Herefordshire Council

AGENDA

Health & Social Care Overview and Scrutiny Committee

Date:	**Monday 19 September 2016**
Time:	**9.00 am**
Place:	**Council Chamber, 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 & Social Care Overview and Scrutiny Committee

Membership

Chairman	**Councillor PA Andrews**
Vice-Chairman	**Councillor J Stone**
	Councillor CR Butler
	Councillor ACR Chappell
	Councillor PE Crockett
	Councillor CA Gandy
	Councillor MD Lloyd-Hayes
	Councillor MT McEvilly
	Councillor GJ Powell
	Councillor A Seldon
	Councillor NE Shaw
	Councillor D Summers
	Vacancy (Con)

AGENDA

Pages

1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

2. NAMED SUBSTITUTES (IF ANY)

To receive details of any members nominated to attend the meeting in place of a member of the committee.

3. DECLARATIONS OF INTEREST

To receive any declarations of interest by members in respect of items on the agenda.

4. MINUTES 9 - 16

To approve and sign the minutes of the meeting held on 6 July 2016.

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

To consider suggestions from members of the public on issues the committee could scrutinise in the future.

(There will be no discussion of the issue at the time when the matter is raised. Consideration will be given to whether it should form part of the committee's work programme when compared with other competing priorities.)

6. QUESTIONS FROM THE PUBLIC

To note questions received from the public and the items to which they relate.

(Questions are welcomed for consideration at a scrutiny committee meeting so long as the question is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it ***no later than two working days before the meeting*** *to the committee officer. This will help to ensure that an answer can be provided at the meeting).*

7. UPDATE ON HEREFORDSHIRE AND WORCESTERSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN AND ONE HEREFORDSHIRE 17 - 40

To update the committee on the latest situation with regard to the development of the Herefordshire and Worcestershire sustainability and transformation plan (STP) and the establishment of the One Herefordshire approach across health and social care.

PUBLIC INFORMATION

Public Involvement at Scrutiny Committee Meetings

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

1. Identifying Areas for Scrutiny

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

2. Questions from Members of the Public for Consideration at Scrutiny Committee Meetings and Participation at Meetings

You can submit a question for consideration at a Scrutiny Committee meeting so long as the question you are asking is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it **no later than two working days before the meeting** to the Committee Officer. This will help to ensure that an answer can be provided at the meeting. Contact details for the Committee Officer can be found on the front page of this agenda.

Generally, members of the public will also be able to contribute to the discussion at the meeting. This will be at the Chairman's discretion.

(Please note that the Scrutiny Committee is not able to discuss questions relating to personal or confidential issues.)

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- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.

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- Have access to a list specifying those powers on which the Council have delegated decision making to their officers identifying the officers concerned by title.

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HEREFORDSHIRE COUNCIL

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

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HEREFORDSHIRE COUNCIL DRAFT FOR APPROVAL

MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Council Chamber, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Wednesday 6 July 2016 at 9.30 am

Present: **Councillor PA Andrews (Chairman)**
Councillor J Stone (Vice Chairman)

Councillors: CR Butler, PE Crockett, CA Gandy, EPJ Harvey, JF Johnson, PD Newman OBE, NE Shaw and LC Tawn

Officers: **Chris Baird (assistant director education and commissioning); Annie Brookes (head of corporate governance); Jade Brooks (programme manager, NHS Herefordshire Clinical Commissioning Group); Geoff Hughes (statutory scrutiny officer); Martin Samuels (director for adults and wellbeing)**

81. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors ACR Chappell, MD Lloyd-Hayes, MT McEvilly, A Seldon and D Summers.

82. NAMED SUBSTITUTES

Cllr EPJ Harvey attended as a substitute for Cllr MD Lloyd-Hayes and Cllr LC Tawn attended for Cllr A Seldon.

83. DECLARATIONS OF INTEREST

No declarations of interest were made at the start of the meeting. However, Councillor PE Crockett declared a disclosable pecuniary interest in agenda item number 8 as an employee of Wye Valley NHS Trust.

84. MINUTES

It was noted that a briefing paper requested of public health regarding the levels of immunisation and GCSE attainments of children in care had been circulated to members.

RESOLVED
That the minutes of the meeting held on 3 May 2016 be approved as a correct record of the meeting.

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

None.

86. QUESTIONS FROM THE PUBLIC

None.

87. TASK AND FINISH GROUP: REVIEW OF EARLY YEARS PROVISION AND CHILDREN'S CENTRES

The chairman thanked the chair and members of the task and finish group for their work on this review.

The chair of the task and finish group expressed her thanks to all who participated in the review and assisted with production of the report. In introducing her findings, she noted the significance of the impact of a lack of early years support on a child's development. It was therefore remarkable that few children were seen during the group's visits to various services and although there were programmes of events for parents at the children's centres visited, it seemed that few were taking up the offer when the task and finish group made their visits.

More specifically, there was concerning information regarding children not attaining an appropriate level of development in communication skills. This had an impact on ability to socialise and form friendships. It was found that the waiting list for speech and language therapy was unacceptably long, at between 40 and 60 weeks.

Other observations were that outreach work was reported to have been unsuccessful in some areas alongside some services being described as hard to reach by some staff interviewed in some areas. This raised a question over the feasibility of village amenities such as village halls in providing more accessible services. As part of the review, members also visited the Hope Centre in Bromyard which is run under a different model as a family centre and managed by a charitable organisation. This was found to be a busy centre, and it was noted that it was used by parents from Leominster, where there was also a children's centre. It was felt that the Hope Centre model supported the whole family to be engaged and that this provided an example of a successful model. It was noted during the item that the Hope Centre received a higher comparative level of funding to other centres. Although staff at other centres visited were dedicated, they reported feeling frustrated and constrained.

The group concluded that outcomes for children in early years required improvement, and resources could be used to better effect. The report identified a number of areas for improvement and recommendations to inform the wider review of early years provision.

A member asked about possible reasons for people not accessing children's centres when they could benefit from them. In response, the chair of the task and finish group explained that there were several factors observed: In some cases, the centres' programmes of activity did not link up with public transport and transportation issues did not appear to be taken into consideration in some scheduling; centres were not always well promoted and in some locations were hard to find. In one case there was no link between the children's centre and the local school's reception and nursery class where there might have been opportunity to engage parents in activities being run at the centre; centres appeared to have their own formats. Location was not considered to be a factor however, for example, the Hope Centre was not in a central location, but was well used.

In considering use of community transport to support greater access, it was questionable as to whether such usage would meet the criteria. It was noted that some centres operated on a 9am to 5pm basis which meant that working parents were unable to access centres, in favour of nurseries which opened for longer.

The vice-chairman noted the success and good practice of the Hope Centre, and asked about any learning points that could be drawn in regard to the other centres.
In response, it was felt that other centres could develop a wider remit in order to reach people who would benefit most from them. This was particularly in relation to the significant population in rural areas and the benefits that parents and children would gain

from greater interaction with peers. Therefore greater could be made of community resources such as village halls to increase accessibility.

In response to observations regarding the success of the Hope Centre, the assistant director commissioning and education explained that the Hope Centre operated under a different funding and management model. The report noted that a wider review of early years services was in progress and this would look at enabling a vibrant and focused approach for early years, recognising the need for a collective approach involving public health, schools and nurseries.

A member commented on the approach and philosophy of the Hope Centre model in terms of opportunity to mirror aspects of good practice in other centres. She asked if other areas were considered in order to make comparisons for informing the report. The chair of the task and finish group explained that the scope of the review was to look at services within the county. The key point was that the level of funding was not reflected in the number of people taking up the services and this needed to be addressed.

Members commented on the value of learning from commercially focused service providers in terms of achieving better outcomes through managing funding, marketing and attracting people to the service. With regard to the sharing of premises with other providers, for example healthcare, there needed to be greater clarity on the arrangements to ensure that complimentary services could be supported appropriately to add value to the overall offer. It was clarified that in the case of a healthcare service in a specific centre appearing to be subsidised, the centre welcomed the presence of the service but felt that it should contribute financially.

The cabinet member for health and wellbeing commented that such buildings should be used by partners. She also advised caution with regard to citing community transport as a factor in preventing access to children's centres if it were the case that parents did not see a particular centre as a venue of choice. She added that early years provision was vital and service design and usage should not be dependent upon use of a particular building. The chair of the task and finish group added an observation that it could be the case that other local venues were more attractive to families even if they did not offer the range of activities and services.

The cabinet member for young people and children's wellbeing welcomed the contributions from members on such an important issue and thanked the task and finish group for their work. In recognising the value of centres he commented that all centres needed to develop their approach in being more attractive to the market and making best use of resources. Achieving priority two of the health and wellbeing strategy was critical for the county, as a good start aided development and addressed issues early, which in turn reduced need to access services over time. The challenge lay in funding centres in a sustainable way and taking a more holistic approach to providing the right service. He confirmed that there would be a full executive response to the recommendations. In response to a question from the chairman, he commented that the Hope Centre was a good example of social enterprise but in terms of private sector provision in the future, was not ruling this in or out and at this stage.

Referring to the recommendations set out in the report, and responding to concerns about waiting times for speech and language therapy services, the chairman proposed an amendment to recommendation 7, as follows:

As a matter of urgency the performance of speech and language therapy be reviewed, and if necessary, appropriate resources put in to reduce the waiting time for a first appointment to a maximum of three weeks.

The proposal was supported.

RESOLVED
THAT:

(a) the report of the task and finish group, in particular its recommendations (as amended), be agreed for submission to the executive; and

(b) the executive's response to the review, including an action plan, be requested for presentation to the first available meeting of the committee.

88. SHORT BREAKS AND RESPITE CARE FOR CHILDREN WITH DISABILITIES UPDATE

The vice-chairman, as chair of the task and finish group, introduced this update on progress to date for identifying further requirements or actions. He reminded the committee that this encompassed the short breaks service as a whole, of which 1 Ledbury Road was a part. An outcome of the review was the allocation of additional funding of just over £1million. The service is in a better place than a year ago, thanks to officers' work, although there was more to achieve.

The assistant director education and commissioning provided an update on the recommendations taken forward. The whole of the short breaks offer was undergoing recommissioning. The development of overnight short break respite in a family setting was progressing; three foster carers had been approved for short breaks, and a number were in process of application and assessment. One child had been matched and others were in progress.
The registration documentation was being submitted this week to Ofsted by Wye Valley NHS Trust.

A member welcomed the positive update and that concerns were being addressed. She noted the importance of communication in restoring confidence in the service and that the council and partners must take care to avoid such problems in the future.

Disappointment was noted regarding the breakdown in communication over rotas which led to families having to change arrangements, and it was hoped this was now addressed.
A member commented on recent contact from a family regarding ongoing problems with rotas, noting that children using the service did not always respond well to change, and this could have an impact on their family. She added that partnership working needed collective working and good communication, and this should have been understood in a small but hugely important service to the families who relied on it. The member welcomed progress on the fostering service, adding that those carers needed appropriate support to ensure they were retained.

The assistant director commissioning and education acknowledged members' comments regarding communication and offered to look into any individual concerns. He added that there were now more options available for families with the core aim of the service being able to meet assessed need.

Commenting on buddying arrangements, a member gave an example of numerous changes in buddies for one young person which led the family to consider alternative arrangements despite this taking time to achieve with possible adverse impact on the family.
In response the assistant director education and commissioning asked for the specific details so that these could be followed up.

A member commented on the range of providers referred to in the report, and that there needed to be firmer information on these to ensure they were concrete and met need.
The assistant director education and commissioning confirmed that colleagues in both children's and adults' services were working together to identify options for housing, supporting transitions into adult life and short breaks to ensure a rigorous approach.

A member requested more assurance on maintaining communication with families and for funding to be supported to ensure confidence in commissioning and stability for the service over the next few years.

In response, the cabinet member for young people and children's wellbeing commented that the report highlighted the complexity of making necessary changes to service provision and the achievement of officers was appreciated. It was good to see that there was better engagement with families and improvements in communications to ensure the best choices were provided for children needing the services. He acknowledged that the issue of rotas had not been easy to overcome but there was a lot of choice on offer. Staff were working hard to ensure that needs were being addressed within available resources. Comments from members were welcomed to ensure the service was reviewed.

Councillor PE Crockett, having declared a disclosable pecuniary interest as an employee of Wye Valley NHS Trust, commented on the positive nature of the report and added that the task and finish group would continue to support this work and raise any further concerns with the committee.
The vice-chairman supported this comment. He confirmed that members of the task and finish group would continue to monitor the situation and would work to ensure children had the service provision they deserved.

RESOLVED
That progress to date be noted and for ongoing monitoring to inform any future recommendations for further action.

89. 2GETHER NHS FOUNDATION TRUST CARE QUALITY COMMISSION INSPECTION

The director for adults and wellbeing introduced the presentations, which would give the commissioner and the service perspectives. Members were encouraged to focus on care provided in Herefordshire, given that the trust also covered Gloucestershire.

The programme manager, NHS Herefordshire Clinical Commissioning Group (CCG), outlined in terms of the CQC's inspection, the trust was rated over all as "good", with some areas that were found to be outstanding and others which required further improvement. The trust should be commended for their response to the findings and improvements made. The CCG monitored the trust's performance and found that 80% of the performance indicators were met. In some cases, performance exceeded national targets, such as for waiting times for children and young peoples' services and also for dementia assessments. Those areas that had not been achieving the required standards were being addressed, and it was noted that low levels of access to some services, such as "let's talk", were partly due to the stigma attached to mental health issues. This was being addressed with public health, and members were encouraged to work with constituents to encourage up take.

The chair of 2gether NHS Foundation Trust commented on the context of the CQC rating. Those areas that were found to be outstanding were in the top four best services nationally. There were opportunities for improvement but in recognising areas of excellence, she thanked those who contributed to the achievements.

The trust's director of engagement and integration presented a summary of a guide to the trust, the CQC's findings, and a specific focus for scrutiny in Herefordshire. She highlighted that the trust aimed to be part of the community and tackle stigma so that people would be encouraged to access services. The CQC inspection in October 2015 was very rigorous, so the positive feedback that acknowledged the contributions of staff and partners was welcomed.

In response to an observation from the chairman regarding there being no health-based place of safety provided by the trust, the medical director explained that this was a place defined by the Mental Health Act for someone with a mental disorder to be taken to keep them safe. There was a facility at the unit in Hereford which was unstaffed due to the requirement for police presence and which had implications for policing capacity.

A member commended the trust for its CQC rating. However, the presentation gave the impression there were no major concerns with regard to service provision in Herefordshire, although the member noted a number of points from the CQC report that were absent from the presentation. These included: staffing concerns in relation to high sickness absence rates; comments from staff about not having access to regular clinical or managerial supervision and appraisals; that staff reported feeling stressed and unsupported; and decisions made over resources that had an impact on acute services at the hospital.

Responding to the concerns regarding resources, the trust's locality director explained that the arrangement to host social care had come to an end and this had an impact on the sustainability of services, which were re-organised. In terms of the sickness absence rate, this had reduced to 4.3%. The previously higher level was partly as a result of gaps left in the management structure but turnover was more stable and an action plan was in place to provide stronger leadership. The director for adults and wellbeing commented on the dissolution of integrated services, explaining that the decision was driven by concerns regarding quality of care and funding.

The trust's director of quality added that it was crucial that staff felt supported. The supervision policy had been reviewed and regular updates were provided to the CQC inspector, who did not believe there were systemic issues. The trust's chairman added that the CQC reported differences between the two counties due to differing approaches in commissioning, and that both counties benefited from different experience and expertise.

The member reiterated her comment regarding staff feeling stressed and unsupported as reported by the CQC. The director of quality explained that the issue was challenged by staff and there was rigorous monitoring in place. The trust's chairman added that there was learning to be taken from the inspection's less positive feedback and there were action plans in place to address.

In response to a member's observation that the crisis team and learning disability service were not in place, the CCG programme manager explained that the level of need was under assessment and that there was support in place from the community learning disability team. People were not considered to be vulnerable as agencies were working together to manage support. The medical director added that relatively small numbers needed this level of support as there were strategies in place to support people to avoid crises, which reduced demand on crisis support.

A member asked what implications the NHS's new requirement for a five year sustainability and transformation plan (STP) had for the trust, both in general terms and in relation to the local footprint. The director of quality outlined that the chief executive was a member of the project group for the local footprint and the trust was leading on aspects of the triple aims (population health, service quality, financial balance) at the

heart of the STP process to support trusts to come out of special measures. Senior colleagues from the trust were leading on the mental health work stream.

The vice-chairman commented on hidden issues within schools and colleges and the need for engagement with young people to raise awareness on mental health. The locality director explained that there was regular and active engagement with young people on mental health issues. The trust hosted a support group, the crucial crew, supporting emotional wellbeing, and during mental health week this year, hosted a 'strong young minds' event at Hereford College. The public also took part in the recruitment of a consultant psychologist.

In response to a question from the chairman regarding better access to child and adolescent mental health services (CAMHS), members were informed that there were two new consultant psychiatrists and a psychologist in the team. The service was more stable and waiting lists had reduced to 4 weeks, which was better than the national average. It was noted that there were national issues affecting admissions to child and adolescent inpatient services, with admissions going out of the county where medical care was required. As far as possible, admissions were to the nearest service, which was in Birmingham. There had been difficulty accessing beds due to regional commissioning but the trust had good links with local general paediatric services which provided support. 'Tier 3.5' services, which would provide a hospital outreach service, were not currently commissioned, although the evidence base for this was being monitored.

Acknowledging the improvements in CAMHS, a member commented on its role in supporting young people. It was important to tackle stigma and increase resilience and the engagement of service champions supported this. The director for engagement and integration added that the trust was proud to engage with experts by experience and to learn from them.

In response to a question regarding what role scrutiny could take in facilitating further improvements to services, it was identified that members could help further by encouraging people to understand the services, to challenge stigma and encourage access to services. The trust was promoting its services through creative advertising and developing use of social media and an app. It was also important to forge stronger links between services and members were asked to support the role of psychiatric liaison as a mental health speciality which would work between mental health and other services in an enabling role, for example to facilitate discharge from other services.

The chairman asked what the action the trust had taken to improve the facility at Oak House which had been in poor condition. This had been noted by the CQC and the director of quality confirmed that the trust was working with the CCG to with regards refurbishment or alternative provision.

A member asked about the resources available for responding to accident and emergency attendance and arrests of people with mental health issues. The CCG programme manager explained that as people presented to different places, consideration was being given to commissioning a flexible workforce in order to respond to need wherever people presented. A resource pack on mental health first aid was being developed for professionals along with development of essential skills. Experts by experience were helping to test the pathways for this new approach. In terms of numbers, there had been two adults with mental health care needs in custody in the past year. The member further commented on the number of drug and alcohol related issues in the county, explaining that services needed to join up to address this.

Commenting on the culture of the organisation in closing remarks, the trust chair cited a patient who had described the quality of overnight care in psychiatric intensive care

services in the county as comparable with the day-time services. She added that CQC inspectors made the point that they had confidence in the trust when compared with services in the rest of the country.

The chairman thanked trust representatives for attending. She added that it was important to ensure that as well as looking at rural-proofing the county, the county also needed to be mental-health proofed.

RESOLVED
That:
(a) the performance of 2gether NHS Foundation Trust be noted; and
(b) for ongoing monitoring to inform any future items for scrutiny.

90. WORK PROGRAMME 2016/17

It was confirmed that there would be a spotlight review of the NHS five year sustainability and transformation plan on 19 September 2016.

RESOLVED
That the draft work programme be approved.

The meeting ended at 12.30 pm **CHAIRMAN**

Meeting:	**Health and social care overview and scrutiny committee**
Meeting date:	**19 September 2016**
Title of report:	**Update on Herefordshire and Worcestershire Sustainability and Transformation Plan, and on One Herefordshire**
Report by:	**Director for adults and wellbeing**

Classification

Open

Notice has been served in accordance with Part 2, Section 5 (Procedures Prior to Private Meetings) of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (Regulations) 2012.

Key decision

This is not a key decision.

Wards affected

Countywide

Purpose

To update the committee on the latest situation with regard to the development of the Herefordshire and Worcestershire sustainability and transformation plan (STP) and the establishment of the One Herefordshire approach across health and social care.

Recommendation(s)

THAT:

(a) the committee note the content of the report;

(b) the committee comment on the approach, process and direction of travel of the STP and One Herefordshire; and

(c) the committee set out how it wishes to be engaged in the future stages of the STP and One Herefordshire processes.

Alternative options

1 There are no alternative options to the STP. This is a national process, mandated by NHS England, in which all NHS organisations are required to participate. There is a national expectation that Local Authorities will engage actively as full partners. Given the interdependencies between health and social care, there are strong reasons for them to do so.

2 It would be possible not to proceed with the approach described in the One Herefordshire programme, including formation of the shadow alliance and joint commissioning arrangements. Not proceeding would represent a number of missed opportunities for the council including:

- Working in partnership with health and the voluntary and community sector (VCS) to set a single strategic direction for Herefordshire, from a common starting point of 'what is better for residents'.

- Opportunities to improve the efficiency and impact of the commissioning function with health, to improve value for money of the Herefordshire pound.

3 Given the financial and operational challenges facing all of the health and social care organisations across the county, not proceeding with the One Herefordshire alliance would increase the risk that one or other organisation would cease to be viable as a separate body and so might be merged with another organisation outside the county, thereby losing a clear focus on the needs of the Herefordshire population.

Reasons for recommendations

4 The One Herefordshire programme, and the shadow alliance proposal within it, provides the framework for whole system leadership and collaboration. This will enable a system wide strategic direction and delivery mechanism to deliver the health and wellbeing strategy and the children and young people's plan. In turn, this will drive improved wellbeing for our residents, coordinating activities across the council and its health and VCS partners. It will enable the council to engage with wider public sector partners in a co-ordinated manner to increase efficiency and value for money from the 'Herefordshire pound'.

5 The STP process is intended to provide the central vehicle through which local government and the NHS can work together in order to achieve the 'triple aim' of improving the health and wellbeing of the local population, improving the quality and safety of care delivery, and securing ongoing financial sustainability.

6 It is expected that the STP process will be merged with the requirement, flagged by the Chancellor of the Exchequer in October 2015, for all areas in the country to produce a plan for the full integration of health and social care by 2020. Guidance on this process is expected to be published jointly by the Department of Health and the Department for Communities and Local Government during the autumn, with plans to be prepared by the end of the financial year.

Key considerations

7 On 22 December 2015, NHS England issued the annual and long term planning guidance for clinical commissioning groups (CCG). As well as the regular requirements for one year operational plans, this guidance called for the development

of whole system STPs covering a defined 'planning footprint'. The planning footprint agreed for this area is Herefordshire and Worcestershire – a footprint covering a population of approximately 780,000 people. There are 44 footprints nationally, with the average sized footprint covering 1.3m people and the largest footprints covering 2.5m people.

8 The STP builds upon local transformation work already in progress, including through the One Herefordshire initiative. The purpose of the STP is to develop the opportunities for local bodies to work on a more sustainable planning footprint in order to address the 'Triple Aim' gaps:

- Health and Wellbeing - The main focus here is on achieving a radical upgrade in illness prevention to reduce the long-term burden of ill-health, both from a quality of life perspective for individuals and a financial perspective for the health and social care system.

- Care and Quality - The main focus here is on securing changes to enable local provider trusts to exit from the care quality commission (CQC) special measures regime and to reduce avoidable mortality through more effective health interventions in areas such as cancer, stroke, dementia, mental health and improved maternity services. One of the objectives of active involvement in the process by the council has been to ensure that this focus is widened to encompass social care services.

- Finance and Efficiency - The main focus here is on reducing unwarranted variation in the demand and use of services and securing provider efficiencies through implementing new approaches to care provision. Again, one of the objectives of active involvement in the process by the council has been to ensure that full regard is had to the need for social care services to remain viable, in the context of significant reductions in council budgets.

9 An initial submission was made to NHS England in April, outlining the Triple Aim gaps within the STP footprint. A further interim submission, which outlined our approach, key workstreams and some of the key lines of enquiry for the STP, was made to NHS England (NHSE) on 30 June. A feedback meeting was then held between senior officers from across the STP footprint and very senior figures from NHS England, NHS Improvement, the CQC and the LGA.

10 The key focus of the feedback was for the STP to focus on the following over the coming months:

- Develop greater depth and specificity, with clear and realistic actions, timelines, benefits (financial and non-financial outcomes), resources and owners.

- Provide year-on-year financial trajectories that, when aggregated nationally, will enable overall affordability to be assessed.

- Articulate more clearly the impact on quality of care of any proposed changes that are being put forward.

- Include stronger plans for primary care and wider community services that reflect the general practice forward view, drawing on the advice of the Royal College General Practitioners ambassadors and engaging with local medical committees.

- Set out our plans for engagement with local communities, clinicians and staff and

the implication for the timing of implementation.

11 The next submission of the STP is expected to be made on 21 October. This strategic plan will then form the basis of the operational planning cycle for NHS commissioners and providers for the next two financial years (2017/18 and 2018/19).

12 The STP documents have, to date, not been made public on the grounds that they represent drafts, rather than settled documents. Once the STP submission made in October has been signed off by NHS England, it is expected that it will be released into the public domain.

13 The One Herefordshire programme provides the main route through which the local perspective is built into the STP process. It seeks to provide a system-wide, county-wide strategic direction and delivery mechanism to deliver the health and wellbeing strategy and the children and young people's plan.

14 A One Herefordshire alliance has been proposed, which will drive improved wellbeing for our residents, coordinating activities across the council, health and VCS partners. It will enable all of those organisations to engage with wider public sector partners in a coordinated manner, to increase efficiency and value for money from the 'Herefordshire pound'. It is proposed that the alliance be established in shadow form.

15 The alliance is expected to be established on the basis of a non-legally-binding document. The arrangements will make no changes in the powers or financial arrangements of any of the partner organisations. The key aim is to make a statement of intent and adoption of a set of common principles, which form the basis for further work to develop a further agreement in due course.

16 The shadow One Herefordshire alliance will have no formal decision-making authority, and existing governance arrangements will remain in place. Having a period of shadow form will enable the system, and the council within it, to identify key issues, risks and mitigating factors, with the lessons learnt embedded in any resulting future form.

Community impact

17 This proposal will support the delivery of the health and wellbeing strategy and the children and young people's plan.

18 Improving value for money of the 'Herefordshire pound' will enable us to increase impact and improve wellbeing within existing and future resources.

Equality duty

19 The One Herefordshire programme and the Herefordshire and Worcestershire STP are intended to provide the means by which the health and wellbeing of the people of Herefordshire can best be maintained and improved. The programmes have a particular focus on supporting the best possible level of wellbeing on the part of vulnerable members of the Herefordshire population

Financial implications

20 There are no immediate direct costs associated with either the STP or One Herefordshire. They represent an opportunity to improve future value for money from

council resources and spend, and hence offer a route to securing the council's desired outcomes at a time of reducing financial resources. These are both high level planning approaches, rather than detailed service plans. However, they set the context within which the NHS will allocate its budgets and will have a significant influence over the council's budgets, especially adults and wellbeing, but also affecting children's service. Specific spending implications and decisions will be built into the operational plans of the CCG and the medium term financial strategy (MTFS) for the council.

Legal implications

21 At their present stage, neither the STP nor One Herefordshire require legal authority. They represent a statement of commitment to explore a strategic direction with the NHS. All legal issues will be identified and explored as part of due diligence during the shadow form. Formal governance would be required to move from the shadow form to any legally binding arrangement.

Risk management

22 The One Herefordshire alliance can be expected to facilitate joint working across health and social care partners, strengthening the ability of the system as a whole to identify and mitigate future risks to both the system as a whole and to individual partner organisations.

23 Should the One Herefordshire alliance not proceed, it is likely that NHS England would increasingly focus its efforts at a joint Herefordshire and Worcestershire level, based on the STP footprint. This could lead to a loss of focus and resource for the specific issues facing the people of Herefordshire and the loss of opportunities for closer partnership working across the wider public sector at a Herefordshire level.

Consultees

24 Effective stakeholder engagement is a key component to the development of the STP. As part of the planning process, arrangements have been made to ensure that voluntary and community sector (VCS) representatives can support development of the plan. Healthwatch and VCS representatives from both counties are represented on the STP programme board. They also sit on the Herefordshire health and wellbeing board, giving them a further route for engagement and involvement.

25 In addition to this, over the past few months, the engagement process has been extended to include VCS representatives on all the clinical theme groups. In most of these groups there are multiple attendees and more than 20 VCS representatives in total are involved in the themed groups across the STP development process.

26 As the budget prioritisation process is taken to the next level, engagement will extend again to ensure that a wider discussion with stakeholders is undertaken to inform the changes that will be required to ensure that the local system lives within the budget envelope allocated to it. The engagement process will build on this work and as our plans develop further we will engage with VCS and Healthwatch colleagues to explore the best ways to ensure our final plans are co-produced with local communities.

27 It is important to note that any specific decisions or service changes required as a result of the STP or One Herefordshire will be subject to a separate engagement and

consultation process as necessary.

Appendices

Appendix 1 – One Herefordshire and STP presentation

Background papers

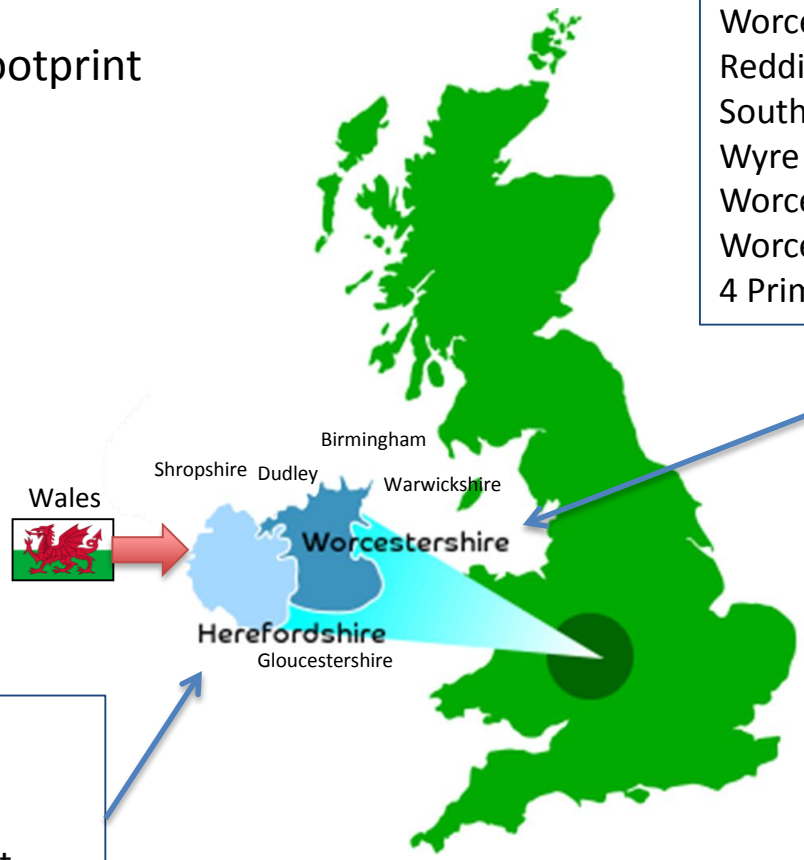
- None identified.

One Herefordshire and Sustainability and Transformation Planning (STP)

Herefordshire Health Overview and Scrutiny Committee
19 September 2016

The STP Planning Footprint

- Big geography, small population
- 785,000 people (smallest in WM)
- 2 HWBs
- Relatively simple footprint

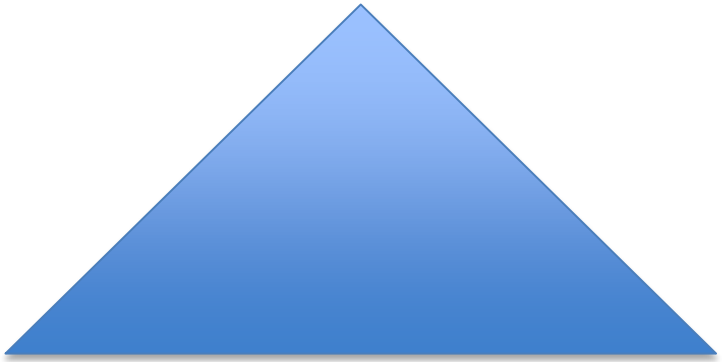


Worcestershire County Council
Redditch and Bromsgrove CCG
South Worcestershire CCG
Wyre Forest CCG
Worcestershire Acute Hospitals NHS Trust
Worcestershire Health and Care NHS Trust
4 Primary Care Collaborations

Herefordshire Council
Herefordshire CCG
Wye Valley NHS Trust
2gether NHS Foundation Trust
Taurus GP Federation

The Triple Aim of STPs

Health and Well Being



Care and Quality

Finance and Efficiency

Headlines (1)

The purpose of the STP is to develop the opportunities for local bodies to work on a more sustainable planning footprint in order to address the Triple Aim gaps:

Health and Well Being - The main focus of this particular workstream is on achieving a radical upgrade in illness prevention to reduce the long term burden of ill health – both from a quality of life perspective for individuals and a financial perspective for the health and care system.

Care and Quality - The main focus of this work is on securing changes to enable local provider trusts to exit from the CQC special measures regime and to reduce avoidable mortality through more effective health interventions in areas such as cancer, stroke, dementia, mental health and improved maternity services.

Finance and Efficiency - The main focus of this work is on reducing unwarranted variation in the demand and use of services and securing provider efficiencies through implementing new approaches to care provision.

Headlines (2)

The gap between life expectancy (LE) and healthy life expectancy (HLE) –In Herefordshire the gap at 65 years of age is 7.8 years for men and 9.4 years for women In Worcestershire 7.1 and 9.1 years respectively.

Premature mortality rates vary significantly between the two Counties - Worcestershire mortality rates ranks55th out of 150 Authorities nationally (where 1st is best) for premature mortality. Herefordshire ranks 21st.

There are some condition specific premature mortality concerns - In Herefordshire, colorectal cancer, heart disease and stroke are slightly higher than expected (but not significantly), whereas in Worcestershire, premature mortality in some of these areas is amongst the worst or actually is the worst for its comparator group (for example colo-rectal cancers and heart disease).

There is a gap in mortality rates between advantaged and disadvantaged communities, particularly in Worcestershire - The range of years of life expectancy across the social gradient at birth is 7.8 years in Worcs and 4.9 in Herefordshire. In our rural areas, health inequalities can be masked by sparsity of population but we know differences exist which need to be tackled, including issues of access.

Headlines (3)

Some outcomes for children and young people are lower than expected:

- **School readiness** - In Herefordshire only 40% of children receiving free school meals reach a good level of development at the end of the reception school year. In Worcestershire the figure is 46%. Both are worse than the England average of 51%.
- **Neonatal mortality and stillbirth rates** –Amongst the worst in the comparative groups for both counties. In Herefordshire 9.7 per 1,000 live births and Worcestershire 7.5 per 1,000.
- **Obesity** – In Herefordshire 22% and in Worcestershire 23% of reception class children are obese or overweight.
- **Alcohol admissions under 18s –** 56 per 100,000 in Herefordshire and 46,5 per 100,000 in Worcestershire. Both significantly higher than the England average of 40. This equates to an additional 30 admissions in Herefordshire and 37 in Worcestershire.
- **Breast-feeding initiation rates** are both below the national average (68% in Herefordshire and 70% in Worcs with a national figure of 74%).
- **Occurrence of low birth weight** is amongst the worse of their comparators groups.
- **Teenage conceptions** - 24 per 1,000 in Herefordshire and 25 per 1,000 in Worcestershire are the highest rates amongst their comparator groups.

STP: Progress to Date

- In 2020/21 the total available resource to NHS commissioners will be £1.327bn, with a forecast spending requirement of £1.412bn, leaving a shortfall of £84m.

- This difference will need to be addressed through commissioner efficiency improvements – normally achieved through re-designing the way in which services are commissioned or re-commissioning existing services at lower cost.

- In addition to these savings required of commissioners, provider organisations also have to address efficiencies that are not currently reflected in the figures.

- Specific proposals to address these gaps are currently being explored - but there are currently no plans sufficiently advanced to put forward for scrutiny.

- It is anticipated that these plans will be developed through the next round of planning and contracting discussions in advance of commissioners and providers signing two year service contracts by December 2016.

- All proposals will be brought to HOSC for consideration at the appropriate time.

STP: Progress to Date

February:

- First presentation to HWB on the planning requirements
- Confirmation of the planning footprint covering Herefordshire and Worcestershire

March:

- Establishment of programme leadership and governance
- Co-production principles reaffirmed
- Initial analysis of existing planning layers reported to HWB development session

30

April:

- Analysis of the triple aim gaps reported to NHS England through a planning return

May:

- First “all agency” strategic away day to discuss the response to the triple aim analysis

June:

- Second away day to develop and refine proposals
- Draft submission to NHS England on the Sustainability and Transformation Plan

STP: Progress to Date

August:

- Further workshops to develop and refine submissions

September:

- Submission of financial plans to NHSE

October:

- Submission of final Sustainability and Transformation plans to NHSE
- Commence development of resulting operational plans

December:

- Submission of two year operational plans – commissioners and providers

Some Emerging Priorities for Review

- **Cancer** - improve patient outcomes by better performance in prevention, early identification, diagnosis and treatment
- **Stroke –** improve patient outcomes by reducing risk factors and improving services for responding to stroke events
- **Maternity –** give children a better start in life through reducing risk factors (maternal smoking, improve flu vaccinations and improved breastfeeding rates)
- **Mental health and wellbeing** – improve access to services such as psychological therapies
- **Frailty and dementia** – improve out of hospital community nursing and social care services to reduce the need for hospital admission and improve independence
- **Acute services** – support local providers to come out of the CQC special measures regime

Changing the "Ways of Working"

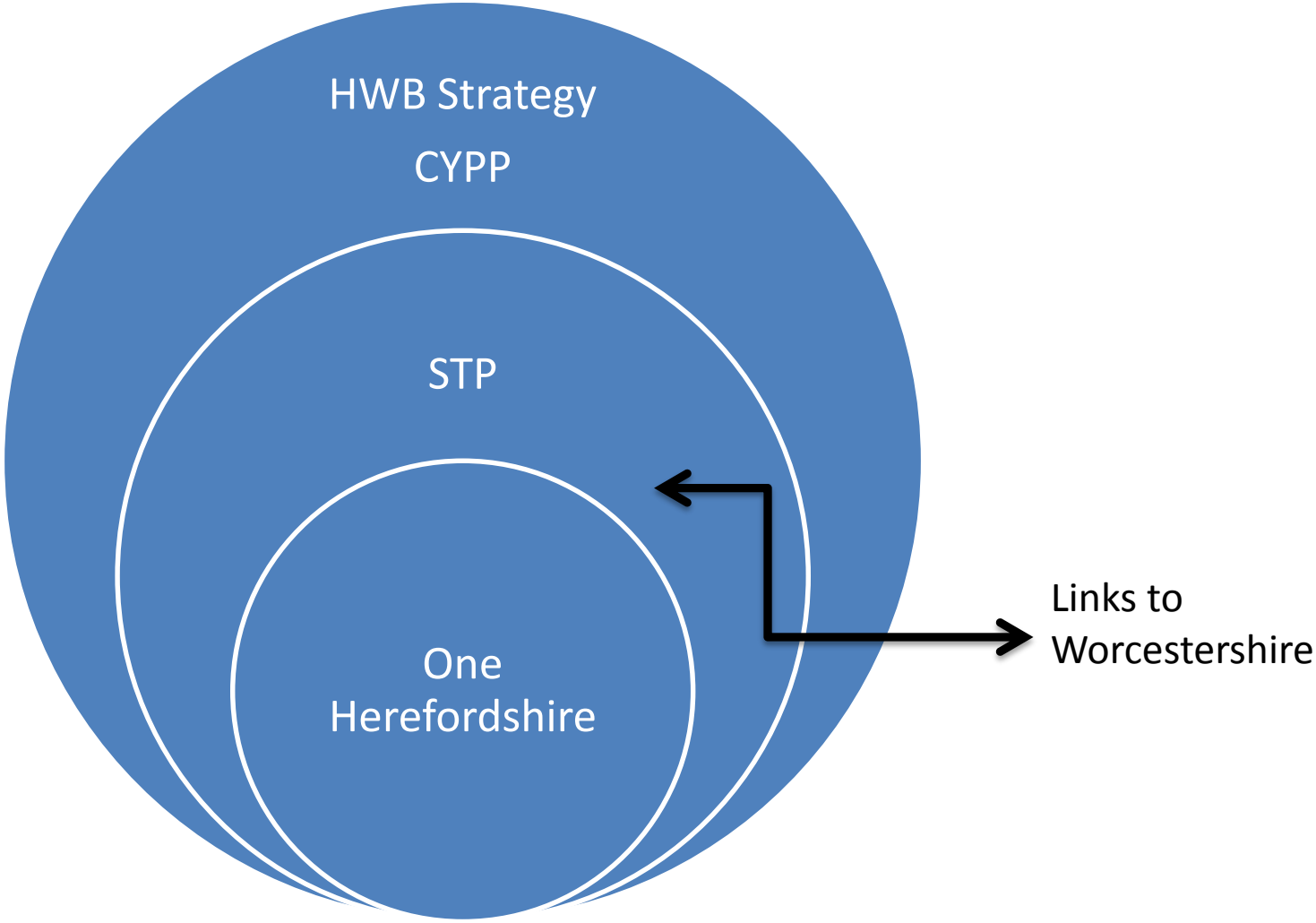
- **Workforce –** review and respond to the challenges of workforce demand and supply across primary, community, acute and social care services
- **Digital –** maximise the opportunities for remote monitoring and care provision, particularly in areas
- **Estate, infrastructure and back office** – maximise opportunities to work more efficiently by sharing resource, skills and buildings
- **Personal care planning -** particularly for crisis management and end of life care
- **Public and patient engagement,** including better self care to support independent living
- **Leadership and decision making** to enable front line staff to make the right decisions for patients, the public and the public £.

33

Engagement

- Effective stakeholder engagement is a key component of the STP
- Healthwatch and VCS representatives from both counties are represented on the STP Programme Board
- In addition the engagement process has been extended to include VCS representatives on all the clinical theme groups; more than 20 VCS representatives in total are involved in the themed groups across the STP development process
- As plans develop, engagement will extend again to ensure that a wider discussion with stakeholders is undertaken, to ensure our final plans are co-produced with local communities
- This is in addition to formal consultation and scrutiny requirements
- It is important to note that any specific decisions or service changes required as a result of the STP will be subject to a separate engagement and consultation process as necessary

How It Fits Together



35

Governance

West Midlands
Impact of acute reconfiguration
UEC network
Ambulance Service
Specialised

STP Footprint
Focus on transformational change where scale and pace necessitates working beyond existing county based footprints.

One Herefordshire
Health and Social Care Transformation Programme

Well Connected
Worcestershire Health and Social Care Transformation

Common work on key enablers –
IT, procurement, estate, workforce
Contracting and financial incentives
Shared financial strategy, inc agreed QIPP/CIP

HCCG | RBCCG | SWCCG | WFCCG

Individual CCG level
New Models of Care
Tackling unwarranted variation
Primary, Community, Mental Heath and Social Care local delivery models

Common Objective:
Collaboration and joint working on a scale not achieved before to deliver transformational change that closes the triple aim gap and supports a financially sustainable health and social care economy.

- Existing regional work to continue as now.
- Develop a Herefordshire and Worcestershire Joint Programme Board to oversee cross-county programmes where scale and volume is key to success.
- Where it makes sense to do so, continue working on the two existing county based transformation programmes.
- Develop joint work programme on key system enablers to support large scale transformational change where appropriate and beneficial to both programmes. Continue with local solutions where benefit is not clear.
- Continue with CCG level focus on New Models of Care and Primary Care Commissioning, where locality focus is key to success.

Maintain focus on existing relationships beyond the new STP footprint (Gloucestershire, Shropshire, Powys).

One Herefordshire

- Core focus of Herefordshire's Health and care partners to deliver a sustainable system to improve Health and Wellbeing

- Focus on prevention e.g:
  - ✓ Resilient communities
  - ✓ Proactive approach – crisis prevention
  - ✓ Smoking, obesity etc

- Increasing recognition of interdependencies with the wider system e.g:
  - ✓ Infrastructure developments (e.g. new bypass)
  - ✓ Housing developments
  - ✓ Working with wider public services e.g. Fire, Police
  - ✓ Role of voluntary and third sector
  - ✓ Community development

- "Upscaling" of approach within CYPP – eg HIPPS

One Herefordshire - Vision

Delivering optimum outcomes:

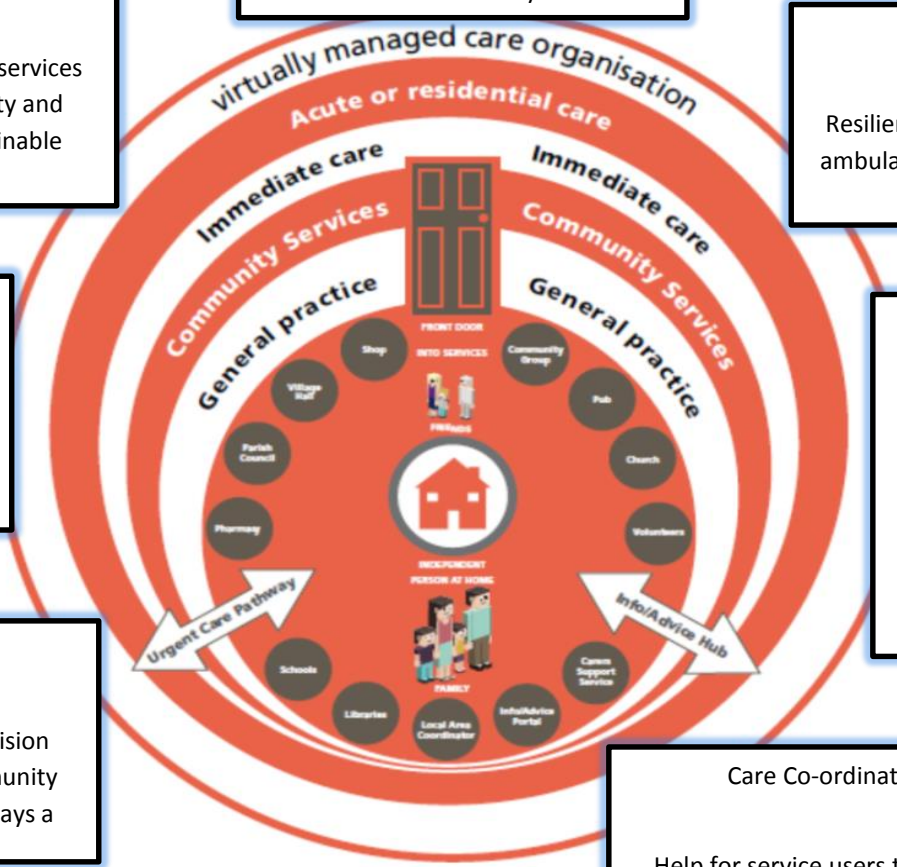
Drawing on alliance partners across health, social care, independent sector and voluntary sector

Acute care for those that need it:

Revised models of staffing, services integrated with community and efficiency to deliver sustainable services at scale

Care closer to home:

Resilient, seven day access to a GP; ambulatory care pathways provided in the community



Keeping people well at home

Services configured to support prevention, wellbeing and promoting independence, keeping well and at home as a primary aim

Enhanced, primary, community and mental health at scale:

Joint delivery of population based provision to improve outcomes providing care closer to home, integrated GP, community and mental health provision with hospital outreach. Aligned to social care

Urgent Care Networks:

Integrated urgent care provision across social, primary, community and secondary care, seven days a week

Care Co-ordination:

Help for service users to navigate through their pathway of care in order to deliver reduced reliance on tier 3 and 4 services

One Herefordshire - Progress

- Linking into STP process for efficiencies and resilience
- Financial gap and sustainability challenges identified
- Agreed vision in place
- Exploring new models of delivery and care
- Based on closer ‘alliance working’
  - Across 5 Herefordshire organisations - MOU in place
  - Between commissioners – 3 year programme of work
  - Between providers – new contracting forms

One Herefordshire - Progress

Questions