

# Agenda

## Adults and wellbeing scrutiny committee

Date: **Monday 23 November 2020**

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Time: **2.30 pm**

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Place: **Online meeting**

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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 Elissa Swinglehurst**  
**Vice-Chairperson**   **Councillor Jenny Bartlett**

**Councillor Sebastian Bowen**  
**Councillor Helen l'Anson**  
**Councillor Tim Price**  
**Councillor Alan Seldon**  
**Councillor Kevin Tillett**

## Agenda

		Pages
1.	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>To receive apologies for absence.</p>	
2.	<p><b>NAMED SUBSTITUTES (IF ANY)</b></p> <p>To receive details of any member nominated to attend the meeting in place of a member of the committee.</p>	
3.	<p><b>DECLARATIONS OF INTEREST</b></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><b>MINUTES</b></p> <p>To approve the minutes of the meeting held on 21 September 2020.</p> <p><i><b>How to submit questions</b></i></p> <p><i>The deadline for the submission of questions for this meeting is 5.00 pm on Tuesday 17 November 2020.</i></p> <p><i>Questions must be submitted to <a href="mailto:councillorservices@herefordshire.gov.uk">councillorservices@herefordshire.gov.uk</a>. Questions sent to any other address may not be accepted.</i></p> <p><i>Accepted questions and the responses will be published as a supplement to the agenda papers prior to the meeting. Further information and guidance is available at <a href="http://www.herefordshire.gov.uk/getinvolved">www.herefordshire.gov.uk/getinvolved</a></i></p>	9 - 18
5.	<p><b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b></p> <p>To receive any written questions from members of the public.</p>	
6.	<p><b>QUESTIONS FROM COUNCILLORS</b></p> <p>To receive any written questions from councillors.</p>	
7.	<p><b>BRIEFING ON THE HEREFORDSHIRE MARKET POSITION STATEMENT 2020-2025 FOR ADULTS AND COMMUNITIES</b></p> <p>To consider the draft Market Position Statement 2020-2025 for Adults and Communities and to determine any recommendations that the committee wishes to make.</p>	19 - 62
8.	<p><b>COMMITTEE WORK PROGRAMME</b></p> <p>To consider the committee's work programme.</p>	63 - 74
9.	<p><b>DATE OF NEXT MEETING</b></p> <p>The next scheduled meeting is Monday 11 January 2021, 2.30 pm.</p>	



## The public's rights to information and attendance at meetings

Herefordshire Council is currently conducting its public committees, including the adults and wellbeing scrutiny committee, as 'virtual' meetings. These meetings will be video streamed live on the internet and a video recording maintained after the meeting. This is in response to a recent change in legislation as a result of COVID-19. This arrangement will be adopted while public health emergency measures, including social distancing for example, remain in place.

Meetings will be streamed live on the Herefordshire Council YouTube channel at [www.youtube.com/HerefordshireCouncil](http://www.youtube.com/HerefordshireCouncil)

The recording of the meeting will be available shortly after the meeting has concluded through the relevant adults and wellbeing scrutiny committee meeting page on the council's website at <http://councillors.herefordshire.gov.uk/ieListMeetings.aspx?CId=955&Year=0>

### You have a right to:

- Observe all 'virtual' council, cabinet, committee and sub-committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting. Agenda and reports (relating to items to be considered in public) are available at [www.herefordshire.gov.uk/meetings](http://www.herefordshire.gov.uk/meetings)
- Inspect minutes of the council and all committees and sub-committees and written statements of decisions taken by the cabinet or individual cabinet members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting (a list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public register stating the names, addresses and wards of all councillors with details of the membership of cabinet and of all committees and sub-committees. Information about councillors is available at [www.herefordshire.gov.uk/councillors](http://www.herefordshire.gov.uk/councillors)
- Have access to a list specifying those powers on which the council have delegated decision making to their officers identifying the officers concerned by title. The council's constitution is available at [www.herefordshire.gov.uk/constitution](http://www.herefordshire.gov.uk/constitution)
- Access to this summary of your rights as members of the public to observe 'virtual' meetings of the council, cabinet, committees and sub-committees and to inspect documents.



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

**1. Selflessness**

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

**2. Integrity**

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

**3. Objectivity**

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

**4. Accountability**

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

**5. Openness**

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

**6. Honesty**

Holders of public office should be truthful.

**7. Leadership**

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.



## Minutes of the meeting of Adults and wellbeing scrutiny committee held online on Monday 21 September 2020 at 2.30 pm

**Present:** Councillors Elissa Swinglehurst (Chairperson), Jenny Bartlett (Vice-chairperson), Sebastian Bowen, Helen I'Anson, Tim Price, David Summers and Kevin Tillett

**Councillors in attendance:** Councillors Pauline Crockett (Cabinet member - health and adult wellbeing), Yolande Watson (Cabinet support member - adults and communities)

**Officers:** Head of community commissioning and resources, Democratic services officer, Senior commissioning officer, Democratic services manager, Deputy solicitor to the council, Governance support assistant, Assistant director all ages commissioning, Director for adults and communities and Director of public health

**Others in attendance:** Christine Price (Healthwatch Herefordshire)

### 1. APOLOGIES FOR ABSENCE

All committee members were present.

Apologies were noted from Councillor David Hitchiner (Leader of the Council) and Dr Ian Tait (Chair of NHS Herefordshire and Worcestershire Clinical Commissioning Group).

### 2. NAMED SUBSTITUTES (IF ANY)

There were no substitutes.

### 3. DECLARATIONS OF INTEREST

No declarations of interest were made.

### 4. MINUTES

The minutes of the last meeting were received.

**Resolved: That the minutes of the meeting held on 2 March 2020 be approved as a correct record and be signed by the chairperson.**

### 5. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public for this meeting.

### 6. QUESTIONS FROM COUNCILLORS

A question received from Councillor Tillett and the response provided by the consultant in public health, and a supplementary question asked by Councillor Tillett under this item and the response provided by the director of public health (during the following agenda item), are provided in an appendix to these minutes.

## 7. SUICIDE PREVENTION STRATEGY IMPLEMENTATION

The committee received a presentation from the head of community commissioning and resources (HCCR) on suicide prevention, as included in the appendix to the report. The principal points included:

- i. Suicide prevention had been a national priority for a number of years and, whilst local authorities led on this, it involved a whole system / multi-agency approach.
- ii. The national policy position, that all suicides are potentially preventable, was embraced locally.
- iii. The most recent official data (2018) showed significant increases in completed suicides nationally, particularly for people under 25, but this was not replicated locally, where there was a slight downward trend overall, with the same number of deaths in 2017 and 2018.
- iv. Demographically, nationally and locally, men aged 35-64 were at greatest risk of suicide. There was high representation of farming / construction sectors. There was also higher incidence in areas of greater deprivation.
- v. Hanging was the most commonly used method in completed suicides.
- vi. There was a significant change evolving in the way in which coroners recorded suicide, moving away from the traditional criminal standard of proof (beyond reasonable doubt) and towards the civil standard (the balance of probabilities).
- vii. Interpreting and understanding suicide data was complicated by the relatively low numbers locally and the time that could elapse before confirmation of death by suicide was received.
- viii. The 'Herefordshire Suicide Prevention Strategy 2019-2023' had been approved by cabinet in July 2019 and included the key priorities of: communities; media; bereavement information and support; reducing the means of access to suicide; reducing the risk of suicide for high risk groups; mental health services; and self-harm. These reflected national priorities, apart from the inclusion of 'communities' which reflected the local approach to working with communities on prevention.
- ix. An action plan had been developed in conjunction with a number of organisations and groups. Although the process had been affected by the Covid-19 emergency, good progress had been made in some areas. It was commented that, anecdotally, there could be an increasing risk of suicides occurring in Herefordshire but this could not be verified without further intelligence.
- x. There was good work emerging with a number of voluntary groups, including national groups such as Survivors of Bereavement by Suicide and PAPYRUS, and local groups such as the CLD Trust. There was a great deal of potential for multi-agency effort, with interest from the Primary Care Networks and the emergency services.
- xi. Real time data (RTD) was a key issue that had been made a national priority. It was anticipated that an RTD capture arrangement, in collaboration with the emergency services, would be established before the end of the year. There were compelling reasons to take this approach, such as directing bereavement support quickly and appropriately; people bereaved by suicide were more likely to feel suicidal themselves, with around 9% making a suicide attempt. This would also enable patterns and emerging trends to be identified. The sensitivities to be

managed, including the potential for suicide not to be recorded by the coroner ultimately, were noted.

- xii. 'Wave 3' funding for suicide prevention in Herefordshire and west Worcestershire had been secured, with a new project team being recruited. In Herefordshire, the focus was on rural/farming communities and men. Work was ongoing with groups such as Borderlands Rural Chaplaincy and the National Farmers Union. Broader work was also taking place with other sectors, such as the military, voluntary and community groups, and the NHS.
- xiii. Covid-19 may have an escalated risk of suicide but this was not yet clear nationally or locally. There may also be escalated risk associated with financial hardship, potentially relating to Covid19 or Brexit.
- xiv. The Mental Health Partnership Board was helping to oversee and drive forward this work, with positive engagement from various agencies.
- xv. Talk Community hubs had expressed interest in suicide prevention as a priority.
- xvi. Attention was drawn to some of the available training and resources, including online awareness training.

The chairperson welcomed the report and presentation, and made a number of comments, including: suicide was a difficult but important subject; the strategy had good elements but the sense of progress was indistinct, especially as the action plan had only been summarised in the meeting papers; the coronavirus pandemic could be creating additional contributing factors to risk of suicide and there may be a need for urgency in the delivery of some of the ambitions within the strategy; it was questioned who was responsible for the monitoring of the delivery of the strategy; it was pleasing that progress was being made with RTD, especially in view of the potential to support the bereaved, and links with first responders would be critical to this; and suicide was not just an epidemiological phenomenon and was a broader issue for society.

In response, the HCCR reported: there had been significant progress; there was a detailed action plan which was in the process of being updated and would be circulated to committee members; the strategy was overseen by the Mental Health Partnership Board and one of its sub-committees, and would report to the Health and Wellbeing Board; there was good engagement with first responders and other key agencies to support RTD capture and effective prevention work; and it was acknowledged that progress against the action plan could be made more visible.

Questions and comments were invited from attendees, the principal points included:

1. A committee member questioned the progress over the past year and expressed disappointment with the hiatus in committee meetings. In response to a question, the HCCR advised that the Wave 3 funding had only been confirmed relatively recently. The committee member also expressed disappointment with the approach to mental health generally. In response to another question, the HCCR explained the background to the Mental Health Partnership Board and outlined its membership which included representation from the council, the NHS, volunteer groups and experts by experience.
2. A committee member questioned whether there was any information on rates of suicide among rough sleepers and for people with financial problems. The HCCR advised that it was difficult to determine underlying factors from the official data from the Office for National Statistics and without further interrogation of coroner's reports; the benefits of RTD in gathering more detailed information at an earlier

stage were noted. The HCCR said that he was not aware of any deaths by suicide of rough sleepers in recent times but this would be checked. The HCCR commented that, whilst there was impetus and effort nationally around suicide prevention, the focus was more on demographics rather on the underlying issues in people's lives. He added that this could be considered locally as a way of augmenting and strengthening the strategy. The chairperson noted that prevention was key but this required prediction, informed by risk factors and appropriate levels of data.

3. The vice-chairperson: suggested that the action plan should include details of who was leading on what action; questioned whether elements in the strategy referencing 2gether NHS Foundation Trust were now being picked up by the Worcestershire Health and Care NHS Trust; questioned what was progressing in terms of Talk Community and what was being achieved; noted that the remit of the committee included the scrutiny of the Health and Wellbeing Board and a more in depth look at the achievements of the strategy would be needed, perhaps in a year's time; and, referencing paragraph 7 of the report, sought clarification on the funding and focus 'on rural isolation and the farming community'.

The HCCR advised that: the funding would support people experiencing rural isolation, including those in the farming community; Worcestershire Health and Care NHS Trust would continue the work as the successor body to 2gether NHS Foundation Trust in Herefordshire and an overview was provided on progress; work was continuing on opportunities through the Talk Community programme, informed by the material that had emerged in terms of broader mental wellbeing as part of the Covid-19 response and this would be informed further by the Wellbeing Survey to be undertaken in early 2021.

4. The chairperson commented on the need for consideration of the prioritisation of the work being undertaken on suicide prevention in light of Covid-19, with more people potentially facing financial and job insecurity and other pressures associated with the pandemic.
5. A committee member commented on the valuable work of faith groups in rural communities, including Borderlands Rural Chaplaincy. The HCCR reported on recent discussions on the potential for Talk Community to work with the Diocese of Hereford and its network of clergy and volunteers.

The committee member also commented on the importance of early support and it was questioned how the priority 'reducing the means of access to suicide' could be delivered. The HCCR recognised that there were limitations in the capacity of services to intervene effectively in certain circumstances but it was anticipated that continued close working with the emergency services would help to identify locations and methods used in attempted suicides; it was reported that work had been undertaken on access to railways lines and further work would be considered on access to rivers.

6. The cabinet support member – adults and communities: noting that the statistics provided in the presentation related to 2018, questioned whether data was available for 2019; drawing attention to a point in the previous minutes that the 'IAPT (Improving Access to Psychological Therapies) access rate had improved but was below the national target' (minute 46, para q. refers), questioned whether the NHS was always best placed to identify people at risk of suicide; and suggested that, in view of the limited infrastructure in many rural wards, other local groups and settings could be approached such as parish councils, pubs, women's institutes, and young farmers' clubs.

The HCCR said that: data for the previous calendar year was usually published at the end of September, reinforcing the need for RTD; the NHS was a key partner but the strategy depended on a whole partnership approach, adding that one of the contradictions in this subject area was that people with a diagnosed mental health condition were at a higher risk of attempting suicide but the majority of people attempting suicide did not have a diagnosed mental health condition; and Talk Community was seeking to engage with a wide range of local groups and organisations.

The Senior Commissioning Officer provided an overview of an informal group that he had been involved with in a personal capacity in Golden Valley and noted the potential for local councils, especially following their involvement in Covid-19 response groups, to support people in their communities.

7. The chairperson commented on the value of simple messaging and suggested that information could be distributed to inform communities, families and friends about the signs that someone might be at risk of suicide. The chairperson also commented that soft intelligence could be sought proactively from family members, friends and close support networks in order to enhance understanding.
8. A committee member commented on the need to involve local councils and publicise related prevention campaigns; Hereford City Council's active support for a men's mental health group was noted. It was suggested that, given that Herefordshire did not necessarily follow some of the national trends and the particular challenges for people in rural areas, it would be helpful to make comparisons with other local authority areas with comparable demographics. It was commented that the traditional GP relationship was changing, with many patients attending practice hubs and seeing different GPs, therefore there should not be an overreliance on GPs to know patients well enough to identify concerns. It was also commented that neither the strategy nor the presentation mentioned the LGBT+ community and it was felt that this was surprising omission, especially in view of the key findings of a Stonewall report ('LGBT in Britain - Health', 2018) in relation to suicide and self-harm. Furthermore, the increased sense of isolation during the Covid-19 lockdown period may have resulted in a higher risk of suicide.

The HCCR said that the point about the LGBT+ community was well made and he was not aware that this had been dealt with directly in the national strategic approach but this could be explored locally. It was commented that changes in GP interactions may have positive aspects and there was a promising degree of engagement from some of the Primary Care Networks. It was also commented that data comparisons with other local authority areas could be made but, in view of the relatively low numbers, there was a need for caution as apparent patterns and trends may not be reliable from a statistical perspective. He added that the fact that the county was part of the third wave of funding for suicide prevention demonstrated that there was a lower level of risk currently.

In response to a further question, the HCCR clarified that the official data did not provide details in relation to suicide amongst groups with protected characteristics; this would require original research which could involve intelligence gathering from the bereaved, as suggested earlier in the meeting.

9. The chairperson commented that substance misuse may be another telling point of contact with the system.
10. Referencing Appendix A ('Summary of what we can do') to the strategy, the vice-chairperson questioned whether there were any key performance indicators or other metrics in development to measure progress.

The HCCR advised that the action plan had been shared with the Mental Health Partnership Board and with partner agencies; it was reiterated that it would be circulated to committee members shortly.

In response to a comment about the challenges around performance indicators, the vice-chairperson recognised the sensitivities in terms of suicide prevention but noted that the appendix to the strategy identified a number of potential actions, such as the provision of bereavement information and support, which could be measured. The HCCR said that the action plan would show where progress was expected and where it was being made. He added that the council recognised the importance of implementing the strategy, having instigated and coordinated its creation, but it did not have any specific resources to deliver all elements of the strategy itself and had limited ability to hold other agencies to account.

In view of the resourcing issue, the vice-chairperson questioned whether some of the Wave 3 funding could be used to help drive delivery. The chairperson noted that there seemed to be a good action plan but felt that it required monitoring and implementation.

11. In response to a comment from the chairperson, the HCCR confirmed that Herefordshire Mind was a key partner; it was noted that the Safe Haven service had launched subsequent to the publication of the strategy.
12. The director of adults and communities said that: the points raised by committee members and the discussion had demonstrated some of the complexities of the system and some of its shortcomings; multi-agency strategies relied on partners working together, dedicating resources, and bringing focus to important topics such as this; the ongoing work to tackle wider health inequalities should not be underestimated, particularly in terms of the Talk Community programme which was working with communities to raise awareness around mental wellbeing and help people to access support and advice; awareness had to be part of every-day practice for a broad range of social care, health, and other practitioners; the comments about the changing patient / GP relationship potentially exposed a new type of risk which could be explored with clinical directors; and a standalone strategy or resource was not required, this was more about system response and management.
13. The cabinet member – health and adult wellbeing: welcomed the in depth discussion and committed to providing responses on the matters outstanding; noted that suicide prevention was a difficult and emotive subject but an important one, and there was a need to communicate clear messages about the help that was available; and invited member input and questions at cabinet in relation to the content of strategies under consideration.

The committee then discussed draft recommendations and agreed the following resolution.

**Resolved: That the committee recommends to the executive:**

- (a) **That the updated suicide prevention action plan is circulated to the committee with clear organisational leads identified against specific actions within the plan, including the role and responsibilities of the Mental Health Partnership Board; where it is possible and appropriate to do so, to include the relevant Key Performance Indicators (KPIs) of where progress is expected to be made.**

**Noting the resource implications for monitoring the suicide prevention action plan, focus should be given to allocating resource from the Wave 3 funding to ensure that data and trends can be presented and reported on.**

- (b) Consideration is given to a re-prioritisation of our more vulnerable at risk groups as we enter into a more financially and emotionally challenging period.**
- (c) The committee is provided with the updated suicide data for 2019 once the new figures are available.**
- (d) That parish councils, faith groups and other local community points of contact are given information to share and are placed as central stakeholders in assisting the communication/signposting of information and advice about suicide prevention, sources of support and assistance.**
- (e) Consideration is given to comparing Herefordshire's suicide data with other comparable local authority area data to ascertain whether any patterns or trends can be identified that might strengthen our knowledge and targeted interventions in preventing suicides.**
- (f) Consideration is given to working with bereaved families and friends to gather soft data and intelligence to strengthen our knowledge of risks and factors that lead to suicide or attempted suicides.**
- (g) Due consideration be given to the LGBT+ communities in relation to assessing the support and interventions provided in supporting individuals and groups at risk.**
- (h) The new GP and patient relationship is changing and there is a need to work with the new Primary Care Networks on suicide prevention.**

## **8. COMMITTEE WORK PROGRAMME**

The chairperson noted that members had identified various potential items for future consideration and these now needed to be prioritised based on their impact, significance, timeliness and potential to lead to effective outcomes. It was reported that a work programming session was being arranged for scrutiny committee members during October 2020.

The chairperson drew attention to the schedule of recommendations and responses, made by the committee at the January and March 2020 meetings, and requested an update on the position with NHS Continuing Healthcare (CHC). On behalf of the assistant director all ages commissioning who had to leave earlier in the meeting, it was reported that the work on CHC had ceased during the past few months, as CHC itself as a funding stream was suspended between March and August. It was expected that the issue would be progressed now that the relevant teams were back in operation and an update would be provided to a future meeting.

**Resolved: That consideration of the work programme be deferred to the work programming session for scrutiny committee members.**

## **9. DATE OF NEXT MEETING**

It was noted that the next scheduled meeting was Monday 23 November 2020.

The meeting ended at 4.46 pm

**Chairperson**



## **Adults and wellbeing scrutiny committee - 21 September 2020**

### **Questions from councillors**

#### **Initial question**

**From: Councillor Kevin Tillett**

Is the Covid-19 testing facility at Merton Meadow in Hereford working to full capacity?

#### **Response**

**From: Sarah Smith, consultant in public health**

The Mobile Testing Unit (MTU) has been deployed every day at Merton Meadow since 14 August, which is an improvement over the previous rota which amounted to four days on and then one day off. Recent reports via the DHSC, suggest that the MTU is operating at 100% capacity daily which means that once this reached, bookings for the site will temporarily closed (although slots for bookings may reopen throughout the day). There is some evidence to suggest that on a daily basis, the testing capacity allocated to the Hereford MTU is not the maximum it is capable of delivering, and this would be in line with the current strategy of diverting testing capacity to the areas that are experiencing significant increases in community transmission. This strategy also includes prioritising care home testing (which uses the same type of laboratory capacity as the MTU) and we are starting to see some improvement in the timeliness of reporting for the care home testing regime.

#### **Supplementary question**

**From: Councillor Kevin Tillett**

My initial question arose from the concerns that have been raised by local residents and I am sure that this has happened to most councillors. There was a particularly distressing account of a toddler who was very ill having to be driven to Merthyr Tydfil as the nearest test centre, and other residents who are concerned about relatives in care homes. So my question is that, given that the council does have responsibility in some key areas of concern, what plans are there to improve testing capacity within Herefordshire?

#### **Response**

**From: Karen Wright, director of public health**

The mobile testing unit is available every day and the information that we have is that it is running to 100% capacity. The reason for this is that nationally the laboratory capacity is being deployed to those areas where there are greater pressures. The number of swabs that are allocated to mobile testing units outside of those priority areas has been reduced. So even though we are running to 100% capacity, 100% is not as many swabs as could be done. So what are we doing about this? We write on a regular basis to raise concerns about the issue, as my director of public health colleagues do and other people in the system do, to say that actually 'something needs to be done about this'.

We are planning on increasing the offer across the county through the establishment of local testing sites, which will be walk-in offers in the market towns but, at the moment, until we get a greater allocation of the laboratory capacity for the national system that puts us in a difficult place to be able to roll that system out.

The other thing that we have done is that we have commissioned a swabbing service from Wye Valley Trust; there is the swab that is taken and then there is the testing that is done in the laboratory. So they have increased their laboratory capacity through access to laboratories in Birmingham and they will help us, in individual circumstances, to be able to resolve some of those situations. In the case of the one example that you have identified with a toddler, had we been aware of that through the outbreak control hub, we may well have been able to help to say to Wye Valley Trust 'can you help us here, we have got a particular situation'. We cannot do it in every case but we have responded to a number of situations to help those individuals.

If you have got people in schools, schools do have a handful of swabs and they are designed for those people where they have got concerns that parents may not actually get the child swapped, so they can use those to help with that offer and they done, I believe, in some situations.

So we can use our own local Wye Valley Trust Service and we can keep pushing nationally to say 'we have got to have more testing offer in place'. We had somebody, for example, who works in Herefordshire but lives in Worcestershire and they helped us to get somebody tested who was quite urgent.

In terms of the care homes, there is regular testing that does take place in care homes and that system is in place. If we do have a situation where there are any outbreaks, then we do have capacity for testing and swabs through Public Health England who will step in and provide that support, and that has worked well.

So I absolutely share your frustration, it isn't good enough nationally, and we are putting all the pressure that we can with our partners and with our regional colleagues to say 'we do need more capacity locally'. I think we have heard nationally that it is coming on board and in the interim we do what we can locally to support that.

If there are any other circumstances, please do get in touch with the outbreak control hub and let us know because what we are doing is gathering all the evidence and then we are using that evidence to push nationally to say 'we need capacity here locally'.

[Note: At the time of publication of this document, details of the Covid-19 outbreak control plan and contact information for outbreak control hub were available at:

[www.herefordshire.gov.uk/community-1/emergency-planning-herefordshire/6](http://www.herefordshire.gov.uk/community-1/emergency-planning-herefordshire/6)]



<b>Meeting:</b>	<b>Adults and wellbeing scrutiny committee</b>
<b>Meeting date:</b>	<b>Monday 23 November 2020</b>
<b>Title of report:</b>	<b>Briefing on the Herefordshire Market Position Statement 2020-2025 for Adults and Communities</b>
<b>Report by:</b>	<b>Head of care commissioning</b>

## Classification

Open

## Decision type

Key

This is a key decision because it is likely to be significant having regard to: the strategic nature of the decision; and / or whether the outcome will have an impact, for better or worse, on the amenity of the community or quality of service provided by the authority to a significant number of people living or working in the locality (two or more wards) affected.

Notice has been served in accordance with Part 3, Section 9 (Publicity in Connection with Key Decisions) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

## Wards affected

(All Wards);

## Purpose

That the committee considers the attached draft Market Position Statement 2020-2025 for Adults and Communities and determines any recommendations that the committee wishes to make.

## Recommendation(s)

That:

- (a) **The committee considers the attached draft Market Position Statement 2020-25 and determines any recommendations to the executive.**

## Alternative options

1. It is a function of the committee to review and scrutinise the strategic direction of the adults and communities directorate. The committee also has the function to make recommendations on any matter it has reviewed or scrutinised, and to make reports or recommendations to the executive with respect to the discharge of any functions which are the responsibility of the executive. As such, there are no alternative options

## Key considerations

2. Whilst a Market Position Statement is not a statutory duty of the council it is deemed as good practice and evidence that the council is supporting and developing a market that delivers a wide-range of sustainable high-quality care and support services that will be available for our communities as enacted in the Care Act 2014.
3. The Market Position Statement is intended to provide a clear signal to the market by identifying needs and demand now and in the future, explaining how the council intends to buy/develop services. The statement will inform organisations providing care and support know who they are designing services for so they can develop the right support for the right people, at the right time in the right place.
4. Herefordshire's market is a diverse one, predominately made up of small/medium local businesses with many of them local family run services and a few large nationals.
5. Herefordshire also has a high proportion of those referred to as self-funders; those who fund their own care as they are not eligible for financial support from the council. It is important to recognise that the needs of all the community must be managed, not just those eligible for social care support.
6. The existing Market Position Statement (MPS) approved by cabinet in 2014, it is no longer fit for purpose and the strategic direction for the council with its focus on meeting formal care needs. This strategy has a wide remit recognising that needs can be met in different ways and the strength we have in what our communities can offer. The main themes include:
  - Prevention and demand management
  - Strength based ethos across the council and its providers
  - Led by the Talk Community model and approach to support a wider community cohort
  - Strengthen its technology enabled living approach.
7. The strategy has also developed some clear commissioning intentions developed with children and young people to ensure aligned focus where appropriate. These intentions will be the framework of which commissioners will ensure all activity relates to, providing providers with clarity on the future models of the council
8. This strategy also endorses the council's ambition to become a larger provider in the market recognising the opportunities this may bring to ensure needs are met.
9. This strategy for the first time reflects the all ages commissioning agenda and approach and is the beginning of an alignment to these areas and forms the basis of planning for further integration.

10. This document will be supplemented with a dedicated webpage of data and performance information reflecting the changing priorities and the need to be flexible and adapt to changing needs. The commissioning intentions will be reviewed annually.

## **Community impact**

11. In accordance with the adopted code of corporate governance, Herefordshire Council achieves its intended outcomes by providing a mixture of legal, regulatory and practical interventions. Determining the right mix of these is an important strategic choice to make sure outcomes are achieved. The council needs robust decision-making mechanisms to ensure its outcomes can be achieved in a way that provides the best use of resources whilst still enabling efficient and effective operations and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development and review.
12. This scrutiny activity contributes to the county plan 2020-24 ambition to 'strengthen communities to ensure everyone lives well and safely together' and to 'support an economy which builds on the county's strengths and resources'.
13. Having the right services and a highly skilled and compassionate workforce to support the counties most vulnerable in our communities is essential if we are to meet the needs of our growing ageing population.

## **Environmental Impact**

14. Upon approval the MPS will seek to support to deliver the council's [environmental policy commitments](#) and aligns to the following success measures in the County Plan. It will aim to support the reduction of carbon emissions through the service specifications, and delivery in geographic locations to cut down journeys whilst also encouraging other modes of transportation where possible including walking, public transport, car sharing and bicycle routes.
15. Herefordshire Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors we share a strong commitment to improving our environmental sustainability, achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.
16. Whilst much of this decision relates to back office functions and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the council's Environmental Policy
17. The environmental impact of this proposal will be considered through any future service specification and includes appropriate requirements on the contractor/delivery partner to minimise waste, reduce energy and carbon emissions and to consider opportunities to enhance biodiversity. This will be managed and reported through the ongoing contract management.

## **Equality duty**

18. 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.
19. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Our providers will be made aware of their contractual requirements in regards to equality legislation.
20. 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.

## **Resource implications**

21. There are no specific resource implications relating to this report, the current and future work of adults and communities commissioners along with children and young people will be informed by these commissioning intentions if they are adopted and will subsequently impact on the way the council reviews, develop and potentially commissions services in the future.

## **Legal implications**

22. Under the council's constitution, it is the role of this committee to review and scrutinise the decisions and actions in connection with the discharge of any council statutory duties, in particular concerning adult social care.
23. Whilst no legislation requires a market position statement to be made, the council under the Care Act has an on-going duty to support and develop the care market within Herefordshire to assist with the delivery a wide-range of sustainable high-quality care services.

## **Risk management**

24. None in the relation to this report and recommendations for the committee to consider, it will however have future implications by the nature of the commissioning intentions and the direction of travel for the council.
25. Any risk in the care and support market has been identified and in the council's risk register which is regularly reviewed. In light of the recent challenges Covid-19 has brought and will continue to bring, the market is reviewed continually through market surveys and discussions both locally, regionally and nationally.

## **Consultees**

26. The views of the market have been sought in the development of this strategy, along with commissioners in the children and young people's directorate and health colleagues.

## **Appendices**

Herefordshire Market Position Statement 2020-2025

## **Background papers**

None



Herefordshire Market  
Position Statement  
2020-2025

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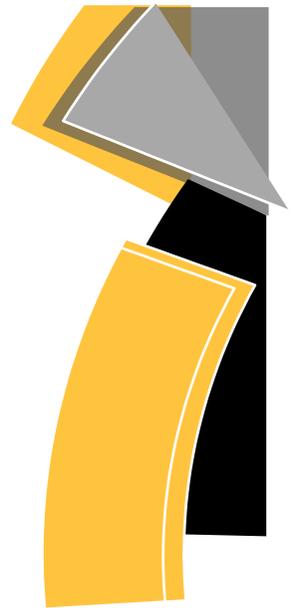
## The Market Position statement (MPS)

Intends to signal clear direction for Providers on the future ambitions for the support and care market.

It has a much wider focus than any previous Market Position Statement (MPS); with a stronger emphasis on community-based commissioning within localities and recognising the strength and contribution of communities in prevention and supporting people's wellbeing across all ages

It aims to focus on prevention through being proactive rather than reactive with a clear focus on demand management.

We hope you find it informative and useful in shaping your business to meet the needs of Herefordshire residents.



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This document forms part of the Market Position Statement. Additional up to date information can be viewed on the Understanding Herefordshire website.



### Our commissioning intentions for 2020 onwards:

1. Demand management through strength based approach and developing models and services that will support the principle that "home and family can be best".
2. Create a versatile, cost effective and sustainable market at a Primary Care Network (PCN) level.
3. Increase and improve services that support complex and challenging behaviours such as autism or dementia.
4. Enhanced support for those who fund their own care.
5. Work across health services, children and young people services and adult services to integrate our commissioning and market management approach where appropriate.
6. Invest in early help prevention and community services.
7. Improve and embed mental health and wellbeing in all services design.
8. Support and develop the health, family support and social care workforce.
9. Embed technology where it delivers benefits across pathways and services.
10. Promote an inclusive customer focus to ensure fair access to services.



# 1. Introduction

.....

This document summarises the supply and demand of care and support needs across Herefordshire. It signals potential business opportunities within the care and support market and, whilst it is not a statutory document, it provides evidence of how the council fulfils its duties under the Care Act 2014, the Children & Families Act 2014 and other relevant legislation to manage and shape its market.

This document will form part of the MPS as we move to a ‘digital by default’ approach with up to date data presented by localities accessed via the [Understanding Herefordshire](#) webpage.

Adult social care has experienced many challenges in ensuring continuity and quality care across the system over the last three years where the council has made savings of just over £14 million. This has been achieved through a change in approach and focus on a strength based approach (sba) and working collaboratively with stakeholders and providers. Unpaid carers are one of Herefordshire’s most valuable assets and play a crucial role within the county’s health and social care sector. The approach in adult social care builds up upon the strength of individuals and what they can do themselves, with the help of family, friends, and support from their wider community and from commissioned services. This is the key ethos driving our commissioning strategy. The council has seen this approach successfully manage demand and costs whilst ensuring peoples need are met.

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Our [Children & Young People’s Plan](#) describes how local partners aim to *give children and young people a great start in life*. Together, we are continuing to develop our early help approach and build on the strengths of children and their families so they can be safe, be healthy, be amazing and be part of their communities. We are investing in direct support and workforce development to help families to become more resilient, as well as specialist approaches to prevent children from becoming looked after. For those children that do need to be looked after, we are developing local fostering and residential home capacity so that more of them can stay close to their family, school and community where it is in their best interests. This will also mean developing targeted education, health and care services to wraparound children who are looked after to maximise their potential and achieve good personal outcomes as they grow-up and transition to adulthood.

The council moves to an all ages commissioning approach from 2020 onwards and this document whilst focussed on all ages, it is the first step in producing one market position statement for both adults and children; the ambition is to have a fully integrated MPS from 2025.

The council is fortunate to work with providers who are dedicated to providing high quality care and support. The council recognises the essential part communities play in keeping people well, safe and independent with its resources, skills and diverse offer. The challenge is linking these together to set solid ground for innovation and further development in areas such as technology, which will contribute to the challenges faced by the sector.

It is a time for innovation and for providers to align to a strength based approach where the focus is on meeting need and not diagnosis, only by doing this where appropriate will the county ensure sustainable and diverse services and inclusive communities. A key focus for all commissioning approaches will have an expectation to contribute to reducing climate change in line with the County Plan.

The council is clear that where the market cannot meet these challenges and meet the needs of individuals it will consider its role within the market and has already started to insource some services and is currently exploring these options to ensure choice, quality and cost effective delivery.

It is worth noting that this document was developed before the Covid-19 pandemic began and as such we need to reflect that the council is working especially closely with its market to ensure a stable and strong market through these difficult times. This document will therefore be continually reviewed in line with data and intelligence from the market but it is recognised that the council will need to monitor and respond to the challenges we will face together as one system.

## What has been done since the last market position statement?

Since the previous market position statement in 2016, several key areas have been developed:

Adult social care has developed and redesigned its pathway to focus on a strength-based approach.	The Home First service has been developed as the in-house reablement service, supporting referrals from hospitals and the community.	Workforce support through development with market on 'Care Hero' brand.
Talk Community has emerged as the council's default approach to Demand Management and Prevention.	The development of a unified care home contract and quality assurance framework between the council and Herefordshire Clinical Commissioning Group (HCCG).	Closer working with public health, with a focus on 'Making Every Contact Count (MECC).
Improvement in data and performance information through the creation of commissioning dashboards.	New approved lists have been developed for supported living and care at home.	Leading investment and transformation of urgent care pathways to deliver significant improvement in Delayed Transfers of Care (DToC).
Introduction of a Community Broker team that contributes to care and support plans, offering personalised advice on the activities and support that can be accessed in the community.	Shared Lives scheme returned to the management of the local authority.	New 10 year Joint Learning Disability Strategy and implementation plan 2018.
New 3 year Autism Strategy 2019 and implementation plans.	Improved customer satisfaction.	Developed and implemented a Joint Carers Strategy for Herefordshire.
		Continuing work to redevelop the market for accommodation and support for care leavers and vulnerable young people.

Since the previous Children and Young People's Plan was introduced in 2015, there have been many achievements to be proud of in Herefordshire. Just some of these are highlighted below:

As part of its commitment to support looked after children into adulthood, the Local Authority has introduced a council tax exemption for care leavers (up to the age of 25).

The teen pregnancy rate has reduced year on year in Herefordshire and is now 13.2% per 1,000, which equates to just 39 pregnancies (2017). This is the lowest rate in the region and one of the lowest compared to other similar areas (the rate has more than halved since 2010).

Changes in models of care to support children in mental health crisis have been implemented, including extended provision for urgent assessments for young people experiencing a crisis. This is now available seven days per week in partnership with the local Children's Ward.

A review into special educational needs and disabilities by the CQC and Ofsted in September 2016 acknowledged the low waiting times and flexible provision by Child and Adolescent Mental Health Services.

2018 saw Herefordshire young people outperforming pupils nationally in the Year1 Phonics Screening Check. Eighty four per cent of Herefordshire pupils achieved the threshold mark or better compared to 82 per cent across England. This represents a rise of 16 percentage points since 2013.

There is clear evidence that standards are rising in both primary and secondary schools and academies across the county. In 2018 the performance of all pupils in Reception year in Herefordshire ranked in the top 25% (top quartile) of all local authorities, with 74.1% achieving a good level of development. Boys in Herefordshire outperformed the England average in 2018 and Herefordshire girls were amongst the highest performers in the country.

Great progress has been made in implementing Education Health and Care (EHC) plans – all children and young people with a Special Educational Need Statement now have a plan in place.

In total 366 families with significant challenges and in need of early help have been supported to make sustainable change (up to December 2018).

The rate (per 100,000 youth population) of first time entrants to the criminal justice system has reduced (from 565.2 in 2015 to 529 in 2016 to 447.2 in 2017), although this is still higher than the national average (295.1) and is currently a priority for the Community Safety Partnership.



## 2. National Context

Nationally adult social care has been high on the agenda with a particular focus on significant budget reductions, increasing need for services and poor quality care. Several national Providers have pulled out of the market, causing significant pressure to some councils and requiring other Providers to step in to pick up either care packages at home or additional placements within their care homes.

Funding is a challenge for many councils and Herefordshire is no exception. The Local Government Association (LGA) estimates that between 2010 and 2020 councils will have lost 60p in every £1 of central government funding. The LGA predicts that councils will face a funding gap of £3.2bn in 2019/20, rising to £8bn by 2024/25. This gap reflects the minimum funding needed to sustain services at current levels and does not assume the reinstatement of services that have been cut, or significant service improvements. The pressures are particularly acute in adult social care, children's services and homelessness support.

Carers UK estimate around 6.5 million people are carers who save the economy £132bn per year, an average of £19,336 per carer\*. *Source: Carers UK Facts about Carers Policy Briefing August 2019.*

The government has continued to delay the publication of the 'Social Care Green Paper' first announced in the spring budget 2017. The NHS long term plan on the other hand has been published and focusses on prevention, tackling health inequalities, better use of digital technology, workforce development and improving value for money. There is a clear national strategy for integration of health services, especially in the community, and wider integration of health and social care services.

This has been the drive for the development of Primary Care Networks (PCNs) to give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, and to increase the amount services provided jointly. Herefordshire is in the process of devolving care planning and commissioning to four PCNs. (see Fig 2).

Nationally, the alignment of health and social care has been encouraged through funding schemes such as the Better Care Fund (BCF) and through Sustainability Transformation Partnerships (STPs).

STPs have been created to bring local health and care leaders together to plan around the long-term needs of local communities. Herefordshire and Worcestershire STP has prioritised:

- Doing more to prevent illness and encouraging people to live healthier lives;
- Encouraging people to self-care or self-manage more of the routine aspects of their conditions;
- Improving access to GP appointments;
- Improving community services which care for people at home, including making better use of technology;
- Changing the role of community hospitals so more care and treatment is available closer to home;
- Easier access to emergency/urgent care;
- Making acute and specialist services more sustainable.



### 3. Local Context

Herefordshire council has put itself in a strong position to realign resources at a local level. This transformation began with the development of the Adults and Wellbeing Blueprint which was adopted in 2015 and since developed into an agreed system integration blueprint

It has a focus on integrated care and support as the guiding approach to prevention and to supporting vulnerable people. It places the individual at the centre and focuses on early intervention and upstream prevention to keep people as well as possible, remaining safely in their own homes as long as possible, and supporting people with eligible needs to be as independent as possible.

Locally the political leadership has changed with a renewed focus on People and Communities, the council has recently produced its ambition and priorities for the county set out below:

**Aim:** Respecting our past, shaping our future – we will help encourage and strengthen our communities, create a thriving local economy and protect and enhance our environment.

#### Priorities



##### Environment

Protect our environment and keep Herefordshire a great place to live



##### Community

Build communities to ensure everyone lives well and safely together



##### Economy

Support an economy which builds on the county's strengths and resources

Herefordshire's Children and Young People's partnership has pledged to

1. Keep children and young people safe – **BE SAFE FROM HARM**
2. Improve children and young people's health and wellbeing – **BE HEALTHY**
3. Help ALL children and young people succeed – **BE AMAZING**
4. Ensure that children and young people are influential in our communities – **FEEL PART OF THE COMMUNITY**

Those who have worked alongside us in the development of the plan are passionate about making a difference and improving lives and building on the strengths of children and young people across Herefordshire – it's not just about what we do but also how we do it. We have therefore agreed four principles that we will use to help guide the plan's delivery. These are:



**Right time:** Early identification of families and early intervention to prevent crisis

**Right people:** Recognising and involving all key partners in achieving change, including families, communities and children and young people.

**Right solutions:** use evidence to understand what works

**Right place:** wherever possible, supporting children, young people and families at home, in their communities. We will ensure the child and young person is at the centre of all we do.

The Adults and Communities directorate concluded a comprehensive review and redesign of adults' social care pathways in 2017 and re-launched its services based around a model of strengths-based social work practice, the key aspects are set out below:

- Focus on the individual and their family/carers;
- Begin with people's interests, aptitudes and identify what they can do for themselves;
- Explores what the person *could* do with the right opportunities and support to maintain or increase their independence;
- Identify the current and potential role of the carer and their support needs;
- Focus on formal (where appropriate) / informal support and opportunities in the person's local community in creating a support plan; and
- Support by signposting and information services and a rich network of informal and volunteer based support throughout the county.

The council is committed to working in collaboration with the NHS locally to protect, develop and join up the local health and care economy. It is well placed to lead the further evolution of aligned and joined-up services, building on existing progress and partnerships. Opportunities for future development are being explored through the following arrangements:

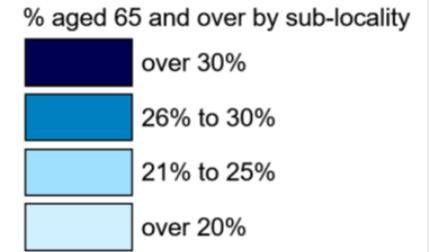
- Sustainability and Transformation Partnership (STP) and Integrated Care System;
- One Herefordshire and place-based models of delivery;
- Primary Care Networks (PCN).

Fig.2 Primary Care Networks (PCN) localities

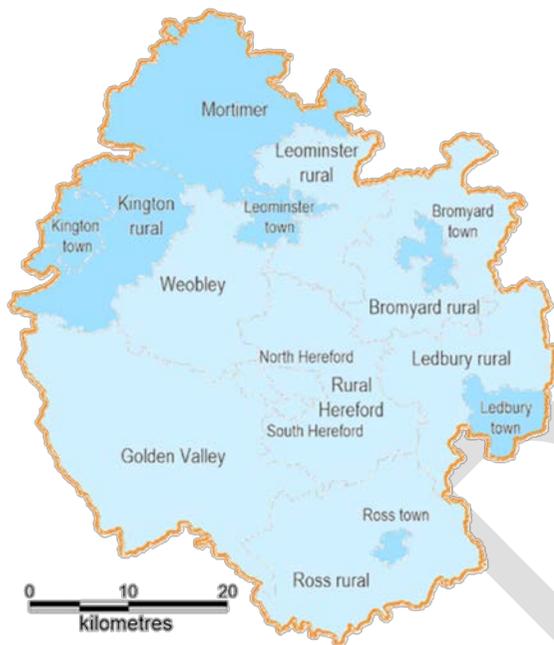


## The Ageing Population

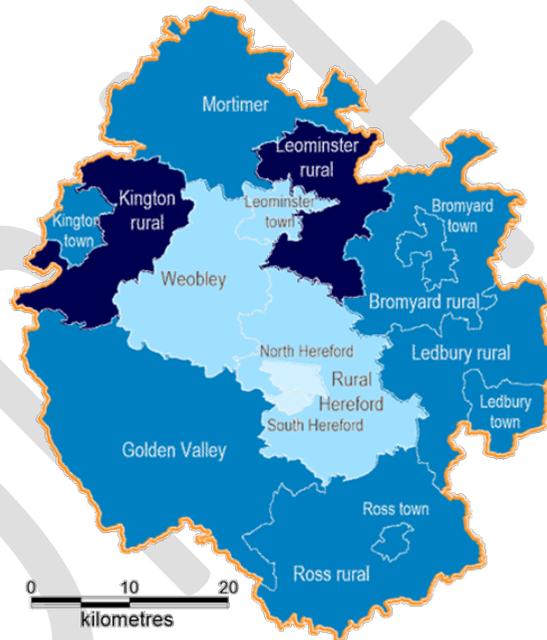
The county will face significant changes to its ageing profile over the next 20 years and can be seen by locality in the maps below:



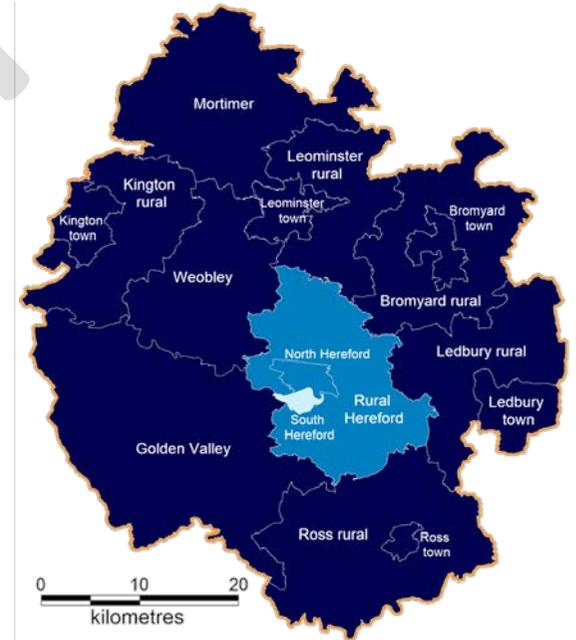
Proportion of the population aged 65+ by sub-locality - 2001



Proportion of the population aged 65+ by sub-locality - 2018



Proportion of the population aged 65+ by sub-locality - 2028



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The recent Children's Integrated Needs Analysis provides an overview of the population needs.

- Overall numbers of children have declined by around 7% over the last decade. However, the number of under-fives and births have been rising for the best part of the last decade. The next five years are expected to show a gradual increase in the numbers of children, to around 33,200 by 2023.
- A larger proportion of school-aged children (2017/18 academic year) have a statement for SEN or EHCP locally (3.1%) compared to nationally (2.9%). However, local figures are in line with those for the West Midlands region (3.1%).
- Herefordshire has a higher rate of looked after children than its statistical neighbours, the councils placement sufficiency strategy provides further detail.

Talk Community is an all-encompassing approach to communities and their partnership with the council. It is about all communities and people of all ages. Talk Community recognises that the council cannot and should not commission or deliver everything required to promote wellbeing and manage demand for formal care or support for all vulnerable people in the future. A successful strengths-based, prevention focussed system depends upon the council finding the right ways to support, promote, inspire and enable local communities to develop their own assets.

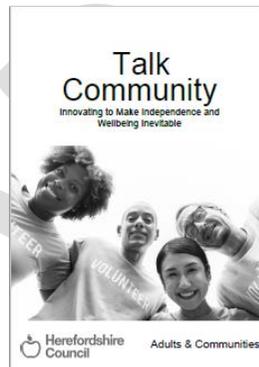
The Talk Community vision is that the council will be “innovating to make independence and wellbeing inevitable”.

The plan is set out under three main areas, indicating how Talk Community will focus on:

**People;** creating sustainable vibrant communities;

**Place and space;** where people live, work, study and get together;

**Economy;** how promoting wellbeing and supporting vulnerable people benefits from the local economy and contributes to it.



Adults and Communities commissioning is focused on innovation and the development of markets which are versatile and sustainable in the context of a changing and uncertain economy.

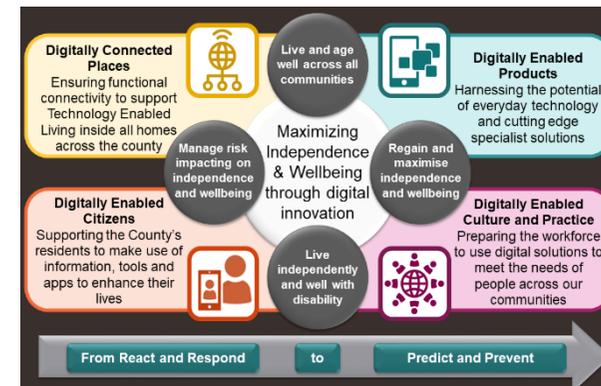
The directorate commissions across a wide spectrum encompassing social care, public health, community safety, mental health and accommodation. In seeking end to end integrated solutions, commissioners are focussing on whole community wellbeing and

people of all ages. Talk Community offers opportunities to think differently about markets and the role of community based and informal support, with greatest focus on:

- Developing community-led commissioning models based on need and demand, and diversifying the nature of the market;
- Improved opportunities for employment and training for learning disabled people and people with autism;
- Greater and more targeted social value contributions from providers;
- Proactive services which make more innovative use of technology;
- A new integrated offer for self-funders;
- Developing more holistic, community based support and choices for people, including those with dementia; and
- More participative procurement methods, with an evolving approach to measuring quality.

### Technology

Technology is a cross cutting theme throughout this document. It presents the movement required from simply monitoring commissioned services which will look at proactive and predictive technologies in supporting the wider health and wellbeing of the county’s population. A Technology Strategy is being drafted.





## 4. Finances

Herefordshire Council continues to set a balanced budget and is in a relatively stable financial position due to a robust savings plan over the last few years.

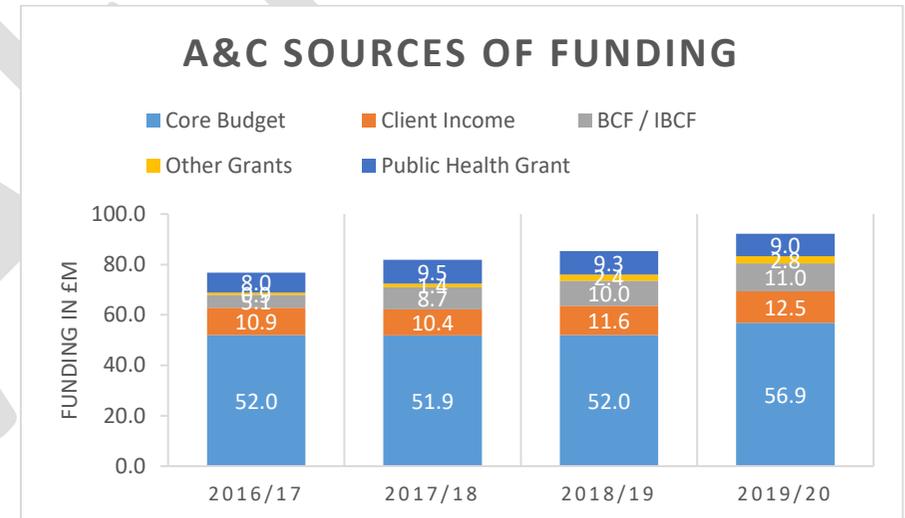
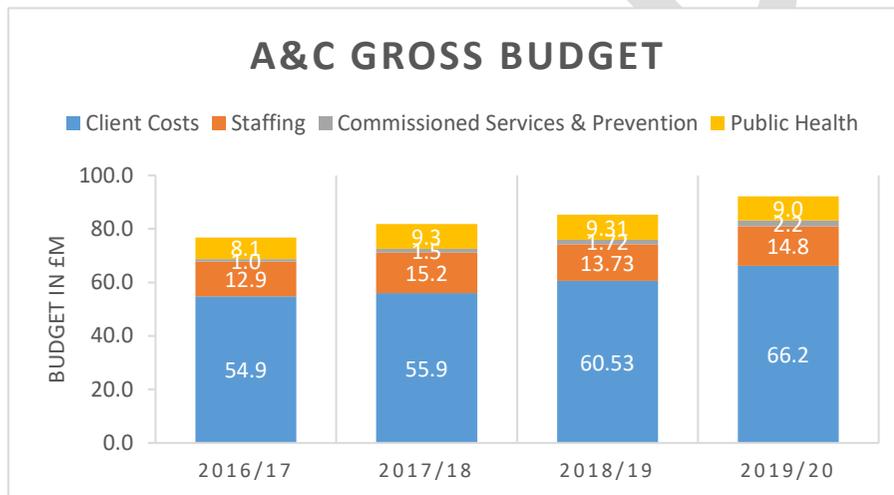
The pressures facing local services are likely to grow, mainly due to rising demand and the escalating costs of delivery. Rising demand for key statutory services such as social care and public health will continue to threaten services communities rely on, including libraries, street cleaning and the maintaining of green spaces.

Adults and Communities has had to make significant savings to meet the twin challenges of increasing demand and costs coupled with reducing funding. Adults and Communities has risen to the challenge by redesigning its pathway and investing in strength-based practice, demand management and investment in other services which has contributed towards cost reductions of just over £14m in the past three years.

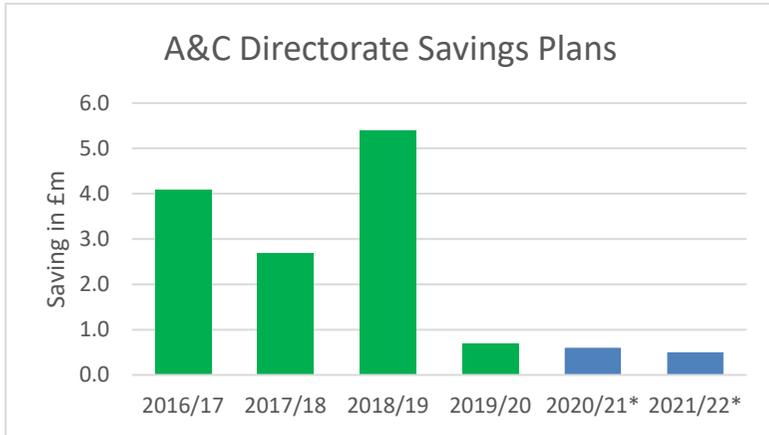
Even with considerable savings being delivered the Adults and Communities budget has grown through each of the last four years.

Approximately two thirds of the budget is funded from the council's own resources, either general revenues such as council tax and business rates or revenues dedicated to social care such as the adult social care council tax precept. The remainder of the budget is funded from external resources such as specific grants from central government and revenues raised from client contributions to the costs of care packages commissioned by adult social care.

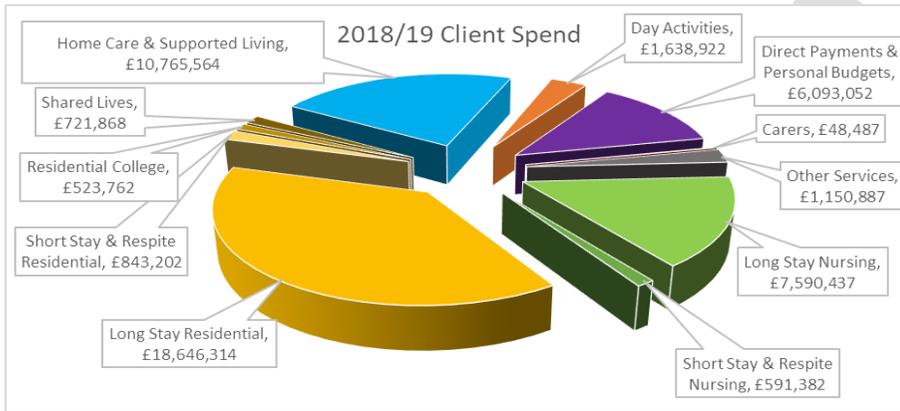
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The transformation process has delivered considerable savings and by delivering challenging savings target early in previous years, means that the directorate faces much more moderate savings targets in the next few years, allowing for investment in upstream support and technology.

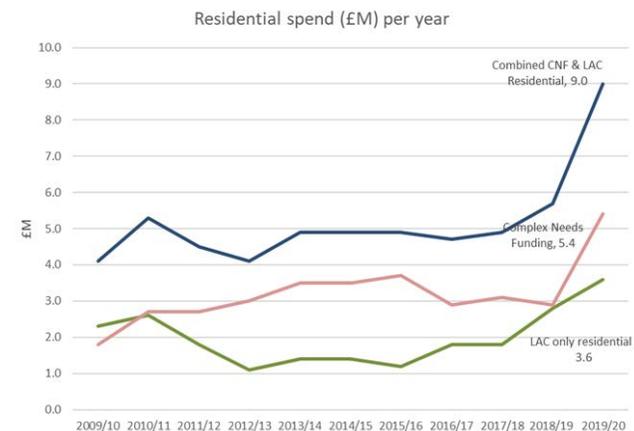
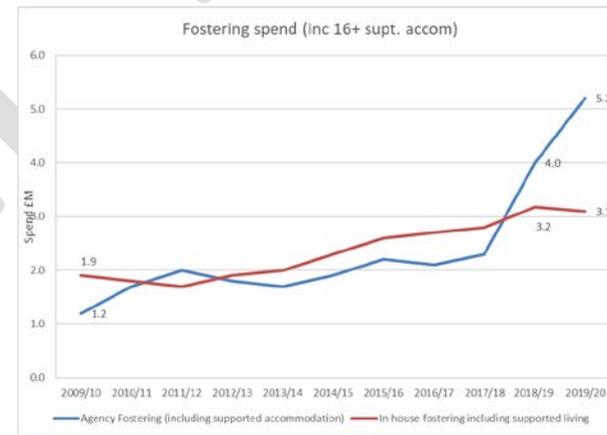


Over 70% of the Adults and Communities budget is spent on clients.



The council provides a wide range of support for children and families. This includes early years support, education and training, services for disabled children and those with complex needs, and much more. As in other areas, resources for this support remains limited while demand and expectations may increase. The council continues to seek best value and social value in the support that it provides and commissions to ensure that services are of good quality, are sustainable, and deliver demonstrably good outcomes for children and families.

One key financial pressure arises from further growth in the numbers of looked after children, as has happened across the country. In particular, costs related to their accommodation in either fostering or residential children’s homes have increased significant in recent years. Both the number of children looked after by the council, which is higher than comparator areas, and the increasing cost of placements is not sustainable in the long-term. The council is, therefore, seeking better ways of working internally and with its partners to safely reduce the number of children that need to be looked after. This means investing in early help, family support, and edge of care, and reunification services, as well as improving the range and value of locally available accommodation places for those children that do need to be looked after.





## 5. Demand and predicted growth

### Accommodation - Care homes

At any one time the council supports approx. 850 people to meet their assessed eligible social care needs in a care home. This approximate split is **60%** of these are in a residential home and **40%** in a nursing home but this can vary. At the present time **11%** of care home placements are in homes outside of the county.

Every month on average 30 new placements are made in care home settings and on average 30 placements end, meaning the number of people supported remaining broadly static over time. The average length of stay is 1.7 years in residential care and 1.6 years in nursing care.

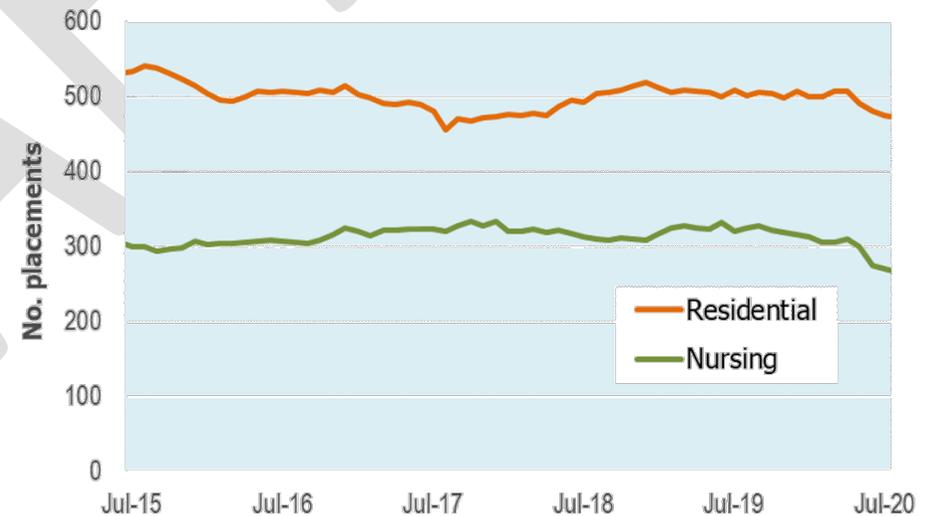
There are **87** private sector registered care homes in Herefordshire of which **21** are owned by medium-sized or major regional providers; In-county care homes provide a total of **2,113 beds**. Of in-county care homes just over a third (36%) are located in Hereford and the immediate surrounding area, just under a quarter (23%) are located in each of the north and south Herefordshire areas and just under a fifth are located in the east Herefordshire area. The west Herefordshire area has limited care home provision.

In 2016 the Market Position Statement signalled a 20% increase in the need for nursing care placements moving forward.

Actual in nursing growth was **1.4%** and **0.93%** for residential over the previous 5 years.

The council utilises around **35%** of the total Herefordshire care home capacity. The remaining care home beds are used by other groups of people: self-funders, the NHS, other local authorities, or are vacant.

The council has seen trends in care home placements relatively stable see below.

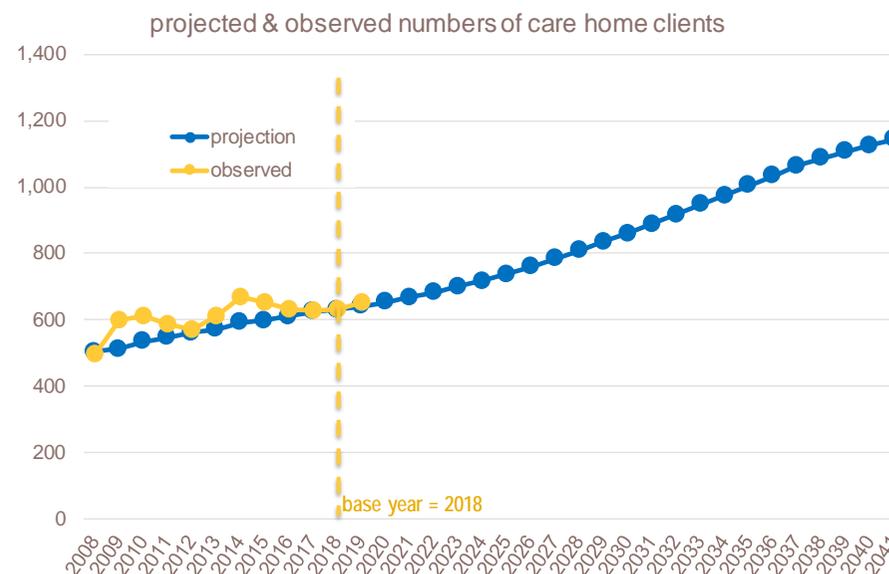


However, the Council and HCCG hold individual contracts with 300 care homes nationally with the council paying just under £24m annually on care home placements. £9.2m (57% of the total residential spend) is on Learning Disability (LD) placements. Whilst placements have remained stable, LD placements is the only growth area for residential placements which has seen the highest cost increase. Between 2014/15 and 2018/19 the costs of all LD residential packages increased by 31.41% (nearly 12% more than residential as a whole), of which only 5.70% can be accounted for by the inflation applied to fees, while the number of LD residential packages increased by 20.66%, if this trend were to continue unchecked it would represent a significant budget pressure for the council.

Historic trends show broadly stable numbers of council commissioned clients, increasing slowly in line with population growth while costs have risen considerably. Between 2014/15 and 2018/19 the costs of all residential packages increased by 19.96%, of which 5.70% can be accounted for by the inflation applied to fees. The number of packages increased by 0.93%, so a significant proportion of the increase in costs cannot be accounted for by council fee uplifts and the increase in activity. Changes in the age structure alone would suggest that the proportion of nursing home

beds will need to increase slightly in future and will take over the number of residential beds. The council will look at realigning these numbers with the higher proportion being needed for nursing rather than residential as further investment and support is put into other accommodation and support models.

It is of concern that the ageing demographics for Herefordshire will put additional pressure on services if the council does not change the approach. The increase in need can be seen in the diagram below:



Over 65 The total need for care home beds, for people aged 65 and over, is projected to increase from around 1,550 in 2018 to around 2,000 in 2028 (an increase of 450 over this 10-year period); and to around 2,650 people by 2038 (an increase of 1,100 over this 20-year period).

Under 65 The total need for care home beds for people aged under 65 will remain static at around 500 people over the next 20 years - approximately 1/3 who are Herefordshire Council (HC) funded and approximately 2/3 who are non-HC funded.



Further analysis can be viewed via the Understanding Herefordshire webpage



This increase is simply not affordable or practical and social care will focus on alternative pathways particularly into residential care and for those with a LD will seek to be supported in alternative accommodation provision.

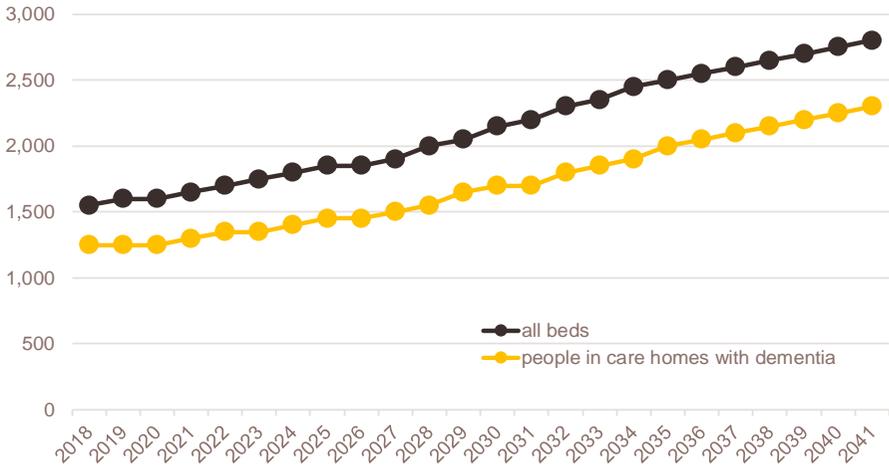
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It is also concerning as potential demand increases, so will the proportion of people living with dementia in Herefordshire and particularly, in care homes. This is predicted to increase from 77 to 79%; with the number almost doubling from 1,200 in 2016 to 2,300 in 2036.

Just over a third of all care homes (36%) are located in the Hereford & surrounds area, just under a quarter (23%) are located in each of the north and south Herefordshire areas and just under a fifth were located in the east Herefordshire area, this is where the council is predicting growth.

Challenges will be securing placements at an affordable rate, securing in county complex care at a small scale; workforce issues (recruitment & retention) particularly nursing staff; high number of self-funders helping to drive up placement costs and reducing negotiating opportunities. Viability and sustainability of small care homes and small specialist provision in the county.

projected number of people in care homes with dementia



## Accommodation Services for Care Leavers

Adults and Communities commission accommodation services for various user groups with a particular focus on care leavers and vulnerable young people. Commissioners are working closely with Children and Families colleagues to develop the local market for accommodation based and other services for care leavers and 16/17 year olds with a wide range of needs.

The aim is to improve quality and value for money whilst ensuring more young people can live and be supported locally in Herefordshire. Of Herefordshire's 287 care leavers aged under 25, up to 20 at any one time have a complex need or multiple complex needs.

The council's approach in this work is guided by the Accommodation Strategy for Vulnerable Young People 2017-21, which is currently under review.

- 💡 Further investment in supported living accommodation, domiciliary care and technology provision to manage demand.
- 💡 The council will become a provider within the care market.
- 💡 The Broker role will be expanded to support more self-funders.

## Supported living

The council has done a lot of work on supported living over the past two years and continues to work with the market to support people to live as independently as possible and to have their 'own front door'. The council commissions several different categories of supported living from high to low level support.

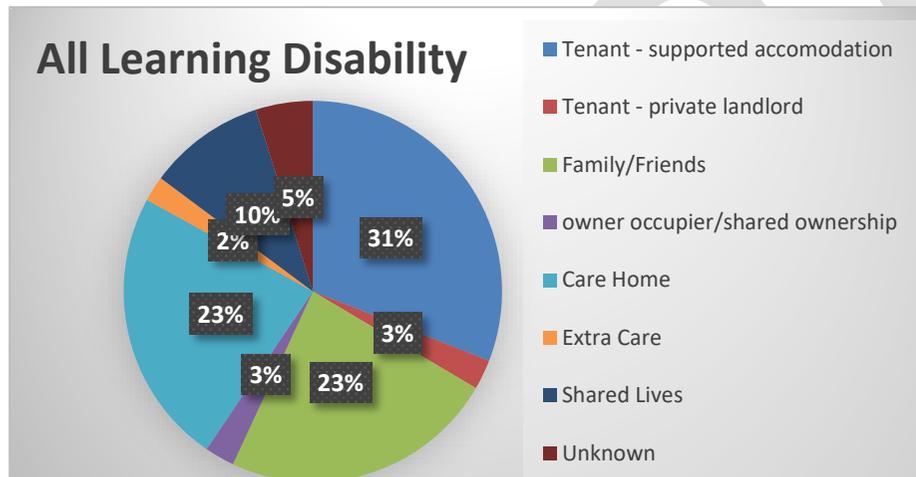
Supported living has a number of challenges: bringing new developments on line takes time, matching people within a shared house environment can be difficult, providing support to the most complex and challenging individuals, and, due to the small numbers of people in Herefordshire, delivering complex care models of supported living is not attractive to providers as economies of scale cannot be realised.

Herefordshire's small population means that there are few new supported living placements each year. There are between 6-10 new placements each year, but much of the activity in this sector is related to people moving placements, with 48 moves taking place during 2018. The council is working to utilise the existing provision wherever possible in order to ensure sustainability of models for commissioner and provider.

The majority of supported living customers have a learning disability. People with a LD are set to rise by 4% over the next 10 years therefore sustainable accommodation solutions are integral, ensuring sustainability, quality and cost effective models can be delivered.

- 💡 Commissioning new accommodation based services for care leavers with complex needs through block contracts in accommodation owned by the council.
- 💡 Redesign and recommissioning of support for care leavers and homeless young people with light touch or moderate needs including different accommodation models and floating support or outreach models.
- 💡 Development of a new local framework for placements to accommodation based support, across a range of needs.
- 💡 Redesigned accommodation pathways for vulnerable young people.

Those in supported living accommodation are predominately those with a Learning Disability see below:



It is anticipated that numbers of people in supported living may increase further as the number of residential care home beds for people with LD reduce as some providers exit that market, either by deregistering their home or by retiring.

There are also few registered Housing providers with a local presence with a specialist focus upon this client group, and to move from a high number of people in residential to a majority in supported living we require a registered provider who is able to work within a wider risk base.

There is a need for forensic support within the county, however the numbers are very small and demand is unlikely to be such that affordable, sustainable dedicated provision is developed in-county so other solutions need to be considered such as working at a regional level.

The council took Shared Lives back in house in 2017, it is a CQC-regulated service providing personal care. It currently supports 65 people in long term arrangements and 10 people in respite/short breaks and currently has 42 approved Shared Lives carer households within the scheme which is growing.

The scheme faces some challenges in the recruitment of sufficient carers to meet the potential growth of the service, but this can be met with co-ordinated recruitment campaigns and general awareness raising across the county. The scheme should see 10-20% growth in the first year.

Over the next 3 years, Shared Lives will expand from providing care and support for people with a learning disability and/or mental health issues, into providing support to older people and those being discharged from hospital; the scheme will also develop a strong respite/short breaks offer across the county.

- 💡 General needs/ordinary housing to be accessed wherever possible.
- 💡 Assistive technology considered for every contact.
- 💡 Less 'shared' and more 'own front door' provision.
- 💡 New schemes taking into account the geographical gaps in our offer.
- 💡 Deregistration of small residential homes.
- 💡 Complex forensic needs solutions- to include in county crisis provision.
- 💡 Redevelopment of council owned sites.
- 💡 Remodel of internal pathways and introduction of move on plans for individuals.
- 💡 Develop a property management company by local authority.
- 💡 Develop the 'live in' carer and the shared lives offer.
- 💡 Develop an Accommodation strategy.

### **Community activities**

There are 16 Community Activities providers currently delivering support in Herefordshire on an approved list.

Currently the council commissions 327 client places at a cost of c£1.6m per annum. In addition, clients with Direct Payments (DPs) use a range of services, some of which are not on the council's current framework. The overall total number of clients with DPs using community activity services is not known; however we do have data on those using pre-paid cards to purchase services. In total, 67 clients use these cards to purchase community activities spending c£218k per year on them; of these 67 clients, 35 purchased from services that are on the council's framework at a cost of c£92k per year.

The client mix for these services is mainly people with Learning Disabilities who benefit from structured day activity services that enable them to access the wider community.

Community activities is a link into communities with the role of Community Brokers making these links and supporting people to access a wider and more diverse offer. A model and method aligning roles and responsibilities under the Talk Community approach will be reviewed to support individuals with different needs and abilities. A further challenge and opportunity will be to increase the throughput of clients into opportunities such as employment. This is providing people with choices and work placement opportunities which many want. People with a LD want the opportunity to have meaningful work and be able to be independent and have equal access to services that anyone would else would have.

The geographical imbalance in the provision of services is a challenge. This could be addressed through an increased use of community-based facilities through developing the "Talk Community" initiative currently being rolled out across the county. Ensuring travelling time and cost is minimised by accessing local provision will not only reduce cost and greenhouse emissions but also ensure people are embedded into local communities.

This is an area which has seen substantial increases in cost for a small number of individuals. Providers need to consider the offer to people and move away from 'traditional place based' services particularly if they are to offer services to a wider customer base.

- 💡 Grow a wider offer range and style of services away from the 'traditional' day opportunity model.
- 💡 Expand services to include access to universal services through a range of solutions which focus on employment.
- 💡 Community activities to diversify their support offer to sit alongside the developing agendas through new support models such as peer support, enabling background support and risk enablement to empower, integrate and challenge expectations.

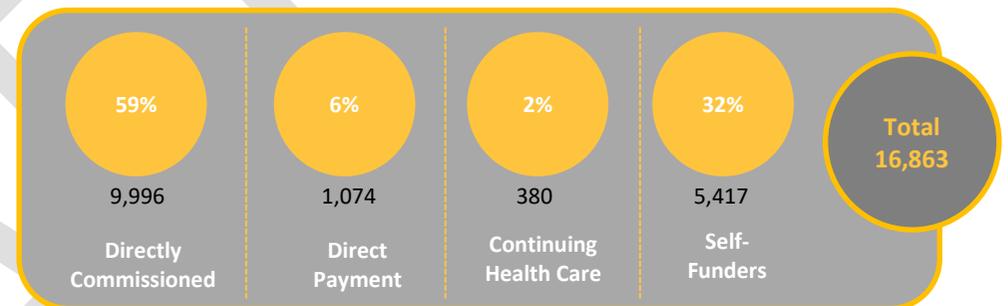
### Home Care

Herefordshire Council currently has 33 approved providers delivering commissioned care; these providers support around 750 customers at any one time and deliver just under 10,000 hours of care per week. The council spends around £10 m on home care services per year. Please note that demand for care services is subject to change and all performance data is available on the [Understanding Herefordshire](#) webpages.

Providers support customers with a range of eligible assessed needs. However, the majority of commissioned provision is in response to physical support needs and the associated need for assistance with personal care. The cohort of customers is predominately elderly with over 60% aged over 85 years of age.

The table below is derived from information collated from approved providers and confirms that council commissioned care equates to roughly 60% of the total services delivered.

Despite the county's aging population, adult social care has managed to reduce the demand for domiciliary services despite a national increase of between 11% - 16%.



The introduction of a strengths based approach to assessment, improvements in the information and advice service and the introduction of the Home First Service have all contributed to the reduction. However, the associated increase in the competition for commissioned packages has had a significant impact on the financial and operational viability of providers.

In spite of the challenges the sector faces packages are generally picked up in a timely manner, however, the length of delays does increase due to seasonal factors including school holiday and Christmas.

The majority of delays occur in rural areas including the Golden Valley, the south and the west of the county. The fees paid for rural

care packages (locations outside a four mile radius of the city and market towns) were uplifted in 2019/20 by 20% to incentivise providers to deliver care in more rural areas.

The council’s significant investment in the rural fee structure has been successful in keeping providers in the sector. However, the comparatively low numbers of customers and the difficulty developing and maintaining viable rounds of care calls results in delays in allocating packages.

The recruitment and retention of care workers is a challenge nationally furthermore, the issues are exacerbated at the local level by the reduction in the numbers of hours being commissioned and the higher costs of delivering care to a sparse and dispersed population: factors that combine to make rural packages economically unattractive for many providers.

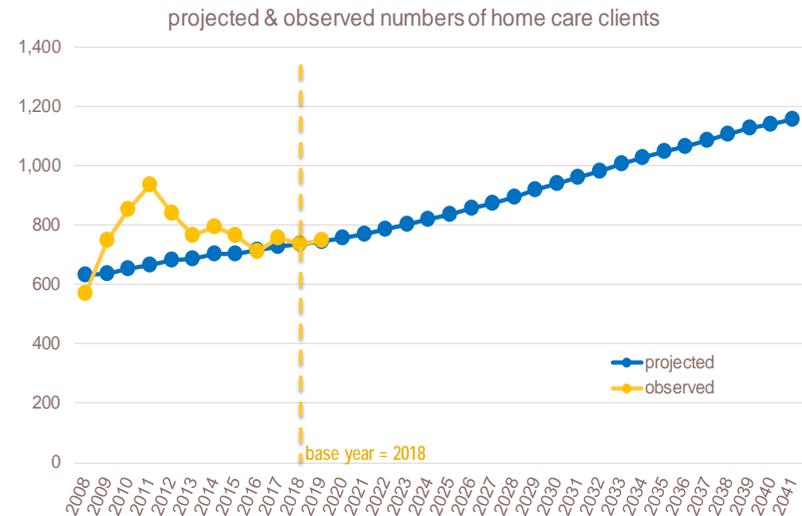
Over 70% of Providers deliver less than 300 hours a week. This is well below the commonly accepted threshold for viability of providers and it is difficult under the current model to assure the continued stability of the market and the sustainability & viability of providers.

As previously stated adult social care has helped Herefordshire buck the trend in demand for home care hours in recent years. However, the council’s strategy of supporting as many people as possible to live at home for as long as possible suggests an increase in demand for home care as the council aims to reduce the use of residential care.

Further modelling suggests that in line with demographic changes similar to the care homes sector, demand will increase in line with projected increases please see table below:

- 💡 Develop new locality based model(s) by PCN.
- 💡 Consolidate the number of Providers per PCN to improve their operational and financial viability and reduce the environmental impact.
- 💡 Introduce a new service specification and terms and conditions.
- 💡 Work with the market to address the challenges of recruitment and retention by improving terms and conditions of the workforce.
- 💡 Work with Providers to use technology to improve the outcomes for the individual and potential need for workforce.

The council plans to remodel home care delivery to align with the Primary Care Network localities structure. This will also offer opportunity to work collaboratively with health and partners to maximise community resilience and support people in their own homes.



### Learning disabilities

People with a learning disability have been mentioned throughout the document as they are a cohort who will stay in the system and need support for a number of years. Over the 20 year period between 2015 and 2035 it is estimated that the number of all age registered LD cases in Herefordshire will increase from 976 to 1,019, which represents a proportional rise of 4.4%. It is predicted that by 2035 the number of people living with a learning disability in the majority of age groups will increase, particularly in those aged 70 and over with a predicted rise of 36.7% for the 70–74 age group and 71.4% for the 75+ cohort. This reflects a general improvement in life expectancy for people with LD. Although the number of LD cases are predicted to rise over this 20 year period, the overall prevalence is predicted to fall, with the all age figure falling from 0.52 to 0.49% and the adult figure from 0.61 to 0.57%.

The council reports measures including the proportion of adults with a learning disability who live in their own home or with family below which as you can see Herefordshire bench mark is low in comparison to the region and England as a total. This indicates that Herefordshire places too many individuals into a residential care home setting.

Year	Herefordshire Score	Applicable Service Users	Total Service Users	West Midlands Region	England
2018-19	71.2	366	514	72.4	77.4
2017-18	66.4	336	506	72.3	77.2
2016-17	58.0	-	-	70.3	76.2
2015-16	58.0	-	-	67.9	75.4
2014-15	60.2	310	515	62.6	73.3

Similarly the proportion of adults with a learning disability in paid employment is below the region average and that of England as a whole.

Year	Herefordshire Score	Applicable Service Users	Total Service Users	West Midlands Region	England
2018-19	4.3	22	514	4.3	5.9
2017-18	3.4	17	506	4.3	6.0
2016-17	2.9	-	-	4.2	5.7
2015-16	11.3	-	-	4.5	5.8
2014-15	6	30	515	4.3	6.0

It is recognised that in order to provide the right support, work needs to be done early on in a person's life and adult social care are working closely with the Children and Families Directorate to help those who will transition into adult services ensuring that the strength based approach is implemented and everyone recognises the benefits that will ensue.

### Autism

The Council and CCG have produced an [All Age Autism strategy 2019-2022 for Herefordshire - Think Autism](#)

It is estimated that more than half a million people in England have autism. This is equivalent to more than one per cent of the population and similar to the number of people that have dementia. Historically, four times as many males as females are diagnosed with autism, however this is being challenged and it is thought that this ratio could be as little as 2:1 It is the statutory duty of Herefordshire Council and Herefordshire Clinical Commissioning Group, through the Health and Wellbeing Board, to produce a joint strategic needs assessment (JSNA) of the health and social care needs of the local area.

Herefordshire captures limited data in relation to people with autism, this is indicative of a wider national issue. This is due to a number of reasons:-

- There is currently no national driver to capture this data, but indicators from the department of health suggest this will change in the near future.
- Not all people with autism are known to the local authority, as they do not seek support from the local authority or have eligible adult social care needs.
- Autism is often not the primary diagnosis within social care and so the council will not record the prevalence of autism in a reportable format.
- General Practitioners (GP) surgeries operate a system where the diagnosis of autism is captured on the patient record, but only 0.4% of patients are captured (where we know the national average is 1%).
- There is a low diagnosis rate in Herefordshire compared to the national average. The diagnosis rate in Children in Herefordshire is 0.81% of the population, in comparison to the national average of 1% of the population.

There is currently no overall register of adults on the autism spectrum in the county. The National Autistic Society has published estimates of the prevalence of autism in the UK which note that although the figures for the prevalence of autism cannot be precisely fixed, it appears that a rate of around 1 in 100 is a best estimate of the prevalence in children.

A prevalence rate of around 1% would mean that the number of people with autism in Herefordshire can be estimated at around 1,860 including approximately 380 children age 0-18. This though is only an estimate. Accurate figures have continued to be difficult to

source and it is one of the ambitions of this strategy to engage with various health professionals across the county to enable an accurate and reliable figure of the incidence and geographic location of the autistic population of Herefordshire.

### **Transition into Adults Services**

The council recognises the challenge of those young people transitioning into adult services and further work to align practice and market management will be a focus for adult social care along with the all ages commissioning agenda which will be a key development over the next few years.

- 💡 Work with children and young people who will transition into adult services, creating alternative pathways and cost effective solutions.
- 💡 Reduce the need for residential setting and support people into alternative accommodation with a focus on security of tenure and independence.
- 💡 Develop a pathway and support people who want to and can into employment in partnership with universal services.

### **Self-funders**

Self-funders represent a significant influence in markets across the county. The council is undertaking work to map and understand self-funder demand and choices more fully and whether they have the information needed to make informed decisions. This will be a key focus for the Talk Community work, ensuring people have the right advice and support to make informed decisions for themselves or their family/friend. The council brokerage function will be enhanced to improve the support available to self-funders across the county.



## 6. Commissioning in Communities

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The council with a wide range of public, voluntary and community sector partners launched a new Suicide Prevention Strategy in 2019 and has finalised an initial action plan. The Strategy focuses on community based prevention and support, working with the media, peer led bereavement support and improving data and understanding about suicide and self-harm.

Through Talk Community, Herefordshire Council is committed to promoting positive mental wellbeing through communities and establish effective, volunteer led support for people with emerging and moderate needs in communities. There will be a key focus on self-care and mutual/peer support. This will complement wider work promoting community inclusion and new services supporting people in crisis.

### **Integrated Community Equipment Store (ICES)**

Community equipment loan services are jointly commissioned with Herefordshire NHS CCG. The council is the lead commissioner. Community equipment services have now been recommissioned, with a new contract to begin in April 2020.

The council commissions a comprehensive service including equipment for children and under Continuing Health Care (CHC) to meet complex health needs. There is an absolute commitment to high quality logistics and optimising recycling, with a focus on whole life cost of equipment.

The council will be innovating in the way in which it uses technology to promote wellbeing in the community and support independence and protect vulnerable people. This will inevitably see some change

in the nature of equipment prescribed and the way it is used. There may be opportunities over time to develop services which are complementary or parallel to community equipment, including; continence, services, wheelchair services and others. The council is seeking continuing innovation to improve the customer experience and whole life costs, along with ways of delivering social value.

### **Community Safety**

The council provides a strategic leadership across key community safety priorities and commissions services in relation to;

- Domestic abuse
- Refugee resettlement
- Asylum
- Substance misuse
- Hate crime
- Anti-social behaviour

Increasingly, Community Safety Commissioning Strategy will be developed in the context of the Talk Community initiative and through the Talk Community safety and cohesion programme. This will involve raising awareness of community safety issues among communities and finding new community based approaches, linking with schools, children’s centres and Talk Community Hubs. In doing so it will deliver some of the outcomes set in both the Learning Disability and the Autism Strategies. Priorities developed through local co-production and community engagement will include hate crime, antisocial behaviour, domestic abuse and suicide prevention.

In 2019, the council has published new whole system strategies for domestic abuse and suicide prevention. The council is unlikely to invest directly in brand new community safety services but will continue to maximise external funding opportunities and

recommissioning existing services in due course. There may be new procurement opportunities relating to refugee resettlement during for first half of 2020. Services procured will follow a strengths based approach, optimising independence of refugee families on a tapering basis.

### **Carers**

A Joint Strategy for Carers was co-produced and published in 2017, aligned to a substantial redesign of services for carers. This identified a number of priority areas including information and signposting, self-help and mutual support, universal services, and valuing the skills and knowledge of carers. The implementation of the Strategy is now being reviewed.

A new form of service for carers was mobilised in April 2019 on a five year contract based upon a locality delivery model, promoting a strengths based approach through time limited support and planning with individual carers. The assessment and support planning pathway for carers is currently being reviewed and the council is adopting the Adult Directors Association Social Services (ADASS) regional carers' scorecard approach.

Across the region there is a need and commitment to develop an employer help and support offer to employees who are carers.

The council continues to arrange and purchase replacement care for a range of user groups which provides benefit for unpaid carers.

### **Advocacy**

The council currently commissions all statutory advocacy services for adults from a single provider in one contract, including IMCA, IMHA, Care Act, NHS complaints and DOLS RPR and other roles. The

service is due for recommissioning in 2021. Advocacy for children and families is commissioned separately.

Herefordshire has experienced significant growth in demand for DOLS related advocacy in particular and continues to monitor demand and capacity locally. Demand for other branches of advocacy, notably relating to the Care Act has not grown at any great pace. Project work is now underway to evolve the advocacy offer in response to the new legislative framework for Liberty Protection Safeguards (LPS). This may lead to interim contract changes and some investment in capacity and redesign of delivery models.

- 💡 Develop the technology enabled living model.
- 💡 Focus on LPS framework and advocacy support.
- 💡 Working with communities to increase support for carers.
- 💡 Linking the work with community safety and Talk Community to ensure safe and inclusive communities.
- 💡 Working with employers to improve support for carers.

### **Mental Health**

The council is reviewing mental health needs and models of delivery. It will put particular emphasis on whole population mental wellbeing, preventing crisis and the role of communities in supporting people with emerging and moderate mental health needs.

This is a time of significant development for mental health support, with much national attention, leading to;

- Significant focus within the NHS 10 year plan
- A new mental health concordat, directed towards prevention

- New investment and redesign of community based mental health services.

In addition, in April 2020 NHS mental health and learning disability services will transfer from Gloucestershire Health and Care NHS Foundation Trust (formerly 2gether Trust) to Worcestershire Health and Care Trust. The council will be working with partners at STP level to manage and support this change.

A review and refresh of the strategic all-age mental health needs assessment will be concluded by June 2020 and this will focus substantially on prevention and the role of communities in promoting mental wellbeing. The council is working with NHS and other partners to agree a new STP Mental Health Strategy from 2020.

Herefordshire is one of 12 pilot sites for the investment in and redesign of community mental health services in the NHS. Extensive engagement and consultation is underway to develop ideas for services which are more consistent and responsive and provide continuity and flexibility for people with enduring needs.

### Prevention and wellbeing

Ensuring “wellbeing in all council decisions” and “wellbeing in all commissioning” are key for the council: this will include working with Providers to support the health and wellbeing of the wider public as well as the people for whom services are provided.

Communities will also have a part to play in supporting people to be healthy and the council is committed to improving health and mental wellbeing and reducing health inequalities.

Preventing ill-health, putting in place early interventions and supporting people who need additional help will be a focus for the council and will be reflected in all tender proposals, together with a need to demonstrate social value – which should respond to local community needs.

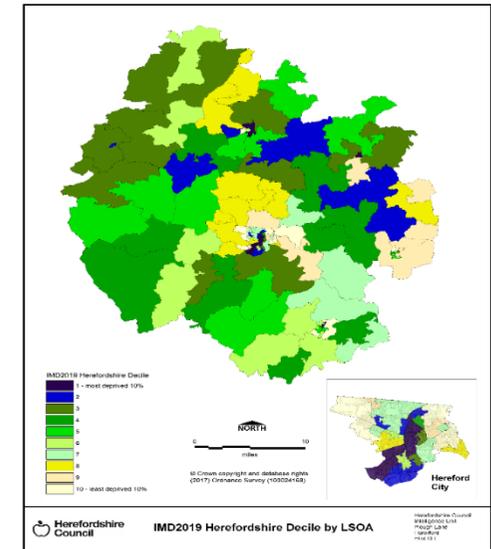
### Population health

information indicates that Herefordshire is in line with the national England average for preventable mortality (for adults aged under 75) related to the following preventable diseases:

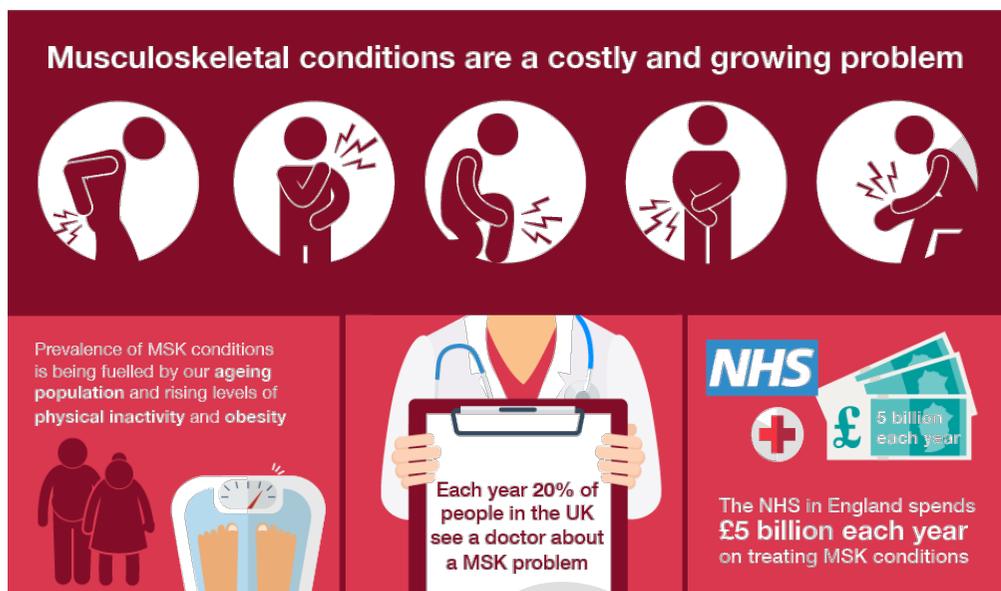
- Coronary Heart Disease (male and female)
- Cancer (male and female)
- Liver disease (male and female)
- Respiratory disease (male and female)

However, we aspire to achieving more to reduce premature mortality and also to enable our residents to live a longer life and have a better quality of life.

There is much that we can do collectively to achieve this, including specialist programmes, training and resources, but it will also need to include Provider services ensuring that access to screening and immunisation programmes are made available and accessible to clients and that clients and families are aware of what is available locally to improve health and wellbeing.



An example of this is of musculoskeletal conditions and the impact of falls on the health of individuals, as well as the impact on Providers (see infographic below).



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Falls can often occur at home and go unreported but it is estimated that approximately one third of adults over 65 fall each year (NICE, 2018) and that approximately 95% of hip fractures in over 65s are a result of a fall (CDC, 2017). In Herefordshire, the population of older adults aged 65 and over in 2018 was 46,625 (PHE, 2018), and in this same year approximately 114 people aged 65 and over were admitted to hospital with a hip fracture; this follows on from a consistent trend of previous years. Osteoporosis is associated with changes in balance and physical performance and has psychosocial consequences which increase the risk of falling and the risk of sustaining a neck or femur/hip fracture. Data from the Quality Outcomes Framework (QOF) demonstrates that the rate of osteoporosis amongst adults aged 50 and over in the year 2018/19 in Herefordshire was 871 per 100,000 - which is worse than the national benchmark. More should be done to target and improve management of this preventable risk factor for fragility fractures. Multiple medications is also a risk factor for falls in older adults, and according to the GP Patient Survey 2018 for Herefordshire CCG, 34% of over 65s are on 5 or more regular medications. This highlights the opportunity for effective case-finding of patients and appropriate medicines management for patients at risk of a fall.

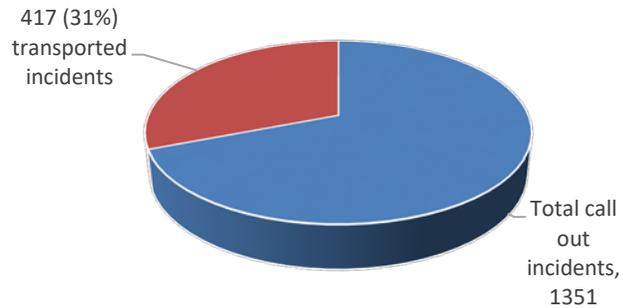
### Falls

In 2017, over 12,000 older people in Herefordshire experienced a fall, with the number expected to rise by 19% by 2025 to around 14,500 and to over 18,100 by 2035. Falling can have serious consequences, especially among older people. It can result in a fracture, admission to hospital, disability, and admission to a residential or nursing home. Falls prevention forms part of the England priority of productive healthy ageing, and should continue to be a priority for Herefordshire.

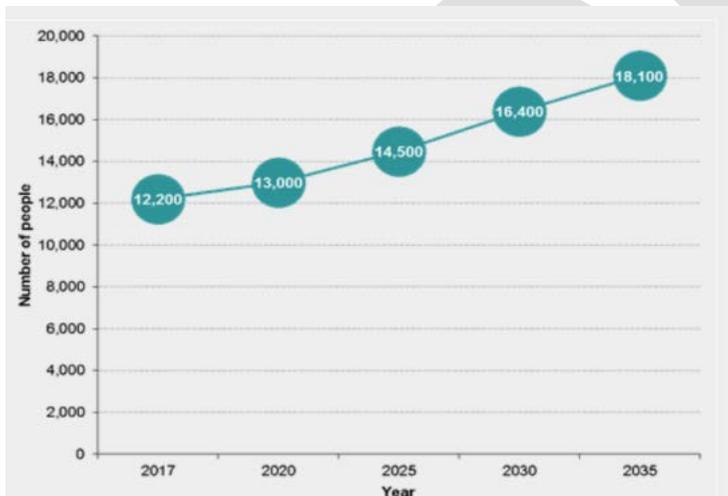
### West Midlands Ambulance Service (WMAS) falls activity

Falls account for around 40% of all ambulance call-outs to the homes of people over 65 nationally. In Herefordshire CCG, WMAS activity data shows that in 2018-19, of those 1351 older adults aged 65 and over who were attended by an ambulance following a fall, 31% were transported to A&E.

### **Total volume of WMAS call-out incidents and volume of transported incidents (%) for falls in adults aged 65 and over in Herefordshire 2018-2019.**



### **\*Estimated number of people aged 65 and over predicted to have a fall in Herefordshire 2017 to 2035**



- 💡 Prevent falls and improve access to falls prevention and management services, including digital solutions.
- 💡 Reduce obesity and improve dental health.
- 💡 Focus on workplace health to improve adult health and mental wellbeing will impact on healthy ageing.
- 💡 Health protection measures to increase screening and immunisation across settings are a priority.
- 💡 Inter-generational approach to service delivery/community-led approaches.
- 💡 Target resources to deprivation areas to support demand management.
- 💡 Use the health and wellbeing survey with children and young people to inform future commissioning intentions.
- 💡 Development of resources and tools to support the shared agenda's e.g. Reasonable Adjustments through MECC+, working with Healthwatch and providers.

The council takes a life-course approach across children and families, adults and communities, the economy and places where people live, so all prevention and wellbeing action includes planning, services for families, schools and colleges and links directly with the Talk Community approach.

*\*Prepared by Joint Strategic Needs Assessment Herefordshire, data source; Institute of Public Care. Projecting Older People Population Information (POPPI) System*

## Workforce

The adult social care workforce is growing. Across England it has increased by 21% since 2009, and in the West Midlands region, by 9% since 2012. In 2017 the adult social care sector in England had an estimated 21,200 organisations, 41,000 care providing locations and 1.6 million jobs. In Herefordshire there were an estimated 6,300 jobs in adult social care split between local authorities (5%), independent sector providers (84%) and jobs for direct payment recipients (11%). As at March 2020 Herefordshire contained 143 CQC regulated services; of these, 87 were residential and 56 were non-residential services.

If the workforce grows proportionally to the projected number of people aged 65 and over then the number of adult social care jobs in the West Midlands region will increase by 35% (from 170,000 to 229,000 jobs) by 2035. Skills for Care produce workforce forecasts at a local level.

Skills for Care estimates that the turnover rate in Herefordshire was 38.4%, higher than the region average of 29.5% and higher than the England average at 30.70%. Not all turnover results in workers leaving the sector, nearly two thirds (61%) of those recruited came from within the adult social care sector; therefore, although employers need to recruit to these posts, the sector retains their skills and experience.

Adult social care has an experienced 'core' of workers. Workers in Herefordshire had on average 8.3 years of experience in the sector and 68% of the workforce had been working in the sector for at least three years.

The council and partners have worked together to promote the care sector particularly through the 'care hero' brand and this will continue to build upon a strong relationship with the market to improve terms and conditions for the workforce.



[www.careheroes.co.uk](http://www.careheroes.co.uk)

The ageing demographics highlighted in the maps at the beginning of this document also highlight the potential issues with an ageing workforce and therefore this is considered a priority for the council and providers.

## Dementia

Herefordshire and Worcestershire STP have recently agreed and will implement a new Herefordshire and Worcestershire Living Well with Dementia Strategy (HWLWD) which aims for people to live well with dementia based on the following areas:

Preventing well

Diagnosing well

Supporting well

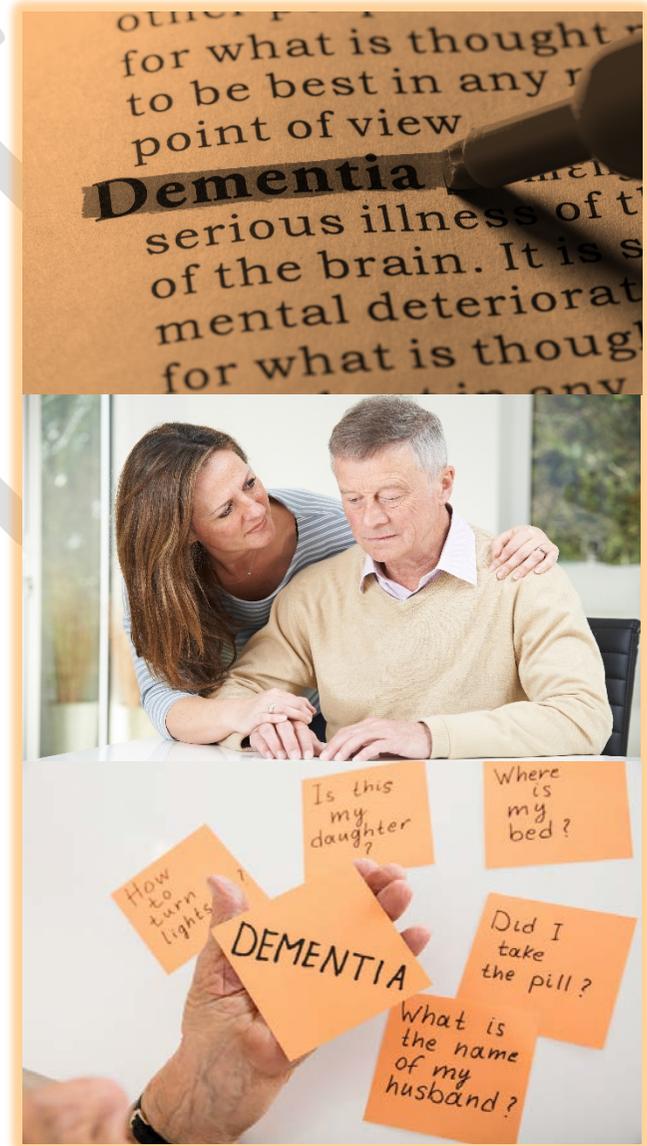
Living well

Dying well



Local diagnosis rates are at 58.9% which is under the national target of 67%. This can be for many reasons and the strategy incorporates a plan to tackle this and ensure support is available for the individual and wider support network.

Due to the ageing population, dementia will continue to rise and therefore it has to be a priority for awareness raising and support to Providers and communities to help support all those affected by dementia so they can live well with dementia. This will be a focus area for commissioners across all areas.





## 7. Quality

Care homes as well as commissioned services such as home care; supported living and community activity providers receive a quality assurance visit annually from the quality and improvement team.

The council considers its approach to improving quality one of support to of all these services.

Herefordshire Council has an established joint Quality Assurance Framework (QAF) which sets out how the Council will support continuous improvements for all working age adult commissioned services. Our aim is to deliver a quality of service that exceeds expectations, to ensure people get the service they deserve through:

**Collaboration:** using a wide range of skills of stakeholders and partners to support with training, best practice benchmarking, guidance and joint initiatives and involvement of everyone in continuous improvement.

**Communication:** to establish common shared aims and objectives, clearly defined and aligned processes and agreed timeframes for improvement. Using all feedback to measure progress to drive quality.

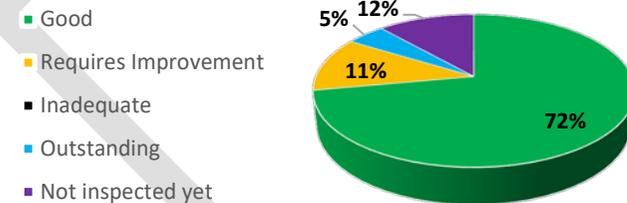
**Consideration:** supporting improvements through evidence based practice and recognising the diverse range of providers, many of which are small, “home grown” and do not have the back office services that a multi-national organisation may have.

**Challenge:** the thinking and perceptions of stakeholders. Support to build strengths and use the feedback to drive innovation and new approaches.

Unregulated services such as day opportunities are subjected to quarterly contract compliance meetings as well as the work with registered CQC services.

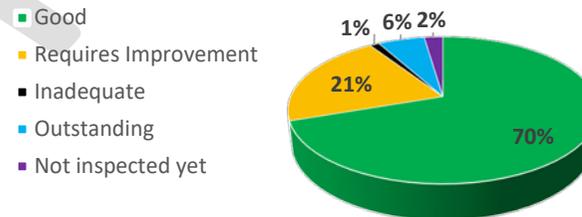
The following data pie charts are an illustration of the current quality of services within Herefordshire:-

Herefordshire CQC Inspection Rating  
(Home Care - as of 31<sup>st</sup> May 2020)



Source: CQC Ratings data September 2019

Herefordshire CQC Inspection Rating  
(Residential & Nursing as of 31<sup>st</sup> May 2020)



- 💡 Train and support providers to improve quality, leading to improved recruitment and retention of the wider workforce.
- 💡 Improve dementia support and awareness to carers, providers and communities.
- 💡 Build upon the ‘care hero’ local brand
- 💡 Improve the quality across the health and social care market



## 8. How well is the council doing

Herefordshire council continues to do well with the views of those in receipt of care and support considering its reducing budgets and increasing complexities of care.

The below survey which is completed annually demonstrates improvements in customers views of the service and support they have received.



The council will need to consider how it captures the wider views of individuals through models such as Talk Community hubs and through quality and compliance team contract and quality visits.

The voice of residents and the wider workforce will be key to capture for future design principles and delivery.

Adult Social Care Survey		2017/18 Indicator	2018/19 Indicator	Trend
(1A)	Social care-related quality of life. <i>It is a composite measure using responses to survey questions covering the eight domains identified in the ASCOF; control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation.</i>	19.8	19.8	→
(1B)	The proportion of people who use services who have control over their daily life.	81.0%	83.0%	↑
(1I1)	The proportion of people who use services who reported that they had as much social contact as they would like.	53.0%	54.7%	↑
(3A)	Overall satisfaction of people who use service with their care and support.	72.0%	73.1%	↑
(3D1)	The proportion of people who use services who find it easy to find information about services.	69.0%	72.2%	↑
(4B)	The proportion of people who use services who say that those services have made them feel safe and secure.	85.9%	87.7%	↑





## 9. Commissioning Intentions

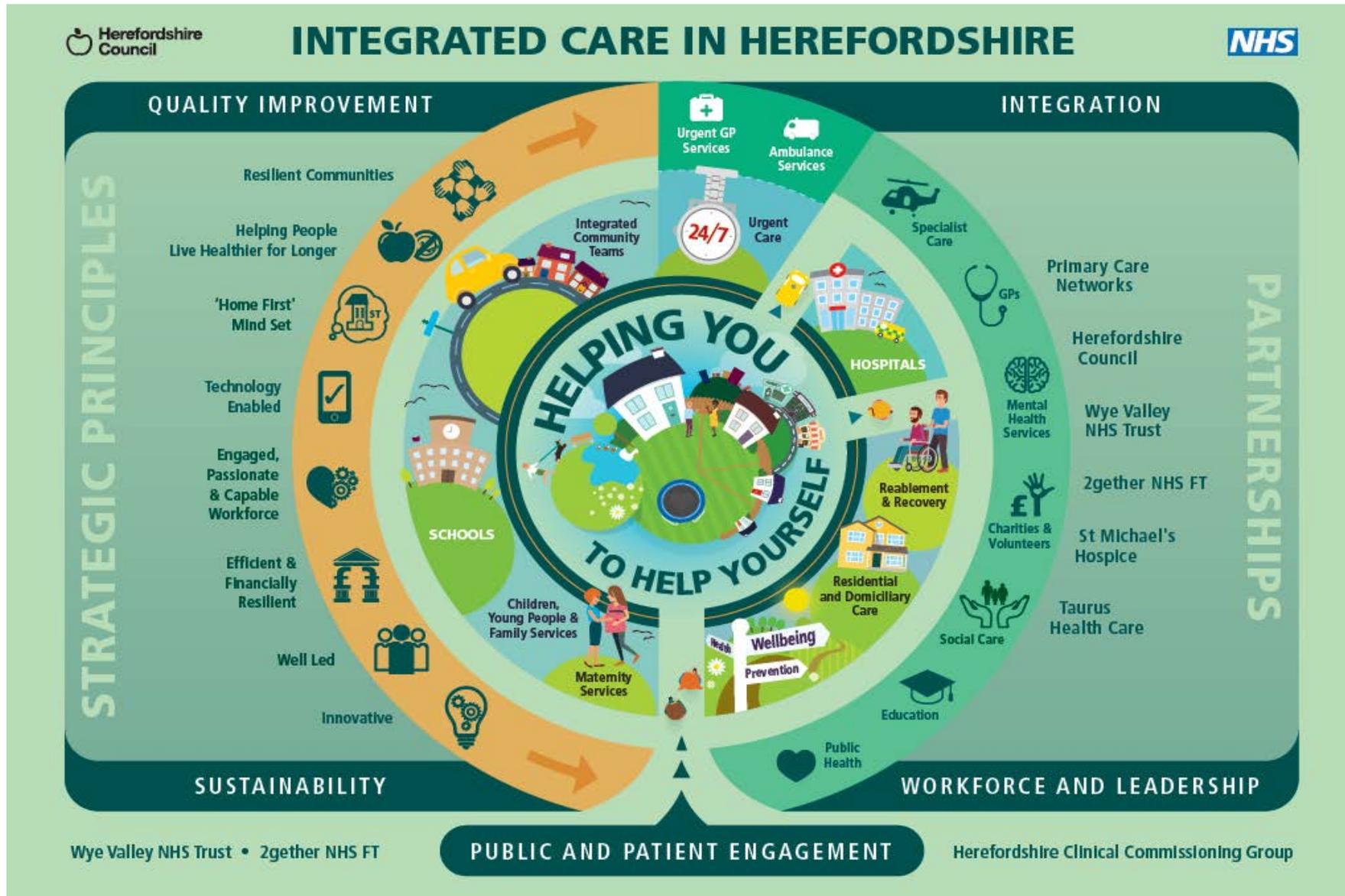
Intention	Why	How
<p>1. Demand management through strength based approach and developing models and services that will support the principle that “home and family can be best”.</p>	<p>People want to be able to remain in their own home. Supporting people to remain at home and independent is a corporate objective.</p> <p>The projected increase in care home placements is unrealistic and not sustainable, targeted work to reduce this demand will be co-ordinated moving forward and will form commissioning and operational approaches.</p> <p>Care at home providers need to consolidate to give volume and ensure future viability.</p> <p>Most children and young people are best supported to achieve good outcomes in stable family environments</p> <p>Herefordshire has higher rates of looked after children and care leavers compared to its statistical neighbours, which impacts on outcomes and is not sustainable</p>	<p>Deregister residential homes where appropriate.</p> <p>Support homes to change model and approach such as moving to a nursing model.</p> <p>Support the development of a council Accommodation Strategy.</p> <p>Reconfigure and reduce the number of care at home providers.</p> <p>Consider potential in-house infrastructure of staff to support improving resilience against the sector.</p> <p>Implement a new Early Help strategy for children and families that further develops community resources and commissioned services</p> <p>Implement Signs of Safety, a new strengths based practice model across children’s social care, partner agencies and service providers</p> <p>Invest in targeted support for children who are on the edge of looked after car or reunification home</p>
<p>2. Create a versatile, cost effective and sustainable market at a Primary Care Network (PCN) level.</p>	<p>Herefordshire does not have high volumes to commission services for, therefore Providers need to diversify where appropriate to order to remain viable.</p> <p>The council is scoping its role within the market and is considering insourcing some services where the market cannot respond to need delivering cost effective, good quality solutions.</p>	<p>Local authority to review options on delivering in house care and support provision.</p> <p>Work closer with health to develop local response at PCN level to ensure anticipatory care management.</p>

Intention	Why	How
3. Increase and improve services that support complex and challenging behaviours such as autism or dementia.	Those presenting with behaviours that challenge can cost the most and take the most time to find appropriate support.	<p>Collaborate with CCG, children services and cross border authorities to develop the provider market.</p> <p>Develop a complex support framework.</p> <p>Develop a training offer with Providers and communities.</p> <p>Ensure built environments match the needs, through the Accommodation Strategy.</p> <p>Increase local capacity to provide appropriate fostering and residential accommodation for looked after children in line with the <u>placement sufficiency strategy</u></p> <p>Continue to improve that transition from childhood to adulthood for young people with complex needs</p>
4. Enhanced support for those who fund their own care.	Herefordshire has a high number of those who self-fund their own care. In many cases these individuals do not access social care support and may make decisions based on poor information during a time of crisis. The council has a duty to support the whole market, and in some cases can also broker their support.	<p>Greater support, information and advice for self-funders.</p> <p>Develop and enhance broker support to those who self-fund.</p> <p>Enhance anticipatory care planning at PCN level.</p>
5. Work across health services, children and young people services and adult services to integrate our commissioning and market management approach where appropriate.	Herefordshire has a limited market but one which with the right support could diversify and align itself to a strength based model. We need to work together to make best use of resources.	<p>Jointly commission/fund where appropriate</p> <p>Improve the links with the transition cohort to start early planning.</p> <p>Joint Provider meetings.</p> <p>Link in with stakeholders to discuss potential for joined up procurement.</p>
6. Invest in early help prevention and community services.	A key strategic focus as a system is on prevention services to prevent the need for formal, expensive services and keep people well and independent for longer.	Further development of Talk Community and linking in with the voluntary sector to support at a local level.
7. Improve and embed mental health and wellbeing in all services design.	In order to prevent potential high cost care packages, the council recognises the challenge to support and keep people well within their communities. This needs to include children as well as adults.	<p>Implement and update Herefordshire's <u>children and young people's mental health transformation plan</u> and new Mental Health Support Teams in schools</p> <p>Link support to the Talk Community hubs.</p> <p>Ensure support is available such healthy lifestyles.</p>

Intention	Why	How
8. Support and develop the health, family support and social care workforce.	<p>Workforce pressures are one of the highest risk areas for Adults and Communities. Quality and choice are substantially affect the service people receive.</p> <p>Recruitment and retention in the market needs to be targeted to at least ensure that they are trained to a high standard and have the right values to work in social care.</p>	<p>Enhance the training offer for the workforce.</p> <p>Social value to be added to all contract and procurement processes.</p> <p>Develop contracts to support workforce.</p> <p>Improve quality.</p>
9. Embed technology where it delivers benefits across pathways and services.	<p>Pressure in the workforce market and rurality issues present opportunities to use technology in a creative and innovative way.</p>	<p>Pilot the use of technology to inform commissioning models.</p> <p>Develop a comprehensive Technology Enabled Living (TEL) service design to be proactive and predictive.</p> <p>Embed technology in all service specifications and monitoring where appropriate.</p>
10. Promote an inclusive customer focus to ensure fair access to services.	<p>It is fundamental that individuals are at the heart of all activities and services. The council will work to ensure vulnerable people such as those with a learning disability and/or autism have equal access to services.</p> <p>Our ageing population will have increased mobility issues. Design and decisions will need to be taken into account.</p>	<p>Promote employment and training opportunities for care leavers and young people with special educational needs and disabilities</p> <p>Increase access for people with a Learning Disability into work and volunteer opportunities.</p> <p>Support local businesses to employ and support vulnerable adults.</p> <p>Business support for Providers to help them make reasonable adjustments.</p> <p>Commissioning decisions and service designs are co-produced with people.</p> <p>Improve the feedback from residents to help informs services.</p>

Adults and wellbeing Blueprint

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## Glossary

<b>ADASS</b>	Association of Directors of Adult Social Care
<b>ACD</b>	Adults and Communities Directorate
<b>AWD</b>	Adults' Wellbeing Directorate
<b>BCF</b>	Better Care Fund
<b>CFD</b>	Children and Families Directorate
<b>CHC</b>	Continuing Health Care
<b>CQC</b>	Care Quality Commission
<b>DOLS</b>	Deprivation of Liberty
<b>DPs</b>	Direct Payments
<b>DToC</b>	Delayed Transfers of Care
<b>HCCG</b>	Herefordshire Clinical Commissioning Group
<b>ICES</b>	Integrated Community Equipment Store
<b>IMCA</b>	Independent Mental Capacity Advocacy
<b>IMHA</b>	Independent Mental Health Advocacy
<b>LD</b>	Learning Disability
<b>LGA</b>	The Local Government Association
<b>LPS</b>	Liberty Protection Safeguards
<b>MECC</b>	Making Every Contact Count
<b>MPS</b>	Market Position Statement
<b>NHS</b>	National Health Service
<b>PCN</b>	Primary Care Networks
<b>RPR</b>	Relevant Person's Representative
<b>STP</b>	Sustainability Transformation Partnerships



<b>Meeting:</b>	<b>Adults and wellbeing scrutiny committee</b>
<b>Meeting date:</b>	<b>Monday 23 November 2020</b>
<b>Title of report:</b>	<b>Committee work programme</b>
<b>Report by:</b>	<b>Democratic services</b>

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

All wards

## Purpose

To consider the committee's work programme.

## Recommendations

That:

- (a) **subject to any additional items of business identified for inclusion, the committee's work programme priorities be considered in detail at the scrutiny work programming session to be held on 20 November 2020; and**
- (b) **the updated schedule of recommendations and responses in appendix 1 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

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Further information on the subject of this report is available from  
Ben Baugh, email: [ben.baugh2@herefordshire.gov.uk](mailto:ben.baugh2@herefordshire.gov.uk)

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. During 2019/20, the committee identified potential items for future consideration, including:
  - Community services redesign
  - Dementia strategy and progress with the action plan
  - Domestic abuse strategy 2019-2022 update
  - Funding and implementation plans for the new Clinical Commissioning Group (CCG) footprint
  - Integrated discharge care pathway and Delayed Transfers of Care (DToC)
  - Learning disability services
  - Mental health services
  - NHS Continuing Healthcare
  - Sexual health service
  - Talk Community
  - West Midlands Ambulance Service
4. Potential items have also been suggested on:
  - Care homes
  - Carers' strategy
  - COVID-19 system response
  - Herefordshire Safeguarding Adults Board annual report
  - Substance misuse
  - Think 111
5. A scrutiny work programming session for scrutiny committee members has been arranged for 20 November 2020 which will provide the opportunity to consider potential items and set priorities for the period to May 2021.
6. The work programme will remain under regular review 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.

#### **Meeting dates for 2020/21**

8. The following meeting dates for 2020/21 are scheduled:
  - Monday 18 January 2021, 10.00 am
  - Monday 29 March 2021, 2.30 pm

## Schedule of recommendations and responses

9. Appended to this report is a schedule of the recommendations made by the committee during 2020 and the responses received. This has been updated to reflect the recommendations made at the last meeting (minute 7 of 21 September 2020 refers) in relation to 'Suicide prevention strategy implementation' and the responses received.

## Constitutional matters

### Task and finish groups

10. 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.
11. 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 two 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. The committee will appoint the chairperson of a task and finish group.

### 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.

### Forward plan

13. 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:

[Forthcoming decisions](#)

### Suggestions for scrutiny from members of the public

14. Suggestions for scrutiny are invited from members of the public through the council's website, accessible through the link below:

[Get involved](#)

## Community impact

15. In accordance with the adopted code of corporate governance, 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. Topics selected for scrutiny should have regard to what matters to residents.

## Equality duty

16. 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.
17. 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

18. 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

19. The remit of the scrutiny committee is set out in part 3, section 4.5 of the constitution and the role of the scrutiny committee is set out in part 2, section 2.6.5 of the constitution. The council is required to deliver a scrutiny function.

## Risk management

20.

Risk / opportunity

Mitigation

There is a reputational risk to the council if the scrutiny function does not operate effectively.

The arrangements for the development of the work programme should help mitigate this risk.

## Consultees

21. A work programming session involving scrutiny committee members was held in June 2019 and another session is due to be held in November 2020. The work programme is reviewed at every committee meeting and during business planning meetings between the chairperson, vice-chairperson and statutory scrutiny officer.

## **Appendices**

Appendix 1      Schedule of recommendations and responses

## **Background papers**

None identified.



Adults and wellbeing scrutiny committee, schedule of recommendations and responses

13 January 2020		
Item	Recommendations	Responses
Minor injury units (MIUs)	<p>In view of the recurring temporary closures of the Minor Injury Units in Leominster and Ross-on-Wye, that the Clinical Commissioning Group be recommended to undertake a full options appraisal, with a more relevant set of statistical information (to include the total number of MIUs in the country and how many have closed during winter periods) and an evidence base obtained from healthcare providers and system partners, on future options for the Minor Injury Units to include an appraisal of the future of the community hospitals.</p> <p>That the Clinical Commissioning Group and Herefordshire Council officers develop a joint protocol or memorandum of understanding (to be produced by the end of April), about how the parties will reach a view as to whether or not any changes in the provision of health services constitute ‘substantial development’ or ‘substantial variation’ in relation to the duty on relevant NHS bodies and health service providers to involve and consult the public, including the relevant scrutiny committee(s).</p> <p>That the Clinical Commissioning Group review the approach to consultation and engagement generally where there is a likely to be an impact on communities and service providers.</p> <p>Joined up communications in GP surgeries, pharmacies and other healthcare services to highlight where people need to go to access appropriate healthcare relative to the health conditions they present with.</p>	<p>NHS Herefordshire and Worcestershire Clinical Commissioning Group will undertake the options appraisal of all minor injury units in the county. This will be in response to the repeated winter plans that have led to the closure of Leominster &amp; Ross MIUs. This will include statistical information. Investigation has shown that information on other MIUs temporary closures in England is not available. The options appraisal will include an evidence base. This is underway.</p> <p>NHS Herefordshire and Worcestershire Clinical Commissioning Group is required to operate to NHS England guidance on service change including what constitutes substantial service development or service change. The CCG is developing an engagement framework.</p> <p>NHS Herefordshire and Worcestershire Clinical Commissioning Group has a statutory duty to consult and engage as part of its core function. This includes the engagement work that it directly undertakes and that undertaken in conjunction with other agencies. From April 2020, NHS Herefordshire and Worcestershire CCG has recognised this core function with a Lay member lead for Patient Public Involvement as part of its Governing Body, and a dedicated team for communication and engagement. The team will link to other service providers through the One Herefordshire Communication and Engagement Group, of which the Council is also a member. The CCG will also continue with its established links with Healthwatch Herefordshire, both to inform and to deliver engagement.</p> <p>NHS Herefordshire and Worcestershire Clinical Commissioning Group has undertaken this through the work of the One Herefordshire Communication and Engagement Group. Campaigns include localised amplification of the national ‘Help Us Help You’ campaign. This is supported by all partners which includes messaging for where to go for help ie local pharmacy, 111/GP services along with rolling seasonal messaging around Flu, Summer safety/allergies.</p>

## Adults and wellbeing scrutiny committee, schedule of recommendations and responses

<b>2 March 2020</b>		
Item	Recommendations	Responses
<p>Briefing paper on NHS Continuing Healthcare (NHS CHC)</p>	<p>In collaboration with Herefordshire Council, where appropriate, it be recommended to the clinical commissioning group:</p> <p>To provide a rationale, with data (in numbers), as to why Herefordshire is not achieving the expected levels of NHS Continuing Healthcare when compared with other clinical commissioning group and local authority comparator areas.</p> <p>To follow up the request from the adults and wellbeing scrutiny committee on the commitment to provide responses to the recommendations set out in the jointly commissioned Parry report.</p> <p>To provide details on the numbers of NHS Continuing Healthcare appeals and the number of successful appeals before and since 2016.</p> <p>To explain how the various discharge pathways are able to pick up the patients where NHS Continuing Healthcare is deemed, or not deemed, to apply and how further assessments of NHS Continuing Healthcare are triggered.</p> <p>Where there are changes to services that are likely to impact on the wider system, that partners are engaged in conversations at the earliest opportunity.</p>	<p>NHS Herefordshire and Worcestershire Clinical Commissioning Group CHC teams have been deployed to support the level 4 national response. The CHC process has also been suspended during the response phase with restart date / process yet to be defined.</p> <p>Once the CHC team are released from the level 4 response responsibilities, an updated position report covering all the CHC recommendations will be developed with presentation at the July meeting of the Adults and Wellbeing Scrutiny Committee. This response will be completed in full collaboration with the relevant teams in Herefordshire council.</p>

## Adults and wellbeing scrutiny committee, schedule of recommendations and responses

Item	Recommendations	Responses
<p>Performance monitoring – NHS Herefordshire Clinical Commissioning Group</p>	<p>In collaboration with Herefordshire Council, where appropriate, it be recommended to the clinical commissioning group:</p> <p>That a consistent set of system figures are used - going forward - (e.g. Delayed Transfers of Care), including comparative data for Herefordshire and Worcestershire.</p> <p>That it ensure that the new integrated dashboard moves away from the current RAG rating system and moves to the wider statistical narrative provided in the Worcestershire performance dashboard, with Herefordshire based performance commentaries provided.</p> <p>The outcomes of the cohort of residents being treated under the Welsh system be included in the dashboard figures.</p>	<p>NHS Herefordshire and Worcestershire Clinical Commissioning Group formally merged on 1<sup>st</sup> April 2020. In relation to performance reporting:</p> <ul style="list-style-type: none"> <li>• Reporting is moving to the single CCG from the previous 4.</li> <li>• A single performance report is in development which will provide comparative data for Herefordshire and Worcestershire (at county level and regional / national as appropriate)</li> <li>• A single approach to reporting DToC will be agreed with both Herefordshire and Worcestershire local authorities. Due to focus on the level 4 COVID response this has not yet happened but will once capacity in all teams allows.</li> </ul> <p>NHS Herefordshire and Worcestershire Clinical Commissioning Group is developing a new performance report which will report to the Governing Body for the first time in June. This is fully compliant with the recommendations for Herefordshire Adults and Wellbeing Scrutiny Committee and will be shared, respecting the relevant governance timelines.</p> <p>NHS Herefordshire and Worcestershire Clinical Commissioning Group and Wye Valley Trust both report on the Welsh cohort as appropriate. For example, Powys Health Board are currently joining the level 4 incident silver and gold calls. The Powys demand around COVID is fully visible and considered in the demand and capacity modelling and onward flow processes.</p>

## Adults and wellbeing scrutiny committee, schedule of recommendations and responses

<b>21 September 2020</b>		
Item	Recommendations	Responses
Suicide prevention strategy implementation	<p>That the committee recommends to the executive:</p> <p>(a) That the updated suicide prevention action plan is circulated to the committee with clear organisational leads identified against specific actions within the plan, including the role and responsibilities of the Mental Health Partnership Board; where it is possible and appropriate to do so, to include the relevant Key Performance Indicators (KPIs) of where progress is expected to be made.</p> <p>Noting the resource implications for monitoring the suicide prevention action plan, focus should be given to allocating resource from the Wave 3 funding to ensure that data and trends can be presented and reported on.</p> <p>(b) Consideration is given to a re-prioritisation of our more vulnerable at risk groups as we enter into a more financially and emotionally challenging period.</p> <p>(c) The committee is provided with the updated suicide data for 2019 once the new figures are available.</p> <p>(d) That parish councils, faith groups and other local community points of contact are given information to share and are placed as central stakeholders in assisting the communication/signposting of information and advice about suicide prevention, sources of support and assistance.</p> <p>(e) Consideration is given to comparing Herefordshire's suicide data with other comparable local authority area data to ascertain whether any patterns or trends can be identified that might strengthen our knowledge and targeted interventions in preventing suicides.</p>	<p>The updated action plan will be provided and circulated, as requested.</p> <p>The wave three funding is held by Worcestershire and Herefordshire CCG and has been committed to a project team, which will be largely focused upon direct prevention and awareness work in the community. The team will contribute to implementation of the strategy and performance reporting on those elements. It will not be possible to direct the funding towards wider data collection or reporting.</p> <p>This will be considered in discussion with partner organisations, taking account of the potential to actually identify or reach people at risk and the resources available to support this.</p> <p>The latest suicide data for Herefordshire will be provided as soon as it is received. This will include the year 2019.</p> <p>This can be considered for incorporation in the action plan and some key weblinks and signposting around mental wellbeing and suicide prevention can be provided to parishes and networks through HVOSS and the Diocese and other faith organisations. Opportunities will also be explored through the Parish Summits and other events.</p> <p>This comparative analysis will be undertaken and shared but it is likely that only headline data will be available for other areas. Caution is advised around the statistical significance of headline data on suicides, owing to the very small numbers involved.</p>

## Adults and wellbeing scrutiny committee, schedule of recommendations and responses

<p>(f) Consideration is given to working with bereaved families and friends to gather soft data and intelligence to strengthen our knowledge of risks and factors that lead to suicide or attempted suicides.</p> <p>(g) Due consideration be given to the LGBT+ communities in relation to assessing the support and interventions provided in supporting individuals and groups at risk.</p> <p>(h) The new GP and patient relationship is changing and there is a need to work with the new Primary Care Networks on suicide prevention.</p>	<p>Whilst this may be very difficult to do retrospectively, it will become more practicable and appropriate once real time reporting of suicides is operational. New operating arrangements can include an invitation to bereaved families to share their experiences at the appropriate time.</p> <p>This will be considered in relation to opportunities to work with local and national groups to identify people at risk and take learning from any initiatives elsewhere. It should be noted that whether someone was LGBTQ+ cannot be identified from suicide data.</p> <p>Engagement is already taking place with PCNs around suicide prevention. It is also proposed that the Director for Adults and Communities raise with PCN Clinical Directors the implications of primary care changes in this area.</p>
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