy life expectancy between least and most deprived areas
- Fewer health and wellbeing barriers to being in work
- Services meet performance and quality standards
- Herefordshire citizens report greater satisfaction with Health and Care Services
- Reduced use of both elective and non-elective services
- Costs contained within available resources

One Herefordshire: Governance



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Communication, Engagement and Decision Making



Questions?

