

# AGENDA

## Cabinet

Date: **Thursday 4 May 2017**

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Time: **2.00 pm**

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Place: **Council Chamber, The Shire Hall, St Peter's Square,  
Hereford, HR1 2HX**

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

For any further information please contact:

**Sarah Smith**

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If you would like help to understand this document, or would like it in another format, please call Sarah Smith on (01432) 260176 or e-mail [sarah.smith1@herefordshire.gov.uk](mailto:sarah.smith1@herefordshire.gov.uk) in advance of the meeting.

# Agenda for the meeting of the Cabinet

## Membership

**Chairman**                      **Councillor AW Johnson**  
**Vice-Chairman**            **Councillor PM Morgan**

**Councillor H Bramer**  
**Councillor DG Harlow**  
**Councillor JG Lester**  
**Councillor PD Price**  
**Councillor P Rone**  
**Councillor NE Shaw**

**AGENDA**

	<b>Pages</b>
<b>1. APOLOGIES FOR ABSENCE</b> To receive any apologies for absence.	
<b>2. DECLARATIONS OF INTEREST</b> To receive any declarations of interest by Members in respect of items on the Agenda.	
<b>3. MINUTES</b> To approve and sign the minutes of the meeting held on 6 April 2017.	7 - 10
<b>4. ALLOCATIONS FOR THE ADDITIONAL FUNDING FOR ADULT SOCIAL CARE</b> To approve the principles for the spend of additional social care funding announced in the spring budget 2017.	11 - 20



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- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
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The Chairman or an attendee at the meeting must take the signing in sheet so it can be checked when everyone is at the assembly point.

HEREFORDSHIRE COUNCIL

**MINUTES of the meeting of Cabinet held at Council Chamber, The Shire Hall, St Peter's Square, Hereford, HR1 2HX on Thursday 6 April 2017 at 10.00 am**

**Present:** Councillor AW Johnson (Chairman)  
 Councillor PM Morgan (Vice-Chairman)  
 Councillors H Bramer, DG Harlow, JG Lester, PD Price and P Rone and NE Shaw

Cabinet support members in attendance Councillors BA Durkin, JA Hyde, NE Shaw and EJ Swinglehurst  
 Group leaders in attendance Councillors JM Bartlett, RI Matthews and AJW Powers  
 Scrutiny chairmen in attendance Councillor WLS Bowen  
 Other councillors in attendance: None  
 Officers in attendance: Alistair Neill, Geoff Hughes, Martin Samuels, Claire Ward and Chris Baird, Richard Ball, Steve Hodges and Steve Burgess

**78. APOLOGIES FOR ABSENCE**

None.

**79. DECLARATIONS OF INTEREST**

None.

**80. MINUTES**

**RESOLVED:** That the Minutes of the meeting held on 9 March 2017 be approved as a correct record and signed by the Chairman.

**81. PASSENGER TRANSPORT REVIEW**

The cabinet member for transport and roads presented the report. He highlighted:

- That the recommended approach would deliver £740k savings over three years.
- The report does not include any proposals to withdraw subsidy for passenger services but here would be a need for review of subsidy in line with the adopted policies in the local transport plan.
- Bus users were consulted and the strong view was that rural services should be retained.
- Bus services in Herefordshire scored 95% for satisfaction according to the Transport Focus annual bus passenger survey.
- He thanked the head of transport and access for the work of his team in carrying out such a successful review.

All group leaders present thought that the report was positive and thorough.

A group leader agreed with the cabinet member for transport and roads that public transport needed to be retained and queried whether any shortfall in the use of the rural grant could be used for rural transport. The chief finance and S151 officer agreed to check the conditions of the grant.

The chairman of general overview and scrutiny was pleased to see that the views of the committee had been reflected in the report. He further noted that bus transport was essential and that it was also useful for tourists.

A group leader raised a concern about the views put forward that it would be acceptable to put bus fares up as the majority of the residents who had responded to the consultation do not pay to travel.

A group leader queried when the review into the system for looking at real time passenger information would be implemented. The head of transportation and access confirmed that work would be undertaken in conjunction with Stagecoach over the next two years and there would be a need to investigate which system would work best for Herefordshire.

A group leader noted that the majority of bus services were subsidised and that if they were not used, then they could be lost and that parish councils needed to be aware of this. The cabinet member for transport and roads confirmed that there was ongoing communication with the parish councils in connection with this issue.

**Resolved that:**

- a. the approach required to ensure delivery of the savings of £740k, in accordance with the medium term financial strategy for the period 2017-18 to 2019-20 and service improvements for passenger transport, set out in this report at paragraph 15, be approved**
- b. cabinet formally requests central government to review the English national concessionary travel scheme to seek further financial support for Herefordshire or allow greater local flexibility in how the scheme operates to ensure resources are targeted at maintaining access for all; and**
- c. that dedicated support is made available to work with parish councils and community groups to develop local solutions to transport problems in rural areas of the county.**

**82. CORPORATE DELIVERY PLAN 2017-18**

The cabinet member for economy and corporate services presented the report. He noted that the corporate delivery plan was aligned to the corporate plan. He further noted that the plan would be revised over the year to reflect any changes in priorities so that resources could be re-directed as appropriate. Cabinet would be presented with regular reports on performance against delivery of the key activity and achievement of the measures and there would be an annual report at June cabinet.

The directorate services team leader outlined the key projects which would take place over the forthcoming year.

The cabinet member for financial management and ICT queried whether the accommodation objective on page 95 would be delivered on budget. The cabinet member for contracts and assets confirmed that the works on Nelson House and Elgar House had been delivered under budget. However, it was anticipated that work on Blue School House would overspend. Officers were currently reviewing the specification for



this piece of work to identify savings. However, it was anticipated that the budget shortfall on this project would be found from within the overall accommodation strategy.

The cabinet member for young people and children's wellbeing proposed an amendment to box 5 and 6 under the keep children and young people safe and give them a great start in life section to include the words "particularly those with disabilities. It was agreed to amend this section to read "Increase the number of young people and families, particularly those with disabilities, accessing the local offer information and finding it useful".

A group leader commented it was an ambitious plan. He noted that estimated number of 8,620 children and young people that require support with mental health or emotional resilience appeared high. The interim director for children's wellbeing stated this was a significant number and that it reflects the national trend of identification. This was a priority in the children and young people's plan and a working group was delivering activities to improve the understanding of and support for mental health and emotional wellbeing. The Ofsted inspection last year had also covered aspects of mental health. The CAMHS service had been mentioned as a positive and exemplary example in terms of its initial response to a referral. The current health and social care overview and scrutiny task and finish group's report in connection with children and young people's mental health would also provide further insight into this area.

A group leader queried the progress in connect with the fire damaged building in High Town. The cabinet member for contracts and assets confirmed that there had been infrastructure issues with the site but these were being addressed and there would be movement once these issues had been resolved.

A group leader commented that the target on page 87 of 19.6 (maintain, and seek to improve still further, the quality of life for people with care and support needs) did not make sense. The director for adults and wellbeing explained that this was a national indicator and was a statistical number derived from the annual national adults survey. The response rate for Herefordshire was the highest in the country and that the county had the 5<sup>th</sup> best score in the country and was 2<sup>nd</sup> when compared with our statistical neighbours.

The chair of general overview and scrutiny commented that the issues faced by traveller children and ensuring that they lived in suitable accommodation should not be overlooked and that the committee would be looking at these issues.

A group leader asked for an update in connection with Model Farm, Ross on Wye. The Leader confirmed that this had been part of a bid by the local enterprise partnership (LEP). The director for economy, communities and corporate was also looking at other alternatives.

The cabinet member for young people and children's wellbeing stated that the work in connection with school improvement had been nationally recognised as good. The council was now in the second quartile of education measures.

**Resolved that**

**The draft corporate delivery plan 2017/18 be approved.**

The meeting ended at 10.59 am

**CHAIRMAN**





<b>Meeting:</b>	<b>Cabinet</b>
<b>Meeting date:</b>	<b>4 May 2017</b>
<b>Title of report:</b>	<b>Allocations for the additional funding for adult social care</b>
<b>Report by:</b>	<b>Cabinet member health and wellbeing</b>

## Classification

Open

## Key decision

This is a key decision because it is likely to result in the council incurring expenditure which is, or the making of savings which are, significant having regard to the council's budget for the service or function to which the decision relates and because it is likely to be significant in terms of its effect on communities living or working in an area comprising one or more wards in the county.

Notice has been served in accordance with Part 3, Section 10 (General Exception) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) Regulations 2012.

## Wards affected

Countywide

## Purpose

To approve the principles for the spend of additional social care funding announced in the spring budget 2017 to allow for expenditure to begin promptly within the timescales required by the grant conditions.

## Recommendations

**THAT:**

- (a) the following principles be adopted to guide the allocation and prioritisation of the additional funding of £7,311,000 over three years (2017/18 to 2019/20):**
- To support market development and sustainability for social care providers in Herefordshire
  - To support short term health initiatives that demonstrate future benefit to residents, and across the health and social care system

Further information on the subject of this report is available from  
Amy Pitt (integration and better care fund commissioning manager) 01432 383758

- To integrate services through joint pathways and not building functions and services silos
  - To utilise a pilot approach to new initiatives to enable the evidence of benefits and learn from what works in practice
  - To invest in systems to identify and track individuals to demonstrate the evidence of need and outcomes
  - To invest in initiatives that prevent or delay the need for formal care and prevent hospital admission
  - To invest in technology enabled care to support the care workforce challenge across the health and social care system;
- (b) **the director for adults and wellbeing, following consultation with the cabinet member for health and wellbeing and the section 151 officer, be authorised to determine the detailed allocation of the funding having regard to these principles and any national conditions associated with the funding; and**
- (c) **in exercising the authority referenced in recommendation b above, the director for adults and wellbeing report to cabinet in the quarterly corporate performance reports, how the funding has been allocated and the outcomes achieved from its use.**

## Alternative options

- 1 The decision making for the funding could align to the revised better care fund (BCF) planning, however the funding was announced in the spring budget 2017 to help stabilise the care market and support hospital discharge. One of the grant conditions, as located at appendix one, is that the additional funding for each year is spent in full within that financial year. Since the largest amount of funding falls within the 2017/18 year, which has already started, approval is required to allow the spend to happen quickly. In addition, the BCF guidance has been significantly delayed therefore to ensure maximum benefit is achieved from the funding early determination of its use is recommended.
- 2 The decision making authority could be reviewed annually. This is not recommended as it would add a further level of bureaucracy. The recommendations ensure timely and efficient decision making while maintaining continued transparency and accountability through the quarterly performance reporting process.

## Reasons for recommendations

- 3 The spring budget 2017 recognised that adult social care services are under significant pressure nationally; one expression of this being the increased number of patients whose discharge from hospital has been delayed while they wait for a social care placement. As a consequence, the chancellor announced an additional £2 billion for councils to spend on adult social care over the next three years (2017/18 to 2019/20). Of this, the allocation for Herefordshire is £7.3 million.
- 4 The grant conditions set jointly by the Department of Health (DH) and the Department for Communities and Local Government (DCLG) state that the funding is to be paid to councils and used for the purposes of meeting adult social care needs, reducing pressure on the NHS – including supporting more people to be discharged from hospital when they are ready and stabilising the social care provider market. It has been made clear that the funding is intended to enable councils to quickly provide

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stability and extra capacity in local care systems. This may include meeting the cost of pressures that go beyond the original approved budget for adult social care, or avoiding the need for planned cost savings, where these might have a negative impact on demand for NHS care.

- 5 The recommendations take account of the grant conditions and requirements to support the market as soon as possible, therefore delegated authority is sought to allow for immediate expenditure once detailed scoping has been completed in consultation with key stakeholders and partners.

## Key considerations

- 6 The government's spending review in 2015 announced new money for the better care fund (BCF) which increases to £1.8bn across England by 2019/20. For Herefordshire it represents additional funding of £2.2m in 2018/19 which increases to £4.46m in 2019/20.
- 7 The additional money (£2bn nationally) announced in the spring budget 2017, of which Herefordshire will receive £3.57m in 2017/18, which reduces to £2.5m in 2018/19 with a further reduction to £1.2m in 2019/20. This funding together with the BCF money from 2015 have been badged as the Improved Better Care Fund (iBCF) funding for adult social care in 2017-19 to be pooled into the local BCF plan. The funding does not replace, and must not be offset against, the NHS minimum contribution to the protection of adult social care that is already included within the BCF. For Herefordshire, this was £5.0m in 2016/17.
- 8 The spring budget 2017 additional money will be paid directly to the council via a grant from the Department for Communities and Local Government.
- 9 The funding is to provide support to the local social care market; the council must work with Herefordshire Clinical Commissioning Group (HCCG) and providers to meet the National Condition within the BCF to manage transfers of care and support hospital discharge.
- 10 Use of the additional funding must be agreed by the Clinical Commissioning Group and the Local Accident & Emergency Delivery Board, but is not subject to national NHS approval (required for current BCF plans). It should be noted that the final decision on the use of the funding falls to the council, but our decision should be based on plans that have the support of the NHS locally.
- 11 To enable the funding to be spent quickly and to ensure greatest impact and improvements, the government has made clear that councils are able to spend the grant, including to commission care, subject to the conditions set out in the grant determination, as soon as plans have been locally agreed. This will therefore be some months sooner than the point at which the BCF plan receives national NHS approval.
- 12 The projects will be agreed in collaboration with health partners using the high impact change model, outlined in appendix two, which supports the system-wide improvements and reductions in transfers of care. The change model will enable new interventions to be considered and assessment of how current systems are working.
- 13 The principles within this report align to the high impact change model by providing a framework and enables focus on key areas to allow for the greatest impact to meet the needs of Herefordshire residents.
- 14 The projects will be agreed by the director for adults and wellbeing through a business case that will demonstrate the risk, expected benefits and outcomes to be achieved, and where applicable, procurements will be undertaken in accordance with the council's contract procedure rules.

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- 15 To ensure continued transparency the quarterly corporate performance reports to cabinet will include a summary of how the funding has been allocated and the outcomes achieved from its use. Additionally the funding and milestones for the delivery of the agreed initiatives will be monitored through robust contract management to ensure that these are delivering the outcomes agreed. This will be reported to the health and wellbeing board through the BCF quarterly monitoring.

## Community impact

- 16 One of the principles seeking agreement is the investment in prevention and keeping people out of hospital and in their communities. This will be achieved through linking the formal elements of care with the more informal support available within communities.
- 17 In scoping the details of the funding, insights from Understanding Herefordshire, the joint strategic needs assessment for the county, will be used in order to further understand the current and future population trends as well as the real and predicted changes in use of unplanned care and those being supported through primary care and social care services.
- 18 The principles for the funding ensure that individuals' outcomes are improved through supporting the sustainability of services and investing in initiatives that will enhance people's lives and will align to the Herefordshire health and wellbeing strategy, which underlines how Herefordshire aims to be a vibrant county where good health and wellbeing is matched with a strong and growing economy and the vision for the council's adults and wellbeing directorate - *'All adults in Herefordshire live healthy, happy and independent lives within their local communities, for as long as possible with support when they need it.'*

## Equality duty

- 19 The council is committed to equality and diversity using the Public Sector Equality Duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.
- 20 The equality duty covers the following nine groups with protected characteristics: age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 21 An equality impact assessment will be completed as part of the development of the spend schemes.

## Financial implications

- 22 This funding is made available to councils on a reducing basis over the next three years, and is in addition to improved BCF funding announced in the 2015 comprehensive spending review (CSR).
- 23 For Herefordshire the spring budget funding allocations are as follows:

2017/18 £'000	2018/19 £'000	2019/20 £'000
3,573	2,496	1,242

- 24 The current expectation is that there will be no residual additional funding by 2020/21. When taken together with the 2015 CSR funding announcement we anticipate that

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£4.46m of the funding will be available at the end of the CSR period leaving £2.85m as non recurrent funding as shown below. There is no certainty for funding post April 2020.

	Budget Funds		iBCF		Combined Funds	
	Value £k	Inc (dec)	Value £k	Inc (dec)	Value £k	Inc (dec)
2017/18	3,573	3,573	0	0	3,573	3,573
2018/19	2,496	(1,077)	2,225	2,225	4,721	1,148
2019/20	1,242	(1,254)	4,461	2,236	5,703	2,130
2020/21	0	(1,242)	4,461	0	4,461	(260)
Total Non Rec	7,311					
Available NR	2,850					

## Legal implications

- 25 The Care Act amended the NHS Act to provide the legislative basis for the Better Care Fund, which brings together health and social care funding. The spring budget 2017 provided that the improved Better Care Fund (iBCF) funding for adult social care in 2017-9 will be pooled into the local Better Care Fund. The new iBCF is paid directly to the council via a Section 31 grant from the DCLG. 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 as specified in the appendix to this report.
- 26 In summary the grant conditions state that the funding should be spent on adult social care and used for the purposes of meeting adult social care needs, reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready - and stabilising the social care provider market.

## Risk management

- 27 If the recommendations described in the report are not approved this will delay the commencement of the expenditure, which would put the full in year expenditure at risk and reduce the improved outcomes for service users.
- 28 There is a risk that if the funding has not been spent in year then DCLG may clawback any underspend at year end, which would reduce the impact and outcomes achieved.

## Consultees

- 29 Herefordshire Clinical Commissioning Group, Wye Valley NHS Trust, 2gether Foundation Trust, Taurus Healthcare and the Care Home Association have been consulted on the principles and will be part of the development of the plans.

## Appendices

Appendix 1 – Grant funding conditions

Appendix 2 – High Impact Change Model

## Background papers

- None identified.

Further information on the subject of this report is available from  
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**DRAFT GRANT CONDITIONS ATTACHING TO FUNDING FOR ADULT SOCIAL CARE ANNOUNCED IN SPRING BUDGET 2017**Use of grant

1. Grant paid to a local authority under this determination is to be spent on adult social care and used for the purposes of meeting adult social care needs, reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready - and stabilising the social care provider market.
2. A recipient local authority must:
  - a. pool the grant funding into the local Better Care Fund, unless the authority has written Ministerial exemption;
  - b. work with the relevant Clinical Commissioning Group(s) and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19; and
  - c. provide quarterly reports as required by the Secretary of State.
3. The Government has made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, including to commission care, subject to the conditions set out in the grant determination, as soon as plans have been locally agreed.



# The 8 High Impact Interventions Model

**Change 1 : Early Discharge Planning.** In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.

**Change 2 : Systems to Monitor Patient Flow.** Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

**Change 3 : Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector.** Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients

**Change 4 : Home First/Discharge to Access.** Providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

**Change 5 : Seven-Day Service.** Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.

**Change 6 : Trusted Assessors.** Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

**Change 7 : Focus on Choice.** Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

**Change 8 : Enhancing Health in Care Homes.** Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

