Herefordshire Council

Minutes of the meeting of the Health, Care and Wellbeing Scrutiny Committee held in Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE on Monday 17 February 2025 at 2.00 pm

Committee members present in person and voting:	**Councillors: Polly Andrews (Vice-Chairperson), Simeon Cole, Dave Davies, Elizabeth Foxton, Helen Heathfield, Louis Stark and Richard Thomas**

Others in attendance:

C Beckingham-Paul	Managing Director	Aspire Living
C Carmichael	Director of Public Health	Herefordshire Council
M Edmunds	Housing Officer	Herefordshire Council
H Hall	Corporate Director Community Wellbeing	Herefordshire Council
G Jaques	Registered Manager Shared Lives	Herefordshire Council
M Jhawar-Gill	Head of Service, Living Well	Herefordshire Council
H McSherry	Strategic Housing Manager	Herefordshire Council
H Merricks-Murgatroyd	Democratic Services Officer	Herefordshire Council
D Thornton	Democratic Services Support Officer	Herefordshire Council
S Waters		Aspire Living
D Webb	Statutory Scrutiny Officer	Herefordshire Council
G Wills	Assistant Chief Constable	West Mercia Police

31. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Pauline Crockett, Cllr Jenny Bartlett, and Cllr Mark Dykes.

32. NAMED SUBSTITUTES

Cllr Elizabeth Foxton was present as the named substitute for Cllr Pauline Crockett, Cllr Helen Heathfield was present as the named substitute for Cllr Jenny Bartlett, and Cllr Louis Stark was present as the named substitute for Cllr Mark Dykes.

33. DECLARATIONS OF INTEREST

No declarations of interest were made.

34. MINUTES

The minutes of the previous meeting were received.

Resolved: That the minutes of the meeting held on 27 January 2025 be confirmed as a correct record.

35. QUESTIONS FROM MEMBERS OF THE PUBLIC

A document containing questions received from members of the public and the responses provided was published as a supplement to the agenda on the Herefordshire Council website.

36. QUESTIONS FROM MEMBERS OF THE COUNCIL

No questions had been received from councillors.

37. WEST MERCIA POLICE 'RIGHT CARE, RIGHT PERSON' POLICY

The committee considered a report on West Mercia Police's 'Right Care, Right Person' (RCRP) policy.

The slide pack was published as part of agenda: Link to the 'Appendix 1 for West Mercia Police 'Right Care, Right Person' policy. The slides presented by the Assistant Chief Constable (West Mercia Police) are outlined below (in italics), with the principal points noted below.

A The Assistant Chief Constable introduced the presentation and welcomed the opportunity to update the committee on the policy of 'Right Care, Right Person'. The committee was advised that the policy has evolved over time since its inception as 'Most Appropriate Agency' in 2023.

B The Assistant Chief Constable presented:

RCRP in a nutshell

b.1 Clarifications were provided around what assistance is provided by the agency which is most appropriate to deliver the required service or support that is required.

b.2 The Assistant Chief Constable noted that the police is often the requested service to deliver a particular service, however, there are situations where an alternative agency would be more appropriate to deliver that service.

b.3 RCRP has evolved since its creation by Humberside Police and whilst the police remain as the default first responder in most cases, other agencies who are more appropriate to deal with other calls, such as health, are able to deal with those situations. This can help improve outcomes, and ensure that the right care is therefore delivered by the right person.

RCRP

b.4 RCRP involves collaboration with a number of different agencies with an emphasis on tailored responses to individual needs, where possible.

MAA - > RCRP

b.5 West Mercia Police's adoption of RCRP began with 'Most Appropriate Agency (MAA)' in April 2023. It has since been changed to become more aligned with the national RCRP approach.

b.6 'RCRP+' continues this approach but goes further where the principles of the policy are applied to other areas where other agencies may be better suited to delivering specific services.

Understanding our Legal Responsibilities

b.7 The policy of RCRP aligns responses with the police's legal duties and other appropriate agency roles.

Understanding Demand?

b.8 With demand being higher in certain areas, it is even more important to ensure that the right skills, training, expertise, and experience are matched to the specific needs of individuals.

b.9 The response required, therefore, will be different according to which agency can best respond.

Concerns and Emerging Narrative

b.10 The reporting of RCRP has caused some concern amongst partners and the public, however, it is important to note that RCRP is not primarily about reducing demand for policing and the police will still have an involvement in mental health and concern for welfare cases where it is needed.

b.11 Collaboration with other agencies and partners is about identifying gaps in service provision, especially as this can help address needs that are better served by other agencies.

b.12 It is important to note that the policy of RCRP can still vary according to location and therefore it accounts for different structures, geographies and demography.

RCRP Strategic Steering Group – next steps

Tactical Scrutiny Boards – Proposal

The principal points of the subsequent discussion included:

i. Comments were made about the policy's implementation with respect to Herefordshire and it was noted that the rurality of the county could enable the usage of technology such as phone-based welfare checks by social care, with the police being reserved for emergencies.

ii. In response to a question about how RCRP ensures that the 'right person' responds to a call, there was emphasis on triage and how calls could be matched to specialists, including for example social workers for welfare checks. This could be achieved by using a shared database of local resources and regular partner feedback allowing misallocations, such as police being sent to non-urgent cases, to be avoided.

iii. In addition, committee members noted the challenges in getting hold of suitably qualified personnel to address mental health emergencies, especially in Herefordshire and at weekends.

iv. It was added that under RCRP, partnerships between different stakeholders could be represented at the Strategic Steering Group in which priorities can be best aligned.

v. In response to a question about what challenges may arise in the alignment of priorities and capabilities between partners under RCRP, it was noted that challenges in Herefordshire, as well as nationally, may include limited mental health resources, for example. Where there are gaps in service provision,

collaboration with third-sector partners for lower-level interventions could prevent requests being escalated to the police and other front-line services.

vi. In addition, it was noted that prevention plays a critical role in enhancing the effectiveness of RCRP by reducing the need for escalation and ensuring that individuals receive appropriate support before their situations potentially deteriorate into crises requiring police or emergency intervention. Such an upstream approach helps support the principles of RCRP by ensuring the 'right care' by the 'right person' at the earliest stage possible.

vii. In response to a comment about the timelines that could affect the adoption of RCRP, it was noted that the pace could have been affected by the funding challenges that have affected other partners.

Prior to a short adjournment, the Vice-Chairperson thanked the Assistant Chief Constable for attending and presenting the RCRP item.

38. SUPPORTED HOUSING FOR WORKING AGE ADULTS WITH ADDITIONAL NEEDS

The committee considered a report on Supported housing for working age adults with additional needs.

The slide pack was published as part of agenda: Link to the Appendix 1 for Supported housing for working age adults with additional needs. The slides presented by the officers are outlined below (in italics), with the principal points noted below.

A The Head of Service Living Well introduced the presentation on Supported housing for working age adults with additional needs.

B The Head of Service Living Well presented:

What is supported living / housing?

b.1 It was noted that supported living as a flexible service model offering tailored support for independence under the Care Act 2014.

b.2 There are differing models for supported living and they may include individual or shared housing options.

Objectives of this Scrutiny Meeting

Current care and support by primary client group

b.3 The total number of people living in supported living is 185 and are broken down into the different categories according to primary client group.

Future demand based on identified need – 18+

Future provision and demand continued

b.4 It was noted that there is approximately 17 people who may need a Supported Living, residential or nursing service when they transition to Adults services.

b.5 Development of a commissioning strategy for working age adults in 2025/26 will include accommodation needs and will be aligned to the new Supported Housing strategy.

C The Strategic Housing Manager presented:

Housing Market Area Needs Assessment – Future Demand

c.1 There is a Housing Market Area Needs Assessment conducted every five years and the current assessment covers the period of 2020-41.

c.2 There has been a large increase in the number of older people with dementia and mobility problems whilst changes for young people are smaller. This reflects the projections that older age groups are expected to see the greatest proportional increases in population.

c.3 Regarding accommodation, the Corporate Director Community Wellbeing added that the focus is on the flexibility of accommodation being built/taken on through RPs so that homes exist for people of different conditions. The numbers that exist, as represented in the slide, help to inform future plans but are adaptable if they change.

Sourcing Accommodation in Herefordshire

c.4 It was clarified that as a non-stock holding local authority, the council is reliant on Registered Providers (RP) for housing stock and it works closely with a range of RPs to try meet demand.

c.5 In order to secure accommodation for a range of vulnerable groups, the Strategic Housing Team works in collaboration with social care.

c.6 In response to a comment on the opportunity of building suitable accommodation for different vulnerable groups, the Corporate Director Community Wellbeing noted that there will likely be a mixture of provision.

Applying for Affordable Accommodation

c.7 It was noted that there is a balancing act between negotiating accessible homes as part of the overall affordable stock. Regulations for homes are moving on all of the time and there are a lot of homes that can be adapted, if needed. However, that is different from having a fully wheel-chair accessible unit of accommodation, for example.

Supported Housing Strategy

c.8 This work will be developed in partnership with other council teams, stakeholders and people with lived experience of these services.

c.9 It does not sit on its own and it is aligned with other work such as the commissioning strategy. Therefore, while it is separate in terms of having it by legislation, it is not a standalone piece of work as it informs other such pieces of work. The aim is to have the Supported Housing Strategy complete by the end of the year.

c.10 It was added that a supported living framework went live on 1st September 2024 which has a number of providers, both new and existing, on the framework. Therefore, there is a wider scope of providers that can be chosen from to any future schemes and supported living services.

c.11 It was confirmed that the strategy will be county-wide but the team works hard to listen to what people tell them regarding where they want to live.

Provider perspective and views of people with lived experience – introductions

D The Registered Manager Shared Lives presented:

Herefordshire Shared Lives

d.1 Shared Lives offer long-term arrangements where people live on a long-term basis with other people, short breaks, and shared days.

d.2 The team assess the Shared Lives carers in depth and then support them on an ongoing basis. There is a minimum of quarterly support and monitoring visits and reviews.

d.3 Recruiting more Shared Lives carers is a high priority due to a certain amount who have/will be retiring.

d.4 In relation to a comment about what training and support is provided to Shared Lives carers, it was noted that an in-depth process is started to vet people and get to know them in understanding what they can offer. They are then put through all of the training and once the carers are known well with a better understanding of what their skills and strengths are, and a referral is received, and the needs are identified then the right Shared Lives carers will be matched to see if it is a possibility. If additional training is required, outside of the usual training, then this will be provided.

d.5 The team supports and monitors those households and if there are any concerns then they are referred back to the social work team or any health professionals that are needed.

d.6 In relation to a comment about Shared Lives providing a large number of places for people to live in and whether it should be prioritised over other supported housing solutions, it was added that there is a balance in which investment is still needed in planning and looking at other alternatives. Whilst Shared Lives has been positive, it will not be the answer for everybody and so it is important to have the choice for people depending on their needs and wants.

Accelerating Reform Funded Project

d.7 It was clarified that the Accelerating Reform Fund is a pot of money to support local authorities to develop innovative services which Shared Lives has been recognised as being.

d.8 Work is ongoing with the Transformation and Improvement Team to raise awareness Herefordshire Shared Lives.

d.9 The webpages have been updated and recently, work has been done with Shooting Reels to create some videos with households involved in Shared Lives.
Following the presentation, the Vice-Chairperson invited Chris Beckingham-Paul (Aspire Living) to speak. The principal points include:

i. Chris Beckingham-Paul noted that Aspire Living has been working in Herefordshire since 1987 and currently provides support to people with learning disabilities across multiple counties including Worcestershire, Herefordshire and Gloucestershire.

ii. Currently over 350 people are being supported by Aspire either in the community or in single occupancy or shared households.

iii. Aspire currently deliver a range of 8,000 hours of support per week.

iv. The latest overall CQC rating is Good and was Outstanding in the 'responsive' category.

v. From a supported living perspective, currently 66 people are being supported in 18 supported living houses, delivering in the region of 3,000 hours per week.

vi. Support can range from targeted support, based on the needs of each individual, or 24-hour support can be provided. The aim is to promote independence and ensuring that those supported have as much choice and control over the decisions they make in their lives.

vii. Aspire also believes in the principle of 'just enough support' where people are not over-supported as this can create dependency. The ethos of Aspire is to provide enough support to promote greater independence and either see support levels reduce or see people move on to greater independence.

viii. Work has been done to develop a partnership approach in working with colleagues across Herefordshire Council. It has not been easy due to a constant turnover of people in key positions such as within the Commissioning team and the Operational team.

ix. However, in the last year-to-eighteen months, things have got a lot better and this has been fed back to CQC and the Corporate Director Community Wellbeing has done an excellent job in the time she has been in post at the council.

x. Currently Aspire are working very closely with the Commissioning team and with the Head of Service Living Well and other colleagues including looking at the Learning Disability Strategy.

xi. Aspire is keen to work with Herefordshire Council to look at future demand to look at improved strategic planning and identifying what support and accommodation solutions may be required in the future.

The draft recommendations were then read out by the Statutory Scrutiny Officer, and the following resolution was agreed by the committee.

Resolved:

That Herefordshire Council:

1. **Brings forward an *Accommodation with Care Strategy* to aid the reduction in cost pressures in the Health and Wellbeing Directorate.**

39. ALL-AGE CARERS' STRATEGY ACTION PLAN – WORKING GROUP TERMS OF REFERENCE

The committee considered the formation of a working group to scrutinise development of the All-Age Carers' strategy action plan; the draft terms of reference were attached to the report: Link to Appendix 1.

The Statutory Scrutiny Officer presented the report and explained the background to the All-age carers' strategy which was presented to Cabinet in 2024 where it was suggested that the Health, Care, and Wellbeing Scrutiny Committee may wish to look at the action plan that would underpin the strategy. It was agreed that this work would be done as a working group as the working group is chaired by a layperson. It was felt that less formal idea-sharing would foster greater discussion and any findings could then be formally presented to the committee thereafter.

Resolved:

That the committee form a working group according to the terms of reference attached to the report at Appendix 1.

40. WORK PROGRAMME 2024/5

The Statutory Scrutiny Officer noted the draft work programme for the Health, Care, and Wellbeing Scrutiny Committee for the municipal year 2024/25.

Resolved that:

The committee agree the work programme for Health, Care, and Wellbeing Scrutiny Committee contained in the work programme report attached as appendix 1.

41. DATE OF THE NEXT MEETING

The next scheduled meeting in public was confirmed as Monday 31 March 2025, 2.00 pm.

The meeting ended at 4.14 pm **Chairperson**