

Agenda

Adults and wellbeing scrutiny committee

Date: **Tuesday 5 March 2019**

Time: **10.00 am**

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

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

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Agenda for the meeting of the Adults and wellbeing scrutiny committee

Membership

Chairperson **Councillor PA Andrews**
Vice-Chairperson **Councillor J Stone**

Councillor MJK Cooper
Councillor PE Crockett
Councillor CA Gandy
Councillor D Summers
Vacancy

Agenda

		Pages
1.	<p>APOLOGIES FOR ABSENCE</p> <p>To receive apologies for absence.</p>	
2.	<p>NAMED SUBSTITUTES (IF ANY)</p> <p>To receive details of any member nominated to attend the meeting in place of a member of the committee.</p>	
3.	<p>DECLARATIONS OF INTEREST</p> <p>To receive any declarations of interests in respect of schedule 1, schedule 2 or other interests from members of the committee in respect of items on the agenda.</p>	
4.	<p>MINUTES</p> <p>To approve and sign the minutes of the meetings held on 29 January 2019 and 4 February 2019.</p>	7 - 24
5.	<p>QUESTIONS FROM MEMBERS OF THE PUBLIC</p> <p>To receive any written questions from members of the public.</p> <p>For details of how to ask a question at a public meeting, please see: www.herefordshire.gov.uk/getinvolved</p> <p>The deadline for the receipt of a question from a member of the public is Wednesday 27 February 2019 at 5.00 pm.</p> <p>To submit a question, please email councillorservices@herefordshire.gov.uk</p>	
6.	<p>QUESTIONS FROM COUNCILLORS</p> <p>To receive any written questions from councillors.</p> <p>The deadline for the receipt of a question from a councillor is Wednesday 27 February 2019 at 5.00 pm.</p> <p>To submit a question, please email councillorservices@herefordshire.gov.uk</p>	
7.	<p>LEARNING DISABILITY STRATEGY IMPLEMENTATION PLAN UPDATE</p> <p>To report on progress following the approval of the Learning Disability 10 year strategy in June 2018.</p>	25 - 54
8.	<p>SUBSTANCE MISUSE SERVICE PERFORMANCE UPDATE</p> <p>To review the quality and performance of the substance misuse service commissioned by Herefordshire Council and delivered by Addaction.</p>	55 - 64
9.	<p>REPORT ON THE DELIVERY OF THE HOMELESSNESS REDUCTION ACT AND THE IMPACT OF MENTAL HEALTH AND UNIVERSAL CREDIT ON HOMELESSNESS</p> <p>To review the council's approaches to avoidance of homelessness, and the local impact of the homelessness reduction duty, mental health, and universal credit.</p>	65 - 92

10. COMMITTEE WORK PROGRAMME

To consider the committee's work programme.

11. DATE OF NEXT MEETING

Monday 24th June 2019, 2.30pm (provisional)

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Minutes of the meeting of Adults and wellbeing scrutiny committee held at Committee Room 1, Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Tuesday 29 January 2019 at 10.00 am

Present: Councillor PA Andrews (chairperson)
Councillor J Stone (vice-chairperson)

Councillors: MJK Cooper, CA Gandy, J Hardwick and D Summers

In attendance: Councillors WLS Bowen, FM Norman and P Rone (Cabinet Member)

Officers: Ewen Archibald, Ben Baugh, Anne Bonney, John Coleman, Kate Coughtrie, Rebecca Howell-Jones, Danielle Mussell and Stephen Vickers

33. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Councillors PE Crockett and JA Hyde.

34. NAMED SUBSTITUTES

Councillor J Hardwick was a substitute member for Councillor PE Crockett.

35. DECLARATIONS OF INTEREST

There were no declarations of interest.

36. MINUTES

RESOLVED:

That the minutes of the meeting held on 27 November 2018 be confirmed as a correct record and be signed by the chairperson.

37. QUESTIONS FROM MEMBERS OF THE PUBLIC

It was reported that one question had been received; the accepted question and response are attached as an appendix to these minutes.

The chairperson thanked Paul Symonds, a Ross-on-Wye Town Councillor, for his question and advised that the question would be considered during the committee work programme item (minute 41 refers).

38. QUESTIONS FROM COUNCILLORS

It was reported that no written questions had been received from members of the council who were not members of the committee.

39. HEREFORDSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2017/2018

The chairperson invited Ivan Powell, the Independent Chair of the Herefordshire Safeguarding Adults Board (HSAB), to present the annual report 2017/2018.

Mr. Powell introduced the report, drawing attention to the following:

- i. The function of HSAB was to oversee multi-agency safeguarding arrangements across the county.
- ii. The opportunity to speak to the committee was welcomed, especially in view of the need to raise the profile of adults safeguarding with the public.
- iii. The annual report focused on how HSAB had delivered against the following strategic priorities: partnership working; prevention and protection; communications and engagement; and operational effectiveness.
- iv. Informed by board development days, the annual business plan formed the foundation for the work of sub-groups to deliver outcomes.
- v. Emerging issues included modern slavery and drugs activity and exploitation known as 'county lines'.
- vi. There were issues with consistent attendance at HSAB meetings, especially by the National Probation Service, and Warwickshire and West Mercia Community Rehabilitation Company. It was anticipated that bespoke agenda items would encourage participation at specific meetings going forward.
- vii. Although performance information from the council and health partners was timely and accurate, the police remained unable to provide meaningful data but work was ongoing to address this situation.
- viii. Although noting limitations with the national data set, the 'proportion of people who use services who feel safe' and the 'proportion of people who use services who say that those services have made them feel safe and secure' performance was considered very good.
- ix. There had been a steady reduction in the 'number of concerns raised' but there was still too big a gap between the number of concerns raised and the number progressing to enquiry stage, reflecting over referral by some agencies.
- x. More work was needed to embed 'making safeguarding personal'; HSAB had disseminated Local Government Association toolkits to partner agencies.
- xi. Another area of work would be to triangulate the type of risk, the location of risk, and the person presenting the risk.

Mr. Powell responded to questions from committee members, the principal points of the discussion included:

- a. The chairperson sought clarification about the following paragraph in the foreword to the annual report 'We also have more to do to secure the engagement and feedback from adults who have been involved in safeguarding so that we can learn from their experiences. Healthwatch are leading on this work locally and I am determined that we will build on what has been a slow start for this piece of work.' Mr. Powell advised the committee that, informed by the exemplary work of Cheshire East Safeguarding Adults Board, HSAB had tried to secure engagement

and feedback in previous years but this had not been effective; it was challenging to obtain experiences without retraumatising the individuals concerned. Healthwatch Herefordshire had offered to support this process and a short survey had been developed to prompt appropriate conversations. The number of respondents remained low but represented an improvement on the previous approaches.

Mr. Stead added that Healthwatch Herefordshire would continue to support this initiative and hoped that the independence of the organisation would encourage more people to come forward.

- b. It was suggested that 'good neighbour schemes' could be utilised to help support people in their communities. Mr. Powell, referring to the community broker scheme and the principles of social prescribing, said that there was commitment to engage with good neighbour schemes but there had to be appropriate checks and balances. He added that HSAB was engaging with parish councils and encouraging them to include safeguarding information within their publications.
- c. It was questioned why, in the case study 'demonstrating the benefits of a safe and well check', Cadent had not been contacted initially. Mr. Powell explained that the safe and well visits were operated by Hereford and Worcester Fire and Rescue Service along the principles of proportionality and empowerment. The system was being evaluated by Worcester University and observations would be fed back.
- d. Mr. Powell advised that he did not have specific details of the Practice Learning Review referred to in the report (page 36 of the agenda pack) but any learning would be reported in next year's annual report.
- e. It was explained that over referral resulted from a lack of understanding of when certain circumstances met the adult safeguarding threshold or some other activity might be required. Reference was made to the work by the independent chair with the national police lead on adults safeguarding, and to a new police service policy on adults safeguarding.

The director of adults and communities emphasised that over referral was a sector wide issue and it remained a significant challenge for the system which HSAB should continue to focus on.

- f. Mr. Powell said that non-attendance at HSAB meetings was not necessarily an issue, as long as the agencies were contributing to adults safeguarding work through sub-groups and other conversations. He added that the structure and arrangements for meetings would be kept under review.
- g. Mr. Powell commented on the value of the multi-agency approach and engagement by the partner organisations which had resulted in improved performance, good attendance at Joint Safeguarding Practitioner Forum, and a workforce that was increasingly working cohesively.
- h. HSAB did not have training offer itself but did set out a competency framework which partner agencies were required to meet.
- i. Referring to the strategic priority on communications and engagement, the chairperson questioned the extent to which HSAB had 'engaged with councillors with regard to both their responsibilities to their communities and their councils with regard to safeguarding'. Mr. Powell advised that a suite of resources had been developed and he would welcome any opportunity to raise the profile of safeguarding.

- j. It was noted that the police had conducted a substantial investigation into county lines activity during the year and assurances that had been sought that vulnerable adults were being treated appropriately. Mr. Powell said that he was due to meet with the Superintendent for Herefordshire to go through the cases.
- k. In terms of publicity, Mr. Powell made reference to the websites for the Herefordshire safeguarding boards and for Wellbeing Information and Signposting for Herefordshire, and information disseminated by the local authority and parish councils. The director of adults and communities said that the council's website prominently displayed 'protect someone' information, including 'protect an adult'. It was noted that more could be done to raise awareness collectively going forward.
- l. In terms of the future, Mr. Powell commented on the need for: consistent understanding of what constituted safeguarding; resilient communities to help people to stay independent for as long as possible; a national approach to modern slavery; and awareness of the impact of abuse and neglect on people's lives. In response to a question, Mr. Powell outlined the complexities of incidents of modern slavery and acknowledged that this could be explained in future reports.

In response to a suggestion from the chairperson, the democratic services manager and statutory scrutiny officer advised that there would be mandatory training in the next council term on safeguarding for children and young people and for adults, and this could include an overview of the work of HSAB. The committee was advised that an induction timetable for new councillors had been developed and would be published on the council's website.

The committee thanked Mr. Powell for the comprehensive annual report and, in particular, welcomed the inclusion of case studies.

RESOLVED: That an overview of the work of the Herefordshire Safeguarding Adults Board be included in the mandatory training for councillors on safeguarding during the next council term.

40. DOMESTIC ABUSE STRATEGY 2019-2022

The chairperson welcomed the involvement of members, from the adults and wellbeing scrutiny committee and the children and young people scrutiny committee, in workshops to inform the development of this updated strategy.

It was reported that, as strategic delivery and leadership would be provided by the Community Safety Partnership, it would be for general scrutiny committee to monitor implementation going forward; statutory community safety and policing scrutiny powers were delegated to that committee. In view of the recently formed adults and communities directorate, the chairperson considered that the scrutiny committee remit should be reviewed. The chairpersons of the general scrutiny committee and of the children and young people scrutiny committee concurred that safeguarding matters should be delegated to the most appropriate scrutiny committee.

The senior commissioning officer gave a presentation, updated to reflect recent feedback, and drew attention to the following:

- I. The work had been led by adults and communities but had been developed in conjunction with other teams and partner organisations.
- II. This was a complex issue and, with no single place that a person might disclose domestic abuse, a shared approach to identifying and responding to domestic

abuse was of vital importance. It was a high priority across the public sector and emergency services but no additional resources were available for implementing the strategy.

- III. An overview was provided of the research and engagement activity undertaken; details of the discussions with stakeholders were included in an appendix to the strategy and would inform the development of the action plan.
- IV. It was reported that significant progress had been made to achieve the outcomes in the 2014-17 strategy and outstanding actions had been incorporated into the 2019-22 strategy.
- V. It was recognised that many incidents were not reported to the police. In the year ending March 2017, West Mercia Police recorded 3,071 victims but it was estimated that, applying national self-reported prevalence rates, there were approximately 5,900 victims aged 16-59 in the county. In England and Wales, 16 to 19-year-olds were most likely to say that they had experienced domestic abuse in the last year but it was anticipated that, due to Herefordshire's demographics, there could be an older age profile of potential victims in the county.
- VI. Following feedback from the Community Safety Partnership, a revised shared vision was suggested as follows: 'Our shared vision is that domestic abuse *is unacceptable to people and communities in Herefordshire* and the harm it causes will be prevented as people and communities: understand and have the skills to establish healthy relationships; recognise and reject all forms of domestic abuse; and seek, are offered and receive effective help and support early.'
- VII. An overview was provided of the priorities of prevention, provision of service, and partnership working. It was noted that the published presentation referred to the fourth priority as 'criminal justice' but this should read 'pursuing perpetrators'.

There was a brief discussion about the complexities of managing risks to individuals, especially where victims chose to remain in relationships, and the cultural differences that could exist between some urban and rural environments.

- VIII. The Community Safety Partnership would retain strategic oversight and would task the multi-agency Domestic Abuse Delivery Group to develop and implement annual action plans.

The principal points raised during the discussion included:

- A. In view of the increased level of risk and potential implications for children's mental health, the level of support provided to pregnant women and new mothers was questioned. It was confirmed that midwives and health visitors were expected to ask questions in relation to domestic abuse.
- B. The director of adults and communities commented on the strategic direction of mainstream services to equip professionals to identify issues and respond appropriately, not only to keep people safe but also to ensure that services were accessible to all and to narrow health inequalities.
- C. It was noted that there had been engagement with families attending groups at children's centres in Hereford, Ross and Leominster but the extent of engagement with people in more rural communities was questioned. The senior commissioning officer confirmed that service users of the local domestic abuse support service had provided insight into their experiences but acknowledged ongoing challenges around engagement.

- D. A committee member commented on the pressure on some young people, possibly exacerbated by social media, to remain in potentially abusive and controlling relationships. The senior commissioning officer commented on national guidance on relationships and health education in schools but recognised that a better understanding was needed of the offer provided by schools.
- E. The vice-chairperson of the children and young people scrutiny committee commented that, with reductions in youth services, there were perhaps fewer opportunities to address inappropriate behaviours. In response to a question, the senior commissioning officer explained that the action planning process to be undertaken by the Domestic Abuse Delivery Group would consider issues relating to hard to reach groups and people with additional vulnerabilities.
- F. In response to a question from the chairperson, the senior commissioning officer advised that the responses of registered social landlords in terms of providing appropriate housing solutions needed to be explored in more detail. It was noted that emergency refuge accommodation could be accessed but there were challenges for such provision in more rural areas, especially around security and anonymity; arrangements for out-of-county placements were outlined.
- G. In terms of encouraging people to disclose, the senior commissioning officer reiterated the importance upskilling of a wide range of professionals to identify and respond to domestic abuse.
- H. The chairperson invited the chair of Healthwatch Herefordshire to consider using the regular article in the Hereford Times to raise the issue of domestic abuse in the print media, as access to online resources might be denied to some victims. Mr. Stead said that he would be happy to do this in principle.
- I. There was a brief discussion about the complexities of post-traumatic stress disorder, the periodical reposting of the military and their families, cultural barriers to disclosure, and how the strategy could be implemented within the local context.
- J. In response to a question, the senior commissioning officer outlined some of the pathways available to address domestic abuse and noted that solutions were very much individualised to take account of factors such as the resilience of victims and receptiveness of perpetrators to change their behaviours.
- K. It was anticipated that the strategy and the delivery group would help to align the partner agencies and representatives would be responsible for driving change within their own organisations.
- L. A committee member suggested that more could be done to promote the domestic abuse support service in rural areas, such as posters in public houses and community facilities. The senior commissioning support officer commented that the delivery group would consider communication and awareness building as part of its action planning.

RESOLVED: That

- 1) the adults and communities directorate work with Herefordshire Healthwatch to facilitate an article in the local press about domestic abuse and the support available;**
- 2) the Domestic Abuse Delivery Group be encouraged to explore opportunities to promote the domestic support service in rural areas;**

- 3) **the constitution review group be invited to reconsider scrutiny committee remits as they relate to safeguarding and community safety matters; and**
- 4) **an update be provided to committee members on progress with the implementation of the strategy during 2019/20.**

41. COMMITTEE WORK PROGRAMME 2018/19

The chairperson introduced the item and drew attention to the following:

Updated work programme 2018/19

1. The updated work programme included an additional meeting on 4 February 2019 to consider the alternative budget proposal 2019-20 submitted by the It's Our County group.

Question from Paul Symonds

2. In view of the question, 'Would the committee consider building into its work programme the review and scrutiny of the decision by Wye Valley NHS Trust to close a number of Minor Injury Units (MIU) in the county?', the observations of NHS Herefordshire Clinical Commissioning Group (CCG) had been sought on the matter.
3. It was reported that the acting director of operations of the CCG had commented that the temporary closure was in effect and would re-open on 26 April 2019 and the volume of people supported by the MIU in Ross-on-Wye and Leominster was very low.
4. The chairperson proposed that a report on emergency and urgent care, including the MIU, and on the broader performance of Wye Valley NHS Trust, be brought back to the committee during the new council term.

Request from the audit and governance committee

5. The audit and governance committee, in considering corporate and directorate risk registers (minute 348 refers), had requested the scrutiny committee to consider including delayed transfers of care and care home ratings in its future work programme.
6. The chairperson proposed that these topics be considered by the scrutiny committee as part of its work programming session during the new council term.
7. The chairperson advised that the director of adults and communities had made a draft presentation available for circulation to scrutiny committee members on the care market.

Response of the CCG on NHS Continuing Healthcare (CHC) Framework in Herefordshire recommendations

8. It was reported that, following the 20 September 2018 meeting, recommendations were submitted to the CCG. The chairperson had received a letter in response from the managing director of the CCG dated 16 November 2018.
9. The chairperson commented that it was disappointing that, given the recommendation 'The CCG be requested to influence the report of the NHS

England to be a system review and to include the local authority in that review', work had gone ahead without the local authority being involved. She added that, whilst CHC may be led by the CCG, it required a system wide understanding and response. Nevertheless, it was encouraging that staff training and new working arrangements had been put in place since the joint review.

10. It was requested that a joint CCG and local authority update on the report findings be provided as part of the scheduled item on health and care system leadership, integration and the better care fund.

RESOLVED: That

- 1) **the updated work programme for 2018/19 be approved;**
- 2) **Herefordshire NHS Clinical Commissioning Group and Wye Valley NHS Trust be requested to prepare a report on emergency and urgent care, including the Minor Injury Units, and the broader performance of Wye Valley NHS Trust for consideration during 2019;**
- 3) **the scrutiny committee considers including delayed transfers of care and care home ratings in its work programme for 2019/20; and**
- 4) **a joint CCG and local authority update on the Continuing Healthcare report findings be provided as part of the scheduled item on health and care system leadership, integration and the better care fund.**

42. DATE OF NEXT MEETING

Monday 4 February 2019 at 10.00am.

The meeting ended at 12.05 pm

Chairperson

Public questions to adults and wellbeing scrutiny committee - 29 January 2019

Question

Paul Symonds, Ross-on-Wye

Would the committee consider building into its work programme the review and scrutiny of the decision by Wye Valley NHS Trust to close a number of Minor Injury Units in the county?

Response

Councillor PA Andrews, chairperson of the adults and wellbeing scrutiny committee

Thank you for your question. The scrutiny committee is responsible for setting its own work programme and shall have regard to the resources and time available. Therefore, this suggestion will be considered as part of agenda item 9, committee work programme.

For background information, a briefing note issued by Wye Valley NHS Trust and Herefordshire Clinical Commissioning Group is included in the agenda supplement.

Minutes of the meeting of Adults and wellbeing scrutiny committee held at The Council Chamber - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Monday 4 February 2019 at 10.00 am

Present: Councillor PA Andrews (Chairperson)
Councillor J Stone (Vice-Chairperson)

Councillors: CA Gandy, AW Johnson and D Summers

In attendance: Councillors EPJ Harvey and AJW Powers

43. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Councillors MJK Cooper, PE Crockett, and JA Hyde.

44. NAMED SUBSTITUTES (IF ANY)

Councillor AW Johnson was a substitute member for Councillor JA Hyde.

45. DECLARATIONS OF INTEREST

There were no declarations of interest.

46. MINUTES

The minutes from the meeting of 29 January will be agreed at the adults and wellbeing scrutiny committee scheduled for 5 March.

47. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

48. QUESTIONS FROM COUNCILLORS

One question had been received. The questioner was advised that the committee would be scrutinising the evidence and rationale for the proposed alternative budget and would ensure that the issue was explored during the debate.

49. ALTERNATIVE BUDGET PROPOSAL 2019-20

Presentation of the alternative budget:

The committee considered a report and presentation from the 'It's Our County' group (IOC) of their proposed alternative budget and alternative medium term financial strategy (MTFS). The It's Our County group explained that:

- The alternative budget retained the executive's themes of wellbeing and prosperity but introduces sustainability as a third theme.
- The alternative budget is working within the proposed revenue funding envelope of the executive's draft budget.
- For 2019/20 IOC is not proposing any changes to the executive draft base budget, it is only proposing spend from additional income sources resulting from the draft 2019/20 local government financial settlement.
- The alternative MTFs indicates where IOCs alternative priorities and policies are moving toward longer term; investments for 2019/20 set out in the alternative budget are designed to underpin that direction of travel.
- IOC is proposing to stay within the capital budget in the draft executive budget but some reprioritisation and sequencing of spend will be undertaken
- Specific investments, in 2019/20, for the adults and communities directorate will be directed toward arts and creative projects (led by third sector representatives); more funding for wellbeing hubs; investment in community transport (to ensure people can continue to access these services); and digital options (specifically, assistive technologies to enhance care and support at home).

The Chief Finance Officer's (CFO) view was sought on the robustness of the alternative budget. The CFO was of the opinion that:

- The budget is deliverable and balanced.
- If council were to adopt it, it is likely to be delivered within the budget envelope.

The following principal points were raised in response to the alternative budget proposals:

- A number of the proposals set out in the alternative budget relate to the city or market towns, and refers only to parishes in their immediate locality. Yet, access to rural services for some of the more remote parishes is a key issue and requires huge investment. It was questioned as to whether the relatively small amount of funding proposed by IOC would make any impact on addressing transport needs in our more rural parishes.
- In regard to the proposals on the council owning its own social housing with it being managed by existing social landlords, it was highlighted that people living in council owned housing would have the right to buy those homes after a three year period. This would have the effect of removing affordable housing stock and releasing it as local market housing. As an authority there has been a move away from owning social housing stock to housing association – this ensures that properties stay affordable in perpetuity.
- Interest was noted in the consultation that IOC had undertaken with stakeholders in preparing their alternative budget and what bearing their views have had on the proposals set out by the IOC group.
- The proposals on car parking fees being devolved to market towns to use for specific projects was noted. If this money is to be redirected, what current activity would have to stop?
- It was queried if this proposal would also benefit parishes, particularly those whose visitor economy helps generate significant parking income.

The chair invited the IOC group to respond to these points.

- In regard to car parking income, the IOC group is not proposing money is taken from the council and given to the parishes. This proposals is designed to facilitate closer dialogue on income spend on the services that income is statutorily permitted to be spent on.
- An estimated £3.5m (net income) is generated from car parking – this is directed to roads, public realm and the Balfour Beatty (BB) contract. The IOC proposal advocates that the market towns and city have a discussion with their parishes about their priorities and how money is spent within the BB contract.

- If there was to be some form of income share it is envisaged that market towns and parishes would set out what priority spend is required.
- This has the added benefit of making the parishes – who share more of a sense of community with their respective market town(s) or principal village settlements than Hereford city - feel more connected to the decisions taken in their local areas.
- The IOC transport investment proposals recognises the level of difficulty of travelling in isolated rural areas. While accepting that the funding proposal is relatively small, it is designed make funding available in addition to existing core budget commitments.
- The IOC proposals are not prescriptive - investment could be spent on whatever is appropriate for local areas, with local areas determining how best those services are delivered. That conversation being shaped by the volunteers and third sector organisations, for instance, to ensure that the investment is a success.
- The IOC has consulted groups who - in the main - are those who are already working with the council. They are not individually named, but they do include national to local organisations. A central theme of the consultation was around partnership working, improving resilience and understanding what has worked well, not just in Herefordshire but in other parts of the country. The IOC consultation demonstrates that proposals have been prepared in discussion with, and not isolation from, key stakeholders.
- An example relates to the proposals on social housing where IOC have spoken to officers at Sheffield City Council (SCC) who are also in partnership with Keepmoat. SCC has placed high design standards in to their affordable and social housing developments. Their housing is designed from the outset to have wider corridors and doors for wheelchair users and residents with mobility aids. They are also compatible with renewable heat and electricity technology, rain harvesting and district heating schemes. The outline proposals seek to draw upon the experience Keepmoat has in working local authorities on projects of this nature.
- Turning to the point about right to buy – IOC accepted the point that legislation does allow for the right to buy after three years. The underpinning to this proposal is that the council develops a capital asset that can be used to borrow against, sustainably and affordably. This in turn would accelerate the roll out of affordable housing delivery in the county.

The committee member was invited to respond.

- Misgivings remained about the ability to build in to the budget ownership of housing stock – legislation is clear that the right to buy does not readily enable local authorities to do this. While legislation can change, for the purposes of this budget, it is not possible to build this in with certainty.
- The identified investment of £70k to accelerate roll out of wellbeing hubs indicates a lack of clarity in terms of roll out to rural parishes.
- The commitment to working with third sector groups is to be welcomed. However, the alternative budget is only able to commit one year of funding – are there dangers in pump ‘prime funding’ if follow on funding is uncertain or possibly un-obtainable?
- A committee member commented on IOC’s proposed investments of £2m. It was suggested that at least half of the proposals are ‘one-off’ investments – how do IOC propose to cover those payments in subsequent years?
- Turning to the proposals to invest in and transform ‘care’ – this is a major area of expense for the council. What sort of reform do IOC intend to introduce that they feel would bring a significant difference?

The chair invited the IOC group to respond to these points.

- The IOC group noted that in setting a budget it is only possible to provide financial information for a one year period. Given this short term financial planning framework, the alternative budget has looked at the immediate priorities that the IOC group would seek to address. The alternative MTFS provides a longer term 'direction of travel' in terms of the next three years.
 - Local and national factors that make the budget setting environment very uncertain, there are local elections in May 2019 and the UK/EU exit negotiations remain ongoing. All of this could have significant implications in regard to the 'long-term' funding position.
 - The detail of where the wellbeing hubs are being rolled out to is to be worked up. An underlying principle is that there would be a finer level of 'granularity' where they are delivered away from the major service hubs. The concept of the hubs is sound, but delivery should be tailored to the locality by the locality.
 - Turning to the proposals for transformative care – IOC propose the need for a digital strategy. Without this it is difficult to say how ambitious transformative care could become. There are a number of wearable devices that allow monitoring of health and movement, for example.
 - This type of technology and its potential should be investigated in terms of how we might make use of it. It has potential to enable people to stay at home safely and for longer before other care options are considered.
- The chair noted that the the committee has quite recently recommended support for the development of a digital strategy and it is understood that this is currently being worked on by officers of the council. It was confirmed by officers that this was the case and that it was a digital and technology enabled care strategy.
- IOC offered a point of clarification in regard to the rural definition applied to Herefordshire. This is drawn from a European definition where Herefordshire is classified as the most rural county based on its evenly distributed sparsity measures and the only truly rural authority in England.
 - Turning to the proposed investment in arts projects it is widely evidenced that arts projects play a vital role in prevention in the adults social care arena. Arts provide a critical point of engagement in assisting many people with their wellbeing, both in terms of recipients of arts related projects and participants.
 - The IOC investment is designed to allow for 'gearing' of benefits within the adults social care system by creating a pot for arts projects to bid in to.
 - In regard to the short term nature of the investment proposals – the IOC budget attempts to make sound judgments within the totality of the budget proposals.
- A non-committee member noted that the ideas and the approach set out by IOC were very helpful. On a specific matter the member noted that at para 5.3 – reference to £70k proposed investment of the wellbeing hubs - would benefit from the inclusion of 'further areas outside of the market towns'.
- IOC noted that they would respond positively to this suggestion. A key point is that funding would be made available flexibly to enable the hubs to progress.
 - The member noted enthusiastic support for the wellbeing hubs from volunteers who, with appropriate training, are keen to facilitate the development of this initiative.
 - IOC noted, also, the social care symposium held in January. There was a case study noted at the Walford Parish Council function as neighbourhood care body dovetailing their support with professional care givers. The Walford case study provides an excellent example which embodies the spirit of the proposals set out in the IOC alternative budget.
 - A committee member welcomed the proposals on car parking set out in the IOCs alternative budget as a welcome opportunity to benefit the local community.

- Turning specifically to the neighbourhood plan process IOC were asked to consider how those areas would rise to the challenge of having to find more land and more homes for older people. Particularly in areas where the plans are advanced in terms in process. IOC were also asked to that in some NDP areas it is less about finding more homes for older people and simply about providing more affordable homes.
- The member also invited IOC to respond in more detail about how they propose to increase recycling by 50% by 2020, and how they propose to do this?
- IOC is emphasising affordability of occupation of new dwellings as well as affordability of purchase – those design elements are incorporated in IOC alternative budget proposals. NDPs allow good scope for evolution and incorporation of changing priorities for local areas.
- It was noted that NDPs need to be in conformity with the core strategy – within this context, IOC propose to bring forward the revisions to core strategy, earlier than is currently being planned. This with a view that a revised strategy could be adopted earlier. NDPs would not be required to make any changes if they are already in conformity with core strategy.
- IOC noted that the council does have ‘older people’ housing policy which outlines the type of housing needed in the county. NDPs that are underway should be aligning to such policies.
- There is also known to be increased interest in community land trust and community owned housing models. There is good potential for initiative like this to become more prevalent. Property bonds, for example, have demonstrated that initiatives of this nature do come forward and go on to provide housing on a more standard mortgage/finance arrangement.
- In relation to the plans for increasing recycling, IOC recognise this is ambitious. The alternative budget proposals would introduce a ‘pilot’ curb side green waste collections - not currently a provision within the council’s current PFI waste contract. IOC believes this would improve the county’s performance and raise recycling rates up to 50%. As a general rule, upping recycling rates is a good thing, so being ambitious is felt to be the right approach.
- A committee member noted that the IOCs alternative budget as presented requires an extra £2m which is a combination of one-off funds and re-direction from existing activities. The alternative budget was described as being light on detail and arguably fails to meet the IOC test of sustainability.
- IOC responded by noting that their alternative budget is a pointer toward a new longer term direction that is sustainable. It was acknowledged that full sustainability cannot be achieved or delivered in one single budget – the investment represent moving toward more significant benefits in due course.
- A non-committee member noted that parish and town councillors are volunteers and their time and input varies enormously. The approach set out by IOC is likely to bring welcome attention to ‘hidden’ issues such as dementia or autism within our communities.
- The member also noted the proposals on car parking – these ideas need to be debated with the market towns and parishes.
- In regard to NDPs – some plans have been long in the making. Many communities are feeling that they should simply get their plans in place. Organisations like housing trusts can bring in new skills and experiences to potentially get new projects off the ground. Such partners could possibly find additional sources of funding and housing ownership models.
- Turning to recycling – it was noted that in Leominster a new trade waste recycling scheme was about to be launched. Any profits generated would go back in to the community to enable projects that benefit the community. It is hoped that

this model will be diversified, in the fullness of time, to include waste collection and other forms of trade recycling.

There were no further questions from committee and non-committee members. The chair invited IOC to provide their final comments in relation to the committee debate.

- IOC noted their thanks to the committee for their positive comments and the issues raised. Thanks were also offered to the officers who had assisted IOC in the development of their alternative budget. IOC noted that they would look to respond positively to any recommendations the committee may wish to make in regard to the alternative budgets proposals before them.
- The director for adults and communities was invited to offer a statement in regard to the IOC's alternative budget. It was noted that there is limited ability to move outside of what we have to provide statutorily. But this is a reflection on any budget setting exercise. There is welcome attention on the prevention agenda and the inequality of spend in providing care. Investment in prevention means that we are able to realise an affordable shift toward delivering more appropriate care. It is recognised that there is detail that still needs to be worked up, but there is welcome understanding that communities know how best to look after themselves if they are supported to do so.

The chair called a short adjournment to the meeting to allow committee members to discuss and consider recommendations. The chair then invited the statutory scrutiny officer to present the recommendations to the IOC group.

The statutory scrutiny officer noted that:

1. The committee recommended an amendment to section 5.3 (p.16) of the alternative budget to include 'wider areas, including parishes' after the reference to market towns.
2. With reference to the alternative budget proposals for the council to own its own housing stock the committee recommended that this be removed. Due to legislation permitting right to buy after three years of ownership this proposal would be unsustainable.
3. The committee has welcomed the emphasis on prevention for adults and the wider additional detail offered by 'It's Our County'. The committee recommends that 'It's Our County' updates the alternative budget to present this additional evidence.
4. The committee notes the lack of funding identified for beyond 2019/20 in the alternative budget. The committee, therefore, recommends that this short term funding arrangement creates significant difficulties in determining the outcomes that can be delivered.

50. DATE OF NEXT MEETING

5 March 2019

The meeting ended at 11.48 am

Chairperson

Questions from councillors for the adults and wellbeing scrutiny committee

4 February 2019

Question

Councillor NE Shaw, Bromyard Bringsty Ward

IOC's support for the Conservative administration's "Community Wellbeing Hubs" is appreciated.

The administration announced expanding "Talk Community Hubs" at the Parish Council Summit from 7 to 20 by the end of 2019/20 with ambition to expand this further, up to 50 hubs.

The project will require an invest to save commitment from the council of around £225k per year. A&C are working up the plans for this for Cabinet to consider within their current budget.

The significant challenge is finding appropriate venues, community leaders, training them and some further modelling development of how hubs can be community led and are sustainable in the long term.

Can the Chairman determine if an additional £70k would provide a vfm "accelerated roll-out" as IOC suggest that funding is the principle reason that these hubs cannot be rolled out faster than the way planned?

Response

Councillor PA Andrews, chairperson of the adults and wellbeing scrutiny committee

Thank you for your question. The committee will be scrutinising the evidence and rationale for the proposed alternative budget and will ensure that this issue is explored during the debate.



Meeting:	Adults and wellbeing scrutiny committee
Meeting date:	Tuesday 5 March 2019
Title of report:	Learning Disability Strategy implementation plan update
Report by:	Director of Adults and Communities

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To report to the Adults and Wellbeing scrutiny committee the progress following the approval of the Learning Disability 10 year strategy in June 2018.

To provide sufficient information to allow scrutiny to exercise their functions in relation to actions taken against the learning disability strategy, also to scrutinise matters in relation to planning, provision and operation of services. Thus enabling scrutiny committee to make reports or recommendations to the executive or a responsible person within the organisation.

Recommendation(s)

That:

- (a) **The committee reviews the progress within the implementation plan for the learning disability strategy and determines any recommendations it wishes to make to the executive and/or relevant health body, to secure further improvement.**

Alternative options

1. There are no alternatives to the recommendation. It is a function of scrutiny to review and make recommendations for improvement.

Key considerations

2. The learning disability 10 year strategy was approved at cabinet on 7 June 2018. This sets out the long term commissioning plans of the council and Herefordshire Clinical Commissioning Group (CCG) with and on behalf of people with a learning disability and their family/carers. The strategy challenges the system to do more with less; by learning from others; using technology intelligently; making better use of universal services and by working collaboratively across the independent and voluntary sectors and with the wider community wherever possible. Enabling people with learning disabilities to reduce their dependence on funded support services by creating opportunities for them to maximise their independence within their community.
3. The strategy set 4 priority themes;-
 - 3.1 Where I live - to live in the right home, to have access to good and affordable accommodation options within the local community designed to meet individual needs. This applies to supported living, family care or residential care, all of them should enable people to live fulfilling lives, respect choice and support inclusion.
 - 3.2 What I do during the day - People need to be a valued part of Herefordshire's communities by being supported to be active citizens through paid employment, meaningful training options and opportunities for volunteering for those able to participate. There must be a choice of local support options to offer a satisfying range of activities for people of all abilities, as well as the infrastructure in place to make sure these are safe and of good quality.
 - 3.3 Being healthy and safe - People need to be healthy, safe and able to access the right medical help quickly and appropriately. Emphasis should be on universal access to mainstream health provision with reasonable adjustment where necessary, rather than assuming that every person with a learning disability needs a specialist service. Over the long-term, all necessary work must be done to reduce health inequalities within the learning disability population.
 - 3.4 Citizenship, choice and control - In addition to the right blend of services and opportunities, to be fully recognised as citizens, people with learning disabilities need to have choice and control through personal budgets and direct payments, alongside an expectation that they will integrate with, contribute to and become valued members of their community however they choose.
4. An implementation plan for 2018 -19 was approved by cabinet which sets out the actions required in the first 12 months to begin to tackle some of the issues across the system to create better outcomes for people with a learning disability. This report sets out the progress to date against the original implementation plan.
5. An action in the implementation plan was to create a system for oversight and ownership of the strategy and the plan, a significant change was required to remodel the current Learning Disability Partnership Board (LDPB). This board meets four times a year and is

tasked with overseeing the implementation of the strategy. The board previously acted as a reference and networking group of interested parties from across the county. Since the strategy has been signed off, it has met twice and redesigned the meeting format and reporting procedures to incorporate reporting mechanisms from leads against the implementation plan, and also feedback from partners.

6. The strategy is outcome focused and in order to test the effectiveness of the strategy and the plan, we need the learning disability community to check and challenge. The LDPB are hosting an event on 12 February with people with a learning disability to decide together how to ensure engagement with people with learning disabilities underpins the ongoing work in the strategy, and to act as a reference group. This will not only test the work of the strategic partners, but allow a forum to see what tangible differences the strategy is making, focusing on real outcomes for people.
7. A copy of the implementation plan and the updates against each action can be found in appendix two. All areas are progressing, with some achievements and some items which are still in the planning stages and therefore there is a small amount of slippage, as detailed in appendix 2. Some key achievements for each theme, however are highlighted below;-

7.1 Theme 1 - Where I live

- The Whitecross flats development have been completed and the majority of the tenants moved in (or dates pending). A new model of commissioned delivery of support is being piloted through a night time response. The early outcomes are positive, increased independence, their own front door and tenants are developing their skills and social networks. The model also presents savings on the previous support offered to this cohort, projected at an ongoing total saving of 37k per annum.
- An accommodation group now meet monthly to review the current and future need against the current capacity to assist with matching opportunities and also identifying gaps to inform future commissioning. This works access departments to include housing development, social care operations and commissioning.

7.2 Theme 2 - What I do during the day

- A supported employment service has been commissioned and will commence delivering employment support in March 2019.
- A project plan has been developed to include the launch of a supported internship forum in June, a skills event aimed at employers it planned for July and the 30/30 project with employers is being scoped.

7.3 Theme 3 - Being healthy and safe

- The local Sustainability and Transformation Plan (STP) is informed by its local partners the council and CCG across Hereford and Worcestershire. It also links to the local learning disability strategies and the new NHS 10 year plan. There are key work streams to deliver against this and include;-
- Reasonable adjustments for mainstream services by Health Actions Plans (HAP) being developed for individuals.
- Improved systems to indicate on patient records when the person has a learning disability (all GP surgeries – except one are signed up to this and the hospital has implemented an internal system to capture this).

- Learning disability nurses work in the hospital alongside patients to coordinate care, provide training for staff and improve the customer journey in hospital.
- The Learning Disabilities Mortality Review (LeDeR) Programme, Transforming Care Programme (TCP) which is about improving health and social care services so that people can live closer to home with the right support, and STOMP which stands for stopping over medication of people with a learning disability, autism or both. All health initiatives are embedded and working in Herefordshire, the performance dashboard will reflect this activity.

7.4 Theme 4- Citizenship, choice and control

- A campaign is being worked up with private bus companies, street pastors and the safe place scheme to support people to feel safe when travelling on public transport. The publicity campaign will be funded through a grant, whilst the capacity to deliver the scheme will come from existing resources both private and third sector, facilitated by the council.
 - The LDPB will have a quarterly focus on each theme, March meeting is Citizenship, Choice and Control, and will focus on the key activities for 2019-20
8. A learning disability dashboard is in development, with data across the system to include social care key information as well as health data. This will produce reports on a range of metrics and provide a baseline as well as regular reports to management. This will deliver intelligence based on real time information and provide oversight of the performance of the strategy, and highlight areas requiring further development. A plan to create a dashboard across health and social care is already underway, but a new development is to include the STP footprint (both Herefordshire and Worcestershire). This will cause some slippage in the lead in time, due to creating and agreeing a tool which all partners sign up to.
9. Additional opportunities for innovative ways to deliver the strategy have been identified and will feed into the implementation plan for April 2019-2010. Some ideas include creating top tips for reasonable adjustments, organisations making pledges, promotion of positive examples of reasonable adjustments in Herefordshire and the creation of virtual tours online of buildings.

Community impact

10. In accordance with the code of corporate governance, Herefordshire Council must ensure that it has an effective performance management system that facilitates effective and efficient delivery of planned services. Effective financial management, risk management and internal control are important components of this performance management system. The council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision-making, policy development, and review.
11. The activities planned and undertaken as a result of the strategy will enable the council and CCG to ensure the appropriate mix of commissioned and universal services is in place across the county and able to evolve over time, in order to enable the outcomes required for the wider learning disability community. Furthermore, these tiered health and wellbeing outcomes will link to the wider long-term strategic / financial aims of the council and CCG.
12. Successful delivery of the Learning Disability Strategy supports two of the council's corporate plan (2017-2020) priorities of ensuring that people with a learning disability are 'able to live safe, healthy and independent lives' and that commissioning organisations 'secure better services, quality of life and value for money' across the sector. By achieving

a wide range of individual outcomes around increased opportunities for work, training and positive daytime activity; improved access to healthcare and healthy living; wider access to opportunities for social inclusion and social value for all and implementation of new service models, better building designs and use of technology to deliver better quality at a reduced cost.

13. The strategy and the actions delivered act as a long-term evidential framework for the ongoing delivery of the social aspirations and health improvement of people with learning disabilities, as set out by the government in Valuing People (2001) and then reiterated through key policy documents and legislation, such as the Mental Capacity Act (2005); Our Health, Our Care, Our Say (DH 2006); Death by Indifference (Mencap 2007); 'Valuing People Now' (DH 2009); Disability and Equality Act (2010); Care Act (2014) and Transforming Care (DH 2015).
14. The implementation plan to support the strategy ensures that all commissioned activity for and with adults with learning disabilities is aligned to the health and wellbeing blueprint for adult social care (Adult Wellbeing Plan 2017-2020), supporting the intention that 'Herefordshire residents [including those with a learning disability] are resilient, lead fulfilling lives, are emotionally and physically healthy and feel safe and secure'.
15. The activity in the implementation plan supports the NHS's 10 year long-term commitment to service improvement in both primary and acute health services in order to reduce health inequalities and improve patient experience for people with learning disabilities. Further to this, they will support the post-Winterbourne commitment to continue the necessary local commissioning and workforce changes required to reduce the use of out-of-area locked-hospital beds.

Equality duty

16. An equality impact assessment of the Learning Disability Strategy has been completed at the time of the strategy and demonstrates the strategy delivery has positive outcomes for people with a learning disability.
17. 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. Current and planned services for adults with learning disabilities help to make this a reality by;
 - i. improving wider community understanding of the needs and capabilities of adults with learning disabilities;

e.g. work is underway to launch a supported internship and employment forum to promote and support employer's awareness and facilitate the employment pathway to increase work opportunities for people with a learning disability.
 - ii. improving social value by promoting people with learning disabilities visible access to roles, such as paid employment and to activities linked to civil participation;

e.g. a social value proposal is being worked up with procurement to embed further the social value opportunities into council procurement processes.

- iii. promoting self-advocacy and citizen advocacy to support people with learning disabilities to recognise victimisation or discrimination; supporting them to be able to speak out to prevent it and by ensuring there are 'safe spaces' where people with learning disabilities can access skilled support.

e.g. a framework for clear engagement with experts by experience and the learning disability partnership board has been developed, which is the first phase in developing a meaningful engagement process that links directly to the outcomes in the strategy in a transparent and inclusive way.

- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it. Current and planned services for adults with learning disabilities help to make this a reality by:

- i. ensuring that adults with learning disabilities have equal access to housing and employment opportunities;

e.g. the development of the accommodation board to support housing matching and supported living opportunities and the supported employment service are examples of actions that have been taken to support better outcomes and equality of opportunities.

- ii. making 'reasonable adjustments' to public services, such as primary healthcare, to ensure that people with learning disabilities are not excluded from them;

e.g. the increased uptake of Health Actions Plans will be captured through the joint dashboard between health and social care. "Tops Tips" literature is in development to highlight reasonable adjustments.

- iii. promoting a high expectation of good health for people with learning disabilities through routine access to health screening programmes; early regular cognitive function tests for dementia; an agreed standard of annual health check and effective health action plans.

e.g. a joint plan has been developed across the Herefordshire and Worcestershire Sustainable transformation programme (STP) to implement the 10 year NHS plan. The STP implements changes at a local level. KLOES are developed and an action plan with clear governance which sets improvement targets across health outcomes.

- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. Current and planned services for adults with learning disabilities help to make this a reality by:

- i. encouraging use of universal services (leisure facilities, hobby clubs, sports etc.) alongside specialist learning disability services in order to support integration and to increase the perceived social value of people with learning disabilities;

e.g. schemes are being worked up which start to tackle some of the barriers to accessing universal services, for instance the safe place travel pilot on public buses.

- ii. promoting diverse and integrated communities by ensuring there are multiple opportunities for people with learning disabilities to be supported in ways that

allow them to choose ordinary places to live and work and to have ordinary lives that include loving relationships.

e.g. there has been an increase in year by a further 11 supported living opportunities for people with a learning disability.

18. 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.
19. Where services for people with learning disabilities are delivered via contracts and service level agreements with the independent, private and third sector, the council's providers will be made aware of their contractual requirements in regards to equality legislation.

Resource implications

20. None associated with the recommendations. Any resource implications arising from recommendations made by this committee will inform the executive/relevant health body's response.

Legal implications

21. None associated with the recommendations. Any legal implications arising from recommendations made by this committee will inform the executive/relevant health body's response
22. The delivery of the strategy through the implementation plan enables the council to meet its legal obligations under the Care Act 2014 in respect of adults and the Children and Families Act 2014 in respect of children, together with the Mental Capacity Act 2005.
23. Section 2 Health Act 2009 imposes a duty on councils to have regard to the NHS Constitution in performing their health service functions. The NHS Constitution establishes the principles and values of the NHS in England.
24. The council must have regard to the NHS Constitution in the event that it acts as lead commissioner for any NHS service. As part of the preparation for the more collaborative shared commissioning process set out in the Learning Disability Strategy, there was a review of council / CCG learning disability contracting and commissioning responsibilities that resulted in the contract and associated funding for community learning disability health services, provided by 2gether NHS Foundation Trust, returning to the CCG. At this time, there are no pooled budgets for learning disability services and commissioning activity is only aligned rather than joint, and some packages of care are joint funded.

Risk management

Risk / opportunity	Mitigation
Performance management could be focused on process measures that are not reflective of the wellbeing and experience impact of services for people with learning disabilities in Herefordshire.	The council, using the new strategy, is focusing its attention on matters of direct relevance to people with learning disabilities living in Herefordshire and ensure performance measures reflect these and use engagement as a tool to manage this.
There could be no shared planning or joined-up thinking in place for the long-term commissioning of health and social care services and resources for the wider learning disability community, leading to a lack of improvement, poorer life outcomes and a less coherent and efficient market.	The council has adopted the strategy as a long-term commissioning and planning framework to support an effective, efficient and high quality service sector delivering excellent life outcomes for all people with learning disabilities in the county. It has applied some foundation stones to do this effectively in the first year of its implementation through improved governance processes, better engagement, and data capture of relevant metrics across the whole system.
Delivery of the strategy will involve different ways of working, additional capital / revenue resources, changes to service provision and changes in the market, e.g. new providers entering the market and existing providers leaving the market.	The council and CCG continue to commit ongoing commissioning and project management resources to oversee the implementation of the Learning Disability Strategy, ensuring that activity matches resource availability and that there is appropriate planning and engagement in place to manage individual service and market-wide change.
Actions and outcomes not achieved due to slippage in the delivery of the implementation plan.	The LDPB will have oversight of the implementation plan who will evaluate the outcomes and impact of the plan. Where relevant the plan will be revised and new actions identified to achieve the outcomes.

Consultees

25. None.

Appendices

Appendix 1 - PowerPoint for adults and wellbeing scrutiny committee

Appendix 2 - Overview of the Learning Disability Implementation Plan and progress 2018-19

Background papers

None.

Learning Disability
Strategy update
Adult Wellbeing Scrutiny
5th March 2019

Introduction

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Working together



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Example of how we are developing the strategy across all priorities

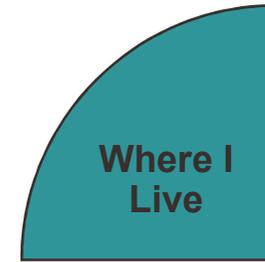


The learning disability dashboard, enabling us to;-

- capture key data across the health and social care system
- measure and track progress
- focus future areas for improvements
- better understand the interdependencies between parts of the system

Learning disability plan to support the strategy – Overview				
Theme – All				
	What did we say we would do?	Who	By When	Update
1	Agree performance data shared between commissioning organisations	Head of care commissioning	To be signed off March	The Sustainability and Transformation Plan (STP) delivers joint working across Herefordshire and Worcestershire LA and CCG's. The local STP LD group have a shared vision and key priorities, the LD strategies are aligned to the STP plan. A SWOT is developed and dashboard metrics identified across health and social care align to the STP. The dashboard is on track to go live in March 2019.
2	Commission changes to council systems to improve data collection for performance monitoring;			Metrics identified across the system based on available reporting systems. Data cleanse identified and training/awareness for operators of the system.
3	Develop quarterly performance reports to enable elected members to have oversight implementation of the Learning Disability Strategy;			Implementation plan to be maintain with progress updates.
4	Implement LD performance dashboard for operational activity and commissioned services;			Metrics identified based on current reporting availability, and draft dashboard in development and on track for March 2019.
5	Engage with LDPB develop engagement models and process for carrying out qualitative outcome surveys with people with learning disabilities.			Engagement event planned in February 2019. A remodel of board has created more inclusive ways of working, accountability and check and challenge processes in place.
6	Carry out a market condition survey of commissioned and non-commissioned learning disability services (residential and nursing homes; supported living; daytime activity services; supported employment; advocacy services etc.		March 2019- now deferred to March 2020	Strategic decision to reschedule - this work is to take place after a commissioning strategy has been developed in 2019. Then LD, Home care and residential and nursing market condition survey will be developed in tandem, and replace the market position strategy for 2020.
7	Carry out a review of the role and purpose of the learning disability partnership board and review governance			2 workshops with the LDPB have informed a remodel of the board, with new governance and terms of engagement, including links to user reference groups. Cllr Champions in place and engaged with the strategy.
8	Develop learning disability commissioning plan for 2019-2021. Plan next steps for delivery of strategic outcomes - Plan engagement activity			Event and processes to deliver this built into the remodel of the LDPB. Plan for 2019-20 is work in progress. This will also include regional and national actions such as the NHS 10 year plan and translating this into local delivery.

Example of a development in progress to meet the priority **where I live**



Joining together with Worcestershire Council to jointly commission specialist provision

- Achieve sustainable scale for support provision where numbers are low
- Enable us to provide specialist services locally and avoid out of county placements
- Create sustainable services for the few people who have additional complexities of need which require more specialist skillset to support

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Theme 1 – Where I live				
	What did we say we would do?	Who	By When	Update
9	Fully assess provider-led proposal for step-up/step-down transitional accommodation for people with learning disabilities with complex or high risk behaviours.	TCP board		Supported living framework of providers developed with new specification. This has resulted in recent development at whitecross and a night response service. Moor House supported living now available with recovery model of support. Out of county cohort being analysed and early conversations with Worcester LA to scope joint Dynamic Purchasing System (DPS) for complex needs.
10	Research relevant cross-sector best practice in other areas Develop project initiation document Carry out cost benefit analysis Put project forward for corporate capital programme for 2019 onwards	Head of care commissioning	April 2019	The commissioning strategy is scheduled for Spring/Summer 2019. This will inform the commissioning proposals. The Accommodation Group and the proposed new customer journey will provide the strategic information to inform a future costed commissioning proposal. Ongoing scoping of accommodation needs and future models of delivery.
11	Ensure properties are completed to the required specification	LD commissioner	September 2018- project closed to	7 out of 8 tenants moved into property (1 person pending). Specification of support provider designed to suit identified cohort. Procurement complete and provider mobilised to deliver new night response service which is scalable. Assessments and support plans complete. Move in complete. Savings scoped for year 1, 2 and 3. Savings tracked and on target (pending timely move in of 8 th person). Pilot being monitored.

Example of a development in progress to that meet the priority **what I do during the day**



What I do
during the
day

To improve the opportunities for people into paid employment through a staged employment project

- Commission a supported employment service
- Increase the numbers of supported internships
- Establish an employer forum (30:30 challenge)
- Social value through procurement
- Develop a proposal for embedding the employment pathway

Theme 2 - What I do during the day				
	What did we say we would do?	Who	By When	Update
17	To Increase the number of Supported Internship starters (increase from 10)	Senior Advisor - Post-16 Learning and Skills	March 2019	Provision and curriculum continues to be developed to increase opportunities. Performance data to be reported September 2019
18	To increase the number of young people gaining employment (<i>baseline and target increase to be established and agreed</i>).			Data sources have been looked at need to agree which one to use i.e. CCIS (Participation/NEET tracking system) and how this can be measured for what period
19	To establish a Supported Internship Forum.			This is now extended to include employment as well as supported internships. The launch is planned for LD week 17 to 23 June 2019.
20	To implement job coaching			Supported employment contract with 2 job coaches to start March 2019. Model aligned to BASE (British association of supported employment).Supported Internships include job coaching. Training for Job coaches being explored
21	Develop a multi-agency project to improve training and employment opportunities and infrastructure for people with learning disabilities in Herefordshire;	Head of care commissioning	Planning activity August 2018-March 2019	Core members identified and developing this work through the Supported internship and Employment SI and E forum.
22	Research existing countywide offer, carry out a gap analysis and identify local / regional / national examples of innovation and best practice, e.g. the Gloucestershire 30:30 employment project.			Projects explored and being scoped with lessons learnt from Gloucestershire who are about to relaunch.
23	Develop a project initiation document (PID) outlining project proposal and desired outcomes			PID developed
24	Establish project partners and terms of reference			TOR developed
25	Develop proposal for development of council service contracts to become opportunities for training and employment for people with learning disabilities			Social value within to be built within procurement process, proposal being scoped and to be presented to contracts and commissioning board May 2019

Example that meets the priority of **being healthy and safe**



The Herefordshire and Worcestershire STP aligns the national priorities, develops local delivery plans, shares best practice and provides the governance

- LeDeR - mortality review
- TCP – homes not hospitals
- STOMP- stopping over medication
- Workforce and training
- Inclusion

Theme 3 - Being Healthy and Safe				
	What did we say we would do?	Who	By When	Update
26	2G Review - Engage with users of service to develop satisfaction measures and engaged with Learning Disability Partnership Board to ensure stakeholders are informed about changes;	CCG	Implementation of review by March 2019	Developed in conjunction with service user group "keep it simple". Rating scale (smiley faces) system ready to be implemented April 2019. Developed in conjunction with service user group "keep it simple".
27	2G review- Ensure performance measures support commissioning activity across health and social care;			Limited KPI's in the contract. Own performance measures developed and key metrics being built into the shared dashboard.
28	2G review- Develop specific measures for showing changes supporting reasonable adjustment in mainstream primary care;			Reasonable adjustment toolkit, Quality of life measures, Green light tool kit applied. All resources in use. Outcomes will inform and link to the shared dashboard.
29	2 G review - Develop plans for potential extension of services outside of office hours;			Business case developed by 2G for an out of hour's service and sent to NHS England. Economic assessment completed.
30	Continue to explore potential use of NHS Transforming Care 'Building the right support' capital fund.	TCP Board	2018-19	Application submitted by Herefordshire but due to low numbers in TCP cohort, the application not agreed. Opportunities to be scoped as part of wider consideration of working across the STP.
31	Ensure correct purchasing, quality assurance and risk management arrangements are in place for new spot-purchased supported living services			Providers now registered onto new supported living framework which ensures quality checks and purchasing arrangements in place. And scoping joint DPS with Worcestershire LA.
32	Develop joint funding protocols for placements.			Ongoing work of section 117 and CHC funded placements. All individuals negotiated at Joint funding panel.
33	Identify required skill level to successfully work with very complex high-risk behaviour and ensure these enhanced requirements are sought through the supported living framework			The TCP has developed a workforce plan for the West Midlands. The local implications are currently being scoped to focus on the needs of those on the risk register.

Example that meets the priority of **choice and control**



Embedding user engagement and promoting advocacy in all that we do

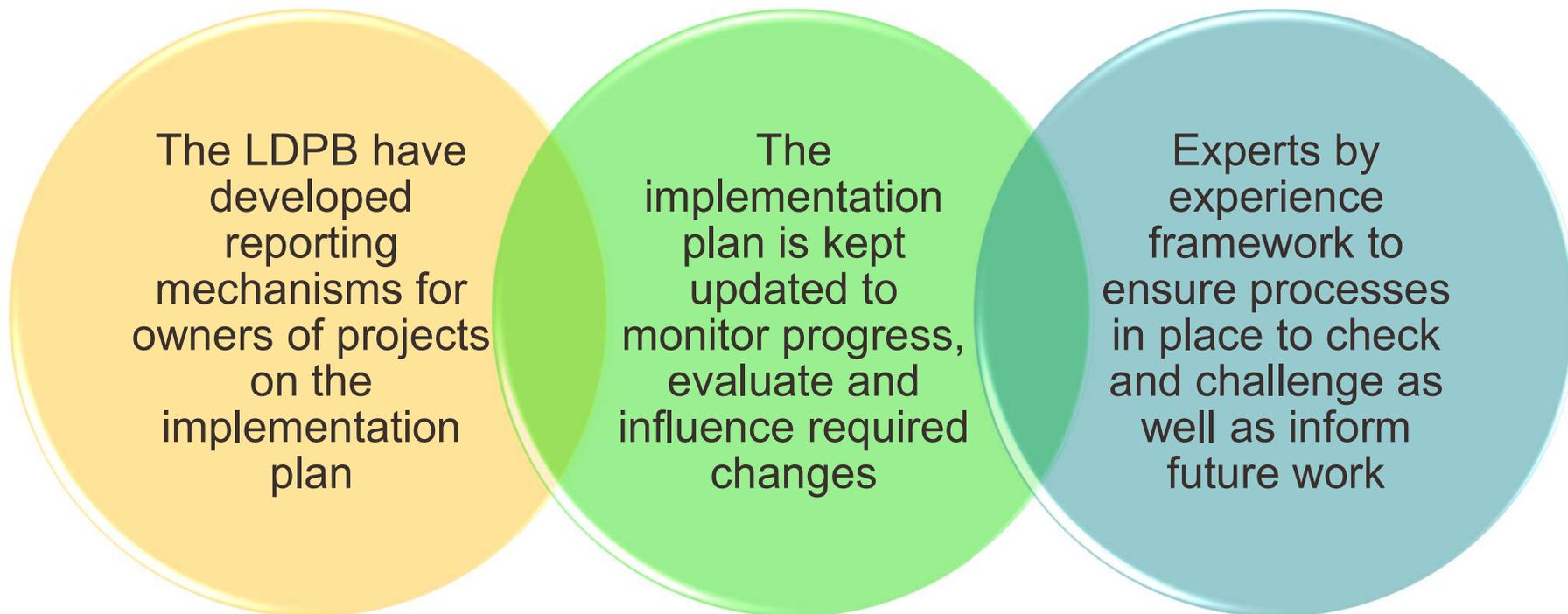
- Learning disability week (17th June)
- Advocacy week
- Safe places scheme
- Engagement framework
- Co-Chair expert by experience LDPB
- Improved information

Theme 4 - Citizenship, Choice and Control

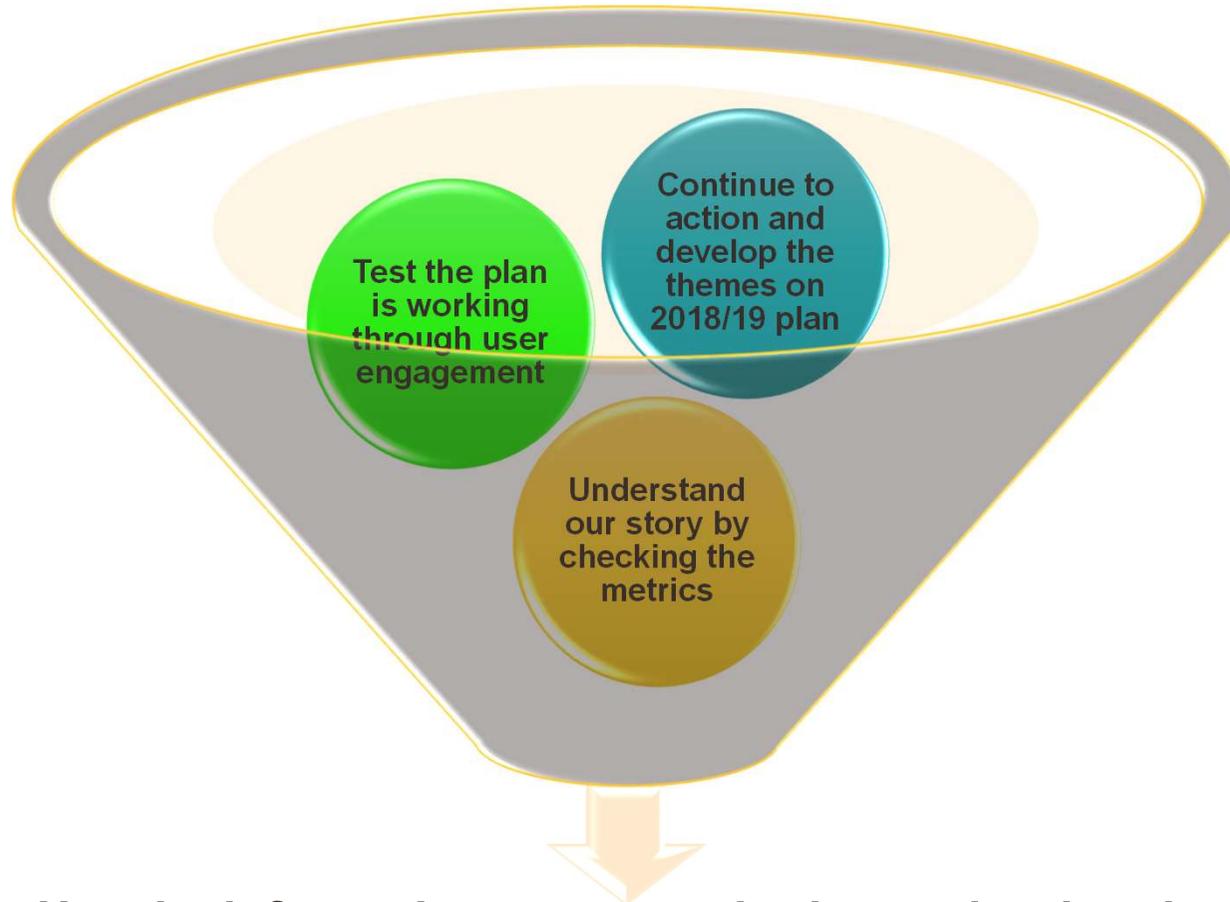
What did we say we would do?	Who	By When	Update
<p>Develop an approach to safety on public transport and encouraging people with learning disabilities to travel independently where possible. Address issue with transport providers, Promote 'Safe Spaces' approach, Work with police, Work with schools and colleges to increase awareness</p>	LDPB	Plan by January 2019	<p>LDPB March meeting is themes "citizenship, choice and control" Pilot worked up with private bus company, Mencap and street pastors to extend the safe places scheme to public transport. Launch planned for June 2019.explored by transport dept. LDPB engaging with FE providers.</p>

How do we check progress?

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What Next? - 2019/20



Use the information we are gathering to develop the market position statement and further develop the plan for 2019/20

Learning disability plan to support the strategy – Overview				
Theme – All				
	What did we say we would do?	Who	By When	Update
1	Agree performance data shared between commissioning organisations	Head of care commissioning	November. To be signed off March	The Sustainability and Transformation Plan (STP) delivers joint working across Herefordshire and Worcestershire LA and CCG's. The local STP LD group have a shared vision and key priorities, the LD strategies are aligned to the STP plan. A SWOT is developed and dashboard metrics identified across health and social care align to the STP. The dashboard is on track to go live in March 2019.
2	Commission changes to council systems to improve data collection for performance monitoring;			Metrics identified across the system based on available reporting systems. Data cleanse identified and training/awareness for operators of the system.
3	Develop quarterly performance reports to enable elected members to have oversight implementation of the Learning Disability Strategy;			Implementation plan to be maintain with progress updates.
4	Implement LD performance dashboard for operational activity and commissioned services;			Metrics identified based on current reporting availability, and draft dashboard in development and on track for March 2019.
5	Engage with LDPB develop engagement models and process for carrying out qualitative outcome surveys with people with learning disabilities.			Engagement event planned in February 2019. A remodel of board has created more inclusive ways of working, accountability and check and challenge processes in place.
6	Carry out a market condition survey of commissioned and non-commissioned learning disability services (residential and nursing homes; supported living; daytime activity services; supported employment; advocacy services etc.			March 2019- now deferred to March 2020
7	Carry out a review of the role and purpose of the learning disability partnership board and review governance		2 workshops with the LDPB have informed a remodel of the board, with new governance and terms of engagement, including links to user reference groups. Cllr Champions in place and engaged with the strategy.	

8	Develop learning disability commissioning plan for 2019-2021. Plan next steps for delivery of strategic outcomes - Plan engagement activity			Event and processes to deliver this built into the remodel of the LDPB. Plan for 2019-20 is work in progress. This will also include regional and national actions such as the NHS 10 year plan and translating this into local delivery.
Theme 1 – Where I live				
	What did we say we would do?	Who	By When	Update
9	Fully assess provider-led proposal for step-up/step-down transitional accommodation for people with learning disabilities with complex or high risk behaviours.	TCP board		Supported living framework of providers developed with new specification. This has resulted in recent development at whitecross and a night response service. Moor House supported living now available with recovery model of support. Out of county cohort being analysed and early conversations with Worcester LA to scope joint Dynamic Purchasing System (DPS) for complex needs.
10	Research relevant cross-sector best practice in other areas Develop project initiation document Carry out cost benefit analysis Put project forward for corporate capital programme for 2019 onwards	Head of care commissioning	April 2019	The commissioning strategy is scheduled for Spring/Summer 2019. This will inform the commissioning proposals. The Accommodation Group and the proposed new customer journey will provide the strategic information to inform a future costed commissioning proposal. Ongoing scoping of accommodation needs and future models of delivery.
11	Ensure properties are completed to the required specification	LD commissioner	September 2018- project slipped to December 2018 due to building delays	7 out of 8 tenants moved into property (1 person pending). Specification of support provider designed to suit identified cohort. Procurement complete and provider mobilised to deliver new night response service which is scalable. Assessments and support plans complete. Move in complete. Savings scoped for year 1, 2 and 3. Savings tracked and on target (pending timely move in of 8 th person). Pilot being monitored.
12	Liaise with operational teams to ensure assessments and support plans are completed			
13	Issue 'mini-competition' for support provider via SL Framework			
14	Liaise with Supported Housing Officer to agree enhanced housing benefit			
15	Liaise with Fortis Living over tenancy sign-up			
16	Work with new support provider to ensure robust mobilisation plan in place			

Theme 2 - What I do during the day				
	What did we say we would do?	Who	By When	Update
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18	To increase the number of young people gaining employment (<i>baseline and target increase to be established and agreed</i>).			Data sources have been looked at need to agree which one to use i.e. CCIS (Participation/NEET tracking system) and how this can be measured for what period
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Theme 3 - Being healthy and safe				
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29	2 G review - Develop plans for potential extension of services outside of office hours;			Business case developed by 2G for an out of hour's service and sent to NHS England. Economic assessment completed.
30	Continue to explore potential use of NHS Transforming Care 'Building the right support' capital fund.	TCP Board	2018-19	Application submitted by Herefordshire but due to low numbers in TCP cohort, the application not agreed. Opportunities to be scoped as part of wider consideration of working across the STP.
31	Ensure correct purchasing, quality assurance and risk management arrangements are in place for new spot-purchased supported living services			Providers now registered onto new supported living framework which ensures quality checks and purchasing arrangements in place. And scoping joint DPS with Worcestershire LA.
32	Develop joint funding protocols for placements.			Ongoing work of section 117 and CHC funded placements. All individuals negotiated at Joint funding panel.
33	Identify required skill level to successfully work with very complex high-risk behaviour and ensure these enhanced requirements are sought through the supported living framework			The TCP has developed a workforce plan for the West Midlands. The local implications are currently being scoped to focus on the needs of those on the risk register.

Theme 4 - Citizenship, choice and control				
	What did we say we would do?	Who	By When	Update
34	<p>Develop an approach to safety on public transport and encouraging people with learning disabilities to travel independently where possible.</p> <p>Address issue with transport providers, Promote 'Safe Spaces' approach, Work with police, Work with schools and colleges to increase awareness</p>	LDPB	2019 Plan by January	<p>LDPB March meeting is themes "citizenship, choice and control"</p> <p>Pilot worked up with private bus company, Mencap and street pastors to extend the safe places scheme to public transport. Launch planned for June 2019.explored by transport dept. LDPB engaging with FE providers.</p>



Meeting:	Adults and wellbeing scrutiny committee
Meeting date:	Tuesday 5 March 2019
Title of report:	Substance misuse service performance update
Report by:	Senior commissioning officer public health

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To review the quality and performance of the substance misuse service commissioned by Herefordshire Council and delivered by Addaction.

The information in this report has been produced collaboratively between the council's senior commissioning officer in public health and Addaction's service manager.

To enable the committee to fulfil its function to review and scrutinise the planning, provision and operation of substance misuse services in Herefordshire.

The service has continued to make significant improvements in performance and dedicated commissioning support continues to be provided, ensuring outcomes are delivered for individuals in Herefordshire and an efficient service is in place.

Recommendation(s)

That:

- (a) the committee review performance and determine any recommendations it wishes to make to the executive to consider in order to strengthen performance or improve outcomes.**

Alternative options

1. There are no alternatives to the recommendation. It is a function of the committee to make reports or recommendations to the executive with respect to the discharge of any functions which are the responsibility of the executive.

Key considerations

2. The information contained within the report is provided following recommendations made by the committee at the last performance review for this service on 27 March 2018 for a further update to be provided in 12 months' time.
3. The committee is asked to consider the information provided by the council and Addaction, which demonstrates continued improvement in performance of the service against high level service targets, in particular for primary opiate service users. The targets reviewed relate to the successful completion of treatment and the maintenance of this, through the monitoring of re-presentation rates. The report shows a continued upward trajectory throughout financial year 2017/18. By the end of quarter 4 of 2017/18 successful completions for the opiate group had reached 9.1% exceeding the target set within the formal action plan and achieving top place in the county's comparator group. Quarters 1 and 2 of the new financial year 2018/19 have seen this performance slow and begin a steady decline. This is an anticipated change as many of the remaining opiate group are much older and had several co-morbid health issues to manage. There is national debate about this group of individuals and how best to manage their needs in the long term. Herefordshire has a larger number of older opiate users who have been in treatment for 6 years or more 43.2% (at the end of Q2 18/19) compared with a national average of 32.4%. Many of these individuals have in fact been in treatment for more than a decade. A new service specification will be developed in preparation for the re-commissioning of the service considering the use of GP shared care schemes in an attempt to address the needs of these individuals over the longer term.
4. Successful completions for both non-opiate and alcohol groups and the additional non-opiate and alcohol combined group also continued to increase to Q4 2017/18. Non-opiate successful completion showed a decline in Q1 of 2018/19 but has since started to increase again. Alcohol successful completions have continued to increase throughout Q1 and 2 of 2018/19 although they remain below national average. The performance of these groups is hampered by significant challenges in the county with regard to the number of non-opiate service users entering treatment, which has continued to decline for some time, the small numbers of this cohort mean that performance data can be negatively skewed based on the activity of one or two individuals. This is a common issue in more rural counties.
5. Representations to treatment services following successful discharge remains insignificant demonstrating that treatment is effective and sustainable for individuals.
6. The presentation (appendix 1) that accompanies this report covers successful completions performance data and representation to treatment performance data. The presentation also outlines those areas identified as target areas for further improvements, including the number of non-opiate service users in treatment and successful completion rates for this group. As well as service delivery areas being prioritised for the remainder of the contract term including increasing access to alcohol treatment and development of the young people's service.

7. Addaction have introduced a wide range of both structured and unstructured group work to assist individuals in their recovery journey as well as to enable the development of social capital and the formation of natural communities. The success of this approach is demonstrated in the continuation of group meetings for a cohort of recent graduates from treatment, a number of whom have continued to meet regularly in support of one another. Further details of this are given in the accompanying presentation slides.
8. The care quality commission carried out a planned inspection in December 2018, initial feedback is very positive and the service is anticipating the awarding of a good rating. At the time of writing the report is yet to be published.

Next steps

- Performance will continue to be monitored through quarterly formal reviews alongside the reports produced by Public Health England.
- Continue to establish and grow recovery communities through the group work programme.
- Continue to increase engagement opportunities for both primary non-opiate and alcohol service users including digital access to treatment.
- Development of the young person's service including co-production with young service users.

Community impact

9. In accordance with its adopted code of corporate governance, Herefordshire Council must ensure that it has an effective performance management system that facilitates effective and efficient delivery of planned services. Effective financial management, risk management and internal control are important components of this performance management system. The council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development, and review.
10. The substance misuse service provides a vital service to vulnerable people across the county and has a significant positive impact on individuals receiving treatment and their families. Improving the performance of this service assists in fulfilling our corporate plan priority to enable residents to live safe, healthy and independent lives.
11. Without this service provision there would be additional pressure on other public services, in particular GPs, A&E departments, mental health services and police.

Equality duty

12. 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.
13. This service works with vulnerable individuals, many of whom will share a protected characteristic. This report supports the council in delivering its equality duty by ensuring that the service improves so it can fulfil the three aims of the equality duty as stated above. A continually improving service will have a significant positive impact on the outcomes for the individuals accessing the service.
14. The Equality Act 2010 established a positive obligation on local authorities to promote equality and to reduce discrimination in relation to any of the nine 'protected characteristics' (age; disability; gender reassignment; pregnancy and maternity; marriage and civil partnership; race; religion or belief; sex; and sexual orientation). In particular, the council must have 'due regard' to the public sector equality duty when taking any decisions on service changes. As this report is for information and reporting of performance we do not believe that there will be any negative impact on our equality duty.

Resource implications

15. There are no resource implications arising from this report; the resource implications of any recommendations made by the committee will inform the executive's response.

Legal implications

16. There are no legal implications arising from this report; the legal implications of any recommendations made by the committee will inform the executive's response.

Risk management

17. There are no risks arising from this report; the risks associated with any recommendations made by the committee will inform the executive's response.

Consultees

18. None.

Appendices

19. Appendix 1 Presentation

Background papers

None identified.

addaction Herefordshire |

Progress to date

- TOPS sit at 100% completion for start and exits
- Risk and Recovery Plans remain at 100% complete
- Representations remain low across the cohorts
- There are now 2 peer led recovery groups within the community
- Awarded a 'good' rating from CQC

Performance

Have seen a slight dip in opiate and non opiate successful completions as we are now tackling the more complex service users who have been in treatment for an extended period of time. However the alcohol and alcohol and non opiate rates have improved in line with the new group offering becoming fully imbedded.

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	Baseline period		D.O.T		Latest period		Top Quartile range	Range to
	(%)	(n)	B	LQ	(%)	(n)	* National average	
Opiate	9.1%	40 / 441	▼	▼	5.9%	25 / 426	7.97% - 12.39%	34 to 52
Non-opiate	38.9%	21 / 54	▼	▲	32.1%	17 / 53	40.00% - 53.13%	22 to 28
Alcohol	34.0%	83 / 244	▲	▲	36.4%	90 / 247	39.43%*	-
Alcohol and non-opiate	29.5%	18 / 61	▲	▼	31.5%	23 / 73	34.64% - 44.21%	26 to 32

CQC

- Inspected 5th December 2018
- Rated 'Good'
- Highlighted:
 - 6 clients spoken with all stated that the service had been life changing for them.
 - Spoke about staff who were kind, caring, considerate, non-judgemental and supportive.
 - Recovery plans were detailed, reflected the assessed needs, were personalised, holistic and recovery-oriented and staff updated them when appropriate.
 - Staff involved clients in recovery planning and risk assessment and actively sought their feedback on the quality of care provided.

Continued Improvement – Community/Recovery focus

- The inspection team examined six sets of care records.
- All records were holistic and recovery focused and showed that discussions about group work and mutual aid had taken place.
- All records included a full history for each client and were completed when the client came for their first appointment and amended in subsequent meetings.
- All records included a risk management plan and discharge plan.
- Medication was prescribed in line with National Institute for Health and Care Excellence including methadone for the management of opioid dependence.
- Client records showed clear care pathways which included other services such as community mental health services and safeguarding at the local authority.
- Clients who had attended a 12-week group programme received a graduation certificate and this was presented to them in a meeting with previous clients who had also successfully completed the programme.

Service Development

- Continue to work out of 3 sites:-
 - Leominster – 1:1 & group provision offered
 - Ross/Ledbury – fortnightly presence with groups accessible at Hereford & Ross
 - Hereford – 1:1 & group provision offered
- Group provision has increased exponentially with groups for:-

➤ Art	Relapse prevention	Breakfast Club
➤ Reading	Maintaining change	Stuck in Treatment
➤ Walking	Quitting substances	Quitting Opiates
➤ Tai Chi	MAP	Motivation to change
- Have received funding for a new veterans lead role
- Have developed the young persons service and are currently working upon a co-production involving partner agencies and young people themselves



Meeting:	Adults and wellbeing scrutiny committee
Meeting date:	Tuesday 5 March 2019
Title of report:	Report on the delivery of the Homelessness Reduction Act and the impact of mental health and universal credit on homelessness
Report by:	Director of adults and communities

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To review, at the request of the committee, the council's approaches to avoidance of homelessness, and the local impact of the homelessness reduction duty, mental health, and universal credit. The committee may wish to consider the impact of these factors on the delivery of the council's duties to those who are homeless or at risk of homelessness.

Recommendation(s)

That:

- (a) **The committee determines any recommendations it wishes to make to the executive to further reduce and avoid homelessness.**

Alternative options

There are no alternatives to the recommendation. It is a function of the committee to review action taken in connection with the discharge of any functions which are the responsibility of the executive and make reports or recommendations to the executive.

Key considerations

Homelessness Reduction Act

Introduction

1. The Homelessness Reduction Act (HRA) came into effect on 3 April 2018 and placed significantly increased statutory duties on local housing authorities (LHA) to prevent and relieve homelessness.
2. Homelessness legislation is contained in Part 7 of the Housing Act 1996 and the HRA amends this legislation but does not replace it. The Government issued a comprehensive new Code of Guidance advising on how to implement the new duties.
3. The new Code of Guidance transforms the help councils are expected to provide to all eligible people who are homeless or threatened with homelessness. It aims to ensure provision of support to people who aren't presently entitled to help under the previously existing current system.
4. The Act places a new duty on other public services to refer to councils if they are working with people who are homeless or at risk of homelessness.
5. There are increased duties in relation to homeless case reviews and appeals: Clients will have increased rights to seek reviews of the Council's decisions at every stage of their presentation.
6. There are new reporting procedures to MHCLG (known as H-CLIC) placed on the council. These reports cover all households who approach an LHA for assistance, whether for a prevention duty or a relief duty.

Key Points

7. Enhanced homelessness prevention duties: the act increased the duty on councils to offer prevention services. The point at which these duties come into force was changed so as to be applicable when someone is threatened with homelessness within 56 days; an increase on the earlier threshold of 28 days.
8. Each applicant who is threatened with homelessness within that period must be provided with a comprehensive Personal Housing Plan (PHP). The Act then contains a new relief duty: to provide assistance when preventions fail.
9. Continued temporary accommodation protection for families: there is an extension of the council's duty under the new relief duty such that, where a decision has been made that the person is intentionally homeless or where they are not in priority need, the requirement on councils to provide temporary accommodation has been extended from 28 days to 56 days. If a full housing duty has been granted to the applicant, temporary accommodation must be offered by the council and the household is entitled to remain in temporary accommodation until they are suitably re-housed. MHCLG predicted, following analysis from their trial sites, that councils would require additional provision of Temporary Accommodation as a result of this legislative change.

Herefordshire's approach

10. The new legislative framework is in accord with the approach to homelessness in Herefordshire which has traditionally focussed on early intervention, and mobilising additional services offering options for those threatened with homelessness. The Housing Solutions Team (HST) have been using enhanced Prevention tools for the past 3-4 years, including Rent in Advance, Deposit and Bond Schemes. There is also a Goodwill budget available
11. Under the new legislative framework the HST works with all applicants to complete a PHP at every stage of their journey through the HST system. Both the applicant and a Housing Solutions Officer (HSO) complete the PHP working together to agree what housing aspirations/plans/proposals they have to prevent homelessness or secure alternative accommodation. The applicant must show that they have completed the agreed PHP 'tasks' and HSOs will provide details of their completed tasks/future plans. Failure to engage with an HSO can lead to the case being closed without resolution.
12. The duties to provide temporary accommodation for 56 days compared to the previous 28 days has placed additional pressures on the council's access to temporary accommodation. The numbers in Bed & Breakfast has been in double figures for the last 5 months continuously compared to between 2 and 4 people being placed in bed and breakfast for the same months a year earlier. HST are working with local landlords to secure additional accommodation.
13. The Housing Solutions Service submits data quarterly to the Ministry of Housing Communities and Local Government (MHCLG) on the council's delivery of these new duties. In particular this includes reporting on prevention of homelessness, relief of homelessness and levels of rough sleeping. Reports will be made available to the committee at financial year end detailing performance in those areas and will be benchmarked against figures submitted to MHCLG by comparable councils of similar rurality.

Impact on the delivery of housing services

14. The number of homeless applications and need for in depth casework has increased substantially. Footfall into the Housing Solutions Service has increased by 59%.
15. HST introduced HRA working guidelines in March 2018. The average allocation of cases has increased to 20+ per day on average since the introduction of the new system.
16. The HST offers detailed face to face interviews and assess each applicant as to their housing needs and produce a written Personal Housing Plan for every person that uses the housing services. Typically this takes around 45 minutes to one hour per interview.
17. The increased demand for Temporary Accommodation (for which the council has a statutory duty) is leading to increased use of Bed & Breakfast. This is impacting on spend levels within the overall Housing Services budget and within the Temporary Accommodation budget in particular and continues to be managed by the Housing Solutions Team.
18. Herefordshire is receiving a total of £155,372 funding from MHCLG (2017/2018: £48,264, 2018/2019: £44,210, 2019 /2020: £62,898) to support the council to meet the "additional burdens" (MHCLG use this term) of the HRA. This funding is being used primarily to provide a time-limited staffing resource.

Street homelessness

19. There are currently 16 rough sleepers in Hereford – the Rough Sleeper Outreach Service (RSOS) are in contact with all of them. In the main they stay at the winter shelter in Hereford but there are rough sleepers in Kington, Ross and Leominster that do not access the shelter for various reasons.
20. There is an annual Rough Sleeper count which was last reported to MHCLG in November - this was recorded as 18 - but the RSOS assesses the numbers weekly and visits the night shelter daily to ensure that if there is anyone that is new to the provision they establish communication with them. The numbers are fairly static but individuals change as people are housed/move away but are often replaced by people new to the streets.
21. The RSOS works closely with all agencies in Herefordshire who provide support/assistance to rough sleepers: including MH/health providers, Addaction, Police Probation etc. During the daily visits to the shelter Home Point forms are completed, benefits are checked, and options available are discussed with the rough sleepers. We currently now have 1.5 WTE permanent Rough Sleeper Outreach Workers (RSOWs) and a further officer who is funded by MHCLG who will be in post until February 2020. There is also a research officer post, funded by MHCLG until April 2019.
22. Targets are set as part of Housing Solutions Service's Service Improvement Plan designed to contribute to meeting the target of eradicating rough sleeping in Herefordshire in the next five years.
23. The RSOS also provides resettlement support to 40+ individuals in an effort to avoid any breakdown of tenancies and repeat rough sleeping/additional pressures on the RSOS and other associated services, i.e. health providers, Police, Probation local businesses/local communities.
24. The Strategic Housing team is also working with a local charity, which provides hostel style accommodation for men most of whom have experience of rough sleeping, to expand the facilities and provide more support for people to get back into mainstream society.
25. In addition, the Community Commissioning team in Adults and Communities have negotiated agreements with a major Registered Provider in the county to provide short term supported housing to offenders at risk of homelessness on release from prison. This is a cohort that has a high likelihood of rough sleeping so that the scheme will support prevention of rough sleeping.
26. The council will be reviewing its Homelessness Prevention Strategy this calendar year to ensure that it addresses rough sleeping issues thoroughly and complies with central government guidance which is due shortly.

Mental health and homelessness

27. People with poor mental health are more susceptible to main factors that can lead to homelessness:
 - Poverty – often lack capacity to sustain employment, so have little income.
 - Disaffiliation – withdrawal from friends, family and loss of support = fewer coping resources.
 - Personal vulnerability – mental ill health impairs resilience, clouds thinking and judgement.

28. People with mental illness are at greater risk of experiencing homelessness but homelessness amplifies poor mental health by exacerbating anxiety, fear, depression, sleeplessness and potentially substance use.
29. 77% of homelessness people in England report mental health issues: 45% diagnosed with a mental condition. (Homelessness Link 2011/14). Herefordshire's draft Homeless Health Needs report shows 75% locally reported mental health issues.
30. The needs of homeless people with poor mental health are similar to those without it: physical safety, education, transportation, affordable housing, and affordable medical/dental treatment.

Current specialist targeted provision for homeless with mental health needs:

31. Accommodation based support – 30 units including but not limited to people with mental health needs, potentially increasing to 35 units in 12 months.
32. Floating support – up to 75 clients including but not limited to people with MH needs.
33. Current specialist targeted provision for vulnerable homeless includes:
 - Women's refuge - 9 units
 - Foyers for young people - 30 bed spaces
 - Newly negotiated agreement with registered provider due to commence Christmas 2018: Ex-offenders - up to 10 units

'Vulnerable' may include rough sleepers, young people, ex-offenders, former armed forces personnel and/or family members, people with substance dependencies or mental health issues, people with challenging behaviours and socially marginalised, pensioners, people experiencing domestic abuse, pregnant women and families. (Note: you are not automatically classed as vulnerable under homelessness legislation if you fit into one of these groups).

Targeted provision in the development pipeline:

34. This includes
 - 8 units for vulnerable people aimed at those with mental health issues in early stages of development. Access will be through direct nomination by ASC team. Anticipated completion date – 2020/21
 - Additional 6 units in Hereford city earmarked for people with mental health issues. Access will be through direct nomination by ASC team. Anticipated completion date –2021/22
 - 6-8 units for young people with complex needs. Nominations from CWB/ASC. Anticipated completion 2020/21
 - 6-8 units for ex-offenders. Nominations from probation/CRC. Anticipated completion 2020/21
35. This approach will run alongside the development of coherent, deliverable models of housing management and care and support, and a review of models and need/trend data plus outcome evidence to include temporary accommodation, short term supported

housing and tenancy support. The strategy is to bring into use more accommodation for vulnerable groups, using a three-phased approach:

- i. Utilising existing accommodation and ensuring its best use in accordance with identified need.
- ii. Securing new accommodation relatively quickly through open market purchase or re-negotiation for specialist provision in upcoming developments.
- iii. Negotiated specialist accommodation through new-build development

Universal credit

36. Universal credit (UC) replaces 6 benefits including housing benefit. (JSA, IS, ESA, WTC, CTC and HB) and means that one organisation is dealing with claims in place of 3 (DWP, HMRC and Local Authority Revs and Bens)
37. The intention is to ensure people are better off in work and to support part time and short term work as a stepping stone into permanent employment. The intention is that the benefit 'mirrors work' in that it is paid monthly/ 5 weekly in arrears, paid directly to claimant's household. (However it is to be noted that low paid people are often paid weekly)
38. Universal credit was introduced into full service in Herefordshire from 13 June 2018 as a digital, personalised service.
39. For housing providers there are a number of risks:
 - The housing element of UC is the last to be paid
 - There are currently 5 week delays in payment
 - Payments are made direct to the tenant
 - If the household reaches £20,000 savings a benefit cap applies such that some or all of UC (Housing Element) is not paid.
40. Therefore we are noticing some risk averse landlords mitigate these risks by:
 - Refusing to take benefit claimants.
 - Affordability assessments being undertaken by Registered Providers of Social housing (Housing Associations).
 - Landlords (including Registered Providers) seeking rent 'up front': Some social landlords are requiring up to 4 weeks rent up front even though they are offering weekly tenancies. This is affecting access to social rented properties.
 - Additional pressures on HST's budget where rent in advance is requested by the registered providers of social housing – inability of clients to pay rent in advance could place additional pressures on temporary accommodation and the temporary accommodation budget.
41. Action being taken by DWP to mitigate these risks include:
 - Establishing alternative payment arrangements.

- Making advance payments – this can have a negative impact on income as it is subsequently deducted from future payments adding to financial pressures on the service.
- From April 2019 DWP will fund CAB nationally to provide Universal Support. This helps claimant to make and maintain a claim. However it is to be noted that there is limited CAB service in Herefordshire.

Other factors to note impacting on homelessness:

42. Rents in the private rented sector in much of the country have increased faster than wage growth. Private rented properties are becoming less affordable, which in turn is likely to be contributing to homelessness caused by the ending of an assured shorthold tenancy.
43. In Herefordshire the number of smaller units is insufficient to enable all tenants affected by the spare room subsidy/bedroom tax to downsize and moving to the private rented doesn't necessarily reduce cost to HB. Discretionary Housing Payments (DHP) have been used to provide support for affected tenants but is not guaranteed over time.
44. DHP: the council has the power to award additional help with housing costs to people in receipt of HB or the housing element of universal credit and receives central government funding: c:£295k. in January 2018 our DHP policy was amended to align to strategic housing priorities, including prevention of homelessness.
45. Local Housing Allowance has remained at same level since April and will remain so to April 2020. There are increasingly fewer properties available which are affordable to benefit recipients. Access to private rented sector is limited and claimants can't sustain tenancy as rent rises.

Community impact

46. In accordance with the adopted code of corporate governance, Herefordshire Council must ensure that it has an effective performance management system that facilitates effective and efficient delivery of planned services. Effective financial management, risk management and internal control are important components of this performance management system. The council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development, and review

Equality duty

47. 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.

48. 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.
49. The Equality Act 2010 established a positive obligation on local authorities to promote equality and to reduce discrimination in relation to any of the nine 'protected characteristics' (age; disability; gender reassignment; pregnancy and maternity; marriage and civil partnership; race; religion or belief; sex; and sexual orientation). In particular, the council must have 'due regard' to the public sector equality duty when taking any decisions on service changes.
50. The approach to reducing and ending homelessness described here are designed to advance equality of opportunity and good relations. Many of those who experience, or are at risk of, homelessness will share one or more of the protected characteristics and the approach to homelessness described here supports the council in fulfilling its duties under the Equality Act 2010.

Resource implications

51. There are no direct resource implications arising from the recommendations; the resource implications of any recommendations made by the committee will inform the executive's response to those recommendations.
52. Notwithstanding the above the committee may wish to note the advice contained in the section above entitled "Impact on the delivery of housing services".

Legal implications

53. There are no direct legal implications arising from the recommendations; the legal implications of any recommendations made by the committee will inform the executive's response to those recommendations.
54. The council has a statutory duty to implement the provisions of the Homelessness Reduction Act as of April 2018. A failure to meet statutory duties is likely to be challenged by way of s204 Housing Act 1996 Appeal to the County Court (in cases of decisions attaching statutory review rights under s202 of the Housing Act 1996) or by Judicial Review proceedings in the High Court. By implementing the changes recommended by this report, the council will ensure that it complies with its new statutory duties to those in the district who are homeless or threatened with homelessness.
55. The council must have due regard to the need to eliminate unlawful discrimination and advance equality of opportunity under s149 of the Equality Act 2010. This duty applies to all public functions exercised by a council, and in particular, the new duties under the Housing Act 1996 (as amended by the Homelessness Reduction Act 2018). Targeting accommodation and support/advice services to vulnerable people with protected characteristics will assist the Council to meet its duties pursuant to the Equality Act 2010.

Risk management

56. There are no direct risks arising from the recommendations; the risks associated with any recommendations made by the committee will inform the executive's response to those recommendations.
57. Risks relate to the non-delivery of a statutory duty and the associated rise in homelessness and rough sleeping. The delivery of the statutory duties within the Homelessness Reduction Act will be mitigated through routine operational management and internal service quality monitoring and performance reporting procedures, along with the performance reporting to MHCLG.

Consultees

58. None.

Appendices

Appendix 1: Presentation: Homelessness Reduction Act 2017: The significant changes to statutory homelessness duties for local authorities.

Appendix 2: Presentation: Universal credit, mental health and vulnerable people

Background papers

None identified.

Homelessness Reduction Act 2017

The significant changes to
statutory homelessness
duties for local authorities

Introduction

- Homelessness legislation is contained in the Housing Act 1996 – the Homelessness Reduction Act 2017 (HRA) amends Part 7 of this legislation but does not replace it.
- The HRA places significantly increased statutory duties on local housing authorities to prevent and relieve homelessness.
- The changes came into effect on 1 April 2018

- The Government has issued comprehensive new Code of Guidance notes on service delivery of the new duties. The new Code of Guidance for LAs has now been issued, advising HST's on how to implement the changes.
- The HRA transforms the help councils are expected to provide to all eligible people who are homeless or threatened with homelessness. It aims to ensure provision of support to people who aren't presently entitled to help under the current system. i.e. LC cases

Key Points

- Changes LAs duty to offer prevention services earlier, from 28 days – 56 days
- Provide every applicant with a comprehensive PHP
- Enhanced Homeless Prevention duties – early intervention, additional services offering options for those threatened with homelessness. HST have been using enhanced Prevention tools for the past 3-4 years, including Rent in Advance, Deposit and Bond Schemes.
- There is also a Goodwill budget available
- New Relief duty – Provide assistance when Preventions fail.

Requirements Placed Upon Applicants

- All applicants will complete a PHP with a HSO at every stage of their journey through the HST system.
- Both the applicant and the HSO complete the PHP working together to agree what housing aspirations/plans/proposals they have to Prevent Homelessness or secure alternative accommodation.
- The applicant must show that they have completed the agreed PHP 'tasks' and HSO's will provide details of their completed tasks/future plans.
- Failure to engage with an HSO can lead to the case being closed without resolution.

Key Points

A duty to refer: A new duty on other public services to refer to LAs if they are working with people who are homeless or at risk of homelessness – services affected by this requirement were notified in October 2018.

Increased duties in relation to homeless case Reviews and Appeals: Clients have increased rights to seek reviews of the Council's decisions at every stage of presentation.

Continued TA protection for families:

Councils were required under existing law to accommodate PN households for 28 days post S184 I.T Decision - under the new relief duty TA is extended from 28 – 56 days.

This potentially doubles pressures on TA – predictions from MHCLG stated that LAs would require additional provision of TA. HST are working with local landlords to secure additional accommodation.

- **Increased workload for the Housing Solutions Team.**
- The number of homeless applications and need for in depth casework has increased substantially.
- HST introduced HRA working guidelines in March 2018. The average allocation of cases has increased to 20+ per day on average since the introduction of the new system. Footfall into the service has increased by 59%
- The HST now offer detailed face to face interviews and assess each applicant as to their housing needs and produce a written Personal Housing Plan for **every** person that uses the housing services

- Quarterly reporting to MHCLG
- The new reporting procedures (H-CLIC) cover all households who approach an LHA for assistance
- Prevention and relief duties are under a statutory reporting duty rather than (as previously) focusing primarily on households to whom an LHA owes a full homelessness duty.

Funding the Changes

DCLG funding to HC –
2017/2018 £48,264,
2018/2019 £44,210,
2019 /2020 £62,898,
A total of £155,372.

**Universal credit
mental health and
vulnerable people**

Universal credit and welfare benefit changes

UC replaces 6 benefits including housing benefit. (JSA, IS, ESA, WTC, CTC and HB)

1 organisation dealing with claim in place of 3 (DWP, HMRC and Local Authority Revs and Bens)

- Intention is to ensure people are better off in work.
- Intention it 'mirrors work': paid monthly/ 5 weekly in arrears, paid directly to claimant household BUT low paid often paid weekly
- Part time and short term work as stepping stone into permanent employment.

Full service in Herefordshire from 13th June 2018 – digital, personalised service

For housing providers a number of risks:

- Housing element of UC is last to be paid
- 5 week delay in payment
- Payment direct to tenant
- If household reaches £20, 000 benefit cap some or all of UC(HE) not paid.

Risk averse landlords mitigate by:

- Refusal to take benefit claimants
- Affordability assessments by RPs
- Rent up front: some requiring up to 4 weeks even though weekly tenancies—affecting access to social rented properties.

DWP mitigation:

- Alternative payment arrangements
- Advance payments
- April 2019 fund CAB to provide Universal Support – helps claimant to make and maintain a claim **but** limited CAB service in Herefordshire.

SPARE ROOM SUBSIDY OR THE BEDROOM TAX

14% reduction in HB/UC (HE) for 1 bed under-occupied.

25% reduction for 2 bed under-occupied.

Moving to private rented doesn't necessarily reduce cost to HB.

Number of smaller units insufficient to enable all affected tenants to downsize.

DHP has provided support for affected tenants but is not guaranteed over time.

8

LOCAL HOUSING ALLOWANCE

Remained at same level since April and will remain so to April 2020.

Based on 30th percentile but increasingly fewer properties available which are affordable to benefit recipients. Access to private rented sector limited and claimants can't sustain tenancy as rent rises.

Rent in the private rented sector in much of the country have increased faster than wage growth. private rented properties becoming less affordable, which in turn is likely to be contributing to homelessness caused by the ending of an assured shorthold tenancy

Discretionary Housing Payment policy

DHP: the council has the power to award additional help with housing costs to people in receipt of HB or the housing element of universal credit and receives central government funding: c.£295K 2018/19. Previous years DHP underspent so:

Jan 2018: DHP policy amended to align to strategic housing priorities, including prevention of homelessness.

Objectives include to:

- Alleviate poverty
- Sustain tenancies and **prevent homelessness**
- Support the vulnerable or elderly
- Support those leaving care
- Support those being discharged from detention
- **Support those affected by welfare reforms including:**
 - Bedroom under occupancy
 - The benefit cap
 - Reductions in local housing allowance
- Assist with 'one off' lump sum housing costs including rent deposits, rent in advance and help with removal costs

Mental Health

Poor mental health is a 2 way street.

People with poor mental health are more susceptible to main factors that can lead to homelessness:

- Poverty – often lack capacity to sustain employment, so have little income
- Disaffiliation – withdrawal from friends, family & loss of support = fewer coping resources.
- Personal vulnerability – mental ill health impairs resilience, clouds thinking and judgement.

∞

So, people with mental illness are at greater risk of experiencing homelessness but homelessness amplifies poor mental health by exacerbating anxiety, fear, depression, sleeplessness and potentially substance use.

77% of homelessness people in England report mental health issues: 45% diagnosed with a mental condition. (Homelessness Link 2011/14).

Herefordshire's draft Homeless Health Needs report shows 75% locally reported mental health issues.

Homeless children are three to four times more likely to have mental health problems than other children. (Shelter, 2006)

Needs of homeless with mental poor mental health are similar to those without it: physical safety, education, transportation, affordable housing, and affordable medical/dental treatment.

Current specialist targeted provision for homeless with mental health needs:

Accommodation based support – 30 units including but not limited to people with mental health needs , potentially increasing to 35 units in 12 months

Floating support – up to 75 clients including but not limited to people with MH needs

⁰⁶ Targeted provision in development pipeline:

- 8 units for vulnerable people aimed at those with mental health issues in early stages of development. Access will be through direct nomination by ASC team. Anticipated completion date – 2020/1
- Additional 6 units in Hereford city earmarked for people with mental health issues. Access will be through direct nomination by ASC team. Anticipated completion date –2021/2

Vulnerable groups

Vulnerable may include rough sleepers, young people, ex-offenders, former armed forces personnel and/or family members, people with substance dependencies or mental health issues, people with challenging behaviours and socially marginalised, pensioners, people experiencing domestic abuse, pregnant women and families.

But you are not automatically classed as vulnerable under homelessness legislation if you fit into one of these groups.

Review of models and need/trend data plus outcome evidence to include temporary accommodation, short term supported housing and tenancy support.

Strategy is to bring into use more accommodation for vulnerable groups, using a three-phased approach:

- i. Utilising existing accommodation and ensuring its best use in accordance with identified need.
- ii. Securing new accommodation relatively quickly through open market purchase or re-negotiation for specialist provision in upcoming developments.
- iii. Negotiated specialist accommodation through new-build development

Current specialist targeted provision for vulnerable homeless includes :

Women's refuge- 9 units

Foyers for young people – 30 bed spaces

Newly negotiated agreement with registered provider due to commence Christmas 2018: Ex-offenders – up to 10 units

Targeted provision in development pipeline:

6-8 units for young people with complex needs. Nominations from CWB/ASC. Anticipated completion 2020/1

6-8 units for ex-offenders. Nominations from probation/CRC. Anticipated completion 2020/1

This approach will run alongside the development of coherent, deliverable models of housing management and care and support.



Meeting:	Adults and wellbeing scrutiny committee
Meeting date:	29 January 2019
Title of report:	Committee work programme 2018-19
Report by:	Democratic services officer

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards)

Purpose and summary

To consider the committee's work programme for 2018-19.

Recommendation(s)

That:

- (a) the draft work programme (appendix 1) be approved, subject to any amendments the committee wishes to make;
- (b) the committee determines the appropriate approach taken to the scrutiny of topics in the work programme;
- (c) the scrutiny committee review the forward plan to determine whether to carry out pre-decision call-in on any of those scheduled executive decisions;
- (d) the committee determines whether there is any matter for which it wishes to exercise its powers of co-option; and
- (e) the provisional meeting dates for 2019/20 be noted.

Alternative options

1. It is for the committee to determine its work programme to reflect the priorities facing Herefordshire. The committee needs to be selective and ensure that the work

programme is focused, realistic and deliverable within existing resources.

Key considerations

Work programme updates

2. The work programme needs to focus on the key issues of concern and be manageable. It must also be ready to accommodate urgent items or matters that have been called-in.
3. It was expected that a report on the NHS Long Term Plan, health and care system leadership, and integration would be received at the 5 March 2019 meeting. However, to ensure senior level input from NHS Herefordshire Clinical Commissioning Group and to provide sufficient time for this important topic, it is intended that this report will now be received at the first meeting of the committee following the local government elections.
4. The work programme has been updated to reflect the intention of the committee (as discussed at the meeting on 29 January 2019) to consider the inclusion of the following topics as part of its work programming during 2019/20:
 - Continuing healthcare
 - Wye Valley NHS Trust (including Minor Injuries Units)
 - Delayed transfers of care
 - Care home ratings
 - Domestic abuse strategy 2019-2022 update
5. Members are invited to review the updated work programme (appendix 1). A prioritisation flow chart (appendix 2) is provided to assess which items should be included in the work programme. Consideration should be given to the type of scrutiny to apply to work programme items, such as undertaking pre-decision call-in, establishing a task and finish group or spotlight review, identifying a topic for a scrutiny members' workshop, or requesting a briefing note.
6. The work programme will remain under regular review during the year to allow the committee to respond to particular circumstances.
7. Should committee members become aware of additional issues for scrutiny during the year they are invited to discuss the matter with the chairperson and the statutory scrutiny officer.

Tracking of recommendations made by the committee

8. A schedule of recommendations made at the 29 January 2019 committee meeting and actions undertaken in response is attached (appendix 3).

Constitutional Matters

Task and Finish Groups

9. A scrutiny committee may appoint a task and finish group for any scrutiny activity within the committee's agreed work programme. A committee may determine to undertake a task and finish activity itself as a spotlight review where such an activity may be undertaken in a single session; the procedure rules relating to task and finish groups will apply in these circumstances.

10. The relevant scrutiny committee will approve the scope of the activity to be undertaken, the membership, chairperson, timeframe, desired outcomes and what will not be included in the work. A task and finish group will be composed of a least 2 members of the committee, other councillors (nominees to be sought from group leaders with un-affiliated members also invited to express their interest in sitting on the group) and may include, as appropriate, co-opted people with specialist knowledge or expertise to support the task. In appointing a chairperson of a task and finish group the committee will also determine, having regard to the advice of the council's monitoring officer and statutory scrutiny officer, whether the scope of the activity is such as to attract a special responsibility allowance.
11. The committee is asked to determine any matters relating to the appointment of a task and finish group, the chairperson and any special responsibility allowance, or undertaking a spotlight review including co-option (see below).

Co-option

12. A scrutiny committee may co-opt a maximum of two non-voting people as and when required, for example for a particular meeting or to join a task and finish group. Any such co-optees will be agreed by the committee having reference to the agreed work programme and / or task and finish group membership.
13. The committee is asked to consider whether it wishes to exercise this power in respect of any matters in the work programme.

Forward plan

14. The constitution states that scrutiny committees should consider the forward plan as the chief source of information regarding forthcoming key decisions. Forthcoming decisions can be viewed under the forthcoming decisions link on the council's website:

<http://councillors.herefordshire.gov.uk/mgdelegateddecisions.aspx?XXR=0&DAYS=28&RP=0&K=0&DM=0&HD=0&DS=1&META=mgdelegateddecisions&V=0>

Provisional meeting dates for 2019/20

15. The following provisional meeting dates for 2019/20 are suggested; it will be for the committee to confirm its meeting schedule and associated work programme in the new council term.

Monday 24th June 2019, 2.30pm

Monday 9th September 2019, 2.30pm

Monday 18th November 2019, 10.30am

Monday 13th January 2020, 2.30pm

Monday 2nd March 2020, 2.30pm

Monday 11th May 2020, 2.30pm

Community impact

16. In accordance with the adopted code of corporate governance, Herefordshire Council must ensure that it has an effective performance management system that facilitates effective and efficient delivery of planned services. Effective financial management, risk management and internal control are important components of this performance management system. Herefordshire Council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises

that a culture and structure for scrutiny are key elements for accountable decision-making, policy development, and review.

Equality duty

17. 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.

18. 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. All Herefordshire Council members are trained and aware of their Public Sector Equality Duty and Equality considerations are taken into account when serving on committees.

Resource implications

19. The costs of the work of the committee will have to be met within existing resources. It should be noted the costs of running scrutiny will be subject to an assessment to support appropriate processes.

Legal implications

20. The remit of the scrutiny committee is set out in part 3 section 4 of the constitution and the role of the scrutiny committee is set out in paragraph 2.6.5 of the constitution.
21. The council is required to deliver a scrutiny function.

Risk management

22. There is a reputational risk to the council if the scrutiny function does not operate effectively. The arrangements for the development and review of the work programme should help mitigate this risk.

Consultees

23. A workshop was held on 4 June 2018 in order for members to contribute to the development of an annual work programme. As well as committee members, the workshop was attended by non-scrutiny members, the cabinet member for health and wellbeing, the chief officer of Healthwatch, directors of NHS Herefordshire Clinical Commissioning Group (CCG), senior council officers and democratic services officers.
24. The chairperson meets every quarter with Healthwatch and with NHS Herefordshire Clinical Commissioning Group to monitor the relevance of items for the work programme.

25. Members of the public are also able to influence the scrutiny work programme by suggesting a topic for scrutiny or by asking a question at a public meeting, for further details, please see the 'get involved' section of the council's website:

www.herefordshire.gov.uk/getinvolved

Appendices

Appendix 1 Updated committee work programme for 2018-19

Appendix 2 Scrutiny work programme prioritisation aid

Appendix 3 Schedule of recommendations and actions undertaken in response.

Background papers

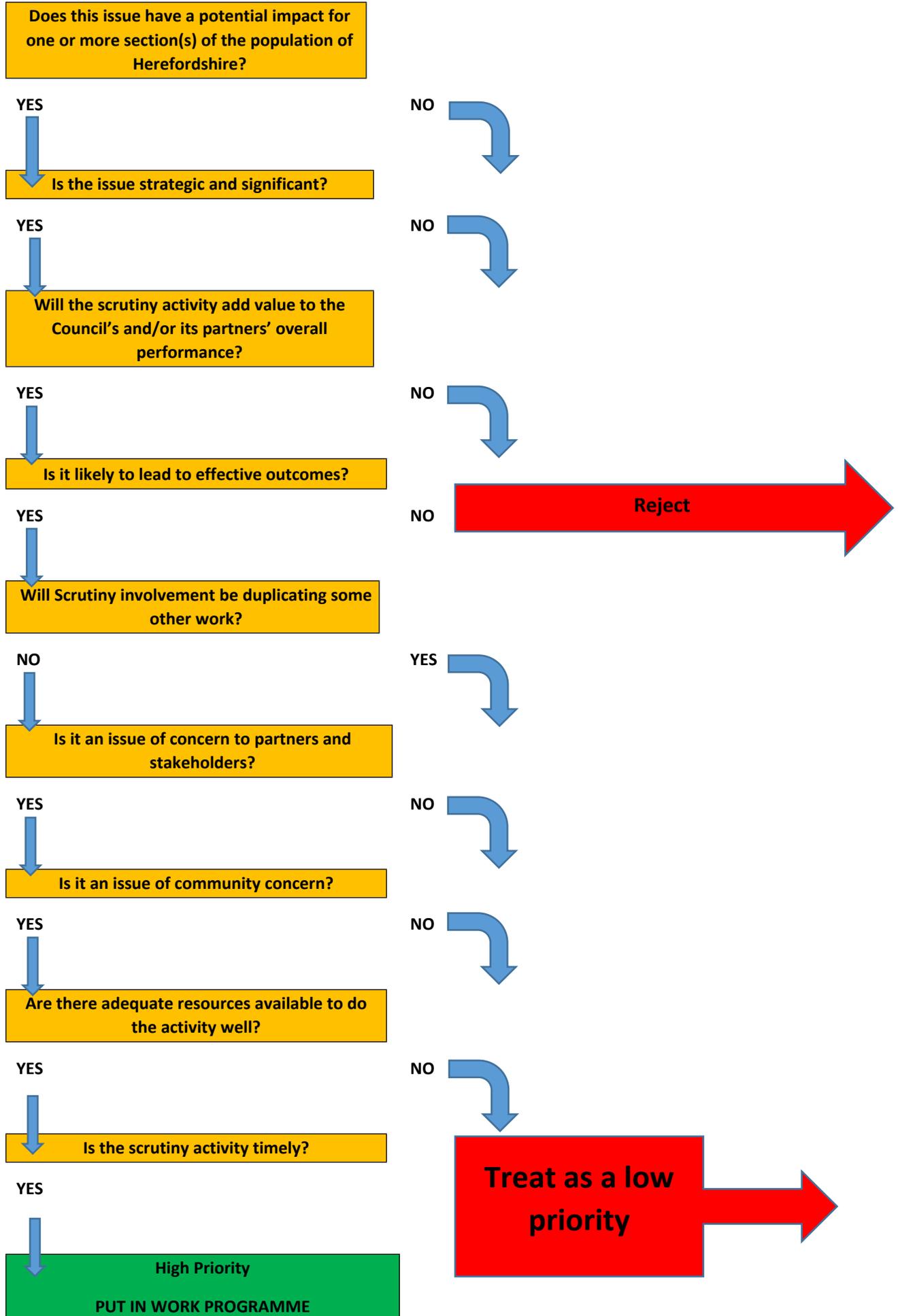
None identified.

Tuesday 05 March 2019, 10:00 AM		
Adults and wellbeing scrutiny committee (meeting in public)		
Item	Purpose	Contributors
Learning Disability Strategy implementation plan update	To report on the progress following the approval of the Learning Disability 10 year strategy in June 2018.	Adults and wellbeing commissioning team
Substance misuse service performance update	To review the quality and performance of the substance misuse service commissioned by Herefordshire Council and delivered by Addaction.	Adults and communities commissioning team Addaction representative 2gether NHS Foundation Trust representative
Report on the delivery of the Homelessness Reduction Act and the impact of mental health and Universal Credit on homelessness	To review the council's approaches to avoidance of homelessness, and the local impact of the homelessness reduction duty, mental health, and universal credit.	Director of adults and communities Head of prevention and support
Tuesday 19 March 2019, 10:00 AM		
Adults and wellbeing scrutiny members' workshop (not a meeting in public)		
Item	Purpose	Contributors
Mental Health	Follow-up from 25 June 2018, to include an update on the local maternity system, noting the link to perinatal care and parental mental health, in order to identify any future items for inclusion in the work programme.	Public health team NHS Herefordshire Clinical Commissioning Group
Dementia	To be briefed on developments around strategy and care for people with dementia, including the impact of the health and wellbeing board's focus on this priority area, in order to identify any future items for inclusion in the work programme.	Public health team NHS Herefordshire Clinical Commissioning Group
Potential work programme items 2019/20		
Activity	Purpose	Contributors
Briefing note: GP capacity	To update members on the national NHS recruitment and retention strategy for general practice and the local arrangements for increasing capacity for Herefordshire in order to identify any future items for inclusion in the work programme.	NHS Herefordshire Clinical Commissioning Group

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<p>Agenda item (2019/20): NHS Long Term Plan, health and care system leadership, and integration</p>	<p>To consider the NHS Long Term Plan, the work of the health and wellbeing board and its priorities as system leader, and developments in terms of the Herefordshire and Worcestershire sustainability and transformation partnership (STP) plan, One Herefordshire, and the Better Care Fund.</p>	<p>NHS Herefordshire Clinical Commissioning Group Adults and communities commissioning team</p>
<p>Agenda item (2019/20): Continuing healthcare</p>	<p>Update on recommendations from meeting held on 20 September 2018.</p>	<p>Director for adults and communities NHS Herefordshire Clinical Commissioning Group</p>
<p>Agenda item (2019/20): Wye Valley NHS Trust (including Minor Injuries Units)</p>	<p>A report on emergency and urgent care, including the Minor Injury Units, and the broader performance of Wye Valley NHS Trust.</p>	<p>NHS Herefordshire Clinical Commissioning Group Wye Valley NHS Trust</p>
<p>Agenda item (2019/20): Delayed transfers of care (DToc)</p>	<p>Arising from a suggestion by the audit and governance committee (23 January 2019), the adults and wellbeing scrutiny committee (29 January 2019) agreed to consider this item for its work programme in 2019/20.</p>	<p>Director for adults and communities NHS Herefordshire Clinical Commissioning Group Wye Valley NHS Trust</p>
<p>Agenda item (2019/20): Care home ratings</p>	<p>Arising from a suggestion by the audit and governance committee (23 January 2019), the adults and wellbeing scrutiny committee (29 January 2019) agreed to consider this item for its work programme in 2019/20.</p>	<p>Director for adults and communities</p>
<p>Agenda item (2019/20, c. March 2020): Domestic abuse strategy 2019-2022 update</p>	<p>Update on the strategy considered by the adults and wellbeing scrutiny committee (29 January 2019); scheduled for March 2020 to allow time for the domestic abuse delivery group to develop and commence implementation of annual plans.</p>	<p>Director for adults and communities.</p>

Appendix 2: SCRUTINY WORK PLAN PRIORITISATION AID



Schedule of adults and wellbeing scrutiny committee recommendations and actions undertaken in response

Meeting	item	Recommendations	Actions in response	Status
29 January 2019	Herefordshire Safeguarding Adults Board annual report 2017/18	That an overview of the work of the Herefordshire Safeguarding Adults Board (HSAB) be included in the mandatory training for councillors on safeguarding during the next council term.	Adults safeguarding is already on the mandatory training schedule, it will be explored as to how this can include HSAB elements within the training package.	In progress
29 January 2019	Domestic abuse strategy 2019-2022	That <ol style="list-style-type: none"> 1) the adults and communities directorate work with Herefordshire Healthwatch to facilitate an article in the local press about domestic abuse and the support available; 2) the Domestic Abuse Delivery Group be encouraged to explore opportunities to promote the domestic support service in rural areas; 3) the constitution review group be invited to reconsider scrutiny committee remits as they relate to safeguarding and community safety matters; and 4) an update be provided to committee members on progress with the implementation of the strategy during 2019/20. 	<ol style="list-style-type: none"> 1) Officers are working collaboratively with Healthwatch to create the requested article. 2) It is proposed that the domestic abuse support service, recommissioned from 1 April 2019, includes the recommendation within its communications plan. It is also proposed that more broadly, the Domestic Abuse Delivery Group will consider how to reach those in rural areas through culture change and joined-up media campaigns. 3) This will be logged on the constitution issues to be reviewed list. 4) It is proposed that an update is provided to committee members in March 2020 to allow time for the Domestic Abuse Delivery Group to develop and commence implementation of annual plans. 	<p>In progress</p> <p>In progress</p> <p>In progress</p> <p>Work programming for 2019/20.</p>

29 January 2019	Committee work programme 2018/19	<p>That</p> <ol style="list-style-type: none"> 1) the updated work programme for 2018/19 be approved; 2) Herefordshire NHS Clinical Commissioning Group and Wye Valley NHS Trust be requested to prepare a report on emergency and urgent care, including the Minor Injury Units, and the broader performance of Wye Valley NHS Trust for consideration during 2019; 3) the scrutiny committee considers including delayed transfers of care and care home ratings in its work programme for 2019/20; and 4) a joint CCG and local authority update on the Continuing Healthcare report findings be provided as part of the scheduled item on health and care system leadership, integration and the better care fund. 	<ol style="list-style-type: none"> 1) The work programme will remain under regular review and will be considered at each scheduled meeting. 2) Request for item submitted. 3) To be considered as part of the scrutiny committee work programming process in the new council term. 4) Request for item submitted. 	<p>Ongoing</p> <p>Work programming for 2019/20.</p> <p>Work programming for 2019/20.</p> <p>Work programming for 2019/20.</p>
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