

# Agenda

## Health and Wellbeing Board

Date: **Monday 16 September 2024**

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Time: **2.00 pm**

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Place: **Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE**

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

For any further information please contact:

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If you would like help to understand this document, or would like it in another format or language, please call Ben Baugh, Democratic Services on 01432 261882 or e-mail [Ben.Baugh2@herefordshire.gov.uk](mailto:Ben.Baugh2@herefordshire.gov.uk) in advance of the meeting.

# Agenda for the Meeting of the Health and Wellbeing Board

## Membership

<b>Chairperson</b>	Councillor Carole Gandy	Cabinet Member Adults, Health and Wellbeing, Herefordshire Council
<b>Vice-Chairperson</b>	Jane Ives	Managing Director, Wye Valley NHS Trust
	Stephen Brewster	VCS representative
	Jon Butlin	Assistant Director (Prevention), Hereford & Worcester Fire and Rescue Service
	Cate Carmichael	Director of Public Health, Herefordshire Council
	Ross Cook	Corporate Director for Economy and Environment, Herefordshire Council
	Kevin Crompton	Independent Chair, Herefordshire Safeguarding Adults Board
	Hilary Hall	Corporate Director for Community Wellbeing, Herefordshire Council
	Susan Harris	Director of Strategy and Partnerships, Herefordshire and Worcestershire Health and Care NHS Trust (representative of the Trust)
	Dr Mike Hearne	Herefordshire General Practice
	Councillor Jonathan Lester	Leader of the Council, Herefordshire Council
	David Mehaffey	Executive Director of Strategy and Integration, NHS Herefordshire and Worcestershire ICB
	Councillor Ivan Powell	Cabinet Member Children and Young People, Herefordshire Council
	Christine Price	Chief Officer, Healthwatch Herefordshire
	Simon Trickett	Chief Executive, NHS Herefordshire and Worcestershire ICB
	Superintendent Helen Wain	Superintendent, West Mercia Police

## Agenda

		Pages
<b>THE NOLAN PRINCIPLES</b>		
<b>1.</b>	<b>APOLOGIES FOR ABSENCE</b> To receive apologies for absence.	
<b>2.</b>	<b>NAMED SUBSTITUTES (IF ANY)</b> To receive details of any member nominated to attend the meeting in place of a member of the board.	
<b>3.</b>	<b>DECLARATIONS OF INTEREST</b> To receive any declarations of interests of interest in respect of items on the agenda.	
<b>4.</b>	<b>MINUTES</b> To approve and sign the minutes of the meeting held on 10 June 2024.	7 - 12
<b>5.</b>	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b> To receive any written questions from members of the public. For details of how to ask a question at a public meeting, please see: <a href="http://www.herefordshire.gov.uk/getinvolved">www.herefordshire.gov.uk/getinvolved</a> The deadline for the receipt of a question from a member of the public is 10 September 2024 at 5.00 pm. To submit a question, please email <a href="mailto:councillorservices@herefordshire.gov.uk">councillorservices@herefordshire.gov.uk</a>	
<b>6.</b>	<b>QUESTIONS FROM COUNCILLORS</b> To receive any written questions from councillors. The deadline for the receipt of a question from a councillor is 10 September 2024 at 5.00 pm, unless the question relates to an urgent matter. To submit a question, please email <a href="mailto:councillorservices@herefordshire.gov.uk">councillorservices@herefordshire.gov.uk</a>	
<b>7.</b>	<b>HEREFORDSHIRE'S BETTER CARE FUND (BCF) INTEGRATION PLAN 2024-25</b> To update Health and Wellbeing Board members on Herefordshire's Better Care Fund (BCF) Integration Plan 2024-25 and seek formal Health and Wellbeing Board approval.	13 - 98
<b>8.</b>	<b>UPDATE TO THE BOARD ON THE BEST START IN LIFE ACTION PLAN</b> To provide an update on the progress of the action plan for the Board's strategic priority of "Best Start In Life".	99 - 124
<b>9.</b>	<b>TOBACCO CONTROL</b> The purpose of this report is to update the Health and Wellbeing Board on the recent Government Smoke Free Generation plan and the actions taken to work towards achieving a Smoke Free Generation (SFG) in Herefordshire.	125 - 134
<b>10.</b>	<b>HEREFORDSHIRE COMMUNITY SAFETY PARTNERSHIP UPDATE</b>	135 - 140

	To update the Health and Wellbeing Board on the work of the Herefordshire Community Safety Partnership.	
<b>11.</b>	<b>HEREFORDSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2023/24</b>	141 - 176
	For the Health and Wellbeing Board to receive the Annual Report of the HSAB.	
<b>12.</b>	<b>WORK PROGRAMME</b>	177 - 178
	To consider the work programme for the committee.	
<b>13.</b>	<b>DATE OF NEXT MEETING</b>	
	The next scheduled meeting is 9 December 2024, 14:00-17:00.	

**The Seven Principles of Public Life  
(Nolan Principles)**

**1. Selflessness**

Holders of public office should act solely in terms of the public interest.

**2. Integrity**

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

**3. Objectivity**

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

**4. Accountability**

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

**5. Openness**

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

**6. Honesty**

Holders of public office should be truthful.

**7. Leadership**

Holders of public office should exhibit these principles in their own behaviour and treat others with respect. They should actively promote and robustly support the principles and challenge poor behaviour wherever it occurs.



**Minutes of the meeting of Health and Wellbeing Board held in Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE on Monday 10 June 2024 at 2.00 pm**

**Board members present in person, voting:**

Stephen Brewster	VCS representative
Jon Butlin	Assistant Director (Prevention), Hereford & Worcester Fire and Rescue Service
Councillor Carole Gandy (Chairperson)	Cabinet Member Adults, Health and Wellbeing, Herefordshire Council
Dr Mike Hearne	Herefordshire General Practice
Jane Ives (Vice-Chairperson)	Managing Director, Wye Valley NHS Trust
Councillor Jonathan Lester	Leader of the Council, Herefordshire Council
David Mehaffey	Executive Director of Strategy and Integration, NHS Herefordshire and Worcestershire ICB
Matt Pearce	Director of Public Health, Herefordshire Council
Christine Price	Chief Officer, Healthwatch Herefordshire

**Board members in attendance remotely, non-voting:**

Kevin Crompton	Independent Chair, Herefordshire Safeguarding Adults Board
Helen Wain	Superintendent, West Mercia Police

*Note: Board members in attendance remotely, e.g. through video conference facilities, may not vote on any decisions taken.*

Others present in person:

Michael Dalili	Public Health Registrar	Herefordshire Council
Hayley Doyle	Service Director - All Age Commissioning	
Mohamed Essoussi	Public Health Programme Officer (Strategy and Partnerships)	
Kristan Pritchard	Health Improvement Practitioner	
Valerie Fitch	Chair, Herefordshire Autism Partnership Board	

**65. APOLOGIES FOR ABSENCE**

Apologies were received from: Ross Cook, Hilary Hall, Susan Harris, and Simon Trickett.

**66. NAMED SUBSTITUTES (IF ANY)**

There were no named substitutes.

**67. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**68. MINUTES**

The board approved the minutes of the meeting 11 March 2024.

**69. QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public.

**70. QUESTIONS FROM COUNCILLORS**

There were no questions from councillors.

**71. UPDATE TO THE BOARD ON THE GOOD MENTAL HEALTH ACTION PLAN AND MENTAL HEALTH NEEDS ASSESSMENT**

Kristan Pritchard provided a brief overview on progress of the implementation plan of the good mental health action plan.

The Chair asked where progress was in relation to 'promoting voluntary activities available via Herefordshire Wellbeing Ambassadors and Strong Young Minds Champions' (page 32).

Kristan Pritchard responded that work is ongoing with partners in this area and the review date has been set for December 2024.

Michael Dalili provided an overview on the Herefordshire Mental Health Needs Assessment.

The Director of Public Health noted that this is one part of a stage as part of mental health needs of those in communities, especially in harder to reach communities. The mental health action plan needs to be able to address issues which are present in those communities.

Dr Mike Hearne noted that something is needed on access to services and it would be helpful to have data on access to such services.

The Chair added that it is important to recognise that the council and voluntary sector have worked hard to get as many rough sleepers into supported accommodation.

David Mehaffey asked if smoking-quit rates are known amongst people who have specific mental health conditions.

Michael Dalili responded that this is something he would look into to find data on this group of people.

Kevin Crompton noted that from a safeguarding perspective, there is concern around the self-harm figure and will take that away to the Safeguarding Children Partnership.

The Chair added that the estimated dementia diagnosis was displayed in red, however, it is better than the England rate and region rate.

The Director of Public Health responded that some of the targets are arbitrary and some are red because they are lower than the national average.

David Mehaffey noted that on dementia diagnosis it is better to have a higher number as it is necessary to find people who have dementia to be able to treat them with it.

Jane Ives added that statistically there is a number of people who should be diagnosed with dementia and the aim is to find and diagnose those people who have dementia.



Stephen Brewster noted that a lot is going on amongst the VCS which is not necessarily being captured and it is important to capture the whole picture not only the statutory services provided.

Kristan Pritchard responded that this was a very useful point and it is vital that as this work continues to evolve, that the work all partners do is included.

The report recommendations were proposed, seconded, and approved unanimously.

### **Resolved**

**That:**

**a) That the Board considers the reports and notes the progress to date;**

**b) That the Board considers how to ensure that all partnership organisations are clearly sighted on the implementation plan and reference it across their own strategies and plans.**

## **72. BETTER CARE FUND (BCF) YEAR END REPORT 2023-2024**

Hayley Doyle provided an overview of the BCF year-end report 2023-24.

Adrian Griffiths commented on finance. The main points provided were:

1. Each pool of the BCF is in itself limited to national allocation and therefore the fund has to balance back to each funding stream.
2. This year, the funds overspent slightly (1%) and was expected and came down towards the end of the year.
3. The two statutory partners, the ICB and the council, have different responsibilities for each partner as part of the risk sharing agreement.
4. It was planned to use all accumulated reserves from underspends in previous years from the BCF to cover the cost of the discharge system for 23/24 and this was achieved.
5. For 24/25, this reserve is not available. Improvements have been made in the discharge system and the 24/25 planned refresh of the BCF has been completed.
6. There is a planned continued improvement in both occupancy and lengths of stay within the services to further reduce the amount of care that is bought in the market making the system better integrated, better for patients, and more affordable.

Jane Ives noted that on people being at home 91 days after a reablement service, the work being done on reablement is something that will be expected to move over the course of the year and that will make a difference to other areas.

David Mehaffey asked if it is known whether there is an increase in the number of people who are falling or an inability in the NHS to prevent them from being admitted once they have arrived.

The Director of Public Health noted that some work is currently being done on a Falls Needs Assessment which may be helpful in addressing those concerns.

Adrian Griffiths added that whilst the number of falls per head increased compared to the previous year, Herefordshire still benchmarks favourably nationally.

David Mehaffey acknowledged the point about national benchmarks but noted that the data is in need of being updated in order to be able to act quickly in response to an increase in falls.

The report recommendation was proposed, seconded, and approved unanimously.

## **Resolved**

### **That:**

- a) The Better Care Fund (BCF) 2023-2024 year-end template at appendix 1, as submitted to NHS England, be reviewed and retrospectively approved by the board.**

### Action:

1. To bring back the Falls Needs Assessment to the board at a future meeting.

## **73. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

The Chair thanked the Director of Public Health, on behalf of the board, for the work he has done at the council and out in the community, and wished him the best for the future.

The Director of Public Health thanked the Chair and the board and acknowledged the positive things that are ongoing in Herefordshire supporting public health.

The Director of Public Health proceeded to provide an overview of the DPH Annual Report 2023.

Stephen Brewster thanked the Director of Public Health for the recognition of the VCS in terms of its contribution and asked what specifically can be done in relation to physical activity in order to reduce, for example, the risk of falls.

The Director of Public Health responded that there is a 'physical activity deficiency' where people do not realise how much physical activity they need to do. More can be done on social prescription on lighter physical activities such as dance which can be promoted. There is also more structured work that can be done on falls to target people who are more highly at risk of falls.

The Chair noted that it is difficult to find out who those people are who are lonely if they do not come out of their homes. It was added that this is more acute among people who live in more rural settings across the county.

The Director of Public Health responded that people are coming along to events because they are able to form social connections and the physical activity became secondary.

David Mehaffey noted that funding has been received from DWP to run the 'WorkWell' service which will enable a service to be put in place to allow people who are at risk of falling out of employment due to ill health then they can access this new service to help them overcome the barriers that help keep them in work.

Jane Ives pointed out that the numbers are getting worse including the healthy life expectancy particularly for men, for example. The figures are from four years ago and it was asked if there is newer data available to understand it better in real time. The Director of Public Health responded that the data is not available and it is difficult to say what has happened in the time since.

Jane Ives asked about performance on health checks and how they are tracked.

The Director of Public Health answered that Herefordshire is one of the best in the West Midlands for the number of people being invited for NHS health checks and completing health checks. This has been successful in large part with respect to the partnership with Taurus. In terms of tracking health checks, this is something that can be done in the future.

David Mehaffey added that on health checks, the ICB is particularly interested in relation to the health inequality issues surrounding health checks.

The report recommendation was proposed, seconded, and approved unanimously.

### **Resolved**

#### **That:**

- a) That the board note the content of the report, and for board members to share with respective organisations and networks to consider the recommendations contained within.**

## **74. HEREFORDSHIRE AND WORCESTERSHIRE ALL AGE AUTISM STRATEGY 2024-2029**

Hayley Doyle presented an overview of the Herefordshire and Worcestershire All Age Autism Strategy 2024-29 report.

Valerie Fitch gave a presentation on how autism affects people throughout their lives.

The Chair noted that she attended a supported living accommodation in Hereford where she met some young autistic people, aged 18-25, which highlighted the positive things they are doing which they were previously unable to do.

Dr Mike Hearne noted he was supportive of the strategy and highlighted the delay in diagnosis of autism. It was asked what the wait is and the timelines that are being worked towards. It was also noted that delivery of the strategy must be ensured across all partners.

Jane Ives added that the wait is too long in which there is difficulty in relation to workforce and recruitment into this specialty. There is a range of things that are being done including the commissioning of a regional review to see if there is a different shape of the workforce that could be used compared to how traditionally this has been carried out. There is particular concern around pre-school children and more resources are being put into that area.

The Director of Public Health noted the links around mental health needs and suicide prevention in which there is now a suicide prevention officer in post. It is important that this work is linked into the better mental health action plan in order to help support the ambitions of the strategy.

Stephen Brewster requested that the training be extended to the VCS to raise awareness across the voluntary sector rather than just the statutory services.

David Mehaffey noted that he understood that conversations are ongoing to look at wider groups who can access the NHS training package on it. The NHS is aiming to have 40% of all staff trained by March 2025 in this programme before rolling it out further.

The Leader of the Council welcomed the strategy and recognised the strength of personal experience. The more case studies the better in order to underline the challenges that people face with autism.

The Chair added that the training which is provided to young people with autism is limited to certain activities such as farming, cooking, gardening etc. There is an opportunity in Herefordshire to find some organisations that are involved in technical functions including the gaming industry, for example, in order to work with young people with autism who have such relevant skills.

Valerie Fitch noted that there are autistic people who have many strengths who can be highly suitable to particular jobs, especially in gaming and software testing. The report recommendations were proposed, seconded, and unanimously approved.

### **Resolved**

#### **That:**

- a) The Board considers the reports and notes progress to date**
- b) The Board considers how to ensure that all partnership organisations are clearly sighted on the strategy and cross references it with their own plans**

### **75. WORK PROGRAMME**

The board considered the work programme.

### **76. DATE OF NEXT MEETING**

The next scheduled meeting is 16 September 2024, 14:00-17:00.

The meeting ended at 4.25 pm

**Chairperson**



# Title of report: Herefordshire's Better Care Fund (BCF) Integration plan 2024-25

**Meeting: Health and Wellbeing Board**

**Meeting date: Monday 16 September 2024**

**Report by: Service Director, All Age Commissioning**

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

(All Wards);

## Purpose

To update Health and Wellbeing Board members on Herefordshire's Better Care Fund (BCF) Integration Plan 2023-25 and seek formal Health and Wellbeing Board approval.

## Recommendation(s)

That:

- a) **The Herefordshire Better Care Fund 2023-25 planning template (Appendix 1) and the ICB Discharge template (Appendix 2), submitted to NHS England, be reviewed and retrospectively approved; and**
- b) **the ongoing work to support integrated health and care provision that is funded via the BCF is noted by the board.**

## Alternative options

1. The board could decline to sign off the submission. It is a national requirement that the BCF Plan is signed off by the Health and Wellbeing Board (HWBB). The content of the return has

already been approved by Hilary Hall, Corporate Director for Community Wellbeing by way of delegated authority and submitted prior to the meeting of the board, in accordance with national deadlines.

2. The BCF Plan was signed off by Simon Trickett, Chief Executive of Herefordshire & Worcestershire Integrated Care Board (HWICB).
3. The HWBB does not always align with national deadlines, however this gives the board an opportunity to review and provide feedback.

### Key considerations

4. An Addendum to the BCF Policy Framework (**Appendix 3**) was published on 28 March 2024 and detailed the requirements and changes for 2024-25, which include submitting an updated Planning Template detailing:
  - ambitions against the existing metrics, except for the reablement target which has now been removed;
  - updated demand and capacity plans;
  - plans for use of the Improved BCF (iBCF).
5. The Better Care Fund provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from Herefordshire and Worcestershire Integrated Care Board (HWICB) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) and the Adult Social Care Discharge Fund (ASCDF).
6. The national BCF team determines national reporting requirements on the overall BCF programme, with quarterly reports being submitted to NHS England (NHSE) and Health and Wellbeing Boards.
7. A plan for 2023-25 was approved on 25 September 2023 by the Health and Wellbeing Board (**Appendix 4**) and this submission allows local areas to revise the second year of the 2-year plan to set metrics, update discharge plans, review capacity and demand estimates and to confirm BCF spending plans based on final 2024/25 allocations.
8. For 2024/25 submissions consist of:
  - i BCF planning template including planned expenditure, confirmation that national conditions are met, ambitions for national metrics and additional contributions to BCF section 75 agreements. (**Appendix 1**);
  - ii ICB Discharge Funding 2024-25 template, showing the ICB to HWB funding allocation to support discharge from hospital. (**Appendix 2**)
9. Please note in relation to Appendix 1, there is reference to 'incomplete fields' on page 6 and page 11 re: expenditure. The National Team are aware of the template fields showing this error.

10. The BCF Plan 2024-25 meets national conditions in respect to minimum contributions, improved Better Care Fund (iBCF) and the Disabled Facilities Grant as well as the national condition to invest in NHS commissioned out-of-hospital services.
11. The BCF Plan 2024-25 provides details of how the second year of a two-year plan will be spent in line with the principles of the BCF.
12. The BCF policy framework sets out the national metrics for the BCF 2024-25, as follows:

Avoidable admissions to hospital	Unplanned admissions for chronic ambulatory care sensitive conditions
Falls	Emergency Hospital Admissions due to falls in people over 65.
Discharge to usual place of residence	Improving the proportion of people discharged home, based on data on discharge to their usual place of residence
Admissions to residential / nursing care homes	Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population

13. The two metrics currently derived from the adult social care Short and Long Term (SALT) return will be discontinued following the cessation of the SALT return.
14. It has been advised local areas should set an ambition for the existing BCF metric on long term admissions to residential care for people aged 65 and over, based on available data.
15. The previous metric on percentage of people aged 65 and over still at home 91 days after discharge from hospital to reablement or rehabilitation, has been discontinued, and no data is required to be collected.
16. There is a proposal to introduce a new metric based on the proportion of people discharged from hospital who are still at home after 91 days. This metric is currently in development and further guidance and advice will be provided later in 2024-25.
17. Overall, the 2024/25 BCF spend remains in line with the regional two-year plan.
18. There is no requirement for a separate narrative plan submission, as the 2023-25 narrative plan detailed at **Appendix 4** will still apply.
19. The Better Care Fund (BCF) policy framework and planning requirements for 2023 to 2025 set out the two core objectives for the BCF over these two years:
  - to enable people to stay well, safe and independent at home for longer
  - to provide people with the right care in the right place at the right time
20. The policy framework and planning requirements remain the primary documents. This addendum provides the information needed to finalise BCF plans for 2024 to 2025. It also confirms the overarching approach to the Discharge Fund for 2024 to 2025.
21. Capacity and Demand reporting remains, including some changes to the reporting template. Notable changes to the approach for 2024 to 2025 include:

- local areas to include estimates around spot purchasing
- merging reablement and rehabilitation pathways to improve accuracy of reporting
- providing greater clarity on pathway definitions and available data sources

22. Ahead of winter (in quarter two – 24/25 reporting), local areas will be required to provide capacity and demand actuals and to indicate any resulting changes in capacity and demand plans.

23. NHSE Timetable for Assurance

<b>Assurance Milestone</b>	<b>Date</b>
Scrutiny of BCF Plans by regional assurers, assurance panel meetings and regional moderation	10 June 2024 to 15 July 2024
Regionally moderated assurance outcomes sent to BCF team	15 July 2024
Cross-regional calibration	Mid-July 2024
Commence issuing of approvals letters giving formal permission to spend (NHS minimum)	31 July 2024
All section 75 agreements to be signed and in place	30 September 2024

24. On 22 August 2024 notice was received that the West Midlands Assurance Panel recommended Herefordshire's BCF Plan for 2024-2025 for approval, and this recommendation was endorsed by the Regional Director of NHS England (Midlands).

25. Following the recommendations of regional assurance, NHS England approves BCF plans in consultation with the Department of Health and Social Care (DHSC) and the Ministry of Housing, Communities and Local Government (MHCLG). NHS England, as the accountable body for the NHS minimum contribution to the fund.

26. Areas will now be written to confirming that the NHS minimum funding can be released subject to ongoing compliance with the conditions.

27. Quarterly BCF reporting will continue in 2024-25, with requirements to set out progress on delivery of plans. This includes the collection of spend and activity data.

## **Community impact**

28. The BCF plan is set within the context of the national programme of transformation and integration of health and social care. The council and HWICB continue to work together to deliver on the key priorities within the plan to achieve savings and improve the delivery of services in order to achieve the priorities of the health and wellbeing strategy in the most cost-effective way.

29. Talk Community brings together community, third sector and statutory services to connect with peers and share ideas and experiences within the local Primary Care Network (PCN) areas; working with communities to identify and address issues that affect them, increase sustainability of communities by facilitating the development of partnerships and collaborative approaches and helping identify any gaps in provision.



## Environmental impact

30. Herefordshire Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors we share a strong commitment to improving our environmental sustainability, achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.
31. Whilst this is a report on programme delivery and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the Council's Environmental Policy.

## Equality duty

32. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
33. The council and HWICB are committed to equality and compliance with the public sector equality duty. The public sector equality duty (specific duty) 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.
  34. Whilst this paper is not seeking any project specific decisions, the year-end report provides an overview of performance in relation to services funded by the BCF. The BCF programme aims to deliver better outcomes for older and disabled people and supports the council in proactively delivering its equality duty under the act. This is through improving the health and wellbeing of people in Herefordshire by enabling them to take greater control over their own homes and communities. There are no negative impacts for looked after children or with respect to the council's corporate parenting role.
  35. Commissioned services funded by the BCF consider arrangements to assess and consult on how functions impact on protected characteristics. Services are undertaken in a manner which respects individuality of service users, patients etc. Where appropriate, an Equality Impact Assessment (EIA) is undertaken for separate schemes and services that are within the BCF.

## Resource implications

36. Funding for the Better Care Fund has increased by £2.6m for 2024/25. However, funding of £2.3m utilised in 2023/24 is not available in 2024/25: the BCF underspend reserve was fully depleted by planned spending in 2023/24, and no Local Authority Urgent and Emergency Care Support (LAUEC) funding has been announced for 2024/25.
37. 2024/25 BCF Financial Plan – Summary

Funding Stream	2023/24 Plan Value	Change in Funding	2024/25 Total Funding	2024/25 Plan Value	Balance of Funding Over/(Under) committed
Mandatory Transfer to Adult Social Care	£6,874,214	£389,082	£7,263,296	£7,263,296	(£0)
NHS Commissioned Out of Hospital Services	£9,114,213	£515,862	£9,630,075	£9,630,075	£0
Disabled Facilities Grant	£2,466,616	£7,919	£2,474,535	£2,474,535	£0
Improved Better Care Fund	£6,782,841	£0	£6,782,841	£6,782,841	£0
Adult Social Care Discharge Fund	£1,998,716	£1,681,060	£3,806,849	£3,806,849	(£0)
<i>BCF Underspend Reserve</i>	£1,879,060	(£1,879,060)	£0	£0	£0
<i>Local Authority Urgent &amp; Emergency Care Fund</i>	£413,761	(£413,761)	£0	£0	£0
<b>TOTAL</b>	<b>£29,529,421</b>	<b>£301,776</b>	<b>£29,957,596</b>	<b>£29,957,596</b>	<b>(£0)</b>

38. The net effect of the changes is an increase in funding of £0.4million. This increase in funding is not sufficient to meet inflationary increases in recurrent commitments, so reductions in expenditure are necessary to deliver a balanced plan.
39. Most of the BCF funding is committed recurrently to core services, making disinvestment impossible without longer term planning. Expenditure on discharge services has the most flexibility: c£2.0million is spent on short-term care market placements to facilitate discharge, most of which is spot purchased.
40. There was no increase for 2024/25 for iBCF, causing a cost pressure of £0.36million once inflationary increases to recurrent commitments were funded. This pressure has been met by moving services and the cost pressure from BCF funding to council budgets.
41. One Herefordshire partners have focused on integration of discharge services, improvement in each discharge pathway generates potential for savings through reducing demand and increasing capacity in contracted services.
42. In the short time given for BCF planning a working group of officers from Herefordshire Council, Wye Valley Trust and H&W ICB focused on demand and capacity planning for discharge services to reduce expenditure on spot purchased capacity.
43. Improve capacity in contracted services:
- Increase occupancy levels and reduce average length of stay at Hillside and Ledbury intermediate care centres

- Increase staffing levels and contact time in Home First
  - Continue to use Bridging Service
  - Contract for bedded care at lower price per week than spot purchase costs
  - Reduce length of stay in short-term home care placements
44. Reduce demand for discharge services
- Eliminate delays in discharge from acute beds to Discharge to Assess (D2A) pathways
45. Planned changes to demand and capacity are realistic and achievable but challenging. Failure to reduce spending on discharge capacity is by far the biggest financial risk for BCF in 2024/25.

<b>D2A RESIDENTIAL CARE DEMAND &amp; CAPACITY SUMMARY</b>		
2023/24 Residential Care Demand	10,883	OBDs
Move demand to Home First by reducing discharge delays	-2,543	OBDs
<b>2024/25 Revised demand</b>	<b>8,340</b>	OBDs
Hillside 2023/24 capacity	6,310	OBDs
Increase capacity by increasing occupancy levels	240	OBDs
Increase capacity by reducing average length of stay	614	OBDs
<b>Hillside 2024/25 capacity</b>	<b>7,164</b>	OBDs
<b>Optimum block contracted capacity</b>	<b>462</b>	OBDs
<b>Spot purchase capacity required</b>	<b>715</b>	OBDs
<b>D2A Residential Care Costs</b>	<b>2024/25 Budget</b>	<b>2023/24 Outturn</b>
Budgeted costs of Hillside	£1,311,317.00	£1,384,620.00
Additional costs of increased occupancy at Hillside	£0.00	£0.00
Estimated costs of contracted beds	£54,699.30	£117,958.00
Estimated costs of spot purchase beds	£127,884.66	£526,123.00
<b>Total cost of residential care</b>	<b>£1,493,900.96</b>	<b>£2,028,701.00</b>
<b>Planned Reduction in Costs</b>	<b>-£534,800.04</b>	

<b>D2A NURSING CARE DEMAND &amp; CAPACITY SUMMARY</b>		
2023/24 Nursing Care Demand	8.032	OBDs
LICU 2023/24 capacity	3.026	OBDs
Increase capacity by increasing occupancy levels	300	OBDs
Increase capacity by reducing average length of stay	153	OBDs
<b>LICU 2024/25 capacity</b>	<b>3.479</b>	<b>OBDs</b>
<b>Optimum block contracted capacity</b>	<b>462</b>	<b>OBDs</b>
<b>Spot purchase capacity required</b>	<b>4.091</b>	<b>OBDs</b>
<b>D2A Nursing Care Costs</b>	<b>2024/25 Budget</b>	<b>2023/24 Outturn</b>
Budgeted costs of LICU	£1,320,817.58	£1,255,649.37
Additional costs of increased occupancy at LICU	£0.00	£0.00
Estimated costs of contracted beds	£69,600.06	£223,966.00
Estimated costs of spot purchase beds	£673,673.98	£688,027.00
<b>Total cost of nursing care</b>	<b>£2,064,091.61</b>	<b>£2,167,642.37</b>
<b>Planned Reduction in Costs</b>	<b>-£103,550.76</b>	

<b>D2A HOME FIRST DEMAND &amp; CAPACITY SUMMARY</b>		
2023/24 Home First Demand	73,400	hours
Reduce demand by reducing average length of stay in home care	-2,467	hours
Demand moved to Home First by reducing discharge delays	7,426	hours
<b>2024/25 Revised demand</b>	<b>78,359</b>	<b>hours</b>
Home First 2023/24 capacity	34,397	hours
Increase capacity by reducing staffing vacancies	9,304	hours
Increase capacity by reducing average length of stay	3129	hours
<b>Home First 2024/25 capacity</b>	<b>46,830</b>	<b>hours</b>
<b>Bridging Service 2023/24 capacity</b>	<b>7,654</b>	<b>hours</b>
<b>Spot purchase capacity required</b>	<b>23,874</b>	<b>hours</b>
<b>D2A Home First Costs</b>	<b>2024/25 Budget</b>	<b>2023/24 Outturn</b>
Budgeted costs of Home First	£2,842,156.28	£2,922,747.00
Additional costs of reduction in Home First vacancies	£0.00	£0.00
Budgeted costs of Bridging Service	£160,042.77	£156,751.00
Estimated costs of spot purchase hours	£542,712.36	£320,840.91
<b>Total cost of Home First</b>	<b>£3,544,911.41</b>	<b>£3,400,338.91</b>
<b>Planned Increase in Costs</b>	<b>-£144,572.50</b>	

## Legal implications

46. The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. It allows for the Mandate to NHS England to include specific requirements to instruct NHS England over the BCF, and NHS England to direct Integrated Care Boards to pool the necessary funding. The council is legally obliged to comply with grant conditions, which have been complied with.
47. Health and wellbeing boards are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision.
48. Their purpose is to establish collaborative decision making, planning and commissioning across councils and the NHS, informed by the views of patients, people who use services and other partners.
49. Overseeing the deployment of BCF resources locally is a key part of their remit. BCF plans have to be signed off by the health and wellbeing board as well as the HWICB, which represents the NHS side of the equation
50. Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies (as defined in section 275 and 276 of the NHS Act 2006) to exercise certain local authority functions and for local authorities to exercise various NHS functions. The parties entered into a section 75 agreement in exercise of those powers under and pursuant of the NHS Regulations 2000.
51. The iBCF is paid directly to the council via a Section 31 grant from the MHCLG. The Government has attached a set of conditions to the Section 31 grant to ensure it is included in the BCF at local level and will be spent on adult social care. The council are legally obliged to comply with the grant conditions set.

## Risk management

52. Monitoring the delivery of the Herefordshire BCF Plan is undertaken by the council and HWICB. The Transformation and Improvement Lead monitors any risks, which are managed through the community and wellbeing directorate risk register where necessary.
53. The One Herefordshire Integrated Care Executive (ICE) undertakes scrutiny of performance monitoring of BCF by:
- Building consensus between partners and setting objectives beyond the nationally determined outcomes as part of the annual planning of the Better Care Fund, including the BCF Plan.
  - Development and implementation of new and/or revised services or care pathways.
  - Monitoring, delivery and reporting of performance and outcomes.
  - Budget management and ensuring spending lives within the resources allocated, identifying remedial actions where spending is off trajectory.

Risk / Opportunity	Mitigation
Failure to agree a joint plan and meet the national conditions	Plan has been developed in partnership. Delivery and progress to be monitored on an ongoing basis.
Fail regional/national assurance process	The council and HWICB have worked through the national guidance and requirements to ensure a robust response, and a comprehensive, detailed plan is submitted.
Failure to achieve national metric ambitions	A robust process form monitoring activity monthly is in place and will be monitored through the Integrated Care Executive (ICE).
Overspending, particularly on discharge capacity	The council and HWICB are working with One Herefordshire Partnership to revise and improve the service model for Discharge to Assess to be recurrently sustainable.
Increasing demand due to the demography of expected older age population.	Several of the schemes include both areas that support prevention and the urgent care parts of the system to spread the risk. In addition, the council continues to lead on development with communities.

## Consultees

54. The content of the report has been provided by partners within One Herefordshire Partnership, HWICB, WVT, Hoople Ltd and appropriate internal Herefordshire Council staff.

## Appendices

- Appendix 1 – Herefordshire’s BCF 2024-2025 planning template
- Appendix 2 – HWICB 2024-2025 Discharge Funding Template
- Appendix 3 – Addendum to the 2023-25 BCF policy framework and planning requirements
- Appendix 4 – Herefordshire BCF Plan 2023-25

## Background papers

None identified.

## Report Reviewers Used for appraising this report:

**Please note this section must be completed before the report can be published**

Governance	Ben Baugh	Date 27/08/2024
Finance	Wendy Pickering	Date 29/08/2024
Legal	Sam Evans	Date 22/08/2024
Communications	Luenne Featherstone	Date 20/08/2024
Equality Duty	Harriet Yellin	Date 27/08/2024
Procurement	Carrie Christopher	Date 23/08/2024
Risk	Jessica Karia	Date 21/08/2024

Approved by	Hilary Hall	Date 29/08/2024
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	<b>Glossary of terms, abbreviations and acronyms</b>
<b>BCF</b>	Better Care Fund
<b>iBCF</b>	Improved Better Care Fund
<b>HWICB</b>	Herefordshire & Worcestershire Integrated Care Board
<b>HWBB</b>	Health and Wellbeing Board
<b>DFG</b>	Disabled Facilities Grant
<b>D2A</b>	Discharge to Assess
<b>DHSC</b>	Department of Health and Social Care
<b>MHCLG</b>	Ministry of Housing, Communities and Local Government
<b>1HP</b>	One Herefordshire Partnership
<b>ICE</b>	Integrated Care Executive
<b>PCN</b>	Primary Care Network
<b>SALT</b>	Short and Long Term
<b>LICU</b>	Leominster Intermediate Care Unit (Shaw Healthcare)
<b>OBDs</b>	Occupied Bed Days
<b>LAUEC</b>	Local Authority Urgent and Emergency Care

## Overview

### Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

#### Data needs inputting in the cell

Pre-populated cells

### 2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells in this table are green should the template be sent to the Better Care Fund Team: [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) (please also copy in your Better Care Manager).

3. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear red and contain the word 'No' if the information has not been completed. Once completed the checker column will change to green and contain the word 'Yes'.

4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

6. Please ensure that all boxes on the checklist are green before submission.

7. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority. If your plan has been signed off by the full HWB, or has been signed off through a formal delegation route, select YES. If your plan has not yet been signed off by the HWB, select NO.

### 4. Capacity and Demand

A full capacity and demand planning document has been shared on the Better Care Exchange, please check this document before submitting any questions on capacity and demand planning to your BCM. Below is the basic guidance for completing this section of the template.

As with the last capacity and demand update, summary tables have been included at the top of both capacity and demand sheets that will auto-fill as you complete the template, providing an at-a-glance summary of the detail below.

#### 4.2 Hospital Discharge

A new text field has been added this year, asking for a description of the support you are providing to people for less complex discharges that do not require formal reablement or rehabilitation. Please answer this briefly, in a couple of sentences.

The capacity section of this template remains largely the same as in previous years, asking for estimates of available capacity for each month of the year for each pathway. An additional ask has now also been included, for the estimated average time between referral and commencement of service. Further information about this is available in the capacity and demand guidance and q&a documents.

The demand section of this sheet is unchanged from last year, requesting expected discharges per pathway for each month, broken down by referral source.

To the right of the summary table, there is another new requirement for areas to include estimates of the average length of stay/number of contact hours for individuals on each of the discharge pathways. Please estimate this as an average across the whole year.

#### 4.3 Community

Please enter estimated capacity and demand per month for each service type.

The community sheet also requires areas to enter estimated average length of stay/number of contact hours for individuals in each service type for the whole year.

### 5. Income

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2024-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations, DFG allocations and allocations of ASC Discharge Fund grant to local authorities for 2024-25. The iBCF grant in 2024-25 remains at the same value nationally as in 2023-24.

2. The sheet will be largely auto-populated from either 2023-25 plans or confirmed allocations. You will be able to update the value of the following income types locally:

- ICB element of Additional Discharge Funding
- Additional Contributions (LA and ICB)

If you need to make an update to any of the funding streams, select 'yes' in the boxes where this is asked and cells for the income stream below will turn yellow and become editable. Please use the comments boxes to outline reasons for any changes and any other relevant information.

3. The sheet will pre populate the amount from the ICB allocation of Additional Discharge Funding that was entered in your original BCF plan. Areas will need to confirm and enter the final agreed amount that will be allocated to the HWB's BCF pool in 2024-25. As set out in the Addendum to the Policy Framework and Planning Requirements; the amount of funding allocated locally to HWBs should be agreed between the ICB and councils. These will be checked against a separate ICB return to ensure they reconcile.
4. The additional contributions from ICBs and councils that were entered in original plans will pre-populate. Please confirm the contributions for 2024-25. If there is a change to these figures agreed in the final plan for 2024-25, please select 'Yes' in answer to the Question 'Do you wish to update your Additional (LA/ICB) Contributions for 2024-25?'. You will then be able to enter the revised amount. These new figures will appear as funding sources in sheet 6a when you are reviewing planned expenditure.
5. Please use the comment boxes alongside to add any specific detail around this additional contribution.
6. If you are pooling any funding carried over from 2023-24 (i.e. underspends from BCF mandatory contributions) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field at the bottom of the sheet to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.
7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.
8. For any questions regarding the BCF funding allocations, please contact [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) (please also copy in your Better Care Manager).



## 6. Expenditure

This sheet has been auto-populated with spending plans for 2024-25 from your original 2023-25 BCF plans. You should update any 2024-25 schemes that have changed from the original plan. The default expectation is that plans agreed in the original plan will be taken forward, but where changes to schemes have been made (or where a lower level of discharge fund allocation was assumed in your original plan), the amount of expenditure and expected outputs can be amended. There is also space to add new schemes, where applicable.

If you need to make changes to a scheme, you should select yes from the drop down in column X. When 'yes' is selected in this column, the 'updated outputs for 2024-25' and 'updated spend for 2024-25' cells turn yellow and become editable for this scheme. If you would like to remove a scheme type please select yes in column X and enter zeros in the editable columns. The columns with yellow headings will become editable once yes is selected in column X - if you wish to make further changes to a scheme, please enter zeros into the editable boxes and use the process outlined below to re-enter the scheme.

If you need to add any new schemes, you can click the link at the top of the sheet that reads 'to add new schemes' to travel quickly to this section of the table.

For new schemes, as with 2023-25 plans, the table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet, please enter the following information:

### 1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

### 2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

### 3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

### 4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 6b.

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the dropdown list that best describes the scheme being planned.

- Please note that the dropdown list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.

- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

### 5. Expected outputs

- You will need to set out the expected number of outputs you expect to be delivered in 2024-25 for some scheme types. If you select a relevant scheme type, the 'expected outputs' column will unlock and the unit column will pre populate with the unit for that scheme type.

- You will not be able to change the unit and should use an estimate where necessary. The outputs field will only accept numeric characters.

- A table showing the scheme types that require an estimate of outputs and the units that will prepopulate can be found in tab 6b. Expenditure Guidance.

You do not need to fill out these columns for certain scheme types. Where this is the case, the cells will turn blue and the column will remain empty.

- A change has been made to the standard units for residential placements. The units will now read as 'Beds' only, rather than 'Beds/placements'

### 6. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards eligible expenditure on social care under National Condition 4.

### 7. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.

- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

#### 8. Provider:

- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

#### 9. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

#### 10. Expenditure (£)2024-25:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

#### 11. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

#### 12. Percentage of overall spend.

This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This was a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance. This estimate should be based on expected spend in that category in the BCF over both years of the programme divided by both years total spend in that same category in the system.

#### 7. Metrics

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2024-25. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2024-25.

Some changes have been made to the metrics since 2023-25 planning; further detail about this is available in the Addendum to the BCF Policy Framework and Planning Requirements 2023-25. The avoidable admissions, discharge to usual place of residence and falls metrics remain the same. Due to the standing down of the SALT data collection, changes have been made to the effectiveness of reablement and permanent admissions metrics.

The effectiveness of reablement metric will no longer be included in the BCF as there is no direct replacement for the previous measure.

The metric for rate of admissions to Areas should set their ambitions for these metrics based on previous SALT data.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

#### 1. Unplanned admissions for chronic ambulatory care sensitive conditions:

- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2024-25. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions\*100) and multiplying by the crude rate
- The population data used is the latest available at the time of writing (2021)
- Actual performance for each quarter of 2023-24 are pre-populated in the template and will display once the local authority has been selected in the dropdown box on the Cover sheet.
- Please use the ISR Tool published on the BCX where you can input your assumptions and simply copy the output ISR:

<https://future.nhs.uk/bettercareexchange/view?objectId=143133861>

- Technical definitions for the guidance can be found here:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions>

## **2. Falls**

- This metric for the BCF requires areas to agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.
  - This is a measure in the Public Health Outcome Framework.
  - This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.
  - Please enter the indicator value as well as the expected count of admissions and population for 2023-24 and 2024-25 plan.
  - We have pre-populated the previously entered planned figures for your information and further more recent data will be available on the BCX in the data pack here: <https://future.nhs.uk/bettercareexchange/view?objectID=116035109>
- Further information about this measure and methodology used can be found here:  
<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4>

## **3. Discharge to usual place of residence.**

- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. Areas should agree ambitions for a rate for each quarter of the year.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet where available else we will use the previously entered plan data.

## **4. Residential Admissions:**

- This section requires inputting the expected and plan numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2023-24. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Although this data collection will be discontinued it is anticipated this will map across to the new CLD extract once this becomes available.



Better Care Fund 2024-25 Update Template

2. Cover

Version 1.3.0

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Herefordshire, County of	
Completed by:	Marie Gallagher/Adrian Griffiths/Jon Barnes	
E-mail:	Marie.Gallagher1@herefordshire.gov.uk; Adrian.Griffiths2@herefordshire.gov.uk	
Contact number:	01432 260435	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no please indicate when the HWB is expected to sign off the plan:	Mon 16/09/2024	<< Please enter using the format, DD/MM/YYYY

Complete:

Yes
Yes
Yes
Yes
Yes
Yes

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Carole	Gandy	carole.gandy@herefordshire.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Mr	Simon	Trickett	simon.trickett@nhs.net
	Additional ICB(s) contacts if relevant	Mr	Mark	Dutton	mark.dutton@nhs.net
	Local Authority Chief Executive	Mr	Paul	Walker	Paul.Walker@herefordshire.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Mrs	Hilary	Hall	hilary.hall@herefordshire.gov.uk
	Better Care Fund Lead Official	Mr	Adrian	Griffiths	Adrian.Griffiths2@herefordshire.gov.uk
	LA Section 151 Officer	Mr	Andrew	Lovegrove	Andrew.Lovegrove@herefordshire.gov.uk
Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->					

Yes
Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
3.2 C&D Hospital Discharge	Yes
3.3 C&D Community	Yes
5. Income	Yes
6a. Expenditure	No
7. Narrative updates	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

<< [Link to the Guidance sheet](#)

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## Better Care Fund 2024-25 Update Template

### 3. Summary

Selected Health and Wellbeing Board:

Herefordshire, County of

#### Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£2,474,535	£2,474,535	£0
Minimum NHS Contribution	£16,893,372	£16,893,372	£0
iBCF	£6,782,841	£6,782,841	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Local Authority Discharge Funding	£1,584,906	£1,584,906	£0
ICB Discharge Funding	£2,221,943	£2,221,943	£0
<b>Total</b>	<b>£29,957,598</b>	<b>£29,957,597</b>	<b>£1</b>

[Expenditure >>](#)

#### NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	2024-25
Minimum required spend	£4,800,617
Planned spend	£9,601,531

#### Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£7,263,293
Planned spend	£7,291,841

[Metrics >>](#)

#### Avoidable admissions

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	212.0	212.0	212.0	212.0

#### Falls

		2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,696.0	1,696.0
	Count	592	592
	Population	51623	51623

#### Discharge to normal place of residence

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	91.4%	91.4%	91.4%	91.4%

#### Residential Admissions

		2022-23 Actual	2024-25 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	393	520

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	0
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	0
NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes



Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board:

Herefordshire, County of

Community		Refreshed capacity surplus:											
Capacity - Demand (positive is Surplus)		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)		0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response		0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home		0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting		0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care		0	0	0	0	0	0	0	0	0	0	0	0

Average LoS/Contact Hours	
Full Year	Units
0	Contact Hours
36.85	Contact Hours
36.85	Contact Hours
0	Average LoS
0	Contact Hours

Checklist

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes

Capacity - Community		Please enter refreshed expected capacity:											
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly capacity. Number of new clients.	17.42	17.68	16.64	14.3	17.03	16.51	18.59	19.89	17.68	18.33	18.33	20.54
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	32.16	32.64	30.72	26.4	31.44	30.48	34.32	36.72	32.64	33.84	33.84	37.92
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

- Yes
- Yes
- Yes
- Yes
- Yes

Demand - Community		Please enter refreshed expected no. of referrals:											
Service Type	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly capacity. Number of new clients.	17.42	17.68	16.64	14.3	17.03	16.51	18.59	19.89	17.68	18.33	18.33	20.54
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	32.16	32.64	30.72	26.4	31.44	30.48	34.32	36.72	32.64	33.84	33.84	37.92
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

- Yes
- Yes
- Yes
- Yes
- Yes

**Better Care Fund 2024-25 Update Template**

**5. Income**

Selected Health and Wellbeing Board:

Herefordshire, County of

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Herefordshire, County of	£2,474,535
DFG breakdown for two-tier areas only (where applicable)	
<b>Total Minimum LA Contribution (exc iBCF)</b>	<b>£2,474,535</b>

**Complete:**

Yes

Local Authority Discharge Funding	Contribution
Herefordshire, County of	£1,584,906

Yes

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS Herefordshire and Worcestershire ICB	£2,221,943	£2,221,943	
<b>Total ICB Discharge Fund Contribution</b>	<b>£2,221,943</b>	<b>£2,221,943</b>	

Yes

iBCF Contribution	Contribution
Herefordshire, County of	£6,782,841
<b>Total iBCF Contribution</b>	<b>£6,782,841</b>

Yes

Local Authority Additional Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
<b>Total Additional Local Authority Contribution</b>	<b>£0</b>	<b>£0</b>	

Yes

NHS Minimum Contribution	Contribution
NHS Herefordshire and Worcestershire ICB	£16,893,372
<b>Total NHS Minimum Contribution</b>	<b>£16,893,372</b>

Additional ICB Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
<b>Total Additional NHS Contribution</b>	<b>£0</b>	<b>£0</b>	
<b>Total NHS Contribution</b>	<b>£16,893,372</b>	<b>£16,893,372</b>	

Yes

Total BCF Pooled Budget	2024-25
	<b>£29,957,598</b>

**Funding Contributions Comments**  
Optional for any useful detail e.g. Carry over



Better Care Fund 2024-25 Update Template

To Add New Schemes

6. Expenditure

Selected Health and Wellbeing Board:

Herefordshire, County of

<< Link to summary sheet

Running Balances	2024-25		
	Income	Expenditure	Balance
DFG	£2,474,535	£2,474,535	£0
Minimum NHS Contribution	£16,893,372	£16,893,372	£0
iBCF	£6,782,841	£6,782,841	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£0	£0	£0
Local Authority Discharge Funding	£1,584,906	£1,584,906	£0
ICB Discharge Funding	£2,221,943	£2,221,943	£0
<b>Total</b>	<b>£29,957,598</b>	<b>£29,957,597</b>	<b>£1</b>

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2024-25		
	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£4,800,617	£9,601,531	£0
Adult Social Care services spend from the minimum ICB allocations	£7,263,293	£7,291,841	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
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>> Incomplete fields on row number(s):

#NAME?

31

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Previously entered Outputs for 2024-25	Updated Outputs for 2024-25	Units	Planned Expenditure		Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Previously entered Expenditure for 2024-25 (£)	Updated Expenditure for 2024-25 (£)	% of Overall Spend (Average)	Do you wish to update?	Comments if updated e.g. reason for the changes made
									Area of Spend	Please specify if 'Area of Spend' is 'other'											
51	Community Resilience & Prevention	Falls First Response	Prevention / Early Intervention	Other	Falls Prevention & Responder				Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£45,310	£45,056	25%	Yes	Agreed contract uplift
51	Community Resilience & Prevention	Community Commissioning	Prevention / Early Intervention	Other	Commissioning & contracting for community-				Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£409,286	£535,207	100%	Yes	Pay award and increase in budgeted establishment
52	Support for Hospital Discharge	Integrated Discharge Lead	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			NHS Acute Provider	Minimum NHS Contribution	Existing	£49,220	£0	0%	Yes	Scheme amalgamated in new scheme- WVT Integrated Care services
52	Support for Hospital Discharge	Integrated Discharge- Home First	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		1550	1140	Packages	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£2,496,797	£2,321,847	82%	Yes	Agreed contract uplift
52	Support for Hospital Discharge	Integrated Discharge- Hillside ICC	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement accepting step up and step down users			117	Number of placements	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£394,264	£440,340	34%	Yes	Consolidation of funding from other lines and agreed contract uplift
52	Support for Hospital Discharge	Care Act Assessment Team	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Social Care		LA			Local Authority	Minimum NHS Contribution	New	£306,277	£301,226	61%	Yes	Pay award
52	Support for Hospital Discharge	Housing Hospital Discharge Team	High Impact Change Model for Managing Transfer of Care	Housing and related services					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£91,387	£0	0%	Yes	Service moved to IBCF funding
52	Support for Hospital Discharge	Brokerage	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£281,046	£277,027	100%	Yes	Pay award
52	Support for Hospital Discharge	Locality Manager- Urgent Care	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£90,706	£0	0%	Yes	Scheme ended
52	Support for Hospital Discharge	ART	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£370,579	£383,330	100%	Yes	Pay award
52	Support for Hospital Discharge	HLT	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£221,338	£222,379	100%	Yes	Pay award
52	Support for Hospital Discharge	Emergency Duty Social Work	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£23,774	£0	100%	Yes	Scheme transferred out of BCF funding
53	Partnerships & Integration Support	Partnerships & Integration Staffing	Enablers for Integration	Programme management					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£404,565	£403,855	93%	Yes	Pay award, change in structure and new post
54	Social Care Complex Needs	DoLS / AMHPs	Care Act Implementation Related Duties	Independent Mental Health Advocacy					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,037,337	£1,001,473	100%	Yes	Budget set to 2023/24 outturn
54	Social Care Complex Needs	Safeguarding	Care Act Implementation Related Duties	Safeguarding					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£282,427	£286,395	100%	Yes	Pay award
54	Social Care Complex Needs	Complex Needs	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£166,014	£0	0%	Yes	Scheme ended
54	Social Care Complex Needs	Transitions	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£282,264	£283,407	100%	Yes	Pay award

54	Social Care Complex Needs	Maximising Independence	Prevention / Early Intervention	Choice Policy					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£72,967	£0	0%	Yes	Scheme ended
57	Carers Support	Carers Support Contracts	Care Act Implementation Related Duties	Other	Carer support and advice				Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£169,056	£225,000	100%	Yes	Scheme amalgamated
57	Carers Support	Carers Support Contracts	Care Act Implementation Related Duties	Other	Carer support and advice				Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£68,679	£0	0%	Yes	Scheme amalgamated
51	Community Resilience & Prevention	Falls First Response	Prevention / Early Intervention	Other	Falls Prevention & Responder				Community Health		NHS			Private Sector	Minimum NHS Contribution	Existing	£134,059	£133,306	75%	Yes	Agreed contract value
52	Support for Hospital Discharge	Integrated Discharge- LICU	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term)	Bed-based intermediate care with reablement accepting step up and step down users		151	Number of placements		Community Health		NHS			Private Sector	Minimum NHS Contribution	Existing	£1,053,470	£1,055,333	80%	Yes	Agreed contract uplift
52	Support for Hospital Discharge	Integrated Discharge	Residential Placements	Short-term residential/nursing care for someone likely to require a longer-term care home		0	Number of beds		Community Health		NHS			Private Sector	Minimum NHS Contribution	Existing	£199,526	£0	0%	Yes	Scheme ended
57	Carers Support	Acorns Children's Hospice	Carers Services	Respite services		21	21	Beneficiaries	Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£33,322	£32,995	5%	Yes	Agreed contract value
57	Carers Support	St Michael's Hospice Carer's Support	Carers Services	Respite services		288	288	Beneficiaries	Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£270,838	£268,177	13%	Yes	Agreed contract value
60	Community Health Services	General Rehab Beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term)	Bed-based intermediate care with rehabilitation accepting step up and step down users		666	0	Number of placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£5,804,188	£0	0%	Yes	Scheme amalgamated in new scheme- WVT Integrated Care services
60	Community Health Services	Neighbourhood Teams	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£2,134,676	£0	0%	Yes	Scheme amalgamated in new scheme- WVT Integrated Care services
33	Disabled Facilities Grant	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG grants		165	174	Number of adaptations funded/people	Social Care		LA			Local Authority	DFG	Existing	£2,268,653	£2,474,535	100%	Yes	Confirmed grant allocation
151	Community Resilience & Prevention	Talk Community Grants	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	iBCF	Existing	£133,686	£91,686	100%	Yes	Scheme aligned to council budget
151	Community Resilience & Prevention	Talk Community Management	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	iBCF	Existing	£232,452	£248,674	100%	Yes	Pay award
151	Community Resilience & Prevention	Talk Community Brokers	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	iBCF	Existing	£159,178	£142,699	100%	Yes	Pay award + planned saving
151	Community Resilience & Prevention	Talk Community Development	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	iBCF	Existing	£411,452	£330,234	100%	Yes	Pay award + change in structure + planned saving
151	Community Resilience & Prevention	Talk Community Directory	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	iBCF	Existing	£109,280	£142,656	100%	Yes	Increase in contract value for website
151	Community Resilience & Prevention	Talk Community Service Director	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	iBCF	Existing	£125,501	£130,350	100%	Yes	Pay award
151	Community Resilience & Prevention	Customer Services	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	iBCF	Existing	£603,781	£0	0%	Yes	Scheme transferred out of BCF funding
151	Community Resilience & Prevention	Care Navigator Frequent Fallers	Prevention / Early Intervention	Other	Falls Prevention & Responder				Social Care		LA			Local Authority	iBCF	Existing	£44,000		100%	No	
151	Community Resilience & Prevention	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy					Social Care		LA			Local Authority	iBCF	Existing	£207,950		100%	No	
152	Support for Hospital Discharge	Trusted Assessors	High Impact Change Model for Managing Transfer of Care	Trusted Assessment					Social Care		LA			Local Authority	iBCF	Existing	£79,866	£85,457	100%	Yes	Contract uplift
152	Support for Hospital Discharge	Additional Costs of D2A beds (Ledbury ICU)	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term)	Bed-based intermediate care with reablement accepting step up and step down users		38	Number of placements		Social Care		LA			Local Authority	iBCF	Existing	£252,344	£265,484	20%	Yes	Agreed contract uplift
152	Support for Hospital Discharge	Integrated Discharge- Hillside ICC	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term)	Bed-based intermediate care with reablement accepting step up and step down users		0	Number of placements		Social Care		LA			Local Authority	iBCF	Existing	£70,289	£0	0%	Yes	Consolidation of funding into other lines
154	Social Care Services	Locality Social Work Teams	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA			Local Authority	iBCF	Existing	£3,729,686	£4,003,096	100%	Yes	Pay award + structure change + planned saving
154	Social Care Services	Social Care Business Delivery & Practice Improvements	Enablers for Integration	Workforce development					Social Care		LA			Local Authority	iBCF	Existing	£341,824	£255,122	100%	Yes	Pay award + structure change + planned saving
154	Social Care Services	Shared Lives	Residential Placements	Other	Shared Lives	57	57	Number of beds	Social Care		LA			Local Authority	iBCF	Existing	£163,728	£252,827	100%	Yes	Pay award + structure change
156	Care Market Development	Care Home Practitioners	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes					Social Care		LA			Local Authority	iBCF	Existing	£92,824	£0	0%	Yes	Scheme amalgamated in new scheme- WVT Integrated Care services
156	Care Market Development	Minor Investments Fund	Prevention / Early Intervention	Other	Miscellaneous small grants and payments to aid				Social Care		LA			Local Authority	iBCF	Existing	£15,000	£0	100%	Yes	Scheme ended
156	Care Market Development	Herefordshire Cares Website	Enablers for Integration	Other	Employment Services				Social Care		LA			Local Authority	iBCF	Existing	£10,000	£0	100%	Yes	Scheme ended
401	Support for Hospital Discharge	Integrated Discharge beds @ Hillside Intermediate Care Centre	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term)	Bed-based intermediate care with reablement accepting step up and step down users		228	Number of placements		Social Care		LA			Private Sector	Local Authority Discharge Funding	Existing	£375,464	£870,977	66%	Yes	Consolidation of funding from other lines and agreed contract uplift
401	Support for Hospital Discharge	Integrated Community Discharge	Community Based Schemes	Other	Integrated Community Discharge				Community Health		NHS			Private Sector	ICB Discharge Funding	New	£2,221,943	£0	0%	Yes	Funding consolidated in other lines

401	Support for Hospital Discharge	Bridging Service	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		120	248	Packages	Community Health		LA			NHS Community Provider	Local Authority Discharge Funding	New	£361,224	£0	0%	Yes	Scheme amalgamated in new scheme- WVT Integrated Care services
401	Support for Hospital Discharge	VSO Discharge Support	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess pathway 0)					Social Care		LA			Charity / Voluntary Sector	Local Authority Discharge Funding	New	£76,360	£0	0%	Yes	Scheme ended
401	Support for Hospital Discharge	WVT Integrated Discharge Staffing	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Community Health		LA			NHS Community Provider	Local Authority Discharge Funding	New	£412,778	£0	100%	Yes	Scheme amalgamated in new scheme- WVT Integrated Care services
401	Support for Hospital Discharge	Medical Cover for D2A Care Home Beds	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes					Social Care		LA			Private Sector	Local Authority Discharge Funding	Existing	£79,680	£0	0%	Yes	Scheme move to ICB discharge funding
401	Support for Hospital Discharge	Social Care Staffing	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	Local Authority Discharge Funding	New	£279,401	£0	0%	Yes	Scheme ended

## Adding New Schemes:

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Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Outputs for 2024-25	Units (auto-populate)	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner) (auto-populate)	Provider	Source of Funding	New/ Existing Scheme	Expenditure for 2024-25 (£)	% of Overall Spend
28	Support for Hospital Discharge	Care Act Assessment Team	Integrated Care Planning and Navigation	Assessment teams/joint assessment				Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£193,620	39%
35	Support for Hospital Discharge	Housing Hospital Discharge Team	High Impact Change Model for Managing Transfer of Care	Housing and related services				Social Care		LA			Local Authority	iBCF	Existing	£98,173	100%
43	Partnerships & Integration Support	Partnerships & Integration Staffing	Enablers for Integration	Programme management				Social Care		LA			Local Authority	Minimum NHS Contribution	New	£28,546	7%
56	Support for Hospital Discharge	WVT Integrated Care Services	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge				Social Care		LA			NHS Community Provider	Minimum NHS Contribution	New	£252,388	3%
56	Care Market Development	WVT Integrated Care Services	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge				Community Health		LA			NHS Community Provider	iBCF	Existing	£128,681	1%
56	Support for Hospital Discharge	WVT Integrated Care Services	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge				Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	New	£8,111,719	91%
56	Support for Hospital Discharge	WVT Integrated Care Services	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge				Community Health		NHS			NHS Community Provider	ICB Discharge Funding	Existing	£415,926	5%
43	Partnerships & Integration Support	Partnerships & Integration Staffing	Enablers for Integration	Programme management				Community Health		LA			NHS	ICB Discharge Funding	New	£56,000	100%
33	Support for Hospital Discharge	Integrated Discharge- Home First	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		250	Packages	Social Care		LA			Private Sector	Local Authority Discharge Funding	Existing	£520,309	18%
34	Support for Hospital Discharge	Hospital Discharge Transport	High Impact Change Model for Managing Transfer of Care	Other	Increase in hospital discharge			Acute		NHS			Private Sector	ICB Discharge Funding	New	£235,374	100%
38	Support for Hospital Discharge	Short-term care home beds	Residential Placements	Short term residential care (without rehabilitation or reablement input)		292	Number of beds	Social Care		LA			Private Sector	ICB Discharge Funding	New	£923,931	100%
39	Support for Hospital Discharge	Short-term home care placements	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		23874	Hours of care (Unless short-term in which)	Social Care		LA			Private Sector	ICB Discharge Funding	New	£542,712	100%
52	Social Care Services	Social Care Operations Management	Integrated Care Planning and Navigation	Care navigation and planning				Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£284,366	100%
52	Social Care Services	Social Care Operations Management	Integrated Care Planning and Navigation	Care navigation and planning				Social Care		LA			Local Authority	iBCF	Existing	£92,028	100%
55	Residential Placements	Short-term respite care	Residential Placements	Short term residential care (without rehabilitation or reablement input)		84	Number of beds	Social Care		LA			Local Authority	iBCF	Existing	£263,724	100%
401	Support for Hospital Discharge	Medical Cover for D2A Care Home Beds	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes				Primary Care		NHS			Private Sector	ICB Discharge Funding	Existing	£48,000	100%

## Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

### 2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Independent Mental Health Advocacy 2. Safeguarding 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis.  This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams)  Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.  The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes.  Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals.  Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.  Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step down users 7. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.

12	Home-based intermediate care services	<ol style="list-style-type: none"> <li>1. Reablement at home (to support discharge)</li> <li>2. Reablement at home (to prevent admission to hospital or residential care)</li> <li>3. Reablement at home (accepting step up and step down users)</li> <li>4. Rehabilitation at home (to support discharge)</li> <li>5. Rehabilitation at home (to prevent admission to hospital or residential care)</li> <li>6. Rehabilitation at home (accepting step up and step down users)</li> <li>7. Joint reablement and rehabilitation service (to support discharge)</li> <li>8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care)</li> <li>9. Joint reablement and rehabilitation service (accepting step up and step down users)</li> <li>10. Other</li> </ol>	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
15	Personalised Care at Home	<ol style="list-style-type: none"> <li>1. Mental health /wellbeing</li> <li>2. Physical health/wellbeing</li> <li>3. Other</li> </ol>	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	<ol style="list-style-type: none"> <li>1. Social Prescribing</li> <li>2. Risk Stratification</li> <li>3. Choice Policy</li> <li>4. Other</li> </ol>	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	<ol style="list-style-type: none"> <li>1. Supported housing</li> <li>2. Learning disability</li> <li>3. Extra care</li> <li>4. Care home</li> <li>5. Nursing home</li> <li>6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement</li> <li>7. Short term residential care (without rehabilitation or reablement input)</li> <li>8. Other</li> </ol>	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	<ol style="list-style-type: none"> <li>1. Improve retention of existing workforce</li> <li>2. Local recruitment initiatives</li> <li>3. Increase hours worked by existing workforce</li> <li>4. Additional or redeployed capacity from current care workers</li> <li>5. Other</li> </ol>	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme descriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care or Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed based Intermediate Care Services	Number of placements
Home-based intermediate care services	Packages
Residential Placements	Number of beds
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

**Better Care Fund 2024-25 Update Template**

**7. Narrative updates**

Selected Health and Wellbeing Board:

Please set out answers to the questions below. No other narrative plans are required for 2024-25 BCF updates. Answers should be brief (no more than 250 words) and should address the questions and Key lines of enquiry clearly.

**2024-25 capacity and demand plan**

**Please describe how you've taken analysis of 2023-24 capacity and demand actuals into account in setting your current assumptions.**

Herefordshire's BCF Capacity plan for 2024/25 is built on an assessment of demand profiles across 2023/24 and adjustments made for growth where appropriate. Activity profiles have also been built on an assessment of activity delivery in 2024/24 and credible adjustments made for improvement in efficiency i.e. Reduced average length of stay, timeliness of access and improved occupancy levels.

**Have there been any changes to commissioned intermediate care to address any gaps and issues identified in your C&D plan? What mitigations are in place to address any gaps in capacity?**

There have been significant improvements within the domiciliary care market over the last 12 months and the numbers of people waiting for domiciliary care at home, in Pathway 1 or 2 facilities or within hospital have reduced significantly. This has allowed the plan to assume that commissioned and preferred providers of Discharge to Assess services can take a greater proportion of the total demand. A flexible Pathway 1 solution has also been commissioned to provide additional capacity at times of peak activity.

**What impacts do you anticipate as a result of these changes for:**

**i. Preventing admissions to hospital or long term residential care?**

The 'health' of the Private domiciliary care market within Herefordshire now meets the needs of those having an assessed need for support in their own homes and preventing an avoidable admission to long term residential care or unplanned admission to a Hospital bed.

**ii. Improving hospital discharges (preventing delays and ensuring people get the most appropriate support)?**

A Discharge to Assess Board has been established with shared leadership from Herefordshire Council and Wye Valley NHS Trust. The D2A Board has developed an improvement plan which has a clear set of deliverables for all providers concerned. These plans have been used to inform the planning of 2024/25 BCF plan and will be used, alongside the D2A dashboard, to monitor progress against the stated efficiency improvements and outcomes for those accessing care, including the responsiveness and timeliness of that care.

**Please explain how assumptions for intermediate care demand and required capacity have been developed between local authority, trusts and ICB and reflected in BCF and NHS capacity and demand plans.**

The planning work for 2024/25 has been a collaborative piece of work with shared ownership from local authority, NHS Trust and ICB. The work has used existing data, adjusted for already achieved improvements and credible improvements to be delivered 'in year' to construct an ambitious and responsive plan for 2024/25. Assumptions around improvements have informed the broader UEC planning cycle (bed occupancy, length of stay etc)

**Have expected demand for admissions avoidance and discharge support in NHS UEC demand, capacity and flow plans, and expected demand for long term social care (domiciliary and residential) in Market Sustainability and Improvement Plans, been taken into account in your BCF plan?**

Yes

**Please explain how shared data across NHS UEC Demand capacity and flow has been used to understand demand and capacity for different types of intermediate care.**

Data from commissioned providers, adult social care and acute and community providers has been used to inform demand and capacity for all different types of intermediate care. This data sharing is being extended to form a D2A dashboard that will provide demand, capacity, activity and outcome data.

**Linked KLOEs (For information)**

**Checklist Complete:**

Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?

Yes

Does the plan describe any changes to commissioned intermediate care to address gaps and issues?  
Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the capacity needed for additional services?

Yes

Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?

Yes

Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?

Yes

Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC activity templates and BCF capacity and demand plans?

Yes

Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care?

Yes

**Approach to using Additional Discharge Funding to improve**

**Briefly describe how you are using Additional Discharge Funding to reduce discharge delays and improve outcomes for people.**

Additional Discharge funding has been used to match planned capacity to predicted demand and to develop a more responsive service to prevent both avoidable hospital admissions and facilitate timely discharge from hospital.

**Please describe any changes to your Additional discharge fund plans, as a result from**

- o Local learning from 23-24
- o the national evaluation of the 2022-23 Additional Discharge Funding (Rapid evaluation of the 2022 to 2023 discharge funds - GOV.UK ([www.gov.uk](http://www.gov.uk)))

Learning from the impact of previous years additional discharge funding has been taken in to account in the development of this years plan, for instance more effective (in terms of timeliness of access and value for money) use of 'block' purchased additional capacity and the development of 'trusted' relationships with providers through 2023/24 has very much informed the planning for 2024/25

**Ensuring that BCF funding achieves impact**

**What is the approach locally to ensuring that BCF plans across all funding sources are used to maximise impact and value for money, with reference to BCF objectives and metrics?**

The development of the BCF plan for 2024/5 has been collaborative and overseen by the One Herefordshire's Partnership which has delegated responsibility from the ICB to design, deliver and monitor the BCF plans (with formal accountability remaining with the ICB) This approach has seen an increased local scrutiny during the design phase and will see a monthly monitoring programme looking at performance, outcomes and value for money.

Yes	Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan?  Is the plan for spending the additional discharge grant in line with grant conditions?
Yes	Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?
Yes	Does the BCF plan (covering all mandatory funding streams) provide reassurance that funding is being used in a way that supports the objectives of the Fund and contributes to making progress against the fund's metric?







**Better Care Fund 2024-25 Update Template**

**7. Metrics for 2024-25**

Selected Health and Wellbeing Board:

Herefordshire, County of

**8.1 Avoidable admissions**

\*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Plan	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Indirectly standardised rate (ISR) of admissions per 100,000 population  (See Guidance)	Indicator value	183.7	178.3	154.0	151.0	The ambition for 24/25 has been set taking in to account previous performance, known demographic changes (above England average older population and population growth with higher than average numbers of retirees moving to Herefordshire), recent growth in emergency overnight admissions.	The development of virtual wards with dedicated service for acute medicine, frailty medicine and inpatient medical and surgical specialities will continue to prevent avoidable inpatient admissions. In addition more rapid response services to support admission avoidance. Many of these services will form part of a single point of access or Integrated care hub to improve access for referring professionals. Many of these services are funded by the BCF
	Number of Admissions	470	456	-	-		
	Population	187,557	187,557	-	-		
	Indicator value	212	212	212	212		

[>> link to NHS Digital webpage \(for more detailed guidance\)](#)

**Complete:**

Yes

Yes

**8.2 Falls**

		2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,372.0	1,696.0	1,696.0	The ambition for 24/25 has been set taking in to account previous performance, known demographic changes (above England average older population and population growth with higher than average numbers of retirees moving to Herefordshire).	The plan is to continue to build on reasonably strong performance and futher integrate all elements of the service in to the wider integrated care hub provision.
	Count	708	592	592		
	Population	51,623	51,623	51,623		

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

Yes

Yes

Yes

**8.3 Discharge to usual place of residence**

\*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Actual	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.	
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence  (SUS data - available on the Better Care Exchange)	Quarter (%)	91.0%	91.3%	91.7%	91.4%	The ambition for 24/25 has been set taking in to account previous performance, known demographic changes (above England average older population and population growth with higher than average numbers of retirees moving to Herefordshire).	Plans include a rapid response service to facilitate supported Pathway 1 discharges on the same day of referral in order to prevent functional decline for patients experiencing avoidable admissions, improving the referral process to reduce delays to discharge wherever possible. Many of the services responsible for these services are funded by the BCF	Yes
	Numerator	3,528	3,672	3,606	3,422			
	Denominator	3,876	4,020	3,934	3,745			
	2024-25 Q1 Plan	91.4%	91.4%	91.4%	91.4%			
	Numerator	3,422	3,422	3,422	3,422			
	Denominator	3,745	3,745	3,745	3,745			

**8.4 Residential Admissions**

		2022-23 Actual	2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.	
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	392.8	484.3	521.1	520.3	The ambition for 24/25 has been set taking in to account previous performance, known demographic changes (above England average older population and population growth with higher than average numbers of retirees moving to Herefordshire).	Increased capacity in the home care market has resulted in reduced waiting times for care at home. This will prevent needs escalating with the potential to require care in a care home setting. In addition improvements in D2A pathways and services will ensure that people are appropriately supported on discharge, that delayed discharges are minimised, and that reablement goals are achieved, resulting in fewer	Yes
	Numerator	192	250	269	274			
	Denominator	48,880	51,624	51,624	52,663			

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:

<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

Please note, actuals for Cumberland and Westmorland and Furness are using the Cumbria combined figure for the Residential Admissions metrics since a split was not available; Please use comments box to advise.

Better Care Fund 2024-25 Update Template

8. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Herefordshire, County of

	Code	2023-25 Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) to be confirmed for 2024-25 plan updates	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan, jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? <i>Paragraph 11</i></p> <p>Has the HWB approved the plan/delegated (in line with the Health and Wellbeing Board's formal governance arrangements) approval? <i>*Paragraph 11 as stated in BCF Planning Requirements 2023-25</i></p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? <i>Paragraph 11</i></p> <p>Have all elements of the Planning template been completed? <i>Paragraph 11</i></p>	<p>Cover sheet</p> <p>Cover sheet</p> <p>Cover sheet</p> <p>Cover sheet</p>	Yes			
		Not covered in plan update - please do not use	A clear narrative for the integration of health, social care and housing	Not covered in plan update				
	PR3	A strategic, joined up plan for Disabled Facilities Grant (DFG) spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <p>In two tier areas, has:                      - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or                      - The funding been passed in its entirety to district councils?</p>	<p>Cover sheet</p> <p>Planning Requirements</p>	Yes			
NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	PR4 & PR6	<p>A demonstration of how the services the area commissions will support the BCF policy objectives to:</p> <ul style="list-style-type: none"> <li>- Support people to remain independent for longer, and where possible support them to remain in their own home</li> <li>- Deliver the right care in the right place at the right time?</li> </ul>	<p>Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?</p> <p>Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care?</p> <p>Have gaps and issues in current provision been identified?</p> <p>Does the plan describe any changes to commissioned intermediate care to address these gaps and issues?</p> <p>Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC demand, capacity and flow estimates in NHS activity operational plans and BCF capacity and demand plans?</p> <p>Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?</p>		Yes			
Additional discharge funding	PR5	A strategic, joined up plan for use of the Additional Discharge Fund	<p>Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges?</p> <p>Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan?</p> <p>Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?</p>		Yes			

Complete:

Yes
Yes
Yes
Yes

<p>NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time</p>	<p>PR6</p>	<p>A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time</p>	<p>PR 4 and PR6 are dealt with together (see above)</p>						
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NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	PR7	A demonstration of how the area will maintain the level of spending on social care services and NHS commissioned out of hospital services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution	<p>Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution?</p> <p>Does the total spend from the NHS minimum contribution on NHS commissioned out of hospital services match or exceed the minimum required contribution?</p>		Yes			
Agreed expenditure plan for all elements of the BCF	PR8	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<p>Do expenditure plans for each element of the BCF pool match the funding inputs?</p> <p>Where there have been significant changes to planned expenditure, does the plan continue to support the BCF objectives?</p> <p>Has the area included estimated amounts of activity that will be delivered/funded through BCF funded schemes? (where applicable)</p> <p>Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend?</p> <p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions?</p> <p>Has the Integrated Care Board confirmed distribution of its allocation of Additional Discharge Fund to individual HWBs in its area?</p> <p>Has funding for the following from the NHS contribution been identified for the area:</p> <ul style="list-style-type: none"> <li>- Implementation of Care Act duties?</li> <li>- Funding dedicated to carer-specific support?</li> <li>- Reablement? Paragraph 12</li> </ul>		Yes			
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<p>Is there a clear narrative for each metric setting out:</p> <ul style="list-style-type: none"> <li>- supporting rationales that describes how these ambitions are stretching in the context of current performance?</li> <li>- plans for achieving these ambitions, and</li> <li>- how BCF funded services will support this?</li> </ul>		Yes			

Yes

Yes

Yes

## Additional ICB Discharge Funding 2024-25: ICB to HWB allocation template

### Guidance

Additional Funding for activity to support discharge from hospital has been provided via ICBs and LAs. This funding must be pooled into local Better Care Fund plans and used in line with the conditions set out in the BCF Planning Requirements.

Half of the Discharge funding has been distributed via ICB allocations. The funding must be pooled into HWB level BCF plans. Allocations to HWB (LA) level have not been set centrally and it is for systems to agree how to distribute this funding at HWB level. The distribution to HWB level should be agreed between the ICB and local authorities.

Agreed contributions from the ICB element of the discharge funding should be included in individual BCF Planning Templates. These HWB allocations will need to be agreed in sufficient time for local BCF plans to be finalised and agreed before the deadline. This template is for ICBs to confirm the distribution of ICB allocated funding across all HWBs within their footprint. ICB finance leads are responsible for ensuring that a completed version of this template is returned for each ICB to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) (copied to the Better Care Manager), separately from HWB level plans.

You should ensure that the total sum distributed to HWBs for 2024-25 from your ICB is equal to the total allocation from the ASC Discharge Fund.

As with all BCF templates, the information from this template will be shared with national partners, including finance colleagues. ICBs may be asked to report further on the use of this funding during the year.

*Yellow sections indicate required input*

ICB name

NHS Herefordshire and Worcestershire ICB

**2024-25**

Total allocation

£6,666,610

Name of person completing this form

Bethany Parkes

HWB	From previous plan:	Updated amount	Do you wish to update?
Herefordshire, County of	£2,221,943.00		No
Worcestershire	£4,444,667.00		No
<b>Total (Must equal allocation *)</b>	<b>£6,666,610.00</b>	<b>£6,666,610.00</b>	

\* there may be rounding to the nearest pound





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Policy paper

# Addendum to the 2023 to 2025 Better Care Fund policy framework and planning requirements

Updated 28 March 2024

**Applies to England**

## Contents

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# Introduction

The Better Care Fund (BCF) policy framework and planning requirements for 2023 to 2025 set out the 2 core objectives for the BCF over these 2 years:

- to enable people to stay well, safe and independent at home for longer
- to provide people with the right care in the right place at the right time

As local areas implement their BCF plans for 2024 to 2025, meeting these objectives should continue to be the central focus.

As the flagship health and social care integration fund, joint working and agreement at system and place level is an important feature of the BCF. Local authorities and integrated care boards (ICBs) should continue to work together to develop and implement their plans with local partners. Partnership working is important to planning and delivering services that make the most effective use of pooled funding to deliver the objectives above.

To support this, like last year, local areas must agree capacity and demand plans for intermediate and short-term care. Good capacity and demand planning is vital in:

- understanding projected population needs
- planning services to meet those needs
- identifying any potential gaps between capacity and demand

This will help to ensure that individuals have timely access to services, prevent avoidable hospital admissions and receive the right support in the community.

As outlined in the [2023 to 2025 planning requirements](https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2023-25/) (<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2023-25/>), the BCF policy objectives apply to the provision of support for people with physical,

mental health and learning disability and autism. All should be considered on an equal footing to physical health as plans are updated for 2024 to 2025.

Local areas should ensure they have sufficiently clear and cogent plans for how BCF funded services will deliver the core BCF objectives, support progress against the BCF metrics and drive improvements in value for money.

Local areas should take account of other resources that will support them to develop and implement their plans, including the:

- [Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge](https://www.england.nhs.uk/publication/intermediate-care-framework-for-rehabilitation-reablement-and-recovery-following-hospital-discharge/) (<https://www.england.nhs.uk/publication/intermediate-care-framework-for-rehabilitation-reablement-and-recovery-following-hospital-discharge/>)
- [Hospital discharge and community support guidance](https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance) (<https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance>)
- [proactive care guidance](https://www.england.nhs.uk/long-read/proactive-care-providing-care-and-support-for-people-living-at-home-with-moderate-or-severe-frailty/) (<https://www.england.nhs.uk/long-read/proactive-care-providing-care-and-support-for-people-living-at-home-with-moderate-or-severe-frailty/>)

## Purpose of this document

This is an addendum to the [BCF policy framework](https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025) (<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025>) and BCF planning requirements which set out the important objectives, conditions and funding for the BCF for 2023 to 2025.

We expect local areas to continue to deliver the core objectives of the BCF in line with their 2023 to 2025 BCF plans submitted, assured and approved in 2023.

This document sets out arrangements for updating BCF plans for 2024 to 2025 and confirms the:

- allocations for all mandatory funding contributions
- BCF metrics for 2024 to 2025, including the process for setting metric ambitions
- requirements for intermediate care capacity and demand planning
- requirements for updating BCF plans and their assurance

The policy framework and planning requirements remain the primary documents. This addendum provides the information needed to finalise BCF plans for 2024 to 2025. It also confirms the overarching approach to the Discharge Fund for 2024 to 2025. More detailed information on the Discharge Fund will be published shortly.

## Funding

Details for the minimum contributions to the BCF for 2023 to 2025 are set out below. This includes the additional £1.6 billion funding for supporting hospital discharge.

Local authority allocations for the improved Better Care Fund (iBCF) and for the Discharge Fund were published as part of the [Final local government finance settlement for 2024 to 2025 \(https://www.gov.uk/government/collections/final-local-government-finance-settlement-england-2024-to-2025\)](https://www.gov.uk/government/collections/final-local-government-finance-settlement-england-2024-to-2025) on 5 February 2024. Changes from the policy framework and planning requirements are outlined below. ICBs and local authorities can contribute further funding through voluntary contributions as outlined in the policy framework.

Table 1: minimum contributions to the BCF in 2023 to 2024 and 2024 to 2025

<b>BCF funding contributions</b>	<b>2023 to 2024 (£m)</b>	<b>2024 to 2025 (£m)</b>
<b>Minimum NHS contribution</b>	4,759	5,029
<b>iBCF</b>	2,140	2,140
<b>Disabled Facilities Grant (DFG)</b>	573	625
<b>Additional DFG funding</b>	50	0 (note)
<b>Discharge Fund</b>	600	1,000
<b>Total</b>	<b>8,122 (+5.2%)</b>	<b>8,794 (+8.3%)</b>

Note: the additional DFG investment for 2024 to 2025 has been incorporated into the main DFG allocation for this year.

## **NHS minimum contribution to the BCF**

In March 2023, the Secretary of State for Health and Social Care issued the [National Health Service \(Expenditure on Service Integration\) Directions 2023](https://www.gov.uk/government/publications/national-health-service-expenditure-on-service-integration-directions) (<https://www.gov.uk/government/publications/national-health-service-expenditure-on-service-integration-directions>) to NHS England under section 223B of the NHS Act 2006 to ringfence £5,059 million to form the minimum NHS contribution to the BCF in 2023 to 2024. This figure included the additional funding for discharge via ICBs (£300 million).

We intend to issue new directions for 2024 to 2025 to ringfence the £5,529 million to form the minimum NHS contribution to the BCF for 2024 to 2025. This figure will include the additional funding for discharge via ICBs (£500 million).

There will be no substantive changes to the scope of the directions for this year. The directions will be published ahead of the new financial year.

## Improved Better Care Fund

As announced in the provisional local government finance settlement, the allocation for the iBCF for 2024 to 2025 is £2,140 million. The government does not plan to make any significant changes to the purpose of this fund, with full details to be set out in the grant determination letter which will be issued and published in due course.

## Disabled Facilities Grant

In [Next steps to put People at the Heart of Care](https://www.gov.uk/government/publications/adult-social-care-system-reform-next-steps-to-put-people-at-the-heart-of-care) (<https://www.gov.uk/government/publications/adult-social-care-system-reform-next-steps-to-put-people-at-the-heart-of-care>), we announced an additional £102 million investment over 2 years for minor adaptations to support people to remain independent at home, and to return home promptly after a hospital stay. In September we disbursed that funding (£50 million for 2023 to 2024) as an additional payment through the DFG.

For 2024 to 2025 our intention is to make a single round of payments to local systems that will combine this additional funding (£52 million) with the core DFG disbursement (£573 million), so that the total DFG allocation will be £625 million.

We are intending that these payments will be made in around May 2024 (as has been the case in previous years) and that the grant conditions will remain unchanged. The local authority allocation will be pre-populated in the planning template.

## Discharge Fund

We have confirmed individual ICB and local authority allocations for the Discharge Fund in NHS ICB allocations and in the provisional local government finance settlement. As in 2023 to 2024, the Discharge Fund is intended to enable ICBs and local authorities to go further in reducing discharge delays and improving outcomes for people by increasing access to short-term packages of social care, reablement, rehabilitation and other support, where it is needed to support timely and effective discharge.

The full conditions for the Discharge Fund for 2024 to 2025 will be confirmed shortly. ICBs and local authorities should continue to plan how they intend to use this funding, alongside wider local investment in discharge services, to meet projected needs and minimise discharge delays. Reporting requirements will be confirmed as part of the conditions for the funding.

In doing this, local areas should take account of their learning from the 2022 to 2023 and 2023 to 2024 Discharge Funds including the [evaluation of the 2022 to 2023 Discharge Fund \(https://www.gov.uk/government/publications/rapid-evaluation-hospital-discharge-funding-2022-to-2023\)](https://www.gov.uk/government/publications/rapid-evaluation-hospital-discharge-funding-2022-to-2023) published on 11 December 2023.

Local areas should also consider the Hospital discharge and community support guidance and the refreshed version of the [High Impact Change Model \(https://www.local.gov.uk/our-support/partners-care-and-health/better-care-fund/managing-transfers\)](https://www.local.gov.uk/our-support/partners-care-and-health/better-care-fund/managing-transfers) for managing transfers of care.



ICBs must agree with relevant local authorities the final distribution of their Discharge Fund allocation to individual health and wellbeing boards (HWBs). These HWB shares must cover the entire ICB allocation and be pooled into the respective HWB's BCF section 75 arrangements. This distribution must be agreed by 22 April 2024 and sent to better care managers (BCMs) and the national BCF team ([england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net)). A template for confirming the final agreed HWB distributions will be made available on the Better Care Exchange.

## **BCF metrics for 2024 to 2025**

Within the 4 national conditions (and grant conditions), local areas have flexibility in how the BCF is spent across health, care and housing schemes or services, but they need to agree ambitions for how this spending will improve performance against the BCF metrics.

The 2023 to 2025 policy framework and planning requirements set out a number of revised metrics for 2024 to 2025, which reflected the objectives of the BCF and expected changes to data collections. We are taking a staggered approach to the introduction of some of these metrics into the BCF given the recent changes to data collections.

For 2024 to 2025, local areas will be asked to set ambitions against the metrics below.

### **BCF metrics requiring a local ambition for 2024 to 2025**

**Objective: provide people with the right care in the right place at the right time**

Metrics:

- discharge to usual place of residence
- proportion of people discharged who are still at home after 91 days (see 'Changes to BCF metrics and collection methods' for approach below)

**Objective: enable people to stay well, safe and independent for longer**

Metrics:

- unplanned admission for ambulatory sensitive chronic conditions
- emergency hospital admissions due to falls in people over 65
- admission to long-term residential care for people over 65 (see 'Changes to BCF metrics and collection methods' for approach below)

## Changes to BCF metrics and collection methods

The 2 metrics currently derived from the adult social care Short and Long Term (SALT) return will be discontinued following the cessation of the SALT return after 2023 to 2024.

NHS England has published [guidance for local authorities on deriving existing SALT and adult social care outcomes framework \(ASCOF\) measures from client level data \(CLD\)](https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/adult-social-care-client-level-data/central-transformation-principles) (<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/adult-social-care-client-level-data/central-transformation-principles>), including the existing BCF metric on long term admissions to residential care for people aged 65 and over. For 2024 to 2025, areas should set an ambition for this metric based on available data.

We will undertake further analysis nationally around differences between SALT returns and CLD submitted in 2023 to 2024 and provide guidance about what those differences show to guide consideration of progress against the metric for quarterly and end of year reporting for 2024 to 2025. If there are significant differences between the data sets, it may be decided that ambitions can be resubmitted once the new data flows are better understood.

In terms of the metric on percentage of people aged 65 and over still at home 91 days after discharge from hospital to reablement or rehabilitation, there will be no equivalent data collected through CLD. The proposal is therefore to introduce a new metric based on the proportion of people discharged from hospital who are still at home after 91 days. This metric is currently in development and we will provide further guidance and advice about setting ambitions for this metric later on in 2024 to 2025. In the meantime, systems should ensure plans continue to help drive improvements in the outcomes to be measured by this new metric.

## **Other BCF metrics that should be used to support improvements in outcomes**

Although there is not enough data on which to base formal ambitions for the metrics below, when available, local areas should use the following metrics over the course of the year to help drive improved outcomes from BCF investments.

Local areas must continue to improve the flow and quality of data to support the continued development of these metrics. For the length of delay metrics outlined below, NHS England's data liaison service is providing support to areas with compliance or reporting issues. Dependent on wider decisions in the spending review, we intend to adopt these metrics fully into the BCF in future years once there is sufficient historic data.

**Objective: provide people with the right care in the right place at the right time**

Metrics:

- length of delay: proportion of patients discharged on same date as discharge ready date (DRD)
- length of delay: proportions of delayed discharges 1, 2 to 3, 4 to 6, 7 to 13, 14 to 20 and 21 or more days after DRD
- length of delay: average number of days from DRD to date of discharge

**Objective: enable people to stay well, safe and independent for longer**

Metric: outcomes following short-term support to maximise independence (CLD data)

## **Approach to intermediate care capacity and demand planning for 2024 to 2025**

Joined-up planning for adult social care services and NHS services is essential to ensuring integrated services that best meet people's needs. ICBs and local authorities are expected to use the BCF planning process to help align NHS and adult social care plans through a joined-up approach to:

- NHS operational planning
- urgent and emergency care (UEC) capacity and demand planning
- local authority capacity and demand planning for adult social care for people with ongoing care needs through the Market Sustainability and Improvement Fund (MSIF)

The planning template will provide further detail around the assumptions and steps local areas should take to join up planning. The NHS planning guidance states that systems should consider the capacity set out in BCF in working up their UEC demand and capacity plans and to align estimates for intermediate care across the 2 plans.

Building on learning from 2023 to 2024, we have worked with the NHS and local authorities to develop updated guidance and templates for capacity and demand planning for intermediate care for 2024 to 2025. We will continue to ask for capacity and demand for discharge and community settings. Detailed guidance on changes will be included in the planning template, but important changes to the approach for 2024 to 2025 will include:

- asking local areas to include estimates around spot purchasing
- merging reablement and rehabilitation pathways to improve accuracy of reporting
- providing greater clarity on pathway definitions and available data sources

Local areas will be required to provide capacity and demand actuals as part of end of year reporting for 2023 to 2024 and 2024 to 2025 to help establish a baseline for future year planning exercises.

Ahead of winter (in quarter 2 2024 to 2025 reporting), local areas will also be required to provide capacity and demand actuals and to indicate any resulting changes to their capacity and demand plans.

As stated in the 2023 to 2025 BCF planning requirements, intermediate care for people discharged from mental health, learning disability and autism inpatient services should be included in intermediate care capacity and demand plans. For 2024 to 2025, demand and capacity planning information will be published alongside wider BCF planning information.

Local areas will be required to submit capacity and demand plans for intermediate care as part of their updated BCF planning template on 10 June 2024.

Support to improve the quality of capacity and demand planning is available through the BCF support programme. Local areas requiring additional support should speak to their BCM in the first instance.

## **Planning and assurance of BCF plans in 2024 to 2025**

Two-year BCF plans have already been assured and approved for 2023 to 2025. For 2024 to 2025 we therefore will be assuring only the updates to the plans. The planning and assurance process for 2024 to 2025 has been designed to be proportionate to the updates required and will follow the process below.

### **Alignment with NHS and local authority planning**

Local areas should ensure that their BCF plans correspond, where relevant, to related ICB and local authority health and care service plans, including NHS operational plans.

Further information in the template sets out common approaches and guidance on sharing data sources, assumptions and definitions. This will support areas to align capacity and demand plans for intermediate care (in BCF returns) and UEC flow (in NHS operational plans).

## **Update to plans**

Final Discharge Fund plans, ambitions for metrics and intermediate care capacity and demand plans are required for 2024 to 2025. Where local areas consider it necessary to provide a wider update to existing 2-year plans, this will need to remain in line with the existing BCF policy framework and planning requirements and this addendum. Expenditure must be agreed for all funding sources and be in line with any conditions attached to that source.

Updates of the required elements for 2024 to 2025 must be agreed by the ICB (in accordance with ICB governance rules) and the local authority chief executive, prior to being signed off by the HWB. Local areas will need to submit a 2024 to 2025 planning template with these updates by 10 June 2024. Any wider updates to spend plans should also be included. Local areas must review their Discharge Fund spend plans ahead of 2024 to 2025. The template, which will be available on the Better Care Exchange, allows areas to identify where spending lines have stayed the same and where they have changed.

## **Assurance and approval of updates**

There will be a proportionate regional assurance process to approve updates to plans for 2024 to 2025. This will ensure that elements of the plans that were not confirmed in 2023 to 2024 are robust. The process will confirm that the Discharge Fund spending is in line with conditions and confirmed allocations for 2024 to 2025 and that metric ambitions are appropriate and stretching. It will also consider the plan in relation to impact and value for money.

The assurance process will consider whether intermediate care capacity and demand plans for 2024 to 2025 articulate sufficiently clear and cogent plans for matching

planned capacity to projected demand, alongside confirming that BCF planning and wider NHS planning are aligned locally.

Revised key lines of enquiry (KLOEs) will be used to support this process and will be included in the BCF template. With plans submitted by 10 June 2024, we expect the assurance process to have concluded by 31 July 2024.

Table 2: assurance timetable

<b>Assurance milestone</b>	<b>Date</b>
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	10 June 2024 to 15 July 2024
Regionally moderated assurance outcomes sent to BCF team	15 July 2024
Cross-regional calibration	Mid-July 2024 (date to be confirmed)
Commence issuing of approvals letters giving formal permission to spend (NHS minimum)	31 July 2024
All section 75 agreements to be signed and in place	30 September 2024

## Reporting and checkpoints

Quarterly BCF reporting will continue in 2024 to 2025, with areas required to set out progress on delivering their plans. This will include the collection of spend and activity



data, which will be reviewed alongside other local performance data. This process will enable local areas and national BCF partners to identify good practice, identify areas for improvement and, where necessary, arrange improvement support.

Arrangements for Discharge Fund reporting in 2024 to 2025 will be confirmed in due course.

Detailed templates and guidance will be provided following engagement with local areas on reporting proposals.

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# Herefordshire Better Care Fund and Integration Plan 2023-2025

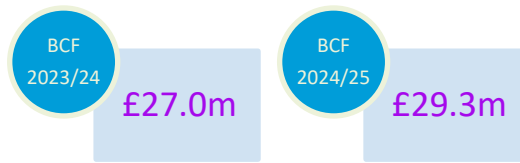
Herefordshire Health and Wellbeing Board



June 2023

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## Executive Summary



The Better Care Fund (BCF) is pooled budget held between the council and the NHS that funds a range of essential community based health and adult social care services. A key principle of the BCF is to use a pooled budget approach in order for health and social care to work more closely together. The BCF Plan is a two year plan, to enable the national conditions and objectives to be met. The plan covers 2 financial years, income and expenditure for the second year being provisional pending confirmation of allocations and review of all BCF schemes by the Integrated Care System for Herefordshire. The plans for metrics and capacity demand are one year plans and will be refreshed accordingly for the second year plan.

### Our priorities for 2023-25

Herefordshire’s Better Care Fund (BCF) Plan for 2023-25 will continue to support our long-term vision, and build on previous system priorities to strengthen what has been achieved so far. Our plan sets out the work we need to do to further develop the way we work together on our shared priorities to deliver key outcomes for local people. Herefordshire’s priorities for the BCF 2023-25 include:

- Community Resilience and Prevention
- Hospital Discharge Support
- Partnerships and Integration Support
- Adult Social Care Services
- Carers Support
- Care Market Development
- Community Health Services

Herefordshire’s BCF funding continues to be used for several key adult social care and NHS community services - operational social work, brokerage, integrated discharge, community health and care services, Deprivation of Liberty Safeguards (DoLS), urgency community response, falls prevention and discharge to assess; it is central to the delivery of health and social care in the community.

Herefordshire continues to invest in services which improve the health and wellbeing of people in Herefordshire, by enabling people to take greater control over their own health and the health of their families, and helping them to remain independent within their own homes and communities.

Detailed information regarding spend allocation for the BCF 2023-24 is available in the planning template. The table below provides a high level summary which highlights sources of funding and expenditure against them.

Funding Sources	Income Yr 1	Income Yr 2	Expenditure Yr 1	Expenditure Yr 2	Difference
DFG	£2,268,653	£2,268,653	£2,268,653	£2,268,653	£0
Minimum NHS Contribution	£15,988,427	£16,893,372	£15,988,427	£16,893,372	£0
iBCF	£6,782,841	£6,782,841	£6,782,841	£6,782,841	£0
Additional LA Contribution	£0	£0	£0	£0	£0
Additional ICB Contribution	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£950,944	£1,584,907	£950,944	£1,584,907	£0
ICB Discharge Funding	£1,047,772	£2,221,943	£1,047,772	£2,221,943	£0
<b>Total</b>	<b>£27,038,637</b>	<b>£29,751,716</b>	<b>£27,038,637</b>	<b>£29,751,716</b>	<b>£0</b>

## Key changes since our previous plan

In last year's plan we provided a summary of the arrangements in place for the BCF and wider services, including joint commissioning, partnerships, funding and strategies, lead commissioning arrangements and integrated approaches to training and market management

These arrangements continue, with a joint commitment that the BCF will support ways we can further integrate our services to support people, and focus on broader engagement and links with primary care and the voluntary sector. Responsibility for planning and delivery of the BCF will shortly transfer to the One Herefordshire Partnership within the Integrated Care System which will ensure jointly agreed and locally-focussed approaches to challenges and opportunities.

Several key 'place' level challenges are understood which partners are working together to address, for example, recruitment and retention of staff across the health and care sector and the increased cost of providing care in a rural community with an ageing, sparse and very dispersed population. There are many opportunities for further joined up working and the BCF will be central to delivery of Herefordshire's Health and Wellbeing Strategy (HWBS) and Integrated Place Strategy and Priorities.

Improved health and wellbeing will be achieved through better support and high-quality services, but also through preventing people from becoming unwell and supporting them to remain independent and live well in their communities. We recognise that we need to look beyond health and care services to understand the barriers and opportunities to living a healthier life and are committed to working with people and communities to address them.

## Background and context

Herefordshire is a predominantly rural county, with the fourth lowest population density in England. The city of Hereford, in the middle of the county, is the centre for most facilities; other principal locations are the five market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington. 95 per cent of the land is classified as rural, with 53 per cent of the county's population living in rural areas.

The Joint Strategic Needs Assessment, published by Herefordshire Council, is the main source that has informed the population assumptions; in addition, the Older People Needs Assessment (2018) has qualified levels of frailty and dementia across our population. Further local data can be found at: [Home - Understanding Herefordshire](#). Some of the key challenges for Herefordshire include rurality, sparsity of population, and ageing population. The BCF metrics bear this out, as older adults are more likely to have longer lengths of stay in hospital and are less likely to be discharged home. The BCF plan aims to address these challenges through improved integrated discharge, integrated and expanded community services, increased reablement through discharge to assess, upstream interventions to reduce hospital admissions and by strengthening community resilience through Talk Community.

All partners continue to be committed to equality and diversity using the scope of the Equality Act 2010 and demonstrate that we are paying 'due regard' in our decision making in the design and delivery of services. It is fundamental that individuals are at the heart of all activities and services. All partners continue to work to enable all people to access services, and ensuring those people requiring additional support due to, for example, a learning disability and/or autism, have equal access to services and are supported to be as independent as possible in the community wherever possible.

The BCF programme aims to deliver better outcomes for older and disabled people and supports the council in proactively delivering its equality duty under the act. This is through improving the health and wellbeing of people in Herefordshire by enabling them to take greater control over their own homes and communities. Where appropriate, an Equality Impact Assessment (EIA) is undertaken for separate schemes and services that are within the BCF. Where large changes are planned via the BCF an EIA will be completed. It is not

envisaged that the content of this plan will negatively disadvantage the following nine groups with protected characteristics: age, disability, gender reassignment, marriage and civil partnerships (in employment only), pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Through the partnerships with Public Health, Voluntary Community Social Enterprise (VCSE) and trusted local voices, we can connect with our communities to improve relationships with those who experience the greatest health inequalities. Organisational development is required to build awareness, knowledge, skills and clearly set out the relevance to everyone's role on how they can reduce health inequalities.

## **1. National Condition 1: Overall BCF Plan and approach to integration**

### **Planning Requirement (PR1) - A jointly developed and agreed plan that all parties sign up to**

Ongoing, system wide discussions and meetings have enabled a range of key stakeholders to be involved in the preparation and review of proposals that sit within the BCF plan 2023/25.

Engagement and involvement has been through a variety of system and internal meetings, including the One Herefordshire Partnership, which brings partners together at Place level as part of the Integrated Care System in Herefordshire and Worcestershire, and through the sharing of data and wider documentation.

Ongoing engagement and collaboration via the Community Partnership has enabled the VCSE sector to contribute to priorities and developments highlighted in the plan. At a strategic level housing colleagues continue to input into priorities and developments associated with the BCF plan including representation at appropriate board meetings.

Bodies involved strategically and operationally include, Herefordshire Council internal stakeholders (including Cabinet Member), One Herefordshire Partnership, Wye Valley NHS Trust (WVT), Herefordshire and Worcestershire Health Integrated Care Board (HWICB), Primary Care Networks, Taurus Healthcare, Clinical Practitioners Forum, Joint Strategic Commissioning Executive Group, Herefordshire Health Watch and voluntary and community organisations.

### **Governance**

The Herefordshire Health and Wellbeing Board is responsible for agreeing the BCF plan and for overseeing delivery through quarterly reporting.

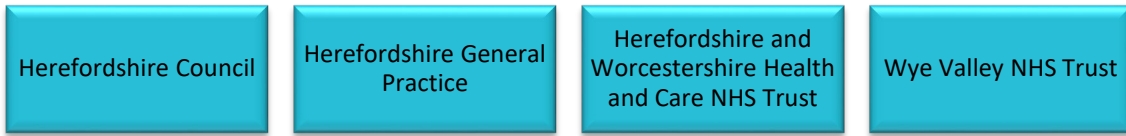
The responsibility for the BCF is embedded within the Senior Leadership Teams of both the Community Wellbeing Directorate of the council and the Herefordshire and Worcestershire Integrated Care Board (ICB). In each organisation, chief officers and their senior leadership teams, are able to maintain the profile of the shared agendas and ensure linkages to wider health and social care commissioning and delivery, as well as alignment with the council's wider purpose, articulated through the council's County Plan. Ongoing provider forums and engagement also feed into future intentions.

Programme governance arrangements are in place to support joint working and to enable a move to increasing alignment of commissioning arrangements, including the development of joint strategies and commissioning, in particular in relation to adult community health and social care services. These incorporate implementation of personal budgets, support to carers, care home market management and service development relating to mental health and learning disabilities.

This year, it is the intent that that Better Care Fund has the engagement of the One Herefordshire Partnership (1HP) to support the delivery of the plan. One Herefordshire Partnership is the vehicle by which Herefordshire Place partners work together at a strategic level and is a key enabler of the BCF plan delivery.

The establishment of a Memorandum of Understanding (MOU) has been agreed and signed by the four partners to provide a formal basis for the collaboration and working arrangements between organisations involved in the 1HP specifically to detail the collaborative approach to delivery and oversight of integrated health and care delivery in Herefordshire. The MOU sets out a framework of roles and responsibilities for the participants engaged in Place collaboration.

The four One Herefordshire partners are:



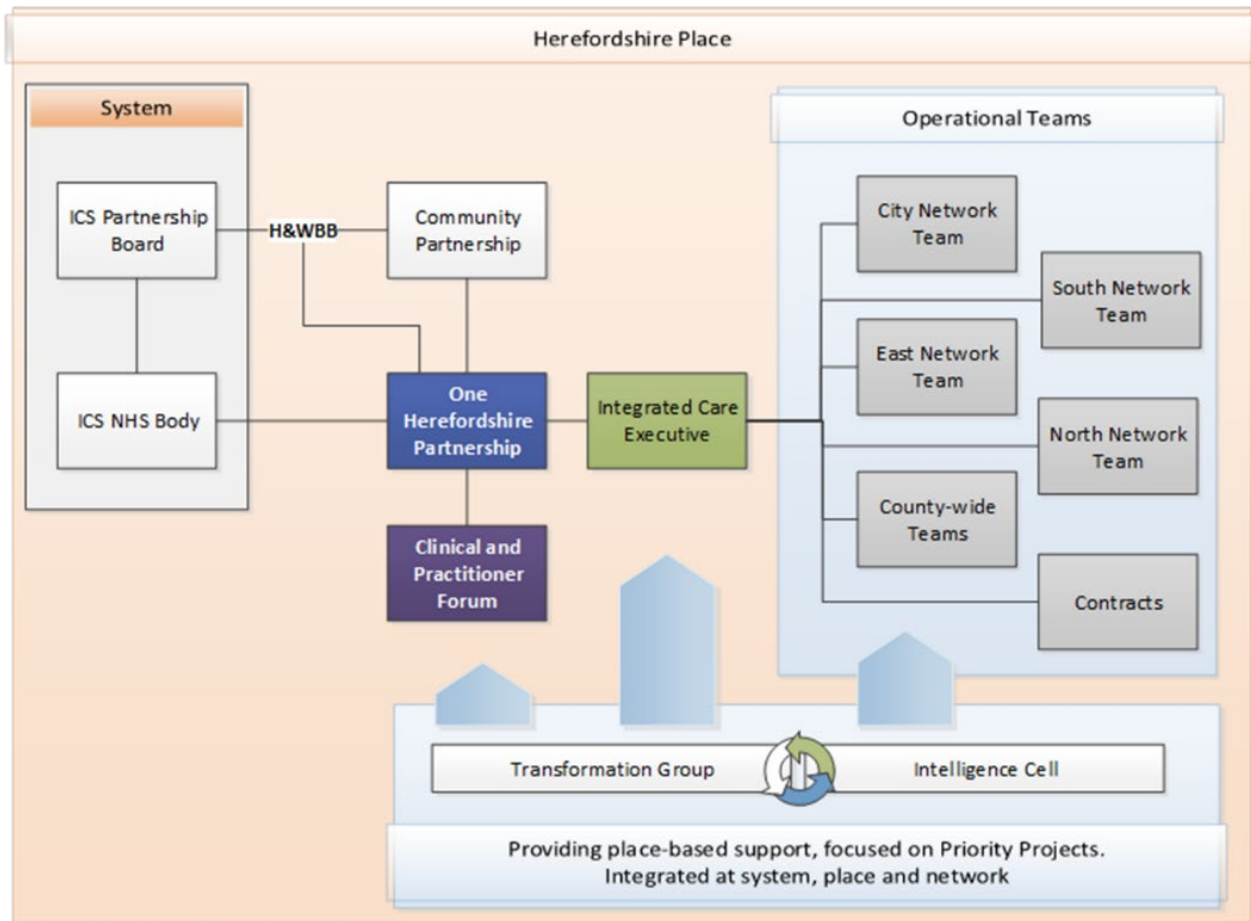
The following organisations are invited members of the Partnership



The primary purposes of the 1HP are to:

- set the strategy for Herefordshire’s health and care services;
- approve priorities, programmes, plans and objectives;
- receive updates on progress against the objectives and performance of integrated services; and
- ensure that appropriate engagement with the public, service users and staff has taken place.

One Herefordshire Partnership will be held to account by Herefordshire and Worcestershire ICB for the day to day delivery of the Better Care Fund. A MOU has been established setting out the roles and responsibilities of local partners with the ICB. This has been developed to facilitate the objectives set out above.

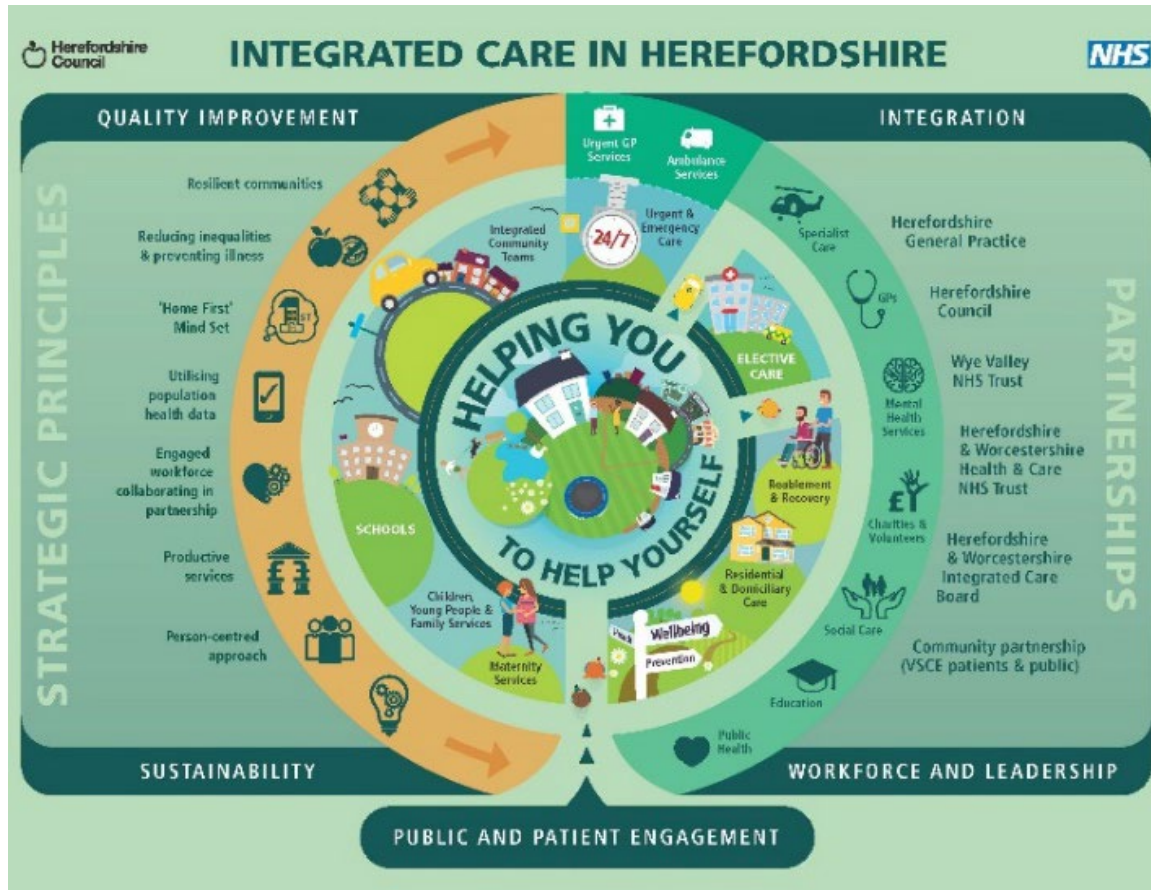


Partners have agreed the 2023-25 BCF Plan and metrics following approval at relevant leadership and committee meetings.



**Planning Requirement (PR2) - A clear narrative for the integration of health, social care and housing**

Integrated working across health and care provides the opportunity to deliver the best possible outcomes for local people and achieve the best use of our collective resources. By working collaboratively and having a clear focus we can ensure that the priorities are representative of the needs of our local population. The BCF is a critical element of delivering 'place' plans as it provides the joint funding to support schemes that deliver on our local priorities.



For people who need both health and social care services, the aim is that they receive the right care, in the right place, at the right time. There is particular focus on addressing health inequalities and in achieving improved health outcomes for all by targeted use of the funds available.

**Joint priorities**



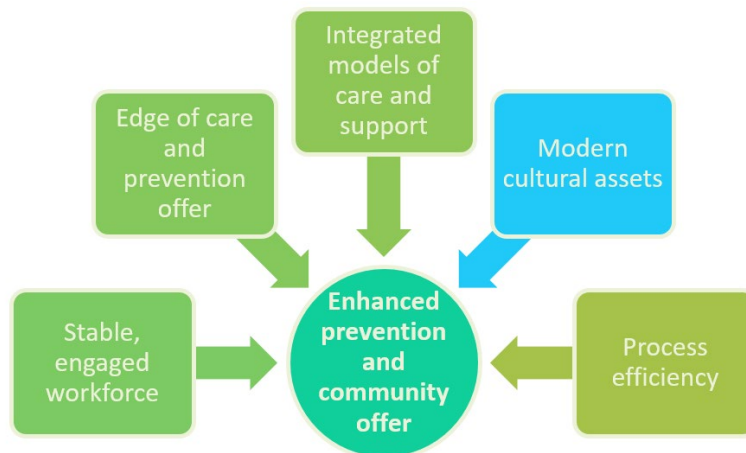
The following programmes of work and strategies set out a range of priorities, many of which are enabled by the BCF, connections and linkages are ensured via the 1HP arrangements.

**Transformation**

The aim of **transformation** in Community Wellbeing is to increase and diversify the prevention and community offer in order to reduce demand on formal services and offer quality and value, whilst ensuring that our internal processes operate at maximum efficiency. The principles that underpin the strategy are:

- Designing and delivering the solutions with the people who use our services, their carers and families, and the workforce;
- Integration with partners where that makes sense to do so; and
- Value for money and efficiency.

The Community Wellbeing Transformation Strategy will be delivered across five key work streams:



The Health and Care Act 2022 gave the Care Quality Commission (CQC) new regulatory powers to undertake independent assessment of local authorities' delivery of regulated care functions.

### **Strategic Housing - Housing and Health**

National and international research has repeatedly demonstrated the importance of housing and a stable home in the maintenance of good personal health. Not only does poor housing, and indeed no housing, lead to poor physical health, it also leads to worsening mental health, increased rates of addiction, family break up and criminality. It costs society more; not just in terms of the impact upon citizens, but the fiscal impact and how society is viewed more widely. The personal impact is catastrophic. Rough Sleeping is proven to lead to early mortality, nearly 50% earlier in men and women, than the general population. The impact upon residents who live in poorly maintained housing stock places a greater burden on health services to treat the associated physical and mental health impact of the living conditions. The financial impact is significant. It costs society nearly six times more to provide services to our residents who are homeless. Finally, there are multiple national and international examples of how the reputation of a 'service' is impacted when services fail or things go wrong. It is difficult to recover from.

In 2020 the COVID-19 Pandemic and the 'Everyone In' program presented Herefordshire with an opportunity to embark upon a new pathway to achieve good quality housing for all its residents. This pathway built upon our 2018 thematic review of housing, homelessness and rough sleeping services in the county, drew upon best practice and guidance from across the globe and listened to the voices of people who use our services. This pathway became known as Project BRAVE – it set out three questions: -

1. How do we provide a safe and secure emergency accommodation for people required to be housed under the 'Everyone In' program? ;
2. How do we sustain people in this accommodation?; and
3. How do we support them to secure and sustain a long-term home?

Not only did this initiative seek to deliver a housing led model of accommodation for all its citizens, it also sought to develop a multi-agency and cross sector response to housing and homelessness. Project BRAVE facilitated a wide range of statutory and voluntary sector partners to work in concert to deliver services both through the pandemic and beyond. This approach delivered tangible results for people affected by poor or no housing. To list a few, they include: -

- All rough sleepers securing registration with and access to a GP;
- All rough sleepers and other homeless individuals being offered a COVID-19 vaccination;
- All rough sleepers and other homeless individuals being able to readily access mental health support services;
- All rough sleepers and other homeless individuals having access to and support from addiction treatment services;
- Accommodation being provided to over 300 people in the first six months of the pandemic;
- Demand for ambulances and access to A&E dropping by 90%;
- Reduced impact upon policing and the criminal justice system;
- Following a charitable donation of clothing from a national supplier, All rough sleepers and other homeless individuals having access to new clothing

A new model of partnership working in Herefordshire, recognising the specific needs of people with multiple complex vulnerabilities including, homeless and rough sleepers. This multi-agency / cross sector approach to a coordinated response to the provision of good quality accommodation with appropriate levels of support from health, justice and the voluntary sector is driving tangible change for Herefordshire and in the recent study of rural homelessness by the University of Kent has been recognised for its innovative approach to addressing these intertwined issues.

### **Rough Sleeper Accommodation Programme**

The councils Strategic Housing team submitted a bid application to government for funding under their Rough Sleepers Accommodation Programme with the aim of purchasing 6, one bed properties. Following a successful bid of £423,360.00 together with additional funding of £535,040.00 from the council the properties

were all purchased by March 2023. Over the period January 2022 to March 2023 the council successfully purchased and refurbished the properties and made them available to clients that have a history of rough sleeping.

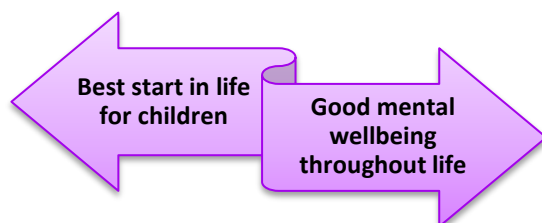
[Herefordshire's Joint Local Health and Wellbeing Strategy 2023-2033](#) presents an outline for improving health and wellbeing of the population in Herefordshire over the next 10 years.

The strategy sets out how the Council and its local partners plan to address the health and wellbeing needs of its population (identified through the Joint Strategic Needs Assessment) and is a key document that is jointly owned and promotes collective action to meet those needs. The implementation of the Health and Care Act of 2022 and the consequent establishment of the Integrated Care System (ICS) for Herefordshire and Worcestershire provides a timely opportunity for this new strategy to deliver action by any of the partners within the Herefordshire and Worcestershire ICS or more locally within Herefordshire, according to what is most appropriate to the issue.

This new joined up way of working has enabled Herefordshire and the ICS to align our strategies, commit to those priorities that are jointly owned and contribute to the overall system goals. It is a significant statement of our intent to work together that the Herefordshire HWBS and the Worcestershire HWBSs have been incorporated into the [Integrated Care Strategy](#) document. This strategy will be accompanied by a monitoring and implementation plan, setting out the responsibilities of all partners. It is ambitious in aspiration but realistic and measurable in its objectives, demonstrating our intent that it will serve to make a tangible difference to peoples' lives.

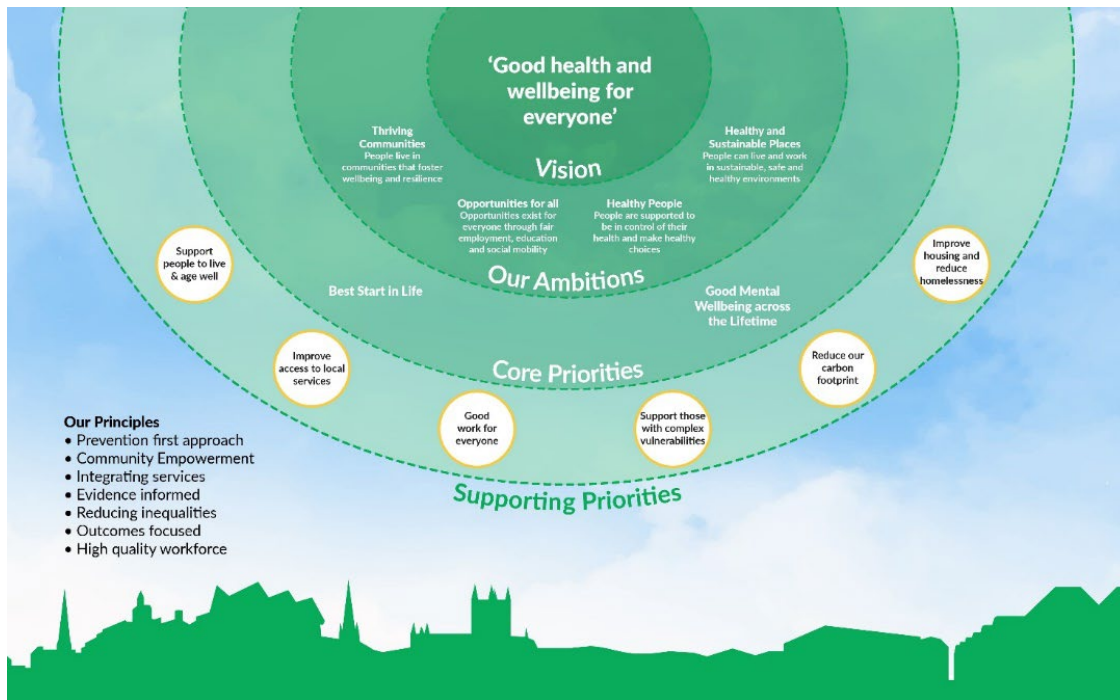
The strategy is developed in close collaboration and consultation with residents and local partners from health, social care, local authorities and voluntary sector.

Having taken into account the views and comments from residents and partners and what we know about the issues from our Herefordshire data, the central focus of the strategy at the beginning of this ten year period will be:



In addition to these core priorities, a further six supporting priorities have been identified recognising that they are also critically important in how they affect our broader wellbeing, but that they also support and contribute towards giving children the best start, as well as the development and retention of good mental health.

All of the six supporting priorities have a role in reducing inequalities by addressing the wider issues that affect health, including housing, employment, and crime. Employing community-based approaches need to be driven by partnerships at a place level involving the council, health services, the voluntary sector, police, public sector employers and businesses.



## Community Paradigm

Herefordshire is actively developing a new approach of working in partnership with its communities, building on the strong ethos of community that exists in the county. It is doing this because public sector services alone will never be able to create a state system big enough to address demand now, or in the future. The aim of the work is to reduce demand, intervene sooner with community led solutions, and invest in prevention for better wellbeing outcomes.

Taking the work of New Local [Community Paradigm](#), Herefordshire is making a fundamental change away from doing *TO* people, to building a relationship *WITH* people, to develop community solutions. Clearly, this isn't a quick fix; this is a long-term way of working and the approach is probably best known through The Wigan Deal which made savings and invested £15m over five years. This funded over 500 projects in communities, coproduced by communities, increased healthy life expectancy by 7 years and is continuing today. Whereas the Wigan Deal was started within the council and then extended to other public sector bodies, Herefordshire is pioneering this work through a cross sector approach.

An initial summit has been held and stakeholders and partners working together to develop this approach and this will grow throughout the duration of the 2 year plan.

## How is our BCF plan contributing to reducing health inequalities in Herefordshire?

The BCF Plan is a platform for articulating how we will use system, county and place level collaborations to strengthen health inequality in strategic and operational planning.

A new [Inequalities Strategy 2023-2026](#), developed by a sub-group of the One Herefordshire Partnership with full engagement across the partnership, was approved by the Health and Wellbeing Board in March 2023. The strategy aims to create a framework to shape the direction and the objectives of work over the next three years to reduce inequalities across the county.

There are three over-arching objectives that the strategy seeks to confront:

### 1. Digital and health literacy:

- i) There is a lack of digital and health literacy at a time when accessibility to services has become increasingly digitalised.

- ii) A key aim of the strategy is to help staff to improve their digital and health literacy so that they can assist patients and the public and in turn, reduce inequalities.

**2. Empowering workforces:**

- i) This objective seeks to ensure that staff understand what is meant by health inequalities, how they approach them, and ultimately reduce health inequalities amongst the workforce.

**3. Reaching our communities:**

- i) There is already a lot of work being done in the county, which is reflected in the plan at the end of the strategy.
- ii) The work of the Community Partnership, led by Herefordshire Healthwatch, who have looked at the factors driving health inequalities and consider what can be done by partners in the statutory and voluntary sectors, together around that.
- iii) The work of primary care networks of general practice, community staff, and social care workers is also important to understanding the needs of their population, in addition to dealing with those needs in defined areas and in defined ways.

**Plan on a Page**

<b>Vision;</b>	Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.		
<b>The Challenge</b>	Requires inequalities in health outcomes between different groups of people to be reduced. This necessitates a mix of short, medium and long term action including upon the wider determinants.		
<b>We will focus on;</b>	Reducing health inequalities across the population, particularly within:		
	<b>Rurally dispersed</b>	<b>Travelling Community</b>	<b>Unregistered individuals</b>
<b>To do this we will;</b>	Work in partnership to develop local solutions, using national frameworks and best practice, which encourage and empower people of all ages and abilities to reduce inequalities and improve health and wellbeing; focusing on;		
<b>1.</b>	Engaging healthcare professionals to improve digital and health literacy		
<b>2.</b>	Empower and support workforces to understand and deliver equitable services that reduce inequalities and address workforce inequality and training needs		
<b>3.</b>	Reaching communities to work in partnership to reduce inequalities		

In July 2022, the Health and Care Bill came into force which saw the establishment of Integrated Care Boards (ICBs), taking on the commissioning responsibilities of Clinical Commissioning Group and bringing a wider focus on the delivery of improved health, care and wellbeing outcomes. The 42 ICBs across England sit within wider Integrated Care Systems (ICS) which bring together partners from across health and care enabling mutual support between different parts of the system to further integrate the provision of care, reducing health inequality and unwarranted variation and give a shared focus on delivering improved outcomes.

Herefordshire and Worcestershire ICB serves a population of over 800,000 people across two diverse counties where there is variation in health outcomes across communities, and differences can be seen when considered by ethnicity, deprivation and rurality. The factors which drive this variation can be complex and Herefordshire & Worcestershire ICB and system partners are committed to understanding these reasons and working in partnership with people and communities to break down barriers and enable everyone to feel they can access health services when they need to, allowing timely support and treatment.

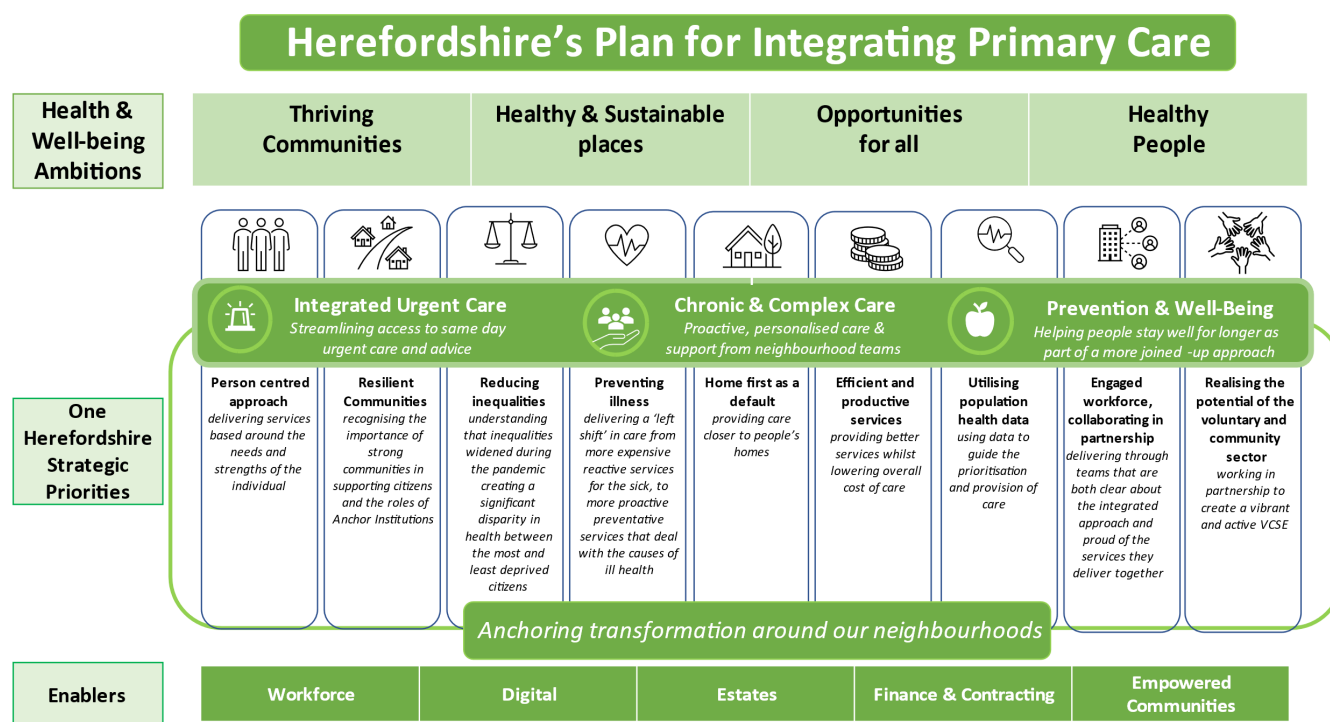
Partners across the system are coming together at the Herefordshire and Worcestershire Integrated Care Partnership Assembly to develop and agree an Integrated Care Plan which will share the vision for integrated care, improved health and care outcomes and a reduction in unwarranted variation in outcomes. Underpinning this strategy are the joint strategic needs assessment (JSNA) which provides an assessment of the health needs of the population and focused work to reduce unwarranted variation in outcomes. In Herefordshire &

Worcestershire, health provision is working to CORE20PLUS5, an approach to reducing health inequalities and unwarranted variation developed and used across the NHS in England. This focuses efforts to increase tailored support to those living in the most deprived 20% of the national population (CORE 20) and locally define groups including unregistered populations and those experiencing barriers due to health literacy. The key clinical areas of variation are Maternity, Severe Mental Illness, Chronic Respiratory Disease, Early Cancer Diagnosis and Hypertension.

In order to address variation in outcomes in these 5 clinical areas, Herefordshire & Worcestershire ICB has invested over £4.3m within Primary Care Networks (PCNs) to deliver improved outcomes. All PCNs have worked with councils, voluntary sector and communities, implementing initiatives which support people to access services, go through relevant health checks and ultimately, where clinically appropriate, enter treatment. For every person who enters treatment earlier than they would have done, their opportunity for an improved outcome increases and we will help to reduce the health inequalities we see in our counties. Interventions include both medical and non-medical, covering accessing support groups, tackling loneliness and supporting people to understand the implications of a diagnosis and importantly how they can take simple steps in their day to day lives to improve their health and wellbeing. The system will measure on and report on the ambition to improve outcomes over the next 5 years.

### Integrating Primary Care – Anchoring transformation around our neighbourhoods

One Herefordshire partners are working together to build on the quality of care already provided in the county by primary care colleagues and ensure care for key communities is joined up, ensuring access to services and support when its need and sustainable services for the future.



The Fuller Stocktake, published in May 2022, sets out a vision to improve access, experience and outcomes for people and communities, the recommendations from which form a key part of our strategy and plans going forward. These recommendations centre around three essential areas.

1

**Streamlining access to care and advice** for people who get ill but only use health services infrequently, providing them with much more choice about how they access care and ensuring care is always available in their community when they need it

2

**Providing more proactive, personalised care with support from a multidisciplinary team of professionals** to people with more complex needs, including, but not limited to, those with multiple long-term conditions

3

**Helping people to stay well for longer** as part of a more ambitious and joined-up approach to prevention.

Reporting to the One Herefordshire Partnership, senior managers from across the county are working together to develop detailed delivery plans based on the following principles and priorities:

#### Key Principles

- Reduce demand on statutory services
- Reduce duplication
- Clear pathways
- Empower residents to manage their own wellbeing
- Community driven and development focus
- Improved relationships between teams, improved job satisfaction, staff retention and wellbeing

#### Key Priorities

1. **Integrated Neighbourhoods Teams** – developing and supporting services delivered at a neighbourhood level
  - a) **Community health & social care teams** – District nurses and social workers co-located alongside General practice teams where possible, with integrated access points, assessment processes and efficient, streamlined communication.
  - b) **Safeguarding teams** - multi-agency professionals working together at the point of referral, with common values that respect professional expertise and perspectives, and is integrated into everyday practice.
  - c) **Proactive care teams** - working alongside the developing INTs, there will be a focus on developing proactive care for patients with 2 or more long term conditions at risk of deterioration in the next 12-24 months. A single point of access will be developed so that patients are able to be supported with continuity of care from an identified group of professionals to meet their needs across a clinical and non-clinical team. This team will include well-being, such as social prescribing, to link the patient with community groups following a personalised care planning discussion. This will ensure a 'what matters to me' approach is followed to empower the patient to manage their well-being. The ambition is to align the team with CIRH so seamless care can be provided if the patient deteriorates further and is at risk at hospital admission. The aim is to support the patient to remain well, at home, with the right care, in the right place, by the right person for as long as is appropriate. It is hoped that this will improve outcomes for patients as they're able to remain at home within their community, whilst reducing pressures on general practice and secondary care.



## 2. Joined up approach to prevention & Well-being

- a) **Strengthening community-based Well-being support**, such as Talk Community Development Officers, PCN Well Being teams, MIND link workers and more, enabling teams to work better together, removing duplication and optimising outcomes by developing clear pathways, processes and team working.
- b) **Talk Well-being Integrated Outreach** – working to engage with underserved communities and addressing the wider determinants of health across Herefordshire to increase health checks and other screening tests to ensure earlier identification of otherwise undetected/unknown health conditions and increasing patients registered at a GP practice. This will be through outreach clinics, mobile approaches and working with community champions to identify areas to target where our population are facing barriers to accessing care, including registering with a GP practice. The team will clinically-led, but also include social prescribers and will collaborate across other organisations also providing outreach services to ensure all teams are making every contact count. This is a strength based, personalised care approach to empower patients to better manage their own health and well-being.

### **Planning Requirement (PR3) - A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**

Herefordshire's approach to bringing together housing, health and care is to work collaboratively across partner organisations, including the voluntary and community sector, to support people and continue to work to deliver the goal of maximising independence and people living well at home.

#### **Supported Housing**

The council has a new supported living scheme for people with mental health needs, utilising affordable housing quotas as part of the planning process for a new development. Tillington Road is a collection of 6 newly built houses. The purpose of the accommodation is to enable people with enduring mental health conditions to be able to step down from more supported accommodation, into their own houses with floating support available. Residents moved into the houses during August and September 2022, and all have maintained their tenancies. Each person has the availability of up to 14 hours support each week by Lifeways SIL.

#### **Older Persons**

An 80 bed care home to be delivered as 100% affordable housing with Platform Housing has achieved planning permission in Hereford. Contractors are currently on site building out the development with the apartments due to complete in spring 2024. All apartments will be for those aged 55 and over and have a local connection to Hereford.

#### **Veterans Self-build**

19 high quality affordable homes have been developed with a housing association and contractor on a former site of a 16-flat housing association scheme built in the 1970s and adjacent land that was donated by Herefordshire Council. The scheme is the first self-build veterans' development in the County and has been highly commended. Taking over four years to deliver, collaboration was key to its success. The project involved developing strong partnerships with the local planning authority, self-build specialists, armed forces charities and contractors; as well as winning the local community's support. The council also supported a grant funding application to Homes England and provided additional grant funding. The first keys were handed over on 17<sup>th</sup> December 2020 and all units occupied by February 2021; the scheme continues to succeed.

#### **Disabled Facilities Grant (DFG)**

The DFG is a capital grant pooled into the BCF to promote joined-up approaches to meeting people's needs to help support more people of all ages to live in suitable housing so they can stay independent for longer. Creating a home environment that supports people to live safely and independently can make a

significant contribution to health and wellbeing, and should be an integral part of integration plans, including social care and strategic use of the DFG can support this.

Under the Care Act there is a requirement for closer cooperation of services that support the health and wellbeing of those who may be in need of care and support. An emphasis is placed on greater integration between health and social services to deliver more person-centred outcomes. The strategic direction for DFG is to continue to work to deliver the goal of maximising independence and people living well at home. Working with the council's Housing services we use DFG to help increase the amount of suitable available housing in Herefordshire to enable more people to remain at home, living well for longer.

The DFG aims to support vulnerable, disabled and older people to be independent, enabling carers to continue their role safely, preventing accidents and helping people to return from hospital. It therefore crosses the boundaries between housing, health and social care and reflects the increasing national focus on the integration of housing with health and social care services.

Herefordshire Council's DFG allocation is £2,268,653m for 2023/24. The table below shows the funding split. The target remains as previous years being to complete 200 mandatory DFG grants and 20 discretionary DFG or assistance grants in the financial year.

<b>2023/24 DFG Grant</b>	<b>£</b>
DFGs	1,236,658
Discretionary DFGs	7,597
Discretionary Fast track Adaptations	3,590
Emergency Repayable Grant	16,590
DFG - Strategic Housing	63,790
Staffing Costs	310,618
Professional fees	9,468
NRS assessments	39,708
Digital Switchover	4,299
Rough Sleepers Accommodation Property	276,335
ICES Recharge	200,000
Telecare Recharge	100,000
<b>Total Expenditure</b>	<b>£2,268,653</b>

Adaptations costing £1,000 or less are referred to as minor adaptations and as such are procured outside of this budget under the council's duties within the Care Act or via social landlords. However within the flexibilities offered under the council's Home Adaptations and Assistance policy, a free rapid response minor adaptations service to prevent delayed discharge from hospital is provided plus a small Handyperson's service to assist people living in their own homes with small repairs, maintenance and improvements, at subsidised cost. These two schemes are funded via the DFG capital budget.

As in previous years, the DFG will be used to support the delivery of community equipment services, including technology enabled living. Community equipment covers a wide range of equipment for home nursing usually provided by the NHS, such as pressure relief mattresses and commodes, and equipment for daily living such as shower chairs and raised toilet seats,. It also includes, but is not limited to:

- Minor adaptations such as grab rails
- Ancillary equipment for people with sensory impairments
- Telecare equipment such as fall alarms

Community equipment plays a vital role in enabling disabled people of all ages, including children, to maintain their health and independence, and to prevent inappropriate hospital admissions. Modernisation of community equipment services therefore supports policy initiatives such as: promoting independence for disabled people; intermediate care services; the reduction of falls by older people, and support for carers.

The use of DFG funding is designed to offer practical help to the residents of Herefordshire to live independently at home including the provision of adaptations, technology enabled living and community equipment, preventing, delaying or reducing the need for care and support. In practical terms this includes, but is not limited to:

- Adaptations to aid independent living for older persons in their own homes rather than moving to care homes.
- Reducing the need for, and scale of care packages.
- Assisting with hospital discharge to return home.
- Efficient delivery of nursing at home services.
- Reducing hospital admissions.
- Improving housing safety and security.
- Reducing the risk of falls at home.
- Preventing and relieving Homelessness.
- Linking with other agencies to help reduce fuel poverty.

This is in line with government guidance on use of DFG to support capital projects that benefit social care.

Our current Regulatory Reform Order (RRO) offers include:

- An emergency repayable grant which offers a means tested grant to help to remedy serious risks to health and safety caused by structural or environmental defects in a person's own home. The service has received an increasing number of referrals for this support from social care colleagues and is working jointly with those colleagues to help find solutions and rectify these hazards to ensure the vulnerable person's greater safety and enable them to remain living in their home.
- The service also liaises quarterly with housing association colleagues to discuss and agree actions plans to resolve any relevant issues that have come to light with regards to adaptations, repairs or other housing support required for their vulnerable residents.
- The minor adaptations service run by the Home Improvement Agency (HIA) includes a rapid response option to facilitate hospital discharge, and a small handyman's service.
- A fast-track option for some major adaptations is also available for specific circumstances such as hospital discharge or other urgent situations.
- The Independent Living Services work jointly with Strategic Housing colleagues to look at design requirements or adaptations required when accessible new build properties are being built for disabled adults/children whose needs cannot be met via the accessible homes register.

## 2. National Condition 2: Objective 1 – Enabling people to stay well, safe and independent at home for longer

**Planning Requirement (PR4) - A demonstration of how the services the area commissions will support people to remain independent for longer, and where possible support them to remain in their own home**

The Council's transformation agenda sets out as a priority that opportunities for integrating care and support will be identified and followed through. We have increased the number of social workers in both the discharge team and the Care Act assessment team to support a person-centred approach which adheres to individual's needs. Pathways to services are reviewed to ensure the quality of discharges and that patients are discharged safely, in a timely way.

Activities which are in process include:

- A review of Herefordshire's Discharge to Assess (D2A) model is being undertaken, reviewing the service model for integrated discharge services, KPI's and processes; considering quality of

outcomes, timeliness, effectiveness and affordability. An integrated D2A board has been convened and commenced in May 2023. A workshop is scheduled for 19<sup>th</sup> June 2023.

- Support is delivered at place via locality teams within Primary Care Networks and greater steps towards integration have been taken, which support the D2A pathway. A lead post has been developed to include District Nurse provision within the PCN.
- A new Learning log concerns form has been specifically devised for professionals to identify areas of process or practice that need to be improved that have been identified from complaints or concerns relating to a discharge process.
- Central referral points for therapy and urgent response allows for holistic review at triage and access to multi agency services locally is in place.
- Long Term Condition pathway and service is available working with and aligned with community teams.
- Implementing joined-up approaches to population health management, and proactive care, and how the schemes commissioned through the BCF will support these approaches.
- Alternative models of delivery for occupational therapy are currently being considered, including a potential integrated model across health and social care. Reviewing establishment of a joint post – aiming for September 2023.
- Within the Council's housing solutions team the post of Housing Discharge Officer provides an early point of contact to create and maintain pathways to ensure that no one is discharged from hospital without accommodation being available to them where possible.
- The provision of a Service Manager, social care delivery – Urgent care/Initial contact manager is being proposed to lead the front of house urgent care and initial contact services. It is envisaged that this post will manage Care Act responsibilities in relation to Discharge to assess social care pathways including initial assessments; Advice and Guidance and signposting and Safeguarding referral and triage hub. The service manager will form close operational links with the Wye Valley Trust (WVT) Operations manager for urgent care and key partners which support operational pathways for urgent care and support services in WVT and in the community:
  - Hospital liaison workers who form part of the integrated discharge team.
  - Care Act assessment team who manage the pathway. (CAAsT)
  - Safeguarding concerns - to be developed into a multi-agency safeguarding service.
  - Adult advice, referral and signposting team (ART) which includes Community brokerage services and has direct links with CIRH.
- A Senior Social worker- hospital avoidance post is also being proposed within the CAAsT team with close links with the integrated discharge team and CIRH, ART and Community resources. This new post will lead on working with key professionals in A&E to identify individuals who do not need to be admitted and work with all agencies to seek appropriate care and support options. This will be a key post to provide professional Social care assessments of individuals who do not need to be admitted and ensure plans are in place to return home or to an appropriate care setting. Additionally this post will develop reports to understand social reasons for admittance and to identify gaps in provision in the community response. There is potential that this post can also provide liaison support with people admitted from Out of county by liaising with other Local Authorities and agencies.
- Resource from both health and social care teams is being used to ensure there is increased opportunity for discharge home. A NHS bridging team was established in March 2023, as an interim measure, to support reablement and increase capacity. Care support workers (attached to Hospital @ Home) will be employed to support discharge from hospital where Home First do not have capacity available. This bridging team will hold the cases and handover to Home First or most appropriate other service when capacity is available and where reablement is the appropriate pathway.

- Age UK (Scheme 401) have been commissioned to pilot a Hospital to Home Discharge Service providing a facilitative service to support the local health and social care system on discharges (pathway zero). The pilot runs from April–July 2023. Monthly monitoring and an evaluation of the pilot will be undertaken. The first 3-4 weeks were carried out by 2 paid staff, 3 volunteers and have delivered 33 hours of support. It is early in its contract so it is anticipated will grow steadily. The support offered can include low level tasks including food shopping, home and welfare checks and signposting to other agencies.

**Planning Requirement (PR5) – Additional discharge funding - An agreement between ICBs and relevant Local Authorities on how the additional funding to support discharge will be allocated for ASC and community-based reablement capacity to reduce delayed discharges and improve outcomes.**

**Additional Discharge Funding**

Allocation of the Adult Social Care Discharge Fund has been agreed by partners.

Local Authority Discharge Funding	Contribution Yr 1	Contribution Yr 2
Herefordshire, County of	£950,944	£1,584,907

ICB Discharge Funding	Contribution Yr 1	Contribution Yr 2
NHS Herefordshire and Worcestershire ICB	£1,047,772	£2,221,943
<b>Total ICB Discharge Fund Contribution</b>	<b>£1,047,772</b>	<b>£2,221,943</b>

ASC Discharge funding will be used alongside other BCF funding and other funding from partners to ensure that there is sufficient capacity to meet discharge requirements.

Herefordshire integrated discharge services comprise:

- Home First (rapid response and reablement at home services provided by Hoople Ltd)
- Hillside Care Centre (bed-based residential reablement provided by Hoople Ltd)
- Hospital @ Home (provided by WVT)
- Ledbury Intermediate Care Unit (bed-based short-term nursing provided by Shaw Healthcare Limited)
- Integrated Discharge Team (multi-disciplinary discharge team with staff from WVT and Herefordshire Council)
- Care Act Assessment Team (CAAsT) (Herefordshire Council social workers focussed on discharge)
- Herefordshire council All Age Commissioners
- D2A therapy (therapy across all discharge settings provided by WVT)
- Voluntary sector services (provided by Age Concern and through Talk Community)
- Short-term nursing and residential beds contracted and spot-purchased from a number of Herefordshire providers
- Home care placements spot-purchased from a number of Herefordshire providers

Herefordshire has recently incepted an Integrated Discharge Board for local system partners to work together for sustainable improvement for patients and to draw planning and delivery of all discharge services into a single board with representation from all relevant local partners.

The Board has four strategic aims:

1. Increase the number of people receiving rehabilitation and recovery services after an acute hospital admission, increasing people’s functional outcomes and ability to remain independent at home.
2. Decrease the need for long-term care by decreasing need.
3. Reduce length of stay and bed days lost by decreasing the number of people staying in an acute hospital who should be at home or in more appropriate community bed-based care.
4. Provide an integrated system approach to the development of new models of care to address challenges within the current model.

The Integrated Discharge Board will lead the review of the service model for discharge. In June 2023, a One Herefordshire Partnership strategy forum will focus on understanding the issues in home care, followed by inaugural further meeting of the Integrated Discharge Board and an integrated discharge service model workshop. The new service model and pathways should be more effective and should reduce the current reliance on spot-purchasing short-term care in the local market, improving both outcomes for service users and financial sustainability. A workshop is scheduled for 19<sup>th</sup> June 2023, with an intended revised service model agreed by the end of June 2023. Transition to the new model will commence in July 2023 and it is anticipated it will take a few months to embed.

### **Capacity and Demand**

Demand and capacity planning is based on previous patterns of activity adjusted for projected local population growth and demographic change.

Demand, expressed as number of discharges from acute beds, is assumed to be stable, neither increasing nor decreasing appreciably in the planning period, reflecting the system's current focus on improving discharge services. Once the improvements in discharge services are embedded then the system may be able to shift focus to admission prevention, but this is unlikely to have a significant impact until much later in the planning period.

Capacity is based on the current service model; the reorganisation described above should see changes in capacity requirements, with use of some services increasing and use of some services, particularly spot-purchased care, decreasing; however, as with any transformation it will take a little time for the results to be seen and transition to new ways of working to be effected.

Analysis of discharge activity across 12 months has identified a number of learning points:

### **Referrals and Assessments**

- 20% of pathway assessments need no further support upon discharge, suggesting risk-averse behaviour in initial discharge planning and referral to the integrated discharge service
- 52% of pathway assessments are assessed as needing reablement or rehabilitation at home
- 28% of pathway assessments are assessed as needing short-term residential or nursing care. In part, this very high proportion of patients moving to bedded care will be due to Herefordshire's demography, but it also suggests an over-reliance on bedded care in the integrated discharge model and is a key area for further analysis.
- 32% of patients assessed as requiring reablement or rehabilitation at home are subsequently discharged by the Home First team as needing no further support, suggesting an over-prescription of care and a disparity between the assessment model used at discharge and the assessment model used by Home First.
- 25% of patients assessed as requiring reablement or rehabilitation are referred to other services due to lack of capacity in the Home First service. Increasing the capacity in Home First through recruitment and improvements in productivity is a key priority of the Integrated Discharge Board. Resolving this capacity issue will reduce or remove completely the need to purchase short-term care in the homecare care market. As an interim measure a bridging team is being provided by Wye Valley Trust NHS to pick up the excess demand. The plan to reduce the capacity gap is to increase both staffing numbers and productivity in the Home First service. The recruitment aspect of this plan has been in place throughout 22/23 and the service is approaching full establishment of reablement workers.

### **Discharge Services Provided**

- 52% of service users received reablement or rehabilitation at home
- 18% of service users received short-term residential home care
- 29% of service users received short-term nursing home care
- The average length of stay in discharge services is 39 days, but there are a number of service users with very short and very long lengths of stay

### **Discharge Destination**

After receiving short term discharge services:

- 23% of service users need no further long-term service

- 11% of service users are readmitted to hospital
- 19% of service users go on to a local authority funded long-term placement
- 4% of service users go on to an NHS funded placement
- 22% of service users fund their own long-term placement
- 6% of service users pass away while receiving discharge services

The Herefordshire system can experience difficulty in finding long-term placements in the care market, especially for more complex needs. This can lead to delays in moving on service users from their short-term discharge service and cause 'silting-up' of the discharge system.

Re-commissioning the integrated discharge service model to reduce the need for short-term placements in the market will release some capacity for long-term placements; but the difficulty in recruiting care workers in the local labour market, and a strong self-funder market for care will continue to present challenges to increasing the capacity for local authority or NHS funded care at sustainable prices.

### 3. National Condition 3: Objective 2 – Provide the right care in the right place at the right time

#### Planning Requirement (PR6) – A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time

We will continue ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support, in line with the government's hospital discharge and community support guidance.

A number of actions continue to support recruitment and retention of staff. Additional staff have been recruited to the CAAsT responsible for assessing all patients who have been discharged under D2A to pathways 1 2 and 3.

Ward discharge coordinators are now in place at the acute hospital to support the Multi-Disciplinary clinical teams' decision making with a focus on Pathway 0; this team are part of our Integrated Discharge Team which comprises health and social care staff working as one team. Where the patient requires additional support on discharge, an assessment of need is undertaken to identify the most discharge appropriate pathway.

Joint roles allow for timely escalation regarding delays and immediate action required. Utilisation of commissioned services in Pathway 1 is a priority along increasing provision by with the voluntary sector.

Other systems responses:

- Additional block discharge provision for discharge to assess domiciliary care.
- Additional funding to fund 12 beds in nursing and residential settings to provide for Pathway 3
- Provision of spot beds as over flow.
- 24 hour Integrated urgent care response currently in the planning stages.
- System calls in place for both in and out of county actions regarding delays.

#### Short term block purchased beds pilot

The Council set up 12 short term block purchased D2A beds from January – 31 March 2023. This has been extended until June 2023 in a bid to support the local system. It has been well utilised at over 95% and supported discharges during the peak winter pressures. On the back of the above pilot the council are going out to tender in early summer 2023 for a long term block beds service which will take referrals from the community and D2A. This will enable greater capacity and control over provision as well as reducing costs compared to spot-purchased beds.

Herefordshire and Worcestershire is developing a joint contract between Herefordshire council, Worcestershire council and Herefordshire and Worcestershire ICB for residential and nursing care home placements. This will provide a collaborative approach, consistency and revised specifications including for

complex care. It should also give greater control over spot purchase fees. The new joint contract should be in place in by early 2024.

Herefordshire Council is embarking on an ambitious transformation programme for social care and community services and is actively exploring alternative models of care and support. These options include:

- Consideration of council owned provision
- Additional extra care housing
- Supported living transformation programme
- Moving away from traditional bed based residential provision
- Maximising the use of digital and technology to support more people to remain in their homes
- Enhancing the shared lives model to ensure choice, quality and cost effective delivery.

For Home Care these options include:

- Building capacity with providers to develop rounds
- Development of Personal Assistant (PA) provision
- New models of care delivery
- Community support for customers and care staff

Herefordshire Home Care Framework was launched in November 2021 with 11 local providers across 4 locality areas. Due to the increased demand for more capacity in the market from hospital discharges and the community the framework has been re- opened to allow a secondary tier of providers.

Herefordshire Council is taking action on areas to improve market sustainability across home care, D2A and Home first, in order to improve waiting times, capacity and flow, support discharge and support the workforce challenges. The table below sets out our plans:

Commissioning Activity for homecare	Outcomes	Timescales
Engagement with the care at home sector	An engagement forum in now in place. This is enabling the council to expand its capacity and build relationships	November 2022
Workforce challenges	Fee rate of 8.7% applied to domiciliary care market The Herefordshire Cares website (recruitment)	April 1 2023
Secondary Provider framework for Home Care reopens	Additional providers on the framework will increase capacity to deliver homecare and reduce waiting lists and improve capacity and flow.	April 2023
Expanding the Herefordshire Talk Community offer to support people to live in their communities and receive informal support	Linking care at home more with Talk Community, so local residents are aware of the local offer	2022-23
Develop a Shared Living model	Opportunities for vulnerable people to share their homes in return for support and companionship	2023-24
Expand Shared Lives Options	Can provide additional safe and secure homes for vulnerable residents, including older people.	2023-24
Telecare and improving outcomes Improving digital offers	There are plans in place to increase the capacity of models such as Prevention and Predict telecare. This model can support people to remain independent for longer. It focuses on preventative data in the following areas • Falls • Dehydration • Reduce the need of care calls	2023-24



A block purchase arrangement for Discharge to Access (D2A) home care has been operational from April 2022 to May 2023. As part of the review of D2A provision, the council is exploring alternative ways of increasing capacity in areas where there is limited capacity and potential growth with current providers. A block purchase approach is being considered which would go out to tender through the council's procurement portal. In addition to this, as part of the council's transformation plan, a wider review of home care solutions, including geographically based personal assistants and micro providers will be completed during 2023/24.

**Shared Lives** (Scheme 154) is funded through iBCF and the expansion of the service is a priority of the Council's transformation agenda. Shared Lives Plus has been commissioned to support us with a review of how to take forward expansion opportunities. It will review what is feasible and how much would we need to expand the team to accommodate the new initiatives.

The following are being considered:

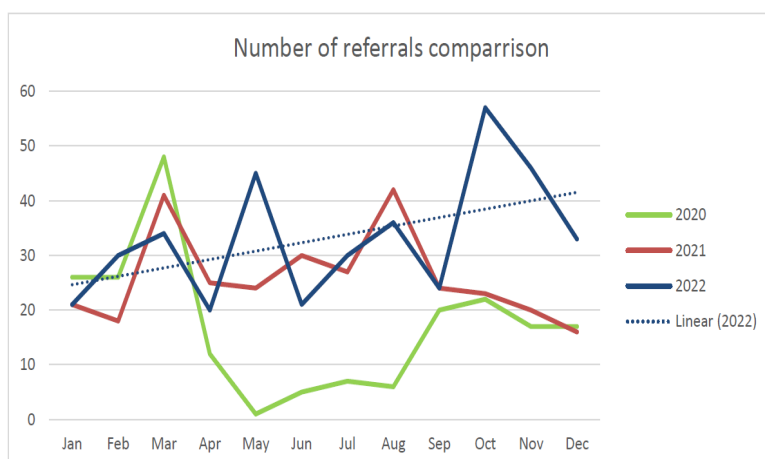
- Home Share, a matching service where an adult can offer accommodation to someone who can offer support and companionship.
- Discharge offer of short term accommodation, for people who need a step down from hospital but are not quite ready to go home.
- Expanding shared lives to people who are 16 plus or parents with a child for short term housing arrangement.
- Day support and care opportunities, including carer breaks.

The **Care Home Clinical Practitioners (CHCP)** (Scheme 156) continue to be funded via iBCF. The CHCPs work within the Integrated Care Division, WVT and in close partnership with Herefordshire Council (HC) Quality Assurance team.

The underpinning work has been guided by HC Quality Assurance and ICB who have identified homes requiring additional support. The team respond to individual provider needs as required and requests referred from the HC QA team. Educational sessions to care homes within Herefordshire are developed to provide training which is underpinned by evidence based, gold standard practice for clinical skills which includes the initial training followed by any assessment of competencies.

- Overriding long term aims are to support home staff within 5 key areas:
- Recognising the deteriorating resident
- Respiratory support
- Slips, trips and falls
- Continence
- Tissue Viability

The **Trusted Assessor** (Scheme 152) model funded via iBCF, continues to be a valued resource in helping to reduce the number of delayed discharges and supporting individuals to be discharged to an appropriate care home. A further aim of the service is to improve the patient experience by reducing unnecessary days spent in hospital and by ensuring that they are accurately placed.



The service received 397 referrals in 2022, a 29% increase from 2021 (308).

### **Workforce, Recruitment and Retention**

Recruitment and retention of the workforce, both within the community wellbeing directorate and also within the wider care sector, is challenging. General workforce shortages, coupled with pay inconsistencies and geographical distance, cause significant challenges.

In the wider sector, there are capacity shortfalls in care homes and particularly in homecare. Retail outlets offer significantly greater hourly rates and more flexibility around working hours. The lack of homecare capacity in particular has led to a significant number of people waiting in the community for commissioned homecare packages and an over-reliance on the reablement provision to cover the shortfall. There is limited new intake into the sector – where there is movement, it tends to be the workforce moving from one provider to another.

The [Herefordshire Cares \(Scheme 156\)](#) website and social media campaign is funded through iBCF. Herefordshire Cares engages both potential and existing care workers as the Herefordshire 'go to place' for news, information, opportunities, support and developments at national, regional and local level. The new approach is aiming to improve local recruitment and entrants to the local care sector. Care Home providers and home care providers can advertise vacancies for free on the Herefordshire Cares website. The team are also linking with Skills for Care, local colleges and ICS on system workforce training and requirements.

Establishing a stable and engaged workforce is a key work stream of the council's Transformation plan. Key transformation activity for 2023/24 includes:

- Launch **Community Wellbeing recruitment microsite**
- Develop and implement a **directorate workforce strategy**
- Maximise opportunities to work with the **Integrated Care System** on wider recruitment and retention initiatives in social care and wider and to support multi-agency sector workforce planning
- Design and deliver an **entry level apprenticeship** scheme in the directorate
- Proactive campaign and promotion of **Herefordshire Cares**, including alignment with Talk Community and Integrated Care System.
- Delivery of **training activity to the care sector** (All Age), including carers and PAs, to support retention and high quality workforce

### **Implementing Care Act Responsibilities**

The Health and Care Act 2022 gave the Care Quality Commission (CQC) new regulatory powers to undertake independent assessments of local authorities' delivery of regulated care functions.

Local authorities will be assessed against part one of the Care Act 2014, which has a different set of statutory duties than the Health and Social Care Act, used to assess care providers and integrated care systems.

The CQC local authority assessment framework has been launched and comprises of 9 quality statements mapped across 4 overall themes:

1. How local authorities work with people
2. How local authorities provide support
3. How local authorities ensure safety within the system
4. Leadership

To prepare for the implementation of the CQC Assurance framework, the council has completed a self-assessment (mapped against the framework) and is developing a range of improvement plans. Council officers are part of the ADASS CQC Assurance work group and are taking part in the ADASS readiness review process.

In relation to BCF spend to support the implementation of care act responsibilities, similar to previous years, a number of service areas that fulfil Care Act responsibilities are funded through the BCF. For example, the

Carers Support Contracts, Deprivation of Liberty/AMHP and the advocacy contract. The council's CAAST is part-funded by BCF (£229K).

CAAST (Scheme 52) is a bespoke team established within Adult social care delivery. Team members have the requisite qualifications and skill base to undertake a holistic assessment under the Care Act 2014 of individuals at their most optimum point of their recovery and reablement after a discharge from hospital. Assessment practitioners complete the assessment with individuals and carers using the Strength based model and currently undertake the assessments within the D2A model time frame of up to six weeks. This team has been specifically trained to assess and identify that individuals and their carers have maximised their independence and ensure that all opportunities are explored to promote further independence and wellbeing.

The contract to provide a range of advocacy services for adults is via Onside Advocacy (Scheme 151). The provision of adult advocacy promotes individual autonomy, protects against abuse/exploitation, empowers decision-making, supports individuals in understanding their rights, and ensures fair treatment and continuity of care for those who may require additional support in mental health or decision-making processes.

The council has a statutory duty to provide independent advocacy under the Care Act 2014, Mental Health Act 2007, Mental Capacity Act 2005 and the Health and Social Care Act 2012. This requires the provision of;

- Independent Mental Capacity Advocate (IMCA)
- Independent Mental Health Advocate (IMHA)
- Care Act Advocacy
- NHS Complaints Advocacy

The High Impact Change Model (HICM) is designed to support local system partners to improve health and wellbeing, minimise unnecessary hospital stays and encourage the consideration of new interventions. The HICM has been reviewed and updated.

HICM KEY:
<b>Not yet established</b> - Processes are typically undocumented and driving in an ad hoc reactive manner
<b>Plans in place</b> - Developed a strategy and starting to implement, however processes are inconsistent
<b>Established</b> - Defined and standard processes in place, repeatedly used, subject to improvement over time
<b>Mature</b> - Processes have been tested across variable conditions over a period of time, evidence of impact beginning to show
<b>Exemplary</b> - fully embedded within the system and outcomes for people reflect this, continual improvement driven by incremental and innovative changes.

The table below provides an overview of Herefordshire's local, joint self-assessment.

## High Impact change Model - Herefordshire self assessment and improvement plan

June 2023

<https://local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/refreshing-high/about>

High Impact Change Area	Self Assessment Where are we now?	Summary of current position
<b>Change 1: Early Discharge Planning</b>	<b>Established</b>	<p>Herefordshire's Integrated Discharge Team continues to facilitate discharge planning. Plans in place to look at the elective pathway from pre-op through to discharge. The Red Bag Scheme is currently not active.</p> <p>Introduction of Ward Discharge Coordinators across 5 wards at the acute hospital is providing opportunities for earlier discharge planning. Improvement programme launched to improve EDD setting across teams to better estimate discharge dates to support teams to prepare for discharge timely. Additional social worker to support the understanding and responsibilities for social care, based with the discharge team. A hospital to home pilot has been introduced with Age UK to support those on pathway zero. This pilot is looking to support earlier discharges.</p>
<b>Change 2: Monitoring and responding to system demand and capacity</b>	<b>Established</b>	<p>System partners continue to work together to monitor and respond to system demands. A Point of Prevalence audit took place in September and a demand and capacity dashboard has been developed.</p> <p>Discharge-System partners continue to work together to monitor and respond to demands, however capacity within home care market continues to impact ability to respond to demand in a timely way. System plan in place for a D2A review of model including capacity per pathway (June 2024) and to capture activity through a dashboard. Development of a D2A board. New post to be established based in A&amp;E, making sure the right capacity, right resources, are in the right place to support D2A services and care act compliant. The council developed its market sustainability plan which has focussed on capacity and responding to market changes. It sets out the 2 year plans which include some service redesign of existing care facilities to increase blocked beds and some further dementia beds.</p>
<b>Change 3: Multi-disciplinary working</b>	<b>Established</b>	<p>The Integrated Discharge Team continues to develop and evolve. Partners work closely together throughout the Urgent Care Pathway including daily huddle meetings, where patient trackers and progress are discussed.</p> <p>Invested in additional management staff to support social care pathway out of hospital - recruited interim into post.</p>
<b>Change 4: Home First D2A</b>	<b>Mature</b>	<p>Wherever possible, people are supported to be assessed in their usual place of residence. The CAAST team, who complete Care Act assessments once people have been discharged, continues to respond to demands.</p> <p>Increased the staffing to facilitate the assessments. 80-85% of all discharges and pathways are assessed by CAAST - investment in our own staff. A new SLA, KPIs is being developed with the existing D2A service and Homefirst.</p>
<b>Change 5: Flexible working patterns</b>	<b>Mature</b>	Demand and capacity is currently being mapped across the system, which will inform if seven-day working patterns are required/suitable. Seven-day services in place where required.
<b>Change 6: Trusted Assessment</b>	<b>Mature</b>	Trusted Assessors are in place and available for Care Home assessments. People are safe and having assessments in a timely way.
<b>Change 7: Engagement and Choice</b>	<b>Mature</b>	<p>Admission advice and information leaflets are readily available, including web based information. Alternative languages and accessibility options are currently being explored. The council has a range of information available to support individuals and families to make decisions regarding care. The Talk Community Directory is available to all and provides a rich source of advice and information. Talk Community Hubs offer up to date health and wellbeing information and help bring residents together by connecting people to services, groups and activities within their local community or across the</p>
<b>Change 8: Improved discharge to care homes</b>	<b>Established</b>	<p>Care Homes are encouraged to access clinical support via the Community Integrated Response Hub. Care Home Clinical Practitioners continue to work to identify individual provider needs to inform day to day activity; enhance individual care through collaborative working, to broaden knowledge and skills to ensure the successful delivery of clinical support and advice to Residential and Nursing Homes.</p> <p>There are early discussions on developing a provider portal whereby all future integrated information can be brought together on one portal. Information will include high level information from the council, PCNs and WVT.</p>
<b>Change 9: Housing and related services</b>	<b>Mature</b>	<p>Referral pathways to Home adaptations, equipment and telecare services are well established and services are delivered promptly. The impact of homelessness and housing issues are fully understood and the local authorities' housing solutions team is available 24/7. A dedicated Housing Solutions Officer is in place to specifically support discharge.</p>

## 4. National Condition 4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services

**Planning Requirement (PR7) - A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution**

**Planning Requirement (PR8) - Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**

Herefordshire Council is working collaboratively with commissioning partners across the system in order to further develop integrated approaches to commissioning

In Herefordshire there are 3 key services currently commissioned to deliver support for people identified as moderate and high risk of falls. These are:

- Falls Prevention Service.
- Falls Responder Service.
- Falls Care Navigator Service.

### **Falls responder service**

The team responded to just under 1000 calls by the end of quarter 4 (2022-23). There were 187 repeat fallers and the last quarter fell to 39 in comparison to 54 the previous quarter which was the lowest quarter of the year. Referrals to the falls responder services continue to be made by all agencies but in the main by adult social care: Falls navigators – 111; Adult social care – 68; GP notification (3<sup>rd</sup> fall) 47; Telecare 34; Community Integrated Response Hub - 32

### **Falls Care Navigator service**

Performance data shows the service continues to achieve outcomes and it plans to build upon this by undertaking a Predict and Prevent pilot in 2023. During 2022-23 there was a significant reduction in people with repeated falls across a 3, 6 and 9 month period. This equated to ranges of 40-60% in some cases. There was 127 repeat fallers of which 94 took up the offer of a service with the FNS. 100% of all individuals had an active support plan in place and were being supported to achieve their outcomes.

### **Pilot for Predict and Prevent model**

Whilst the Falls Care Navigator (FCN) service yielded some excellent outcomes it works as a reactive service. The council's longer term plans include greater preventative work such as the Predict and Prevent model. This digital software uses monitoring and data to inform the existing falls responders and falls care navigators before falls occur.

The pilot will run for 6 months from April 2023 with the provider of the FCN service. The current service works specifically with repeat fallers and minimises the likelihood of further falls, but would benefit from understanding falls by analysing data much sooner and reducing unnecessary call outs of the falls responding service. This preventative model highlights high risk fallers before they present to services. It is anticipated it will contribute to hospital avoidance and more cost effective delivery.

The Predict & Prevent services use technology to monitor everyday activities such as movement, temperature, night-time activity and eating and drinking habits and using the data captured creates a baseline of each individual service-user's normal pattern of behaviour in their home. When a person's behaviour deviates from that baseline, such as a decrease in movement or reduced fluid intake, it may be an indication of a possible deterioration in health or wellbeing and increased risk of a fall. It is then that the falls team make contact, before the individual falls. With the deviation flagged, alerts can be sent to the team with reports of behaviour and insights into any changes, enabling follow-up interventions to be made quickly by appropriate staff. This

highly personalised approach means that the solution is uniquely appropriate to the individuals needs which enables prolonged independence at home for service users. The pilot will enable commissioners to understand the impacts on hospital avoidance, reduction in A & E admissions and costs to health and social care system

The data generated is key to supporting front-line care resources, allowing them to manage those that need care much more effectively and safely. Firm evidence allows more effective allocation of resources, which ultimately leads to an increase in the number of people that can be cared for without reducing the quality-of-care provision in any way. This pilot is an intervention that promotes the preventative agenda in falls and it is the ambition that this technology will be used by the existing falls team to strengthen the approach taken which focuses on prevention rather than reaction. It is the intention to re-design the exiting care navigator, fall responders to include a greater preventative approach by using digital data.

As part of several of the Predict and Prevent test and learn projects which there is falls equipment being trialled. This will be going live approximately August / September 2023. Some of the falls sensors are wearable but the one currently being looked at provides non-wearable imaging technologies. The non-wearable falls detection system uses radio waves to detect if a fall has occurred, the system will therefore pick up all types of falls and as it is non wearable can be used by anyone. Not only can it alert if the user has had a fall, the system will also provide data that will allow the identification of factors such as reduced mobility which increases the risk of falls allowing interventions to take place before the fall occurs.

Herefordshire council is undertaking a falls review and re-designing services within the pathway during 2023-24. This builds on the work last year undertaken between NHS providers, local communities and the council's Talk Community and public health programmes, to reduce avoidable falls and the consequential impact on health services and social care.

### **Hillside**

Hillside Care facility is currently fully funded through BCF as a bedded assessment and reablement service. Hillside's current primary function is to support hospital discharges as part of the Herefordshire system agreed D2A model. Additionally when there is capacity community teams can also access bedded reablement for people in the community in order to ensure access to therapy and care which prevents an unnecessary hospital admission or admission to nursing and residential beds where reablement is not readily available.

Hillside has 22 beds and is supported by a team of staff employed by Hoople Care with access to therapy services, medical cover and social work services. People will access this support for a period of up to 6 weeks.

The long term delivery model for the provision at Hillside will be established and approved during 2023/24.

### **Community commissioning**

The community commissioning team manage a portfolio of commissioned services and associated programmes and projects focussing primarily on preventative interventions including; mental wellbeing, S117 provision, dementia, advocacy, suicide prevention, multiple complex vulnerability, high intensity, placement support, supported accommodation, domestic abuse, refugee resettlement, community equipment, technology enabled living, community and cultural services and voluntary sector infrastructure and systems.

Of these services and programmes several directly support discharge from hospital or admission avoidance including the provision of community equipment and technology enabled living whilst others have a more indirect but nonetheless meaningful impact. Indirect services and programmes include community and cultural services, voluntary sector infrastructure, mental wellbeing, dementia and supported accommodation offers for those with multiple complex vulnerabilities.

The programme of work to deliver improved care and support service provision within the adult Supported Living and Community Activities market demonstrates positive progress in terms of the supported living review, market engagement and a new community activities service specification, however further work is needed to deliver a new procurement framework, service improvements and system benefits.

The proposed approach is to bring together two areas of work and build on progress made in 2022 to implement new arrangements for Supported Living and Community Activities by reviewing and retendering services. This will:

- Provide a strategic approach in line with the Herefordshire Learning Disabilities strategy (2018-28) which sets out a collective ambition to move away from the idea of separate services and fully adopt the principle of supporting people with learning disabilities to successfully integrate, including where they live, where they work and spend their days.
- Ensure new arrangements are fit for purpose in line with customer needs and aspirations, innovation and best practice, sustainability and market stability within resources available.
- Opportunity to plan future needs, demand and capacity within a progression model of support providing increased opportunities for people with a learning disability to lead more independent lives including training, personal skills development, vocational training and paid and voluntary work opportunities which extends beyond the current offer in Herefordshire.
- Make better use of resources with the option of a single flexible framework agreement with new categories (lots) within a 'progression model' aligned with more effective market management. This will provide the opportunity for a more targeted commissioning approach and development of a 'progression model' based on individual needs and helping individuals realise their own potential for progression towards more independence.

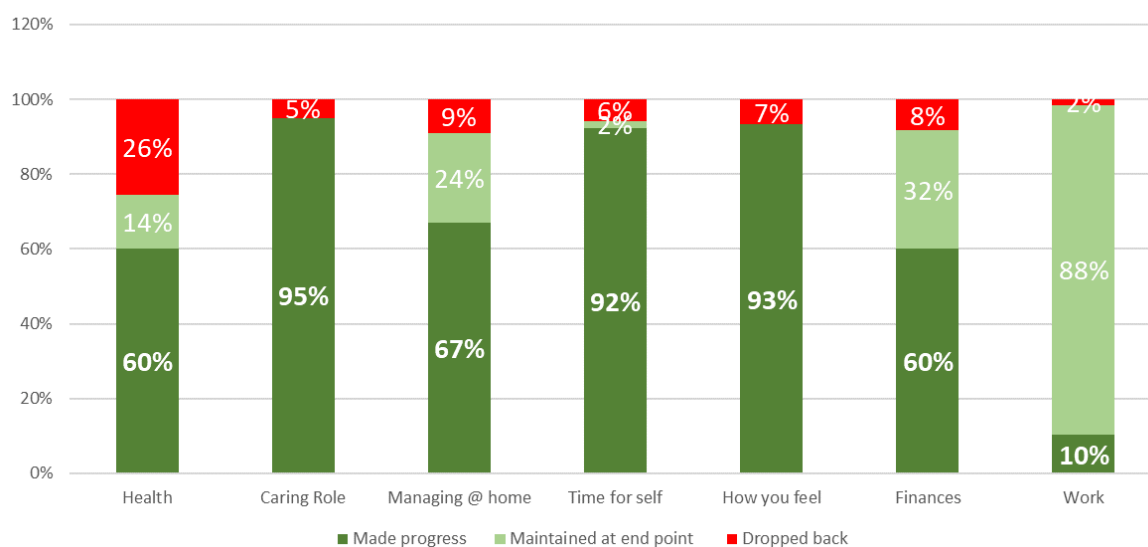
### **Supporting unpaid carers (Scheme 57)**

Unpaid family carers are central to the delivery of high quality and integrated health and care services in Herefordshire. Both the council and NHS partners have given significant focus to their strategic work relating to carers and are now bringing forward a joint co-ordinated approach to strategy and engagement.

The Council commissions a Carer Services contract. The service worked with over 300 carers in 2022/23 to provide a range of outcome focussed information, advice and support relating to:

Health	Carers journey/experience with managing their own health and the person they care for
Caring Role	How they cope with their caring role
Managing at Home	How they cope with managing the day to day running of their home
Time for yourself	Do carers have enough time to have a break from their caring role
How You Feel	How the carer feels about their caring role and any other aspects of their life that may be affecting them
Finances	How they manage bills, earning, benefits, saving etc.
Work	How they balance the demands of caring, working or training

Carer Services Contract: 2022/23 Outcome Star impact at endpoint



At the end of the support period, most carers report a positive impact across most outcome areas, above. There does appear to be more to achieve across the sector to support carers achieve good outcomes in relation to work and maintain and improve outcomes in relation to health. It is proposed that these should be areas of focus in the refresh of the Carers Strategy, which will be co-produced with Carers. While the strategy is being developed, it is intended to extend the current contract subject to the Council's governance and contract procurement rules, which will enable a review of the service scope and specification against the strategic priorities to ensure that the service remains fit for purpose over the next years.

The ICB continue to support carer's breaks through the BCF including the NHS provision for people with life-limiting conditions, providing respite care in appropriate clinical environments. Furthermore, the NHS minimum contribution will continue to support implementation of the Care Act through the provision of assessment, advice and support to carers. Within the strengths-based approach in reablement, the engagement and support to carers is an integral part, ensuring that carers are well-informed and supported. This includes access to equipment and aids. We also recognise that social isolation, fuel poverty and the wellbeing of carers is paramount.

St. Michael's Hospice Carers Support (£261,345K) provides an integrated hospice at home service model for high-quality end of life and palliative care for people identified at end of life. The model provides planned day and planned night care services along with an urgent care service across a 24/7 period: 365 days a year. This is underpinned by clinical care coordination where patients and family's needs will be assessed, and care planned on an individual basis with on-going case management. The hospice at home clinical care coordination function will support development of an electronic end of life care plan and a palliative care register.

Acorns Childrens Hospice (£32,154K) provides planned and emergency respite care for babies, children and young people up to 18 years of age who have a life limiting, life threatening or end of life care needs. Approximately 20 babies, children and young people annually receive support. In addition to inpatient care an outreach service enables support to be provided to families in their own home, working with parents, the patient and siblings to live with the challenges of terminal illness. Transition support to enable a phased and personalised approach to accessing adult services commences at age 16yrs and builds on local community services, family strengths and adult hospice care to facilitate this stage of the young person's life journey.

Transforming the offer for carers, including respite provision and the development of an All Age Carers strategy is a key priority within the council's Transformation strategy and significant progress will be achieved during 2023/24.



## TALK COMMUNITY



([Talk Community Directory](#)) continues to be one of the council's strategic and primary approaches to demand management and admission prevention. Talk Community is bringing Herefordshire together to encourage residents, businesses, community leaders and our Council to play their part in making Herefordshire a better place to live and work.

### **Putting communities at the heart of all that we do**

We recognise that that our communities have a vital role in improving health and wellbeing, where the solutions to health problems are not solely about the provision of formal health and care services. A cornerstone of the programme is our Talk Community Hubs which are located across Herefordshire and provide a safe place where people can access up to date wellbeing information and signposting to local and national resources. They also connect people to services, groups and activities, either within the local area or across the county, which can help them support their own wellbeing and independence.

### **Super hubs**

Building on the success of the Talk Community model, capital funding is available to enable our hubs provide a 'one stop shop'. With an all ages approach to support local residents to access services within their local communities. Community led and driven with a focus on individual community need, allowing communities to design, own and deliver a Super Hub that meets the needs of their community.

## **5. Metrics**

### **Planning Requirement (PR9) - Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**

System partners are working together to ensure that robust metrics are in place; and continues to work collaboratively to maintain performance in each area. The responsibility to monitor performance will be moving to the Integrated Care Executive (ICE) therefore looking to examine performance against metrics throughout the year. ICE will consider and agree local metrics, for example, falls outcomes and incidence, D2A capacity is fully utilised and meets Length of Stay targets, expenditure/impact of DFGs.

Metric	Detail
Admissions to residential care homes	Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.
Avoidable admissions to hospital	Unplanned hospitalisation for chronic ambulatory care sensitive conditions.
Falls	Emergency Hospital Admissions due to falls in people over 65.
Discharge to usual place of residence	Improving the proportion of people discharged home, based on data on discharge to their usual place of residence.
Reablement/Rehabilitation	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.

**Appendix 1: Planning template**

**Appendix 2: Demand and Capacity template**

**Appendix 3: ICB Discharge Funding Template**

# Title of report: UPDATE ON THE BEST START IN LIFE ACTION PLAN

**Meeting: Health and Wellbeing Board**

**Meeting date: Monday 16 September 2024**

**Report By: Julia Stephens Public Health Lead**

## **Classification**

Open

## **Decision type**

This is not an executive decision

## **Wards affected**

(All Wards);

## **Purpose**

To provide an update on the progress of the implementation plan for the Board's strategic priority of "Best Start In Life".

## **Recommendation(s)**

**That:**

- a) **That the Board considers the report and updated action plan and progress to date.**
- b) **That the Board considers how to ensure that all partnership organisations are clearly sighted on the implementation plan and reference it across their own strategies and plans.**

## **Alternative options**

1. The Board could choose not to adopt and support the plan but this is key to demonstrating delivery of the actions and supporting the best start in life for children 0-5 years.

## **Key considerations**

2. The purpose of the Best Start in Life (BSIL) Implementation Plan is to specify the actions and activity that will improve outcomes for children aged 0-5 years across the county.

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Further information on the subject of this report is available from  
Julia Stephens, Tel: 01432383041, email: [jstephens@herefordshire.gov.uk](mailto:jstephens@herefordshire.gov.uk)

3. There has been a considerable amount of engagement and development since the last update to the Board in March 2024.
4. Leads from across a range of partners including health and council colleagues have been identified and confirmed against the actions listed in the implementation plan.
5. Actions have been made smarter and modified slightly to ensure that meaningful, measurable targets are set.
6. Targets for each action have been set and strategic leads feedback on progress through the Early Years Partnership Group.
7. A comprehensive performance monitoring framework has been developed and adopted by the Early Years Partnership Group. This Board is responsible for delivery of the plan.
8. An “outcomes dashboard” is being established. Additional work with our partners is needed to ensure that the actions, targets and outcomes sequence is aligned, with each of these being ambitious but realistic within specified timescales and measurable.
9. A revised schedule of meetings has been put in place to ensure effective oversight and governance of the plan.
10. There is a continued commitment and enthusiasm for the BSIL from partners and a desire to ensure that all partnership organisations are clearly sighted on the implementation plan and reference it across their own strategies and plans.
11. The updated action plan (Appendix 1) has been rag rated to clearly demonstrate progress against targets.

### **Community impact**

12. The purpose of the BSIL implementation plan is to specify the actions and activity that will improve the outcomes of children aged 0-5 years. The plan supports the Children’s Services transformation work and ambitions in the Council Plan. It also contributes to the 2024 to 2025 Delivery Plan objective to enable people to support themselves and each other by providing the right help at the right time. And, helps to deliver implementation plans for best start in life and good mental wellbeing within the Health and Wellbeing Strategy.
13. The purpose of this work is to collect and review data on the outcomes of 0-5 year olds, engage with and map local stakeholders and produce recommendations that will support the improvement of the health and educational outcomes in the early years and reduce inequalities.

### **Environmental Impact**

14. There are no general implications arising from this report, however the plan includes support to increase physical activity through the Healthy Schools Programme, including through active travel which may have a positive environmental benefit.

### **Equality duty**

15. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
16. The public sector equality duty (specific duty) 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
17. The principles of equality and the reversal of health inequalities are key strands of the plan. The BSIL will provide an assessment of our system need and ongoing engagement with a wide range of partners will also support this. The completion of the Equality Impact Assessment will be considered within the coming weeks.
18. To be effective in delivering good population outcomes and helping those most in need, including those most in need or with protected characteristics the plan calls for intervention by working together as a whole system across education, health & social care.

### **Resource implications**

19. There are no resource implications associated with this report. However, the resource implications of any recommendations made by the H&WB will need to be considered by the responsible party in response to those recommendations or subsequent decisions.

### **Legal implications**

20. There is a clear statutory duty, under the Health and Social Care Act 2012, that a Health and Wellbeing board is established. The role for the board is set out in Part 3.5.25 of the Constitution. Consideration of this report should ensure that the board is fulfilling its statutory responsibilities.

### **Risk management**

- 21.

Risk / opportunity	Mitigation
That funding for certain initiatives within the plan will not be continued or have reduced budget implications	Continue to raise awareness and evidence outcomes from the initiatives to ensure continued funding
The Children & Young Peoples Partnership Board is under review. This is a vital Board that drives improvement. Health Partners within Primary Care are stepping back and this could result in missed opportunities and integrated working.	The infrastructure to support childrens' health and wellbeing and the activity within this plan will need to be reviewed.

## Consultees

21. Consultation on action planning and setting targets were undertaken with a range of stakeholders across Health, Education, Social Care, The Early Years Partnership Board, 1HP.

## Appendices

Appendix 1 – The BSIL Implementation Plan

## Background papers

'None identified'

## Report Reviewers Used for appraising this report:

Please note this section must be completed before the report can be published		
Governance	John Coleman	Date 04/09/2024
Finance	Click or tap here to enter text.	Date Click or tap to enter a date.
Legal	Sam Evans	Date 05/09/2024
Communications	Luenne featherstone	Date 27/08/2024
Equality Duty	Click or tap here to enter text.	Date Click or tap to enter a date.
Procurement	Click or tap here to enter text.	Date Click or tap to enter a date.
Risk	Click or tap here to enter text.	Date Click or tap to enter a date.
Approved by	Click or tap here to enter text.	Date Click or tap to enter a date.

[Note: Please remember to overwrite or delete the guidance highlighted in grey]

**Please include a glossary of terms, abbreviations and acronyms used in this report.**





## Best Start in Life Implementation Plan 2023-2025

This draft implementation plan has been developed through engagement with the Early Years Group and Children and Young People Partnership, Health & wellbeing board partners, and the voluntary sector. The plan will continue to evolve and develop throughout its life course

### Cross-cutting, collaborative actions, required to underpin all transformational developments:

Actions	Target/ review date	Responsible Service(s) and reporting lead(s)	Action Targets	RAG	Progress including risks
<b>A.</b> Work to establish an integrated approach across teams that include practice nurses and staff from the new 0-19 service	December 2024	WVT/ICB/ Herefordshire General Practice /PCNs	The 0-19 service are represented at each PCN partnership board and established in PCN areas representing children & families  0-19 service have established links with all GP practices and a named nurse for each GP practice		The 0-19 Public Health Service Practice Leads have started to attend the PCN locality meetings and have made links with the development managers. Each GP Practice has a named Health Visitor who will attend the safeguarding meetings.
<b>B.</b> Ensure cross partner communications plans to promote healthy living messages	September 2024	Hfds/WVT/ICB/ PCNs/CP & CVS/One Herefordshire Communication Group	Healthy living Comms messages where appropriate are joined up with partners		Initial work with Talk Community as part of updates to the directory. Key list of topics to be agreed as part of first phase.
<b>C.</b> Develop a cross-sector dashboard covering health services, social care, CVS and early years data	March 2024	Hfds council/WVT/IC B/CVS	To be developed through our strategic partners in the Children and Young people partnership board.		There are challenges for this in terms of timescales and the number of cross-sector dashboards currently in development. Work to review all dashboards is a priority

Actions	Target/ review date	Responsible Service(s) and reporting lead(s)	Action Targets	RAG	Progress including risks
D. Ensure that the voices of families and children are incorporated across actions and plans.	June 2024	CVS/all partners	100% of EH assessment of families of 0-5 have the voice of child embedded.  100% of children centres services have the voice of child embedded.		Need for this to be addressed through the C&YP partnership group.  No consistent approach or strategy for seeking the voices of children and families across plans/actions.

**Ambition 1: CHILDREN ENJOY GOOD HEALTH AND WELLBEING**  
**Outcome 1.1: Reduction in tooth decay**

Actions	Target/review date	Responsible Service(s) and reporting leads	Action targets	RAG	Progress including risks
<p>1.1.1 Continue roll-out of tooth brushing programme to include: SEND/MOD pre-schools and reception classes.</p> <p>Establish brush packs in Health Visitor 2 year review &amp; new pre-school review.</p>	December 2024	Public Health/WVT	<p>40 Schools/EY settings</p> <p>100% of 2 Year Olds (Mandated check)</p> <p>85% of 3 years Olds (non mandated check).</p>		<p>There are 43 settings including Ministry Of Defence and SEND with a whole SEND school starting the program in September 2024. Order has been processed for over 1000 packs to go out with the 4-6 month visit by the Health visitors.</p>
<p>1.1.2 Roll-out of the 4-6 month oral health &amp; weaning contact (community offer).</p>	October 2024	WVT	<p>50% of all parents attend the 4-6 months community workshop for weaning and oral health.</p>		<p>The 4-6 month weaning/dental workshops have been rolled out across the PCN localities in Herefordshire, in Q1, 37% of families attended workshops. Workshops are actively being advertised on Facebook pages and letters are sent to all families that are eligible to participate in the workshops. Parents are able to book via a booking line or email. The team is reviewing attendance across each PCN locality and how attendance can be improved.</p>
<p>1.1.3 Work to secure more NHS dentists, so that pre-school children can have regular dental check-ups</p>	December 2024	ICB/ORAL; Health Improvement Board	<p>2 New NHS dental practices established in herefordshire.</p>		<p>2 new dentists in Herefordshire:</p> <p>Commercial street - Open</p> <p>Saxton Hall, South Wye – Opening soon</p>

Actions	Target/review date	Responsible Service(s) and reporting leads	Action targets	RAG	Progress including risks
1.1.4 Establish Healthy Tots programme & toolkits, including healthy eating and physical activity policy in Early Years settings, including SEND/MOD children	December 2024	Public Health	40 Early years settings /childminders sign up to the framework in the first year. 60 of Early Years settings/childminders sign up to the framework in year 2.		Currently, 32 schools are completing the program of healthy schools, 27 of those settings have Early Years provisions which will be supported through the healthy tots programme.  On track to meet the target of 40 in December 2024.

### Ambition 1: Children Enjoy Good Health and Wellbeing

#### Outcome 1.2: Reduction in obesity of all children

Actions	Target/review date	Responsible Service(s)	Action targets	RAG	Progress including risks
1.2.1 Expand B/F friendly accreditation: In the community eg children's centre services and Community Hubs  Maternity: Complete process for Baby Friendly status/accreditation  Progress the Infant Feeding Strategy towards implementation	December 2024  June 2024  March 2024	Midwifery WVT  Children Centres	Align Children centre services with the baby friendly accreditation criteria  Work towards achieving re- accreditation of the B/F status.		Children Centres are Baby Friendly and encourage and support Breastfeeding. Guidance and leaflets are present and visible in all centres. The Health visiting team need to liaise with midwifery services to ensure accreditation criteria is aligned.  The health visiting team are currently working towards reaccreditation as a service. The service have a number of staff who have had additional UNICEF training to support with complex breastfeeding issues. The breastfeeding rates at the 6-8 week contact is above 60% in the service (babies receiving all breastmilk or partially breastfed).

Actions	Target/review date	Responsible Service(s)	Action targets	RAG	Progress including risks
					<p>Wye Valley Trust Maternity Services are undertaking the last part of the Baby Friendly accreditation process in October. The aim is to have full accreditation again.</p> <p><b>Risk:</b> The task of checking accreditation criteria and aligning building would be undertaken by Early Help Information and Signposting Officers (EHISOs). At the moment there is a significant reduction in the capacity of this team. New staff recruited but not in post yet. The plan is to move forward with more alignment in the Autumn term.</p>

## AMBITION 1: Children Enjoy Good Health and Wellbeing

### Outcome 1.3: Increased mental wellbeing and resilience of parents & children

Actions	Review date	Responsible services	Action targets	RAG	Progress including risks
<p>1.3.1 Future development of Talk community hubs that can offer comprehensive information and have staff trained in healthy living coaching</p> <p>Launch virtual offer providing information &amp; support for families through Talk Community.</p> <p>Develop Virtual Family Hub</p>	<p>December 2024</p> <p>June 2024</p>	Talk Community	<p>80% of Hubs undertaking training needs analysis (target agreed by Emily Lowe).</p> <p>TC</p> <p>Hubs offer comprehensive info on 0-5 offer</p> <p>TC hubs have trained HL Coaches within them</p> <p>Develop One Virtual Family Hub in South Wye by July 2024</p>		<p>Virtual Family Hub is live. Version is different to what was envisaged due to limitations of the platform, however families can access information.</p> <p>Future development of Talk Community Hubs not in Progress due to the review of Talk Community, this has created a hold on funding.</p> <p><b>Risk:</b> There may be no funding available to develop the virtual family hub in South Wye.</p>

## AMBITION 1: CHILDREN ENJOY GOOD HEALTH AND WELLBEING

### Outcome 1.4: Improvement in health outcomes for all children and seek parity in health for the most disadvantaged children

Actions	Review date	Responsible services	Action targets	RAG	Progress including risks
<p><b>1.4.1</b> Develop and roll out training for all 0-5s workers in oral health, healthy weight issues, Solihull and Early trauma.</p> <p>Offer to be promoted to social prescribers, family support workers, Homestart, community development workers, Foster carers, Talk Community volunteers.</p>	April 2025	Public Health	<p>300 of 0-5 yrs workers trained in oral health in year 1.</p> <p>75 of 0-5 yrs workers trained in healthy weight issues in year 1.</p> <p>50 0-5 yrs workers trained in Solihull approach and Early trauma in year 1.</p>		32 0-5 workers have been trained the Solihull Approach in 2024 so far. There are 2 other training sessions planned in before the end of the year. There are 8 schools signed up so all the reception and possibly nursery staff are 0-5 workers also. On track to reach the target of 50.
<p><b>1.4.2</b> Strengthen reach to families that do not engage with statutory services/who do not seek support eg Gypsy/Roma families and refugees families</p>	December 2024	Children Centres- WVT	<p>Children Centre services &amp; 0-19 service identify and use innovative approaches to engage hard to reach communities.</p> <p>100% of all refugees families with 0-5 children will be seen by a Health Visitor and offered a suitable service.</p> <p>100% of Gypsy/Roma/Traveller families with 0-5 children that are registered with a GP will be seen by a Health Visitor.</p>		<p>In the last quarter 122 new families have received targeted support, via an Early Help Assessment, from the Early Help Service.</p> <p>82% of the families receiving support live in an identified area of highest need (Leominster, South City, Bromyard and North City).</p> <p>In Ledbury 7 refugee families attend a weekly play session at the Children's Centre. This helps to build their social network and they also gain advice, guidance and signposting around a wide range of services and support available to them.</p>

					The Health Visiting service see all movements in to county that are registered with a GP in Herefordshire. They are currently working with <b>the MVP</b> on reaching hard to reach families including GRT and vulnerable families.
1.4.3 Sustain support for the poorest families across the county, including the national government holiday activities fund (HAF)	December 2024	Herefordshire council – County Plan, Big Economic Plan/CVS	<p>Aim towards 25% of eligible children to attend and engage with HAF program.</p> <p>Increase engagement with secondary age children and SEND in the HAF program.</p> <p>% of disadvantaged families engaged in an early help assessments</p>		<p>There are 1148 children who attended the HAF programme during the Easter Holidays. 917 were children that were eligible for free school meals, There are 4460 on the FSM (free school meals) data list - this is 21%.</p> <p>The other 231 were children that were not eligible for FSM but referred to the programme on a discretionary place. The aim is to increase for <b>25% to 30%</b> and increase engagement with secondary age children and SEND (more SEND specific sessions offered this summer)</p> <p>The primary reason for the majority of referrals was, instability at home impacting on health and wellbeing, with the next most popular reason being extreme financial hardship.</p> <p>Currently funding for HAF runs till March 2025.</p>

**AMBITION 2: Children Are Protected From Harm At Home and in the Community**

**Outcome 2.1: Reduction in number of children experiencing neglect & unintentional injuries**

Actions	Review date	Responsible services	Action targets	RAG	Progress including risks
2.1.1 Note the progress/link with Children's Services improvement plan	Ongoing	Herefordshire council & stakeholders	To link with the Children's Services improvement plan		Improvement plan in progress, New Interim DCS in post July 2024. Review of Early Help/Social Care.

**AMBITION 2: CHILDREN ARE PROTECTED FROM HARM AT HOME AND IN THE COMMUNITY**

**Outcome 2.2: Reduction in number of children with experience of trauma / ACEs**

Actions	Review date	Responsible services	Action targets	RAG	Progress including risks
2.2.1 Pilot the PH Wales Adverse Childhood Events (ACEs) Enquiry Questionnaire.	June 2024	WVT- Health Visiting service	The roll out of the questionnaire to begin in September 2024 as a pilot		WVT 0-19 PH Nursing Service currently have a working group looking at this and will provide a further update as it progresses.
2.2.2 Broaden 'First Steps' programme to include domestic violence, previous child removal	January 2025	Children Centres	100% of young parents accessing the first steps programme who have been affected by Domestic Violence or previous child removal are signposted to Women's Aid.		<p>In the last quarter 16 new families have been referred for First Steps support.</p> <p>25% of these families had at least one parent who was care experienced</p> <p>1 family had an older child who had previously been removed from their care</p> <p>3 families were on a level 4 plan due to DA in parent's relationship. All 3 of these families were signposted to Women's Aid</p>



**AMBITION 2: CHILDREN ARE PROTECTED FROM HARM AT HOME AND IN THE COMMUNITY**

**Outcome 2.3: Reduction in number of children taken into care**

<b>Actions</b>	<b>Review date</b>	<b>Responsible services</b>	<b>Action targets</b>	<b>RAG</b>	<b>Progress including risks</b>
<b>2.3.1</b> 'Broaden' the early help/Start for Life offer within the community to involve more community hubs, community groups, CVS etc – so that early help is everyone's responsibility	September 2024	Herefordshire council & CVS partners/community stakeholders	To be confirmed		Awaiting outcome review of Talk Community and move to Public Health.  Early help/social care review planned October 2024.

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**AMBITION 2: CHILDREN ARE PROTECTED FROM HARM AT HOME AND IN THE COMMUNITY**

**Outcome 2.4: Greater numbers of parents are successfully supported to develop healthy parenting routines & behaviours**

<b>Actions</b>	<b>Review date</b>	<b>Responsible services</b>	<b>Action Targets</b>	<b>RAG</b>	<b>Progress including risks</b>
<b>2.4.1</b> Healthy schools/tots programme to include training around Early Trauma Which include settings having established pathways to make referrals to West Mercia Women's Aid, Drug & alcohol service and sexual health identified in their policies supporting Children's with ACES (adverse childhood experiences)	December 2024  June 2024	Public Health	40 primary schools & EY settings have ACEs policy which includes referral links to Herefordshire West Mercia Womens Aid, Drug & Alcohol Service & Sexual health services.		Training commissioned for assessment & emotional coaching for ACEs in early years

**AMBITION 3: CHILDREN ARE ABLE TO ACHIEVE THEIR EARLY DEVELOPMENTAL MILESTONES**

**Outcome 3.1: Increase in number of children achieving the appropriate level of development at 2-2½ yrs**

Actions	Review date	Responsible services	Action Targets	RAG	Progress including risks
<p><b>3.1.1</b> Work towards a consistent universal offer that incorporates joint working between HV &amp; Early Years. Eg expand the integrated development reviews.</p>	December 2024	WVT	30% of 2 year old reviews are integrated		The Health visiting service continue to support the integrated review pathway. They are looking at ways to increase the uptake in integrated reviews and the interim Matron is working closely with the council Early years SEND manager to review this. The Health visiting team and Early year’s manager have met and will look to meet again in the next few months to create a project plan.
<p><b>3.1.2</b> Work towards fulfilling the statutory duty for providing early years education as set out by DfE, supported by:</p> <ul style="list-style-type: none"> <li>-Workforce plan to expand training/career pathways for Early Years education posts</li> <li>- Working with estates/capital projects to identify possible physical buildings for Early Years groups.</li> </ul>	December 2024	Herefordshire Council/CVS partners/education/ community stakeholders	<p>The quality of Early years education is good or outstanding (Herefordshire children will achieve Good Level of Development in line or above national statistics):</p> <ul style="list-style-type: none"> <li>- Average number of early learning goals at expected level per child.</li> <li>- Percentage of children at expected level across all early learning goals.</li> </ul>		Currently sufficient places exist but there is a need to understand the impact of the national offer of increased hours from April 2024 Dependent on recruitment and retention of Early Years staff in future.

<p>Scoping with Parish Councils to identify potential physical assets.</p>			<ul style="list-style-type: none"> <li>- Percentage of children at expected level in communication and language and literacy areas of learning:</li>   <li>- Percentage of children with a good level of development:</li> </ul>		
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**AMBITION 3: CHILDREN ARE ABLE TO ACHIEVE THEIR EARLY DEVELOPMENTAL MILESTONES**

**Outcome 3.2: Identification of those children that don't achieve their milestones and the offer of support**

Actions	Review date	Responsible services	Action targets	RAG	Progress including risks
<p><b>3.2.1</b> Establish SEND champions from the 0-5 service in each PCN area</p>	June 2024	WVT HV service	By July 2024 there will be champions from the 0-5 service in each PCN area.		SEND champions have been implemented within the service and we have a small working group of Health Visitors and Community Nursery Nurses that sit within this group. The SEND group meets on a monthly basis
<p><b>3.2.2</b> Co-produce a community offer that will extend children's social experiences and support their communication skills</p> <p>Work with CVS to reach and gain the voice of children and families from underrepresented groups, such as Roma/Gypsy/other minority ethnic groups</p>	December 2024	Herefordshire council /Talk Community /CVS / health partners	To be confirmed		Lack of interest and cultural change is a risk

### AMBITION 3: CHILDREN ARE ABLE TO ACHIEVE THEIR EARLY DEVELOPMENTAL MILESTONES

#### Outcome 3.3: Children who are experiencing disadvantage have a clear pathway of support



Actions	Review date	Responsible services	Action targets	RAG	Progress including risks
<b>3.3.1</b> Expand joint HV clinic with physio/speech therapy for early discussions on potential signs of delay.	June 2024	WVT/Public Health/ICB	To roll out an additional joint clinic with HV, speech and physio in a rural market town		The Health visiting team currently have a physio drop in running alongside their Health Visiting drop in clinic at Widemarsh Children Centre. The Health visiting team are willing to work with the physio to expand the offer.
<b>3.3.2</b> Roll out 'Dingley's Promise' (SEND) training to early years professionals.	June 2024	Herefordshire council	75% of EY providers are trained in Dingley's Promise		32 new Sign ups in June. This is being reflected in that 4 settings are now Dingley's Mark of Achievement settings, having completed all trainings.
<b>3.3.3</b> All parents of SEND children age take up their Nursery Education Funded Entitlement.	Sept 2024	Herefordshire council	100% EY Children with SEND take up their NEF entitlement		64% of EY children with SEND took up their full entitlement last academic year, compared with 84% of all children nationally. Herefordshire council is one of few councils with SEND teams to have this SEND data about Entitlements.

**AMBITION 4: PARENTS ARE WELL SUPPORTED DURING PREGNANCY AND POST BIRTH**

**Outcome 4.1: Increase in numbers of women experiencing a healthy pregnancy**

Actions	Review date	Responsible services	Action targets	RAG	Progress including risks
4.1.1 Encourage the take up of pre conceptual education through the Solihull parenting programme.	September 2024	Public Health /Education partners.	Reach 580 parents as a total to date target.	<div style="background-color: green; width: 100%; height: 100%;"></div>	On average, there are 63 new registrations for Solihull online courses for parents and carers.

#### AMBITION 4: PARENTS ARE WELL SUPPORTED DURING PREGNANCY AND POST BIRTH

Actions	Review date	Responsible services	Action targets	RAG	Progress including risks
4.2.1 Continue to roll-out of 'challenging conversations' training for midwives around healthy lifestyles and expand to health visiting services.	December 2024	WVT	Midwives are trained around challenging conversations.		Train the trainer training was undertaken in July 2024 by 3 members of the Maternity team. The aim is to roll the training out to maternity staff over the coming year with the support from the LMNS.
4.2.2 Develop community & peer support programmes within the Community Hubs (see outcomes 1, 2 & 3).	December 2024	Public Health/ CVS	Community hubs are supported with community and peer support programmes		Future of the community hubs development is uncertain.

#### Outcome 4.2: Reduction in infant mortality rate

Actions	Review date	Responsible services	Action targets	RAG	Progress including risks
<p><b>4.3.1</b> Continue to deliver Healthy Lifestyle support to identified families as part of the pilot family coaching model in line with the ICB funding (Currently funding until Sept 24).</p> <p>Continue with stop smoking specialist service for pregnant smokers.</p>	<p>March 2024</p> <p>December 2024</p>	<p>Public Health/WVT</p>	<p>All Pregnant women identified at booking by a midwife with a BMI <math>\geq</math> 30 will be referred to the Healthy lifestyle services for support with healthy lifestyle during their pregnancy with signposting into Healthy Family group sessions post pregnancy if required.</p>	<p></p>	<p>No further funding available to deliver the Family coaching model from the ICB. Whilst the Healthy Lifestyle Service has always had an offer of support to families, the pilot programme funded via the ICB has allowed the Healthy Lifestyle team the opportunity to develop a more formal pathway of referral to families within Herefordshire to offer healthy lifestyle support, with a particular focus on supporting families with weight loss. Although there is no longer funding available, the Healthy Lifestyle team have incorporated the family coaching offer as part of our offer of healthy lifestyle support across Herefordshire, continuing to work with our early years colleagues to offer a referral pathway for support to families within Herefordshire.</p>

**AMBITION 4: Parents are well supported during pregnancy and post birth**

**Outcome 4.3: Improvement in antenatal and post-natal mental wellbeing**



**AMBITION 4: PARENTS ARE WELL SUPPORTED DURING PREGNANCY AND POST BIRTH**

**Outcome 4.4: Parents are able to make a confident transition to parenthood**

Actions	Review date	Responsible services	Action targets	RAG	Progress including risks
4.4.1 Monitor progress of perinatal Mental Health worker programme – severe Mental Health	June 2024	H & W MH collaborative	For info and to cross reference to good mental health plan		
4.4.2 Expand the 'First Steps' programme (currently for under 21s) to include all 1st time parents who are vulnerable see Ambition 2)	December 2024	Herefordshire council/ WVT/ CVS	See action 2.2.2		See updates Action 2.2.2
4.4.3 Expand promotion and uptake of Solihull approach online courses for parents (see ambitions 1,2 & 3) and training for 0-5s workers	June 2024	Public Health	An increased uptake of 20% compared to last years figures of parents accessing the Solihull online programme for 0-5		<p>32 0-5 workers have been trained in the Solihull Approach in 2024 so far. There are 2 more training sessions planned in before the end of the year. Also, there are 8 schools signed up so all the reception and possibly nursery staff are 0-5 workers also.</p> <p>The target of 20% increase in uptake of 0-5 online courses for parents is 2771. Currently there are 2690 so another 81 are needed for the rest of 2024 to go in 5 months which could be definitely reached based on the 381 in the last 7 months.</p>







# Title of report: Tobacco Control

**Meeting: Health and Wellbeing Board**

**Meeting date: 16 September 2024**

**Report by: Natalie Johnson-Stanley, Public Health Lead**

## **Decision type**

This is not an executive decision

## **Wards affected**

All (All Wards);

## **Purpose**

The purpose of this report is to update the Health and Wellbeing Board on the recent Government Smoke Free Generation plan and the actions taken to work towards achieving a Smoke Free Generation (SFG) in Herefordshire.

## **Recommendation(s)**

**That:**

- a) **Health and Wellbeing Board welcomes and supports the Smoke Free Generation plan announcements.**
- b) **Health and Wellbeing Board welcomes the report and supports a renewed emphasis on tobacco control work to reduce smoking prevalence across Herefordshire.**
- c) **Health and Wellbeing Board member organisations are asked to actively promote and engage in activity to work towards Smoke Free Generation in Herefordshire.**
- d) **Health and Wellbeing Board members are asked to support and engage with a new Tobacco Control Alliance and the resulting Tobacco Control Plan, with reports provided annually to the Board.**

## **Alternative options**

1. Do nothing – this is not advised due to the impact smoking has on poorer health outcomes and widening health inequalities, in addition to the increasing demand smoking related ill-health places on the health and social care system.

## Key considerations

2. Virtually every indicator of disadvantage is associated with higher smoking rates. As a result, the health and financial impact of smoking is borne disproportionately by the most disadvantaged and marginalised in society.
3. Smoking therefore drives and exacerbates wider inequalities with people living in the most deprived areas four times more likely to smoke than those living in the least deprived areas.
4. In 2019, the government set an objective for England to be Smokefree by 2030, meaning only 5% of the population would smoke by then. Without achieving this objective, the government will simply not meet its commitment “to extend healthy life expectancy by five years by 2035” and fulfil the ambition to save more lives as part of a new 10-Year Cancer Plan.
5. In 2022, the government commissioned an independent review (Kahn Review: Making Smoking Obsolete) into tobacco control in England which identified a number of recommendations that would enable Government to achieve its objective of being Smokefree by 2030. An update on the Kahn Review was brought to Health and Wellbeing Board in September 2022.
6. Following this review, In October 2023 the government announced “Stopping the start: a new plan to create a Smoke free generation”, outlining the ongoing devastating impact and health inequalities which are caused by tobacco use in the UK. The paper presents a detailed analysis of public health problems relating to tobacco use and the more recent phenomenon of youth vaping in the UK. The Command Paper proposes measures to address these Public Health problems, which can be summarised as follows:
  - a. To bring forward legislation that will ensure that children turning the age of fourteen, or younger, will never legally be sold tobacco. The Tobacco and Vapes Bill was introduced in the House of Commons on 20 March 2024, following which the Public Bills Committee is due to report imminently and third reading take place.
  - b. To increase investment in stop smoking services.
  - c. To support the use of vaping devices for existing tobacco smokers who wish to stop. The “Swap to Stop” scheme will provide up to one million free vapes in England (in conjunction with local services).
  - d. A suite of measures to protect and discourage children from vaping
7. Smoking prevalence in Herefordshire is currently 12.2% (Fingertips, 2022) which remains lower than the national and regional average, and a reducing trend since 2017. However, smoking remains the leading cause for differences in life expectancy in the county, and there are challenges within certain population groups, for example, smoking prevalence in adults working in routine and manual occupations (28.6%) remains much higher than the general population (12.2%).
8. Adults with severe mental illness (40%) and long term mental health conditions (28.2%) are also much more likely to smoke in Herefordshire than the general population. Although similar to the national average, Herefordshire ranks second worst out of its statistical significant neighbours.
9. As part of the Smoke Free Generation: Stopping the Start Plan, all local authorities across England will receive grant funding to expand and enhance local stop smoking services. Local Stop Smoking Services Grant (LSSSG). The extra ring-fenced investment is available for local authorities who maintain existing spend on stop smoking services and support from the public health grant, and report outcomes in the stop smoking services collection.

10. In Herefordshire the LSSSG will be used to scale up our existing community services, to treat, and support more smokers. It will also provide vital capacity to help develop wider tobacco control measures, such as setting up a tobacco control alliance working with key partners to tackle local issues. Upskilling and training staff to enhance existing support and extend reach, and explore additional interventions, providing greater choice and treatment options for the smoking population.

11. Breakdown of LSSSG:

Financial Year	2024/25	2025/26	2026/27	2027/28	2028/29
Amount	£226K	£226K	£226K	£226K	£226K

12. Numbers of people supported following LSSSG:

Current Rate 22/23	Year 1 Total (25%) Increase	Year 2 Total (50%) Increase	Year 3 Total (125%) Increase	Year 4 Total (150%) Increase	Year 5 Total (150%) Increase
393	550	707	1,178	1,335	1,335

13. LSSSG will provide much needed additional resource and capacity to further support the population, helping to drive down the smoking prevalence in Herefordshire, in particular segments of the population where smoking prevalence is higher than the county average.

14. Action to tackle smoking in Herefordshire currently consists of a range of services. Herefordshire Stop Smoking Service, provides accessible evidenced based support for all smokers, delivered through a team of Health Trainers based in the local Talk Community Service, providing a flexible and responsive service meeting the needs of the population. The number of people referred to the service during Q1 2024/25 was 192, with 143 people setting a quit date.

15. Smokefree Generation funding has now enabled the recruitment of a further 3 x full-time Healthcare Trainers to the Herefordshire Stop Smoking Service – due to start in the first week of September – in addition to 1 x HC08 Team Lead.

- a. Public Health working with Healthy Trainers and the Press & Publicity Officer regarding service expansions due to use of LSSSG grant, and upcoming Stoptober campaign.

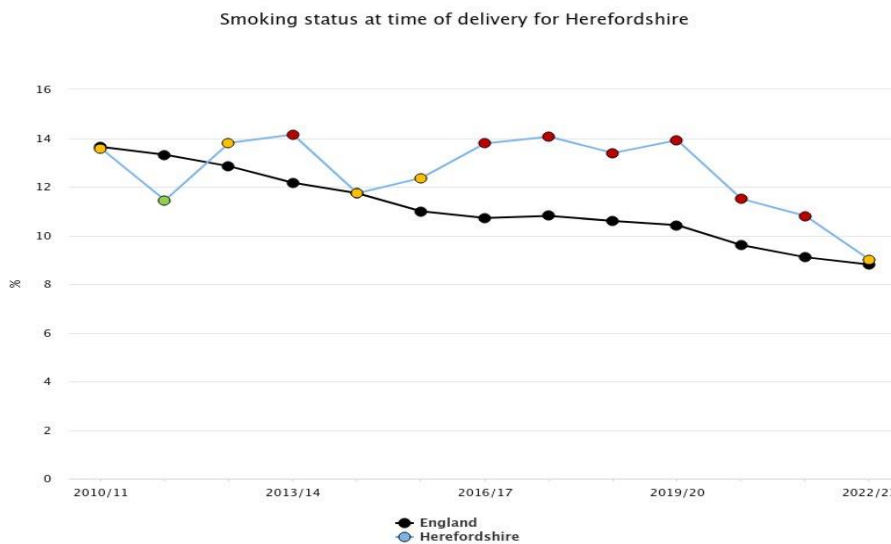
16. Each Primary Care Network (PCN) is in the process of developing a local plan to address key health inequalities in their area utilising the Core20+5 method and power BI system. As part of this work, PCNs and Public Health are working collaboratively to improve coding and the sharing of smoking status data, as smoking cessation positively impacts all five clinical areas of health inequalities.

17. NHS Long Term Plan, Tobacco Dependency Pathway has enabled more patients who smoke to access support whilst receiving care in Hospital. Tobacco Dependency Treatment (TDT) services co-ordinated by NHS partners which is offered to patients admitted to hospital/maternity bookings on an opt-out basis as part of the NHS Long Term Plan. The Healthy Lifestyle service deliver the community Stop Smoking service, and as an addition operate as an in-reach model to patients identified through these pathways, including the mental health pathway. Following this hospital based support, ongoing support (to total 12-weeks support) will be provided on discharge – either continuing with the local stop smoking service or through designated community pharmacies (i.e. those that elect to provide the service).

18. Maternity Services have made significant progress in 2023/24 with the smoking prevalence of pregnant smokers reducing to 9%. This achievement is largely due to the increased support and capacity provided through an in-house stop smoking team located within maternity services offering support to all pregnant women who smoke. Reducing smoking prevalence during pregnancy is a key indicator within the best start in life action plan – a priority of the Herefordshire Health and Wellbeing Strategy.

- a. Community and Maternity Smoking Cessation Service (CaMSCS): service has been designed to enable healthcare professionals and patients to be referred (directly or indirectly and where they consent) to a community pharmacy of their choice to start their smoking cessation treatment, including providing medication and support as required.
- b. Risk Perception Intervention (RPI) clinic in maternity to be re-instated following training for maternity staff to be conducted on 9 October 2024 by iPiP (Improving Performance in Practice). This is an intervention for those who are still smoking at their 12-week scan (dating scan), who are often those that have been harder to reach and engage with the stop smoking service. Staff will be trained to consistently deliver standardised brief interventions at antenatal booking appointment and provide a clear, enhanced referral pathway from maternity services into Stop Smoking Services (SSS). Systematic identification of smokers using carbon monoxide (CO) screening and opt-out referral to SSS are critical elements of this booking intervention.

19.



20. Smoking status at time of delivery (SATOD (9%) is no longer significantly higher than national average, reducing from 14.1% in 2017/18, this was largely due to additional smoking cessation support being placed within maternity services. Reducing smoking prevalence during pregnancy is a key indicator within the best start in life action plan, a key priority of the Herefordshire Health and Wellbeing Strategy.

21. In addition to increasing investment in smoking cessation services, the government have introduced an innovative project called 'Swap to Stop'. This programme aims to boost smoking cessation work at a grass roots level by providing up to one million vapes and starter kits across England, to enable services to support even more adult smokers to make a "quit" attempt. Vaping



is significantly less harmful than smoking tobacco, and this offer has been included as part of the Herefordshire Stop Smoking Service.

- a. 149 vape kit vouchers have been distributed to those utilising 'Swap to Stop' via the online portal (links received via email or text referrals).
- b. A 'Train the Trainer' package is currently being developed by the PH Team in order to widen the Swap to Stop offer. This will focus on training staff to provide Very Brief Advice (VBA)+ and Swap to Stop vaping kits to individuals identified as current smokers. VBA+ involves asking patients about their current smoking status and advising them on the best methods of stopping smoking available to them. Training will be provided for staff working within Wargrave, Belmont & Cantilupe Primary Care Network (PCN), North & West PCN and Talk Wellbeing. The training will subsequently be rolled out to other partners, such as housing associations and the National Probation Service staff. Individuals will be followed up at 4 weeks to record their quit status.

22. Whilst vaping has an important role as an alternative to smoking amongst adults, the number of children and young people using and accessing vape products is concerning. SFG measures to protect and discourage children from vaping are welcome. However, LSSSG cannot be used to fund this type of activity, although it is envisaged a programme of work led by public health to raise awareness of the risks of vaping to young people will continue. Currently there is no evidence to suggest that vaping is a gateway to smoking cigarettes.

23. Public Health have implemented a local vaping programme developing communication materials for practitioners, parents, carers, and young people to raise awareness of the risks and issues associated with youth vaping. Schools and colleges are also being supported through a training offer - 8 schools have undertaken this training - and have also recently developed a joint awareness-raising campaign in partnership with Healthwatch, including a range of short video clips raising awareness of the risks of vaping to young people. This activity is being undertaken through the ['Healthy Schools'](#) programme:

- a. Following the Healthy Schools event on 19 June 2024, 30 schools have signed up to the programme.
- b. 'Healthy Schools' was created to support and celebrate the good work in schools around health and wellbeing. The Healthy Schools framework provides a template for teaching, planning, tracking and monitoring health and wellbeing in primary, secondary and SEN schools within four areas: Physical activity, Healthy eating/oral health, PSHE and mental health. We have also recently produced the 'Healthy Tots' framework for Early Years settings - a condensed version focusing on 3 key areas of Physical Activity, Healthy Eating/Oral Health, and Lifestyle Influences. The programme's 'wheel' assessment tool uses 5 segments to mark, support and assess: policy, environment, teaching and learning, CPD, and training and partnerships. Within each area the programme provides criteria with shared evidence, best practice to support a school to showcase, and implement good health and wellbeing in a whole school approach.
- c. Currently schools do not need to evidence activity relating to tobacco control, though plans to bring this area into an audit format are being considered. Whilst it is not currently mandatory, vaping training (i.e. dangers of youth vaping, safe disposal of vapes etc) has been added as a key part of support offered through the programme, and all schools are encouraged to participate with the training.
- d. The Healthy Schools team and Healthwatch Herefordshire engaged with students from Hereford College of Arts on a vape awareness project. 38 students designed posters to raise awareness of the risks of vaping to young people, with two final designs then

selected to represent the students' concerns on the long term effects of vaping on children's health.

24. Tobacco Control has also taken place through the Council's Trading Standards Team which prioritises enforcement activities aimed at tackling the illegal tobacco trade, including the supply of illegal nicotine inhaling products (vapes), and preventing the sale of all types of tobacco products to children (under 18 years).

a. Trading Standards (TA) team visiting vape retailers on an intelligence led basis to seize illegal goods and prosecute for underage sales – this is done by TS using underage test purchasing volunteers. This has led to a number of successful prosecutions for the underage sales of vapes this year so far.

b. Illicit cigarettes and tobacco seized:

Year of Seizure	Amount Seized	Weight of Seized Goods
2020	10,060	4.4kg
2021	130,460	31.8kg
2022	67,420	16.05kg
2023	9,980	8.65kg

c. Illicit vapes seized:

Date	Disposable e-cigarettes seized	E-Liquids	Retail Value (approx.)
1 January 2023 > 31 December 2023	578	0	£7,200 Disposable
1 January 2022 > 31 December 2022	1193	1092	£14,920 Disposable £13,150 Liquid Combined- £28,070

25. Achieving the Smokefree objectives requires a broad, cohesive, coordinated system-wide approach across primary, secondary, and tertiary prevention levels. Therefore, establishment of a new multi-agency Tobacco Control Alliance across Herefordshire is recommended. The alliance will form a local partnership working to reduce smoking rates and tackle health inequalities involving a wide range of members from inside and outside local authorities. In 2021, 54% of local authorities had a local Tobacco Control Alliance and 63% had engaged with their Integrated Care System to address smoking (ASH, 2023). Evidence from ASH (Action on Smoking & Health) shows that in 2020, local authorities with a tobacco control alliance delivered a wider, more comprehensive range of tobacco control activity than those without a tobacco control alliance, likely demonstrating the additional resource and expertise working with partners brings. Formulation of the Alliance is in line with West Midlands Public Health Alliance plans to 'Reinvigorate the Tobacco Control network for the region'.

- a. Alongside establishment of the Alliance, a CLear (Challenge, Leadership, Results) self-assessment is being undertaken on all current tobacco control activity across Herefordshire. This will provide: a clear picture of local action to address harm from tobacco; an opportunity to bring local partners together to discuss the range of local tobacco control efforts and reinforce efforts and priorities by identifying opportunities/gaps in provision; a baseline measurement in order to benchmark work on tobacco control over time.
  - i. A deep-dive CLear assessment has already been undertaken on tobacco control/smoking cessation activity within pregnancy and maternity services.
- b. Utilising the results of the CLear assessment, the Alliance will develop a county-wide Tobacco Control Plan. This will contribute directly to ensuring Herefordshire achieve the Government's Smokefree targets of 5% smoking prevalence by 2030.

## Community impact

- 26. In addition to the health impact, tobacco use has a significant impact on the local economy, community and the local health and social care system. A report published in April 2024 by 'Action on Smoking and Health' found that tobacco costs Herefordshire £128 million per year.
- 27. Smoking negatively affects earnings and employment prospects. The cumulative impact of these effects amounts to productivity losses of £78.8 million.
- 28. In Herefordshire alone, it is estimated that smoking costs the county £47 million due to costs associated with lower productivity, health care, social care and fire costs
- 29. The combined cost of smoking-related medical treatment via hospital admissions and primary care services is £5.64 million. It is currently estimated that 1,859 hospital admissions were attributed to smoking in 2019/20.
- 30. Smoking materials are a major contributor to accidental fires. Smoking-related fires result in annual losses of £1.16 million. About seven Smoking-related fires are attended by the Fire and Rescue Service each year.
- 31. Giving children the best start in life is a priority of the Herefordshire Health and Wellbeing Strategy. Tobacco Smoke (second-hand smoke) can directly affect the health of children, but that also, children who grow up in homes where adults smoke are 3-4 times more likely to smoke as adults. Furthermore, around 66% of all smokers become addicted to tobacco by the time they reach eighteen years old.
  - a. Reference Community and Maternity Smoking Cessation Service (CaMSCS), point 18.
  - b. Smokefree Sidelines project: Smokefree Sidelines is a Silver-Standard project run in partnership with the Herefordshire Football Association (FA). This project will provide football clubs – where children train or play football – across the county with the knowledge and resources needed to convert their clubs into completely smoke free zones.
    - i. The project aims to reduce harm from second-hand/environmental smoke on children and young people; contribute to supporting existing smokers to quit and discourage new smokers from starting by further cutting down the space available for smoking and ensuring it is not seen as a normal part of everyday life; smoke-free spaces also reduce impact of smoking on the environment.

- ii. Potentially wide-reaching project: 63 clubs with 366 teams across Herefordshire. Estimated 3,000 spectators/club officials in attendance on any weekend.
- iii. Current Silver-Standard provision includes policy for clubs to sign; promotional materials including banners for around the pitches, posters for use across whole club, t-shirts, selfie-boards. If the project is a success the intention would be to roll out a Gold-Standard provision next year which would involve expanding the project to include rugby clubs, cricket clubs, and other sporting establishments.

## **Environmental Impact**

32. Achieving smoke free will have a significant impact on the environment, reducing the polluting effect of cigarette litter (plastics, heavy metals and other toxins) on land and water courses. There would also be a reduction in activity required by Herefordshire Council in order to collect and deal with cigarette litter. It is estimated that around 4 tonnes of cigarette litter (66% cigarette butts) are dropped on the streets of Herefordshire every year, and 9 tonnes of waste created overall, most of which ends up in landfill. Tackling the issue of smoking supports both the smoker and wider population health improving the conditions for people to live healthier lives.
33. The burden on the NHS will be significantly reduced and in turn its huge carbon footprint Smoking materials are a major contributor to accidental fires, smoking related fires result in annual losses of 58.9K.

## **Equality duty**

34. Tobacco use, primarily in the form of smoking cigarettes correlates with deprivation. It adds to and amplifies health inequalities, and reduces the life expectancies of smokers, and in many cases, the people who live with them. Supporting the commitment for Herefordshire to become smoke free through evidence-based interventions will reach groups within the population who are more at risk of smoking, ensuring equity of support and avoiding discrimination.

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

## **Resource implications**

35. The LSSSG is available for local authorities who maintain existing spend on stop smoking services and support from the public health grant, and report outcomes in the stop smoking services collection.

36. Public Health have decided to fund the Smokefree Sidelines project, following agreement from the PHLT, and will be applying for the relevant funding to help achieve this.

## Legal implications

37. This report is for the Health and Wellbeing to note and promote. Health and wellbeing boards are responsible, as per Health and Social Act 2014, for encouraging integrated working between health and social care commissioners and therefore the recommendations as set in the recommendations are in line with the functions of the Health and Wellbeing Board as set out in paragraph 3.5.24 of the council's constitution..

## Risk management

38. Smokefree generation grant funding is fixed-term. Activities associated with this will be reflected against funding term.

39. Risks associated with recruitment of suitable candidates. In order to mitigate for this risk, roles will be offered internally prior to external advertisement.

40. Failure to achieve national metrics relating to Smokefree generation funding. A robust process for monitoring activity on a monthly is in place and will be monitored through the Tobacco Control Alliance.

41. Risk of activities not taking place. If we do not proceed, health inequalities related to smoking prevalence will continue to widen and impact health outcomes, and demand placed on the health and social care system will increase.

## Consultees

## Appendices

## Background papers

None

## Report Reviewers Used for appraising this report:

Please note this section must be completed before the report can be published		
Governance	Henry Merricks-Murgatroyd	Date 05/09/2024
Finance	Karen Morris	Date 06/09/2024
Legal	Sam Evans	Date 06/09/2024
Communications	Luenne Featherstone	Date 06/09/2024
Equality Duty	Click or tap here to enter text.	Date Click or tap to enter a date.
Procurement	Click or tap here to enter text.	Date Click or tap to enter a date.

Risk Jessica Karia Date 06/09/2024

Approved by Hilary Hall Date 06/09/2024

[Note: Please remember to overtype or delete the guidance highlighted in grey]

**Please include a glossary of terms, abbreviations and acronyms used in this report.**



# Title of report: Herefordshire Community Safety Partnership Update

**Meeting: Health and Wellbeing board**

**Meeting date: 16 September 2024**

**Report by: Superintendent Helen Wain**

## **Classification**

Open

## **Decision type**

This is not an executive decision

## **Wards affected**

(All Wards);

## **Purpose**

For the Health and Wellbeing Board (HWB) to note:

### 1. Strategy and priorities

Herefordshire CSP (HCSP) agreed new priorities for 2024-27 in March 2024. The priorities are documented in the Strategy document which is available on the Herefordshire Council website (see link in appendices to this report). The priorities are:

- Domestic Abuse
- Violence Against Women and Girls (VAWG)
- Misuse of Drugs
- Neighbourhood Crime

Alongside these priorities the partnership agreed cross cutting themes of serious violence, serious and organised crime, prevention and community engagement. HCSP remains signed up to the West Mercia Serious Violence Strategy to tackle the most prevalent and risky forms of serious violence.

### 2. Subgroups

During 2023 a detailed review of HCSP and its governance structures was completed, alongside the review of priorities, to ensure that the partnership could continue to deliver effectively against the new

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priorities, and to work in an efficient, evidence-led and structured manner to deliver effective community safety. The governance structure is included in the appendices below.

The HCSP subgroups are aligned to its priorities and alongside the new strategy, HCSP has implemented a new reporting structure for sub-groups, to ensure that it effectively monitors progress, allocated HCSP funding and holds the partnership to account for delivery. Each subgroup reports to the quarterly HCSP on progress, to include taking a participatory approach to engaging with communities. This is a key requirement of CSPs under the Crime and Disorder Act 1998 and HCSP seeks to strengthen its engagement activity in neighbourhoods, consolidating existing engagement tools used by single agencies. This engagement will be a key indicator as to whether or not HCSP is making a difference to crime and perceptions of crime and antisocial behaviour in local communities.

In order to effectively meet the priority around neighbourhood crime, and the cross cutting themes in respect of prevention and serious and organised crime, the Multi Agency Tasking and Coordination Group (MATAC) has significantly revised its terms of reference, scope and membership to ensure that this is a fit for purpose tactical arena from which to deliver against the strategic priorities of HCSP, tasking into multi-agency operational delivery to tackle organised criminality, anti-social behaviour, neighbourhood crime and hate crime. The first full meeting of MATAC under these revised terms took place in August 2024 and will continue to develop.

Responsibility for Domestic Homicide Reviews sits with the JCR subgroup, which manages DHR, Safeguarding Adult Reviews and Local Child Safeguarding Practice Reviews on behalf of the CSP, Adults and Children's partnerships.

### 3. Funding

HCSP is allocated funding annually from the Office of the Police and Crime Commissioner, and also has been allocated a proportion of the West Mercia Serious Violence Duty grant funding. Work is ongoing with the HCSP sub-groups to allocate this funding. In 2022/3 and 2023/4 HCSP underspent the OPCC grant and is keen to ensure all the funding is allocated and spent this year. So far grants have been awarded to the Sanctuary Scheme and a joint project to deliver DA and sexual violence training through a training programme, White Ribbon conference and SafeLives training for MARAC governance and attendees, which was a recommendation from the commissioned SafeLives review of the multi-agency approach to DA within the county.

West Mercia Police are currently running a Home Office funded hotspot programme, where identified hotspots for anti-social behaviour and serious violence are subject to 'saturation' of uniformed patrols and, in some cases, additional problem oriented policing. There is funding available to CSP partners to support both high visibility patrols by uniformed partnership staff and problem solving activity. Some funding has been awarded to Vennture for additional street pastor patrols and the MATAC partners are considering other opportunities to become involved.

### 4. Performance

Domestic Homicide Reviews – DHRs 9 and 10 were presented to HCSP during the June 2024 meeting and the recommendations agreed and returned to the Home Office. DHR09 had no identified learning for the partnership or single agencies. DHR10 has partnership and single agency recommendations which are accepted and will be progressed through Joint Case Review meeting and DA Local Partnership.

One challenge for HCSP has been to establish a multi-agency data set to support crime profiles for the county. Data from Health has been a particular challenge but some data is now starting to be received.



Herefordshire received its intra youth serious violence product in July 2024, this has yet to be discussed at CSP and will be brought to the September meeting. Findings indicate an increase in intra youth SV from 2021-22 to 2022-23, the reason for which is unclear, but no change in volume between 2022-23 and 2023-24. Between March and May 2024 30% of youth SV offenders were from out of force, and there are therefore limited opportunities for prevention and diversion. The 6 recommendations will be reviewed and allocated to sub-groups accordingly.

#### 5. HCSP support

Currently HCSP is supported by the Safeguarding Business Unit, which is funded by the partnership. In previous years there was a dedicated support role to HCSP within this team, however this post was deleted by HC in 2023. A new Community Resilience Team is being created within Public Health to comprise a Community Resilience Manager, Community Safety Lead and Community Safety Coordinator. Emergency planning will also sit beneath the Manager role. HCSP has sought to use OPCC CSP grant to fund the Coordinator role and the outcome of this bid is awaited. Recruitment is complete for the Manager role and ongoing for the Lead. These posts will better align Community Safety and Resilience and provide a dedicated support role to HCSP.

#### **Recommendation**

**That:**

- a) **The Health and Wellbeing Board notes the update report.**

#### **Community impact**

1. In accordance with the adopted code of corporate governance, the council achieves its intended outcomes by providing a mixture of legal, regulatory and practical interventions. Determining the right mix of these is an important strategic choice to make sure outcomes are achieved. The council needs robust decision-making mechanisms to ensure its outcomes can be achieved in a way that provides the best use of resources whilst still enabling efficient and effective operations and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development and review.

#### **Environmental Impact**

2. There are no general implications for the environment arising from this report.

#### **Equality duty**

3. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
4. The public sector equality duty (specific duty) 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. Our Health providers will be made aware of their contractual requirements in regards to equality legislation.

### **Resource implications**

5. There are no resource implications associated with this report. The resource implications of any recommendations made by the HWB will need to be considered by the responsible body or the executive in response to those recommendations or subsequent decisions.

### **Legal implications**

6. Health and wellbeing boards are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision.
7. Their purpose is to establish collaborative decision making, planning and commissioning across councils and the NHS, informed by the views of patients, people who use services and other partners.
8. The functions of the Health and Wellbeing Board are set out in paragraph 3.5.24 of the constitution. There are no specific legal implications arising from the proposed Terms of Reference.

### **Risk management**

9. There are no risk implications identified emerging from the recommendation in this report.

### **Consultees**

None

### **Appendices**

HCSP Governance structure 2024



HCSP Governance  
Structure 2024.pdf

HCSP Strategy 2024-27

<https://www.herefordshiresafeguardingboards.org.uk/wp-content/uploads/2024/06/HCSP-Strategy-24.27-Final.docx>

**Background papers**

None identified.





# Title of report: Annual Report of the Herefordshire Adults Safeguarding Board (HSAB) 2023 to 2024

**Meeting: Health and Wellbeing board**

**Meeting date: Monday 16 September 2024**

**Report by: Chair of the HSAB**

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

(All Wards);

## Purpose

For the Health and Wellbeing Board (HWB) to receive the Annual Report of the Herefordshire Adults Safeguarding Board (HSAB). **It is a requirement of the Care Act 2014 that the HSAB annual report is sent to:**

- the chief executive and leader of the local authority which established the SAB
- any local policing body that is required to sit on the SAB
- the local Healthwatch organisation
- the chair of the local health and wellbeing board.

## Recommendation

**That:**

- a) **The Health and Wellbeing Board considers the HSAB Annual Report 2023/24 and discusses the effectiveness of the arrangements for safeguarding adults in Herefordshire.**

## Alternative options

The Chair of HWBB could choose not to bring the report to the HWBB and circulate it for information.

## Key considerations

1. Under the Care Act 2014 each local authority must set up a Safeguarding Adults Board (SAB). The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria for safeguarding.
2. A Safeguarding Adults Board has three core duties:

- It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence-based and make use of all available evidence and intelligence from partners to form and develop its plan.
  - It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action
  - It must conduct any safeguarding adults review in accordance with Section 44 of the Act.
3. The HSAB Annual plan 23/24 covers the period 1 April 2023 to 31 March 2024. It outlines the progress of the partnership in delivering the priorities of the Strategic Plan 2023-2026.
4. The current priorities for the HSAB are:
- Self-neglect - improving our response to understanding and managing self-neglect needs, making sure all agencies understand and respond to self-neglect.
  - Exploitation - addressing the safeguarding issues and challenges arising from criminal exploitation including 'cuckooing', sexual exploitation, modern slavery, county lines, human trafficking and financial exploitation.
  - Prevention - supporting initiatives and activities which prevent or reduce abuse and neglect and keep people safe.
  - Neglect and omission - understanding the profile of neglect and omission occurrences within the County and identifying approaches and resources to mitigate the impact.
  - Board effectiveness - ensuring the Board fulfils its statutory duties and is effective in its role of assurance of the safeguarding system
5. The Board has also decided to focus on:
- Transitions for those moving from a child to an adult service, service to service or service to discharge in a safe and positive way.
  - Following the Thematic Review into adults with multiple and complex needs the Board has also been monitoring provision for those 'rough sleeping' in Herefordshire
6. In 23/24 five referrals for Safeguarding Adults Reviews (SAR) were received:
- One did not meet criteria for review as the individual did not have Care and Support needs
  - During the triage meeting for one referral the Joint Case Review Group (JCR) identified extensive domestic abuse in the life of the individual, it was therefore decided that a joint Domestic Homicide Review (DHR) / SAR approach was most appropriate.
  - Three referrals for SAR's were scoped but did not meet criteria, however learning was identified. Examples of learning identified are –
    - recommendations parallel to those of the thematic premature deaths review
    - strengthening the Complex Adult Risk Management process
    - improving multi-agency practitioners' understanding of the Mental Capacity Act and duty to carry out assessments
    - lack of professional curiosity
    - poor recording
- All reviews have an action plan including multi-agency recommendations which are regularly updated.
7. The majority of the key performance data set out in the Annual report is from the national survey 2022/23. This shows that in the county 77.2% of service users 'felt safe' and

91.3% felt that the services provided made them feel safe. Both are a small increase on the previous year. The Board will continue to consider factors that are leading to 23% who do not feel safe. The Board does take assurance though from the number who said that services provided made them feel safe.

8. The Annual report includes an analysis of safeguarding concerns raised with partners. The number of concerns dropped by 34% but this is attributed to the changes that were introduced into the service whereby all referrals are triaged prior to being sent to the safeguarding team. This is ensuring that only safeguarding referrals progress which enables the safeguarding team to deal more effectively with those cases.
9. There is analysis of those subject to abuse. The majority were females (58%) and the most common location was 'own home' (47%). This demonstrates how important it is that communities remain vigilant when it comes to vulnerable adults and acting if they suspect any form of abuse.
10. Progress made by the Board and the sub groups is contained within the Annual Report. In general, the sub groups are delivering against the programme set out in the Business Plan but still face challenges related to the staffing capacity of partners.
11. In summary, whilst the partnership acknowledges there is more to do, it is working well and has re set the Business Plan and the work of the sub groups to make more progress in 2024/25.

### **Community impact**

12. The report includes information on the effectiveness of the Talk Community programme in reaching out to communities and individuals.

### **Environmental Impact**

13. There are no general implications for the environment arising from this report.

### **Equality duty**

14. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
15. The public sector equality duty (specific duty) 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. Our Health providers will be made aware of their contractual requirements in regards to equality legislation.

### **Resource implications**

16. There are no resource implications associated with this report. The resource implications of any recommendations made by the HWB will need to be considered by the responsible body or the executive in response to those recommendations or subsequent decisions.

### **Legal implications**

17. By receiving the report the HWBB assists the HSAB to meet its statutory requirements.

### **Risk management**

18. There are no risk implications identified emerging from the recommendation in this report.

### **Consultees**

None

### **Appendices**

Appendix 1 – HSAB Annual Report 2023/24

### **Background papers**

None identified.





# **Annual Report**

## **2023-24**

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## Foreword

This is my first report as Chair of the Herefordshire Safeguarding Adults Board. I want to begin by thanking colleagues in all partner agencies for their hard work and dedication, and to our communities for their support, in protecting and supporting vulnerable adults. That community support, focussed in Herefordshire through the Talk Community programme, is vital as Herefordshire faces some significant demographic challenges. Herefordshire has an older population than the national average with 26% residents over 65 years of age. This population is living longer with the 85+ population growing faster than the UK average. This aging population is found more in the rural areas of the County with 28% of over 65's living alone. The Annual report of the Director of Public Health 'Ageing well in Herefordshire' (2023) has set out in detail the challenges and opportunities arising from these trends. Herefordshire also has around 1050 people of all ages registered as having a learning disability but this is thought to be an underestimate. There is also an increasing number of over 65's with a learning disability.

It is known that the groups described above are more vulnerable to safeguarding concerns. Some of the current risks in Herefordshire are set out in this report. The key role of the Board is to identify these risks and oversee the multi-agency work required to ensure we have in place a system which can identify those at risk and provide them with support.

This annual report provides an update on the work of the Board and the partnership. I am pleased to say that whilst we acknowledge there is always more to do this partnership works well together in making sure vulnerable adults are kept safe in Herefordshire.

Kevin Crompton  
Independent Chair HSAB

## The role of the Safeguarding Adults Board

The overarching purpose of a Board is to help and safeguard adults with care and support needs. It does this by:

- assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance
- assuring itself that safeguarding practice is person-centred and outcome-focused
- working collaboratively to prevent abuse and neglect where possible
- ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred
- assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

SABs have three core duties. They must:

- develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute
- publish an annual report detailing how effective their work has been
- commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these

Herefordshire SAB follows the six safeguarding principles:

1. Empowerment: people being supported and encouraged to make their own decisions and give informed consent
2. Prevention: it is better to take action before harm occurs
3. Proportionality: the least intrusive response appropriate to the risk presented
4. Protection: support and representation for those in greatest need
5. Partnership: local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse
6. Accountability and transparency in safeguarding practice

HSAB promotes Making Safeguarding Personal by:

Developing a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused is a key operational and strategic goal. HSAB aims to do this through:

- a broader participation strategy
- accessible information to support participation of people in safeguarding support
- a focus on qualitative reporting on outcomes as well as quantitative measures
- advocacy
- person-centred approaches to working with risk
- policies and procedures that are in line with a personalised safeguarding approach
- strategies to enable practitioners to work in this way, by looking at the skills they need and the support they are getting to enable this shift in culture

## Strategic priorities

The strategic plan for 2023-26 was approved at Board May 2023 and includes a yearly business plan. This forms the foundation for the work of the sub groups to deliver the desired outcomes to safeguard the citizens of Herefordshire.

The current priorities for the HSAB are:

- Self-neglect - improving our response to understanding and managing self-neglect needs, making sure all agencies understand and respond to self-neglect.
- Exploitation - addressing the safeguarding issues and challenges arising from criminal exploitation including 'cuckooing', sexual exploitation, modern slavery, county lines, human trafficking and financial exploitation.
- Prevention - supporting initiatives and activities which prevent or reduce abuse and neglect and keep people safe.
- Neglect and omission - understanding the profile of neglect and omission occurrences within the County and identifying approaches and resources to mitigate the impact.
- Board effectiveness - ensuring the Board fulfills its statutory duties and is effective in its role of assurance of the safeguarding system.

The Board has also decided to focus on:

- Transitions for those moving from a child to an adult service, service to service or service to discharge in a safe and positive way.
- Following the Safeguarding Adults Review on adults with multiple and complex needs the Board has also been monitoring provision for those 'rough sleeping' in Herefordshire.

# What does safeguarding look like in Herefordshire?

Every year the local council takes part in a survey, commissioned by the government, collecting multi-agency performance data and asking individuals about their experience of care. The data from this survey is used to produce national data comparing local authority areas. The latest data available is from the 22/23 survey. 23/24 data will be available in late autumn 2024.

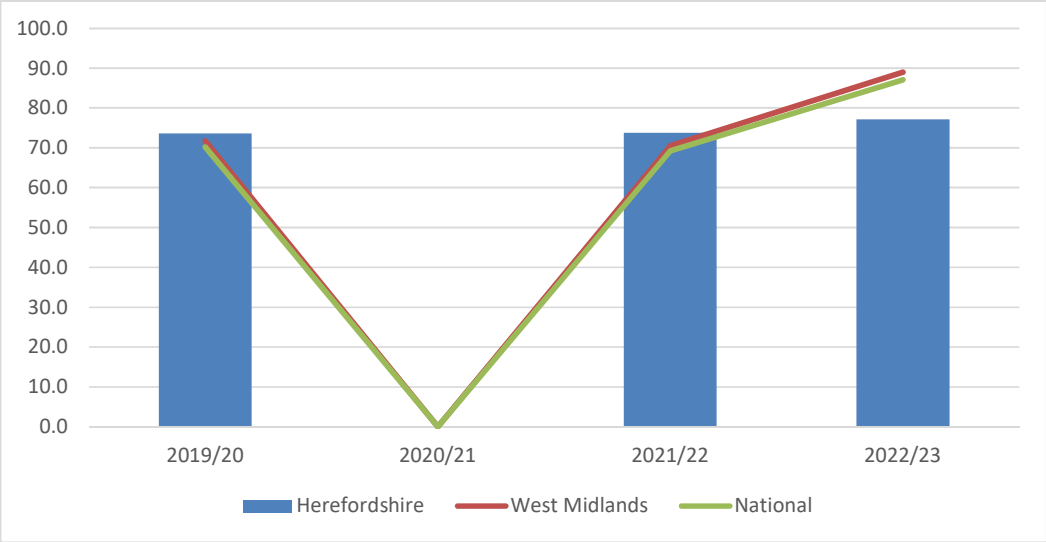
Some key highlights from the 22/23 survey are:

## Proportion of people who use services who feel safe

Safety is fundamental to the wellbeing and independence of people using social care, and the wider population. Feeling safe is a vital part of service users' experience and their care and support. The Board will continue to consider what factors are making 23% of people not saying they feel safe.

	2019/20	2020/21	2021/22	2022/23	2023/24
Herefordshire	73.6%	n/a	73.8%	77.2%	TBA
West Midlands average	71.7%	n/a	70.5%	89.0%	TBA
All England average	70.2%	n/a	69.2%	87.1%	TBA

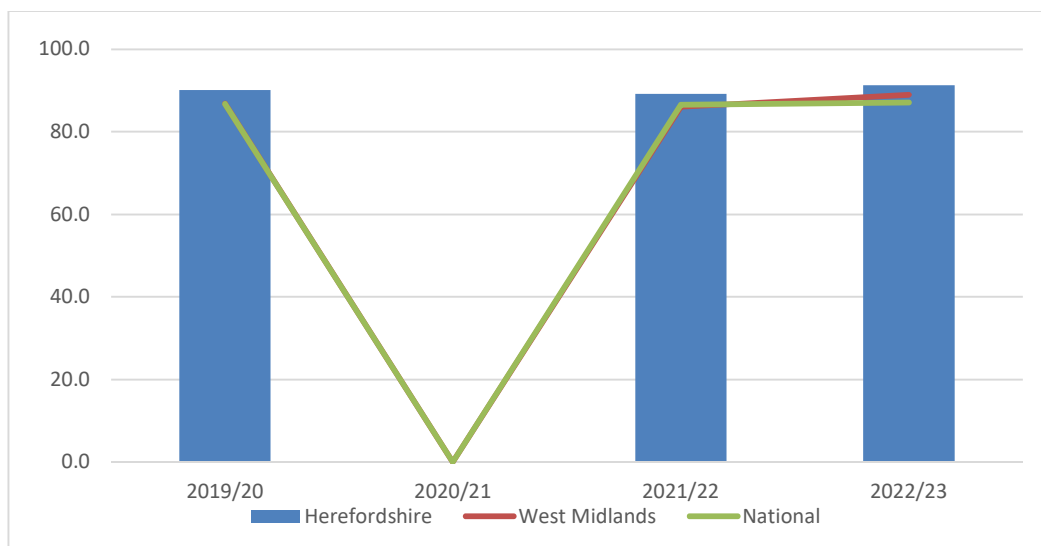
Please note 2020/21 due to Covid surveys were not conducted so data unavailable



## Proportion of people who use services who say that those services have made them feel safe and secure

The measure below reflects the extent to which users of care services feel that their care and support has contributed to making them feel safe and secure. This is a positive result for Herefordshire given the proportion who say they do not feel safe above.

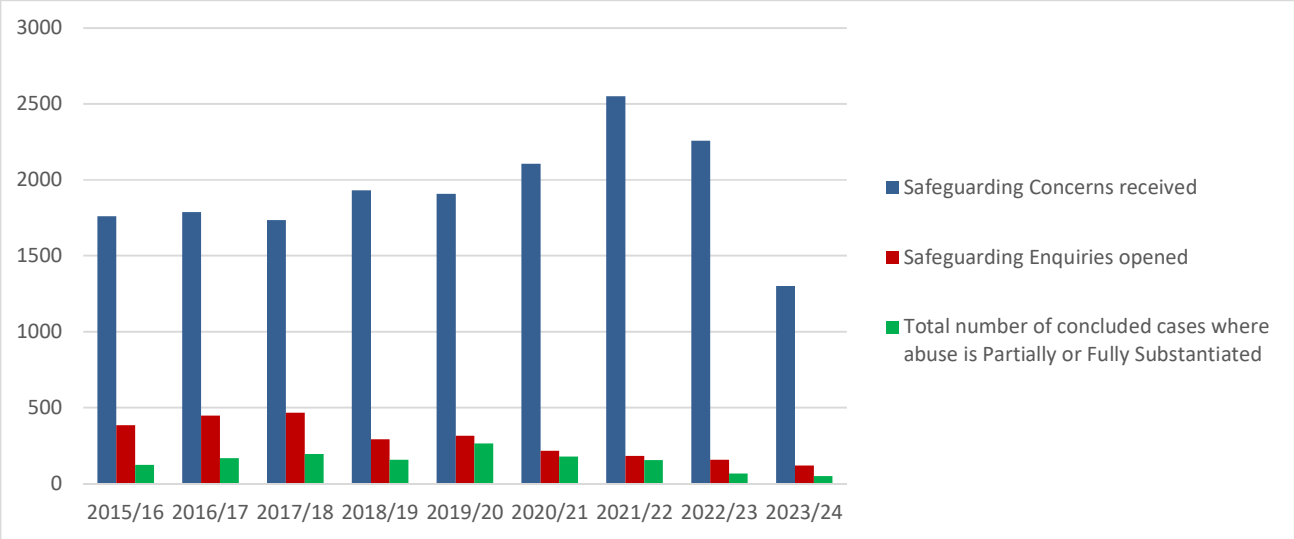
	2019/20	2020/21	2021/22	2022/23	2023/24
Herefordshire	90.2%	n/a	89.2%	91.3%	TBA
West Midlands average	86.9%	n/a	86.1%	89.0%	TBA
All England average	86.8%	n/a	86.8%	87.1%	TBA



## Safeguarding concerns

The following graphics relate to circumstances where safeguarding concerns were raised. All of this data is from the Local Authority information systems as currently limited information is available from partner agencies.

### About the concerns regarding abuse that have been raised



The number of concerns has decreased over this reporting period by around 34%. A key factor is that the safeguarding team changed their referral process over the last year. The Senior Practitioner now triages all referrals before sending to the safeguarding team to add as AP1's (safeguarding concerns) to Mosaic (the social care recording system). This is to ensure only safeguarding referrals progress to the safeguarding team to assess, rather than all referrals which meant the team were working on referrals that could have been signposted elsewhere. The statutory return only requests those referrals categorised through the AP1 form. In 24/25 the Board will now discuss with partners how we can track of the numbers being triaged which end up being referred to other social care / support pathways.



**Characteristics of those affected by safeguarding concerns**

In Herefordshire during 2023-24 the largest age band was in the 18-64 with 34% of all concerns.  
 24% of the individuals involved in safeguarding concerns were aged 85 or over

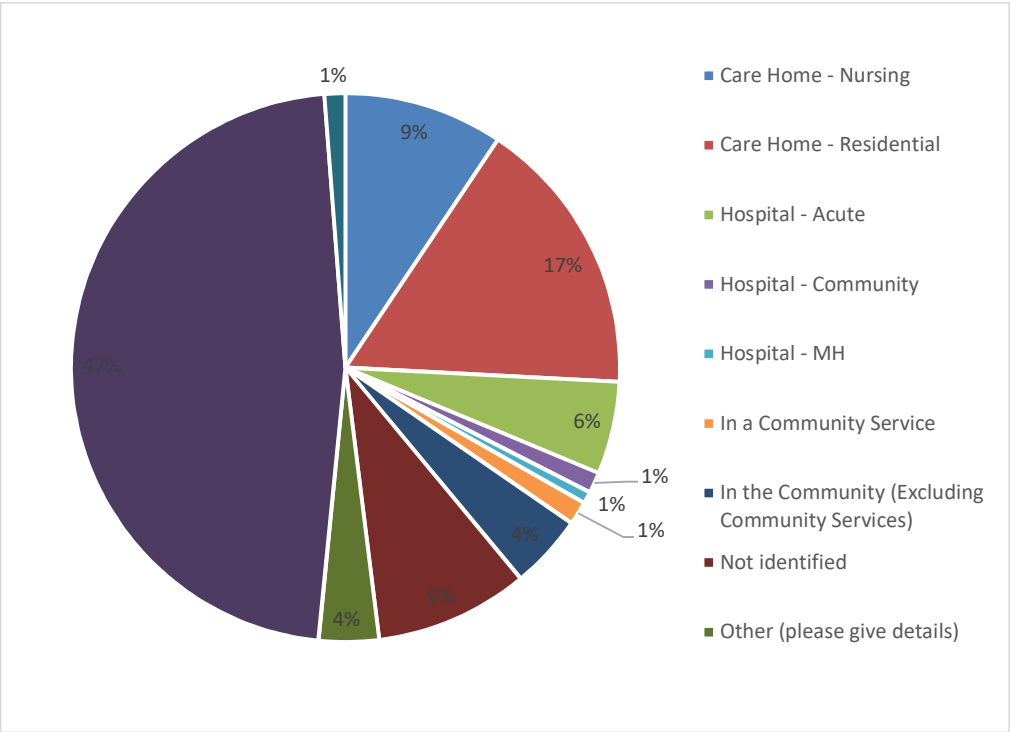
39% of individuals involved in safeguarding concerns were male



58% of individuals involved in safeguarding concerns were female

(34 individuals were recorded as not known).

**Where abuse has occurred**

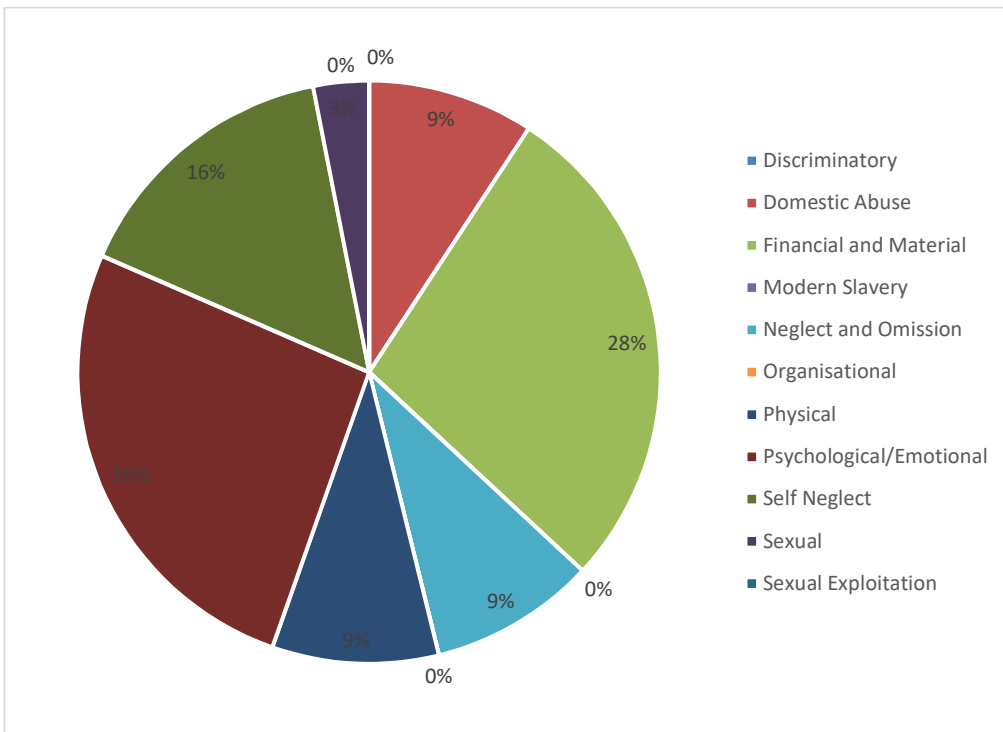


The diagram above depicts the location of the concern at the time of this being raised with the local authority.

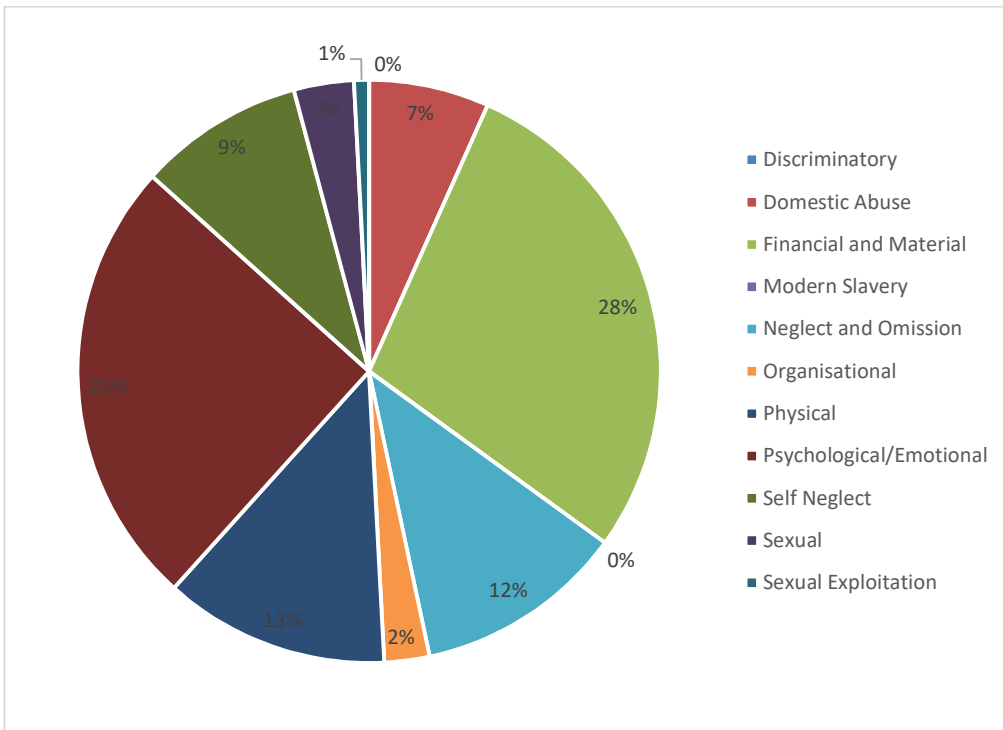


Once again the largest number involve those in their own home (47%).

The most common type of abuse that people suffer from in their own home is Financial & Material (28%)



**What type of abuse has been reported?**



Financial and material and Psychological/Emotional were the most commonly reported types of abuse. Previously Financial and material and Neglect and Omission were the most reported.

**Source of risk**

The “source of risk” was personally known to the individual in 53% of 2021-22 concluded safeguarding enquiries, 41% of 2022-23 concluded enquiries and 48% of 2023-24 concluded enquiries.

The “source of risk” was providing a service to the person in 25% of 2021-22 concluded safeguarding enquiries, 23% of 2022-23 concluded enquiries and 23% of 2023-24 concluded enquiries.

**Mental Capacity**



In 2021-22 safeguarding enquiries that were completed people lacked mental capacity in less cases (58) than had mental capacity (94).

In 2022-23 safeguarding enquiries that were completed people lacked mental capacity in less cases (52) than had mental capacity (84).

In 2023-24 safeguarding enquiries that were completed people lacked mental capacity in less cases (30) than had mental capacity (70).

**Advocacy**




Where the person was assessed as not having capacity in 2021-22 32% and in 2022-23 33% were provided with either formal or informal advocacy. In 2023-24, there were 25% such service users which has reduced compared to the previously reported figure. The Board will be reviewing this data to understand why more advocacy is not taken up or provided.

**Making Safeguarding Personal**

In 2021-22 94.6% in 2022-23 76.2% and in 2023-24 77.7% of people or their representatives were asked what they wanted the outcome of their safeguarding enquiry to be. Some investigation into why this figure is so greatly reduced needs to be carried out.

Outcomes were partially or fully achieved in 77.1% of concluded safeguarding enquiries in 2021-22, 75% in 2022-23 and 82% in 2023-24. This is a significant increase in the figure last reported.

The number of concluded enquiries were it was assessed that the risk of abuse or neglect for the person was

	2021-22	2022-23	2023-24	
	21%	20%	18%	Removed
	55%	54%	50%	Reduced
	8%	12%	14%	Remained

## How the Board works to deliver results

The Board brings together representatives from:

- Herefordshire Council social care and public health teams
- Herefordshire and Worcestershire Integrated Commissioning Board (responsible for the purchase of health care)
- Wye Valley NHS Trust and Herefordshire and Worcestershire Health and Care NHS Trust (health care providers)
- Healthwatch
- West Mercia Police
- National Probation Service
- West Midlands Ambulance Service NHS Foundation Trust
- Hereford & Worcester Fire and Rescue Service
- Members from provider and voluntary services

This multi-agency approach ensures that all partner organisations work cohesively, using the same information and communicate consistent messages to provide the strategic direction for the work undertaken on their behalf.

It is the task of the Strategic Board to agree the priorities for the year, in consultation with Healthwatch and the community.

Sub groups develop work plans which contain the activity required to deliver the priorities. Each sub group chair is responsible for reporting successes, developments and any barriers to progress to the Board.

## What the sub groups have delivered this year

### Performance and quality assurance (PAQA)

Terms of reference:

This group is responsible for data quality, audit and effective information systems to meet current and future expected national and local data reporting requirements and enable performance to be managed and reasonable assurance secured on the quality of local safeguarding.

Attendance has improved over the last 12 months. Quoracy has been achieved at every meeting that took place. The consistent attendance by the statutory agencies has been a valuable addition to the work PAQA is doing.

Review of non-statutory partners attendance is an ongoing element of PAQA discussion, it remains an area which requires improvement. However, thanks must go out to all agencies as it is recognised that pressure across the entire system continues to have significant implications for PAQA's attendance, but attendance this year has improved.

PAQA aims to improve the range of performance data it can use to inform the work of the partnership. In particular the group needs consistent representation by a Local Authority data analyst to support the provision of available data for PAQA and for advice on the structural elements of PAQA work. The aim is to also develop a multi-agency adult safeguarding data scorecard.

### Work plans 2023-24.

- The Complex Adult Risk Management (CARM) Audit was completed and a report presented to HSAB Executive. The audit identified a need to improve our approach and this is now a 24/25 work stream.
- The Regional Multiagency Care Act Audit was completed and challenge events held with all agencies who completed the audit. Each agency was consulted separately on their responses by members of PAQA. Action plans were developed where required by agencies which continue to be monitored by PAQA. A Report was presented to the HSAB. This audit provided assurance that all agencies were compliant with their responsibilities and that adult safeguarding was a priority for them.
- Staff survey on agencies safeguarding knowledge completed. Action plans developed which continue to be monitored by PAQA,
- Neglect and omission audit completed and report shared with HSAB. Responses to instances of neglect and omission were appropriate in all cases analysed. Respondents understood the criteria.
- Advocate use for service users without mental capacity referred into adult safeguarding remains above 80% consistently.

- Self-Neglect and Hoarding audit carried out and recommendations made re use of assessment tools and information sharing across agencies. Report completed for HSAB.
- Safeguarding data has been presented at the PAQA meetings. Currently this is only Social Care safeguarding data and other agencies are unable to provide data to the meetings. PAQA will be reviewing the availability and use of multi and single agency data in 24/25.

### **Key Issues identified**

- As previously referred to, consistent multi agency attendance is required for PAQA to be consistent in its aims and objectives that are presented through the work plan. A change of emphasis to learning from SARs and other adult safeguarding learning methods, such as the Rapid Review process, is intended to give the HSAB PAQA subgroup clear direction in the work that it is required to do. The triangulation with these learning methods and the county's data from all agencies remains critical to PAQA's work and progress over the next year.
- Although Section 42 conversions at 10% is an increase on the previous year the figure remains low. There is considerable work completed by the Adult Safeguarding Team on all cases unconverted and converted that is not captured in the current data.
- Notification of concerns raised about a domiciliary care provider, based in Manchester, who is at Level 3 of HCC QA process. This is the level at which new business is suspended. Investigating agencies have raised people trafficking and modern slavery concerns. Also, multiple complaints have been received about this provider.

### **Examples of impact of PAQA work on practice and/or outcomes**

- All the audits have provided both assurance and identified deficits where actions are needed. Action plans and requests for assurance have been developed and requests sent to individual agencies where assurance is required.
- It is recognised that capacity of services from across the system remains a challenge with vacancy rates and recruitment posing problems. Ongoing requests for audit and other safeguarding information for PAQA increase the burden on all services, but the continued cooperation of all agencies enables HSAB and PAQA's work to progress and to improve adult safeguarding processes across Herefordshire. The burden of the required work will require ongoing review by PAQA and HSAB during the coming year.
- Closer links with the HSAB Training & Workforce Development Subgroup are intended to bring some coterminous aims and objectives that are synchronised to produce consistent outcomes for all partners in adult safeguarding and HSAB.

## **Policies and procedures**

Terms of reference:

Work is undertaken jointly with Worcestershire (as we have so many partners working across both Counties). We have a working protocol that has been signed off by both Boards.

During the 23/24 year we updated our Self-neglect and Hoarding policy, Information Sharing Protocol and commenced a review of our Complex Adult Risk Management guidance.

A review and update of the local Safeguarding Adults Review guidance was undertaken to include additional information to aid practitioners

The West Midlands regional policy group, of which Herefordshire is a contributor, has also updated the regional Safeguarding policy

## **Joint Case Review (JCR)**

Terms of reference

The Joint Case Review Sub Group (JCR) is accountable to the Herefordshire Childrens Safeguarding Partners, Herefordshire Safeguarding Adults Board and Herefordshire Community Safety Partnership.

Herefordshire Children's Safeguarding Partnership has a legal duty to undertake reviews of serious child safeguarding cases (Local Child Safeguarding Practice Reviews LCSPR's) where children have died or suffered serious harm, the criteria for such reviews is set out in Working Together 2023

Herefordshire Safeguarding Adults Board. The Care Act 2014 states that Safeguarding Adult Boards (SABs) must arrange a Safeguarding Adult Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult. The criteria for such reviews is set out in the Care Act 2014 (See Care Act Guidance 2016)The Chair of HSAB has the responsibility for decision making about whether to conduct a review in individual cases.

Herefordshire Community Safety Partnership. Overall responsibility for establishing a Domestic Homicide Review rests with the local Community Safety Partnership (CSP) Statutory Guidance under section 9(3) of the Domestic Violence, Crime and Victims Act 2004 (the 2004 Act)<sup>1</sup>.

In 23/24

- Five referrals for Safeguarding Adults Reviews were received
- One did not meet criteria for review as the individual did not have Care and Support needs
- During the triage meeting for one referral JCR identified extensive domestic abuse in the life of the individual, it was therefore decided that a joint DHR / SAR approach was most appropriate.

- Three referrals for SAR's were scoped but did not meet criteria however learning was identified. Examples of learning identified are –
  - recommendations parallel to those of the thematic premature deaths review
  - strengthening of the CARM process
  - improving multi-agency practitioners understanding of the Mental Capacity Act and duty to carry out assessments
  - lack of professional curiosity
  - poor recording

All reviews have an action plan including multi-agency recommendations which are regularly updated.



## Training and Workforce Development

### Terms of reference:

This group is responsible for agreeing and maintaining Herefordshire’s competency framework and provides evidenced assurance that partner agencies are meeting the requirements of the framework.

The group has particular responsibility to promote and facilitate multi-agency development opportunities for all practitioners, including disseminating learning from case reviews. By undertaking such activities, the group seeks to empower the workforce to be skilled and confident in adult safeguarding.

### Activity in 2023/24

Attendance from multi-agency partners on Training and Workforce Development (TWD), and Chairing, remained consistent through 2023-24. The group met twice in 2023-24, with two meetings unfortunately being cancelled due to competing demands, however work continued in-between meetings through e-mail communications.

The agreed approach to workforce development and training for HSAB is to support a multi-agency Competency Framework, which details the level of training required for each role. Agencies are encouraged to share resources and, where appropriate, offer spaces on their safeguarding courses to other organisations. HSAB and its partner’s offer multi-agency training and learning events where a need is identified through quality assurance exercises, including case reviews.

During this annual report period, TWD contributed to the priority areas within the HSAB Strategic Plan. This included:

- Further promotion and dissemination of HSAB Self-Neglect and Hoarding Policy and Practitioner Resources.
- Introduced a limited-time training on the Mental Capacity Act & DOLS, delivered by the NHS Health and Care Trust. Courses started in March 2024 and will continue until December 2024. This was to address a gap identified in SARs regarding practitioners’ understanding of the MCA and their duties.
- Awareness raising on when to refer for Care and Support Assessments, and identifying individual who may be referred for Care and Support Assessments
- Regular promotion of the Complex Adults Risk Management process through the partnership bulletin and

In addition, Trauma-Informed Practice training was commissioned and offered to all staff and volunteers in Herefordshire who work with children, families and/or adults.

TWD was not able to progress planned activity on adult exploitation or carer assessments due to delays in developing/finalising the policies for each of these.

### Multi-Agency Adult Safeguarding Courses offered in 2023-24 and attendance figures:

In total, 610 delegates attended courses in 2023-24 across the adult safeguarding themes.

<b>Trauma-Informed Practice: Principles and Foundations</b> Funded by the NHS ICB and Public Health	162 attended
<b>Mental Capacity Act and DOLS</b> Delivered by the NHS Health and Care Trust	17 attended

<p><b>Domestic Abuse Courses (West Mercia Women’s Aid)</b></p> <ul style="list-style-type: none"> <li>• Domestic Abuse and Learning Difficulties in Adults – 15</li> <li>• Domestic Abuse and Older People – 34</li> <li>• Domestic abuse and the Rural context – 14</li> <li>• Domestic Abuse and Trauma – 56</li> <li>• Honour Based Abuse including Female Genital Mutilation and Forced Marriage – 21</li> <li>• Raising Awareness of Male Survivors of Domestic Abuse -13</li> <li>• Understanding Stalking and Harassment – 30</li> <li>• Violence against Women and Girls – 12</li> <li>• Working to address Housing Issues – 10</li> </ul> <p>Commissioned by the Community Safety Partnership, with funding from the Office of the Police and Crime Commissioner</p>	205 attended
<p><b>Curiosity Saves Lives – Multi-agency Domestic Abuse Training</b></p> <p>Commissioned by the Community Safety Partnership, with funding from the Office of the Police and Crime Commissioner</p>	79 attended
<p><b>MARAC Awareness Training</b></p>	23 attended
<p><b>Delivering Substance Use Interventions with Adults</b></p> <p>Delivered by Herefordshire Recovery Service – Turning Point</p>	21 attended
<p><b>Overdose Awareness and Naloxone Training</b></p>	39 attended
<p><b>Exploitation and Vulnerability</b></p> <p>Delivered by West Mercia Police vulnerability trainers</p>	64 attended

*Impact of multi-agency training courses – Evaluation Feedback from course delegates:*

“I do not currently complete Mental Capacity Assessments. However, I am training to be a Social Worker. This training will be beneficial when the time comes to have to complete an assessment as I will not be as fearful to do so.”

“Will help me in my role as a fire service prevention technician to understand the members of public I go to see to give advice to.”

“[I will use the course materials] daily with spotting ambivalence, helping folk evaluate their ambivalence, asking open questions, helping them explore strategies for meeting goals.”

“even though I am an experienced practitioner, I never had specific training in this area before even though a lot of cases we work have Domestic Abuse issues as a concern”

“I now feel confident to ask the right questions with professional curiosity.”

**Learning events:**

The annual White Ribbon Domestic Abuse Conference was held in November 2023, which this year was on the theme “Changing the Story.” Over 200 delegates from both Herefordshire and Worcestershire attended this event.

One Practitioner Forums was organised during this reporting period, with good attendance and engagement from a range of partner agencies. The Practitioner Forums are held as joint adult and child safeguarding events, which is in line with Think Family approaches.

The October 2023 Practitioner Forum was attended by approximately 50 delegates from a range of multi-agency organisations. This included a presentation from the Adult Social Care Principle Social Worker on Understanding Mental Capacity and Care Act Assessments/Eligibility, and a presentation by Turning Point about their services for drug and alcohol recovery.

*Feedback from Practitioner Forum Delegate Feedback:*

What did you learn?

“Developed knowledge on MCA - I have had experience previously but this was a great refresher and well presented by PSW in adults.”

“The services and work Turning Point offer and the hubs now available in Herefordshire. The referrals and treatment pathways available - quick turn around time.”

HSAB undertook a Care Act Self-Assessment exercise 2023, which offered an insight into learning and development profiles across the key partner agencies of HSAB.

The following table presents agencies’ self-assessment grading across the key questions related to learning, development and supervision.

Question	Number of agency responses in each self-assessment grading			
	Inadequate	Requires Improvement	Good	Outstanding
The organisation has a clearly communicated Learning and Development Programme:	0	3	5	1
The organisation has a mandatory induction process for all staff and volunteers that includes familiarisation with their responsibilities for safeguarding and promoting the welfare of adults with care and support needs	0	0	7	2
Staff working and volunteering with adults receive regular management supervision and appraisals on an individual basis.	0	2	6	2
Organisations can evidence that supervision (including clinical/specialist) is happening on a regular basis for all staff and volunteers	1	3	5	1
<b>Total</b>	<b>1</b>	<b>8</b>	<b>23</b>	<b>6</b>

On average across the responses, the majority of agencies graded themselves “Good” or “Outstanding” across the key questions about learning, development and supervision.

Having a clearly communicated Learning and Development Strategy, and being able to evidence that supervision is happening on a regular basis, are the two areas that appeared to be weaker among agencies.

Check and Challenge sessions were held to review individual agency responses, and each agency has developed an action plan to address areas of weakness. These action plans are being complete throughout 2023-24.

## Appendix 1. Business Plan Progress

Activity	Group	Q1	Q2	Q3	Q4	R A G
<p>PRIORITY ONE - Self-neglect and Hoarding – Year one            Deliverable: Establish a dataset, benchmark and build practitioner knowledge of self-neglect and hoarding</p>						
Develop self-neglect dataset.	PAQA			Request MOSAIC data		
Progress	Data received from Mosaic					
Incidents of self-neglect are responded to in line with policy	PAQA				Agree hypothesis and audit, to include review of any relevant policies	
Progress	<p>Nov 23: Self neglect and Hoarding Policy is currently under review, consultation end Nov. Audit due to take place December            Jan 24: Revised document to be approved. Audit delayed due to capacity issues, scheduled 14/02/24            Mar 24: Audit completed and action plan developed.</p>					
Practitioners are aware of appropriate tools when working with self-neglect	TWD	Practitioner Forum – Self-Neglect and Hoarding presentation	Dissemination of Self-neglect materials via T&WD (slides, recording, briefing)	-Canvass current agency tools  -Partnership Bulletin Self-neglect message	-Explore Multi-Disciplinary risk assessment tool  -Partnership Bulletin Self-neglect message  Planning for practitioner forum	
Progress	<p>Jan 24:            Regional self-neglect film has been approved for use in Herefordshire, copy available on website and information included in Partnership Bulletin.            Self-neglect and hoarding presentation was delivered at Practitioner Forum on 24 March 2023, and publicised through the Partnership bulletin and single agency communications.            Dissemination resources – slides, learning briefing, recording, were created in April 2023 and disseminated through the partnership bulletin. TWD members disseminated through their own networks in Sept 2023.            Reminder about Self-Neglect and Hoarding policy published in Partnership Bulletin 4<sup>th</sup> Jan 2024            TWD members reported that they do not have any single agency tools that are used around Self-Neglect, apart from the Hoarding Scaling document that is used by F&amp;R and some agencies.</p>					

Activity	Group	Q1	Q2	Q3	Q4	R A G
Re-introduce the self-neglect and hoarding group	Partnership Team		Principle Social Worker present proposal	Approach members		
Progress	<p>Nov 23: Approach has been made to partner agencies, plan to hold inaugural meeting November. Terms of reference under review, will include any recommendations from previous SARs</p> <p>Jan 24: Chair nominated. Partner agencies have agreed ToR. Meeting still to be scheduled, ongoing health issues have resulted in delay.</p> <p>Mar 24: Inaugural meeting scheduled. Regular meetings to take place through 24/25</p>					

Activity	Group	Q1	Q2	Q3	Q4	R A G
<p>PRIORITY TWO - Exploitation – Year one</p> <p>Deliverable: Establish a multi-agency response to exploitation to include a dataset</p>						
Develop exploitation dataset	PAQA			Request MOSAIC data		
Progress	<p>Nov 23: The agreed definition of exploitation within Herefordshire is:</p> <ul style="list-style-type: none"> <li>• Modern Slavery (including human trafficking)</li> <li>• Financial Exploitation (including scams, doorstep crime and rogue traders)</li> <li>• Radicalisation to commit acts of terrorism.</li> <li>• Any Sexual Exploitation</li> <li>• Criminal Exploitation</li> <li>• other Exploitation that enables services or benefits of any kind, including: <ul style="list-style-type: none"> <li>○ Removal of organs</li> <li>○ Forced marriage</li> <li>○ Illegal adoption</li> </ul> </li> </ul> <p>MOSAIC currently only identifies sexual exploitation and modern slavery within its structure. PAQA will interrogate information available to better understand how other forms of exploitation can /should be identified. Issue also to be raised with regional procedures group via PSW.</p> <p>Jan 24: PAQA have reviewed data, currently issue stands. Work will continue to improve understanding.</p> <p>Mar 24: Data provided by Police records modern slavery, financial exploitation and scams, immigration crime, county lines and cuckooing and adult sex workers. Herefordshire numbers are very low or 0 in all cases. PAQA to continue to improve the local picture</p>					
A “home invasion” procedure that protects the adult being criminally exploited in their homes	Policies		Add to Policies work plan			

Activity	Group	Q1	Q2	Q3	Q4	RAG
Progress	Nov 23: Responsibility for this Policy sits with the Police, work has commenced collating responses from across the region for review Mar 24: Policy still in development. Police representative to update current policy to include reference to new terminology.					
Agree an adult exploitation strategy and pathway ensuring that those transitioning from childrens are safeguarded	Exploitation project team				Present proposal to Board	
Progress	Nov 23: Initial meetings have been held, still to agree strategy, policy and pathway. Jan 24: Meetings have been sporadic due to capacity issues. Further meeting scheduled. Draft strategies from other areas have been shared for comment. Mar 24: Project team continuing with development of strategy, policy and pathway over 24/25					
Audit to establish practitioners knowledge of exploitation	PAQA			Agree hypothesis and audit, to include review of any relevant policies		
Progress	Nov 23: Review of regional exploitation policies has been agreed and will take place 2024. Local Adults policy still to be devised following agreement of strategy. Any audit will have to be driven by information from the other sources due to limitations of MOSAIC identified above. Jan 24: Meeting with CSC representatives has been held and a methodology agreed. Audit will now take place Q4. Mar 24: Capacity issues have resulted in this audit being scheduled Q1 24/25					

Activity	Group	Q1	Q2	Q3	Q4	RAG
PRIORITY THREE - Prevention – Year one Deliverable:						
Implement a multi-agency approach to the safeguarding front door	Strategic Partners		Agree project plan and partners	Agree arrangements at Board		
Progress	Nov 23: Project team has been established and scoping is now underway. ADASS supported workshop is planned. Jan 24: Project team has linked with the regional project group. Project Board has membership and support from across the partnership. HSAB Business Plan dates to be realigned to project plan dates, RAG rating to be amended to reflect change Mar 24: Project Team meet regularly and progress is being made. Proposal to be shared at Board meeting May 2024.					

Activity	Group	Q1	Q2	Q3	Q4	RAG
How effective is our approach to working with adults with multiple disadvantage	Strategic partners					
Progress	Nov 23: Assurance still to be sought that the strategic changes necessary are planned Jan 24: Limited assurance provided to date. Mar 24:					
Improve understanding of when to refer for Care and Support Assessment	TWD			Partnership Bulletin scheduled message  Practitioner Forum Presentation	Partnership Bulletin Scheduled message	
Progress	Nov 23: Assessments included in October Partnership Forum attended by in excess of 50 delegates Mar 24: Messages included in Partnership Bulletin					
Improve understanding of when to refer for Carers Assessment	TWD	Partnership Bulletin - Carers Week promotion			T&WD focus on Carer materials, language & dissemination  Planning for practitioner forum – tbc depending on Carer Strategy	
Progress	Jan 24: Carers strategy is currently under review, this work stream will recommence once that is launched. Mar 24: Carers strategy is currently going through the governance process and is due for launch during Carers week 2024. Activity regarding this will be scheduled for Year Two.					
Improve understanding of when to refer for Young Carers Assessment	TWD	Partnership Bulletin - Carers Week promotion			T&WD focus on Carer materials, language & dissemination  Planning for practitioner forum – tbc depending on Carer Strategy	
Progress	Jan 24: Carers strategy is currently under review, this work stream will recommence once that is launched. Mar 24: Carers strategy is currently going through the governance process and is due for launch during Carers week 2024. Activity regarding this will be scheduled for Year Two					



Activity	Group	Q1	Q2	Q3	Q4	RAG
Audit Mental Health Assessment journey	PAQA				Agree hypothesis and audit, to include review of any relevant policies	
Progress	Jan 24: Research has been tabled, other LA feedback is being sought via the AMHP network. Mar 24: Capacity issues have resulted in this audit being delayed. Activity regarding this will be scheduled for Year Two.					
Assurance that professionals understand when to refer for assessment	PAQA					
Progress	Mar 24: All audits undertaken this year have considered referrals and evidence that agencies understand when to make a referral for assessment for care and support needs. It has to be noted that the sample size is very small and further work will continue during 24/25					
Establish the understanding of non-stat agencies and their responsibilities re assessment	PAQA					
Progress	Mar 24: This will be the focus of audit in 24/25					
CARM coordinator role is established	Community Wellbeing				Business case approved	
Progress	Jan 24: This will be considered as part of the Multi-Agency Task and Finish group. Business plan dates to be realigned to project plan dates, RAG rating to be amended to reflect change.					
Improve knowledge and awareness of CARM process	TWD	Practitioner Forum – CARM reflected in presentation on Self-Neglect & Hoarding		Partnership bulletin scheduled CARM message.		
Progress	October 2023: Self Neglect and Hoarding presentation, included CARM, included in Practitioner Forum. CARM will be promoted in the Partnership Bulletin in February 2024 Mar 24: CARM continues to be promoted by agencies internally.					
Review of CARM procedure	Policies/ Procedures				Review of CARM to ensure fit for purpose	

Activity	Group	Q1	Q2	Q3	Q4	RAG
Progress	Jan 24: Multi- agency Task and Finish group has been established and initial meeting held. Board will be updated regularly as to progress. Business plan dates to be realigned to project plan dates, RAG rating to be amended to reflect change Mar 24: CARM working group meeting held to review CARM document and process					
Census of women's experiences of homelessness in the county	Rough sleeper outreach team				Update to Board	
Progress	Jan 24: Update scheduled for Feb Board meeting Mar 24: Findings from census presented to Board.					
A review of the national Ending Rough Sleeping Data Framework	Rough sleeper outreach team				Update to Board	
Progress	Jan 24: Update scheduled for Feb Board meeting Mar 24: Review of Framework presented to Board. Action plan from review to be shared once finalized					

Activity	Group	Q1	Q2	Q3	Q4	RAG
<p><b>PRIORITY FOUR – Neglect and Omission – Year one</b>  Deliverable: Gain an understanding of this category of neglect, do practitioners recognise it for what it is, establish a dataset and benchmark</p>						
Develop neglect and omission dataset	PAQA			Request MOSAIC info		
Progress	Nov 23: Information received as requested					
Audit of cases	PAQA			Agree hypothesis and audit, to include review of any relevant policies	Present Y1 audit findings to Board	
Progress	Nov 23: Audit completed and presented to Board Q3, report shared with TWD group for information and action planning.					
Development and implementation of professional resources	Policies & Procedures				Using outcomes from audit assess the need to develop any policy or procedure	
Progress	Jan 24: Audit did not highlight the need for any further policies or procedures that are not already scheduled (Escalation)					

Activity	Group	Q1	Q2	Q3	Q4	RAG
Development and implementation of professional resources	TWD				Using outcomes from audit assess the need to develop and implement professional resources	
Progress	Jan 24: TWD will discuss audit findings and any learning needs at its next meeting April 2024, however initial review of the findings indicates a need for further awareness raising on Mental Capacity Act and quality of safeguarding referrals.					

Activity	Group	Q1	Q2	Q3	Q4	RAG
PRIORITY FIVE – Board Effectiveness – Year one Deliverable: The Board has fulfilled all of its statutory functions.						
Implementation of regional audit tool	PAQA	Collate responses	Initial report to Board	Challenge events	Final report to Board	
Progress	Nov 23: Regional tool has been completed by all relevant agencies and challenge events held. Some amendments to the tool have been requested and will be discussed at regional meeting to be held mid-November. Jan 24: Changes to regional audit tool agreed, to be implemented Spring 24.					
Review governance surrounding this and other partnerships and boards	Independent Chair	Hold back to basics event	Proposal to Partners for approval		Review of new arrangements	Complete
Progress	Nov 23: Proposal for changes in SAB reporting have been agreed					
Develop and implement an agreed multi-agency outcomes / dataset for the Board.	Strategic leads PAQA		Current performance reporting requested from Partners	Review returns		
Progress	Nov 23: Requests for information have been sent and Partners are progressing Jan 24: Returns received. To be reviewed at next PAQA business meeting (Mar 6 <sup>th</sup> )					
Develop and implement an agreed audit programme, which will test the extent to which learning from SARs has impacted front line delivery.	Strategic leads PAQA				Audit schedule presented to Board for discussion / approval	

Activity	Group	Q1	Q2	Q3	Q4	RAG
Progress	Jan 24: PAQA has a comprehensive audit schedule centred on Board priorities. Capacity issues have led to a slight delay in programme. PAQA will also receive single agency audit reports where appropriate.					
Develop and implement a communications strategy for the Board, raising awareness of how to recognise and respond to adult safeguarding issues.	Strategic leads					
Progress	Mar 24: No progress has been made on developing a Board communications strategy.					
Enable local people with lived experience of safeguarding to influence the work of the Board.	Strategic leads			Review models used across the region		
Progress	Mar 24: No progress has been made on engaging with local people with lived experience					
Ensure that learning from SARs is widely disseminated so that similar multi-agency safeguarding practice issues are less likely to occur in future.	Partnership Team	Ensure learning is included in Practitioner Forums / Newsletters / Shared with Partners / 7 min learnings are disseminated	Ensure learning is included in Practitioner Forums / Newsletters / Shared with Partners / 7 min learnings are disseminated	Ensure learning is included in Practitioner Forums / Newsletters / Shared with Partners / 7 min learnings are disseminated	Ensure learning is included in Practitioner Forums / Newsletters / Shared with Partners / 7 min learnings are disseminated	
Progress	Mar 24: Learning from reviews is disseminated as defined above, changes to practice are evidenced by PAQA audit.					
Produce an annual report	Partnership Team / Chair	Gather sub group reports and dataset	Draft report to Board for approval  Publish on website			
Progress	Mar 24: Annual report is progressing in line with schedule.					

## Appendix 2

### Meeting attendance

Meeting and Frequency	Board 4/yr	PAQA 8/yr*	TWD 2/yr	JCR 4/yr
<b>Agency</b>				
<b>Community Wellbeing</b>	4	5	2	1
<b>Healthwatch</b>	2	0	0	0
<b>Hereford &amp; Worcester Fire &amp; Rescue Service</b>	2	1	0	4
<b>Herefordshire and Worcestershire Health and Care Trust</b>	3	4	0	4
<b>Herefordshire and Worcestershire ICB</b>	2	5	2	4
<b>Hvoss</b>	1	0	0	0
<b>Lead Member</b>	1	0	0	0
<b>National Probation Service</b>	0	0	0	4
<b>Public Health</b>	1	0	0	0
<b>West Mercia Police</b>	3	5	1	4
<b>Wye Valley NHS Trust</b>	3	3	1	4
<b>Turning Point</b>	0	0	2	0

\*3 meetings cancelled

### Appendix 3 - BUDGET

To deliver the above, the Partnership Team is used, which is a multi-agency funded team overseeing the work of the Board and its sub groups. The unit is funded as follows:

AGREED BUDGET FOR 2023-24		%
Children's and Families	£155,763	33.0%
Community Wellbeing	£144,899	30.7%
Integrated Care Board	£101,857	21.6%
Police	£69,400	14.7%
<i>Drawn from Reserves</i>	<i>£9,254</i>	-
<b>Total Gross Budget</b>	<b>£481,173</b>	<b>100%</b>

Contributions from statutory partner agencies

**Note:** This total contribution is for the support of the Herefordshire Safeguarding Adults Board, Herefordshire Safeguarding Children's Partnership and the Community Safety Partnership



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Health and Wellbeing Board Forward Plan 2024/25 – 2025/26

AGENDA ITEM	REPORT FROM	FREQUENCY	PURPOSE	ACTIONS
<b>11 March 2024 – Public Board</b>				
Herefordshire Safeguarding Adults Board report	Kevin Crompton	Annual	Information	
HWB Delivery Plans: Best Start in Life	Public Health	Quarterly	Information	
Better Care Fund progress update	Marie Gallagher	Ad-hoc	Information	
Most Appropriate Agency	West Mercia Police	Ad-hoc	Information	
<b>15 May 2024 - Private Development Session</b>				
<b>10 June 2024 – Public Board</b>				
HWB Delivery Plans: Mental Health and Mental Health Needs Assessment	Public Health	Quarterly	Information	
Autism Strategy	Sally Wilson	Ad-hoc	Information	
DPH Annual Report	Matt Pearce	Annually	Information	
Better Care Fund Annual Report	Marie Gallagher	Annually	Information	
<b>17 July 2024 – Herefordshire Health and Wellbeing Board Conference Event</b>				
<b>16 September 2024 – Public Board</b>				
Better Care Fund Integration Plan 2024-25	Marie Gallagher	Ad-hoc	Information	
HWB Delivery Plans: Best Start in Life	Julia Stephens	Quarterly	Information	
Tobacco Control	Luke Bennett (Natalie Johnson-Stanley in attendance)	Ad-hoc	Information	
Community Safety Partnership Update – including priorities	Helen Wain	Ad-hoc	Information	
Herefordshire Safeguarding Adults Board Annual Report	Kevin Crompton	Annually	Information	
<b>21 October 2024 - Private Development Session: 'Next steps for the Health and Wellbeing Strategy'</b>				
<b>9 December 2024 – Public Board</b>				
HWB Delivery Plans: Mental Health	Public Health	Quarterly	Information	
Domestic Abuse Strategy	Kayte Thompson Dixon and Hannah McSherry	Ad-hoc	Information	
Falls Needs Assessment	Luke Bennett	Ad-hoc	Information	
JSNA Summary Report	Rob Davies and Charlotte Worthy	Ad-hoc	Information	
Herefordshire Health Inequalities Strategy 2023-26 Update	Harpal Aujla	Ad-hoc	Information	
Physical Activity Strategy Update	Luke Bennett	Ad-hoc	Information	
Health Protection Assurance Annual Report	Rob Davies and Sophie Hay	Annually	Information	

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AGENDA ITEM 12

Better Care Fund Quarter 1 report 2024-25	Marie Gallagher	Ad-hoc	Information	
<b>TBC January 2025 - Private Development Session</b>				
<b>17 March 2025 – Public Board</b>				
HWB Delivery Plans: Best Start in Life	Public Health	Quarterly	Information	
Suicide Prevention Strategy	TBC	Ad-hoc	Information	
Oral Health Improvement Board Update	Harpal Aujla	Annually	Information	
<b>9 June 2025 – Public Board</b>				
HWB Delivery Plans: Mental Health	Public Health	Quarterly	Information	
DPH Annual Report	Director of Public Health	Annually	Information	
Better Care Fund Annual Report	Marie Gallagher	Annually	Information	
<b>15 September 2025 – Public Board</b>				
HWB Delivery Plans: Best Start in Life	Public Health	Quarterly	Information	
<b>15 December 2025 – Public Board</b>				
HWB Delivery Plans: Mental Health	Public Health	Quarterly	Information	