Herefordshire Council

Agenda

Adults and wellbeing scrutiny committee

Date: **Monday 18 November 2019**

Time: **10.30 am**

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

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

For any further information please contact:

Ben Baugh, democratic services
Tel: 01432 261882
Email: ben.baugh2@herefordshire.gov.uk

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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 I'Anson
	Councillor Tim Price
	Councillor David Summers
	Councillor Kevin Tillett

Agenda

Pages

1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

2. NAMED SUBSTITUTES (IF ANY)

To receive details of any member nominated to attend the meeting in place of a member of the committee.

3. DECLARATIONS OF INTEREST

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.

4. MINUTES   7 - 16

To approve and sign the minutes of the meeting held on 18 October 2019.

5. QUESTIONS FROM MEMBERS OF THE PUBLIC

To receive any written questions from members of the public.

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www.herefordshire.gov.uk/getinvolved

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To submit a question, please email councillorservices@herefordshire.gov.uk

6. QUESTIONS FROM COUNCILLORS

To receive any written questions from councillors.

The deadline for the receipt of a question from a councillor is Tuesday 12 November 2019 at 5.00 pm.

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7. 2020/21 ADULTS AND WELLBEING BUDGET AND CORPORATE PLAN PROPOSALS   17 - 82

To seek the views of the adults and wellbeing scrutiny committee on the budget proposals for 2020/21 as they relate to the remit of the committee and on the draft corporate plan.

8. COMMITTEE WORK PROGRAMME   83 - 90

To consider the committee's work programme.

9. DATE OF NEXT MEETING

The next scheduled meeting in public is Monday 16 December 2019 at 9.30 am.

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Herefordshire Council

Minutes of the meeting of Adults and wellbeing scrutiny committee held at Committee Room 1, Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Friday 18 October 2019 at 2.00 pm

Present: **Councillor Elissa Swinglehurst (chairperson)**
Councillor Jenny Bartlett (vice-chairperson)

Councillors: Sebastian Bowen, Helen I'Anson, Tim Price, David Summers and Kevin Tillett

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In attendance: Jo-anne Alner (NHS Herefordshire Clinical Commissioning Group), Jade Brooks (NHS Herefordshire Clinical Commissioning Group), Councillor Pauline Crockett (cabinet member adults and wellbeing), Colin Merker (NHS Gloucestershire Health and Care NHS Foundation Trust), Nisha Sankey (Taurus Healthcare) and Ian Stead (Healthwatch Herefordshire)

Officers: Mandy Appleby (head of operations), Ben Baugh (democratic service officer), John Coleman (democratic services manager and statutory scrutiny officer), Paul Smith (assistant director all ages commissioning), Amy Pitt (head of integration and partnerships) and Karen Wright (director of public health)

11.   APOLOGIES FOR ABSENCE

All the committee members were present. It was noted that Councillor Felicity Norman, cabinet member children and families, had forwarded her apologies for the meeting.

12.   NAMED SUBSTITUTES

There were no substitutes.

13.   DECLARATIONS OF INTEREST

Agenda item 7 (minute 17) - One Herefordshire and Integration Briefing

Councillor David Summers, other interest, Council appointed governor on the NHS Gloucestershire Health and Care NHS Foundation Trust Council of Governors.

14.   MINUTES

Resolved:

That the minutes of the meeting held on 24 June 2019 be approved and be signed by the chairperson.

15.   QUESTIONS FROM MEMBERS OF THE PUBLIC

No written questions had been received from members of the public.

16.   QUESTIONS FROM COUNCILLORS

No written questions had been received from councillors.

17.   ONE HEREFORDSHIRE AND INTEGRATION BRIEFING

The chairperson invited Jo-anne Alner, managing director of NHS Herefordshire Clinical Commissioning Group (CCG), to provide the briefing. Ms Alner delivered the presentation 'Integrated Care Systems and One Herefordshire' and the principal points are summarised below.

Integrated Care Systems (ICSs)

1.   ICSs represented an evolution of the Sustainability and Transformation Partnership (STP) model, where health and social care partners worked collaboratively across a geographic footprint, so that '*… commissioners will make shared decisions with providers on how to use resources, design services and improve population health*' (NHS Long Term Plan, paragraph 1.51).

2.   This was not required in legislation currently but was government policy and seen as the direction of travel.   The aim for Herefordshire and Worcestershire was to become a true ICS from April 2021.

3.   Streamlined commissioning arrangements would typically involve a single CCG for each ICS / STP area and these would become leaner, more strategic organisations. It was reported that a formal letter had been received that morning confirming the merger of the four CCGs across Herefordshire and Worcestershire into one CCG from April 2020. This would provide costs savings of £2m to be redirected to frontline staffing and healthcare at a national level.

4.   There would be emphasis on supporting providers to partner with local government and other organisations on population health, inequalities and service redesign.

5.   There would be changes to funding flows and contract forms, with the aim of moving to a system control total.

Herefordshire and Worcestershire STP Vision

6.   The joint vision would remain 'Local people will live well in a supportive community with joined up care underpinned by specialist expertise and delivered in the best place by the most appropriate people'.

7.   An outline was provided of the building blocks to enable the transformation, through an integrated approach, from 'A system too reliant on emergency access and beds where people believe that hospital is the best place to be when you are unwell' to 'A system that is built around care close to home, where hospital beds are only used where somebody cannot be cared for safely in their own environment'.

The tiers in an ICS

8.   The system-wide (Herefordshire and Worcestershire), place (Herefordshire), and neighbourhood (Primary Care Network) tiers were outlined. Within Herefordshire, there would be five Primary Care Networks (PCNs), each led by a clinical director.

One Herefordshire

9.   One Herefordshire was the place based integration plan, involving partners working together locally. The principles of functional integration included integrating at the point of delivery, looking for shared efficiencies, and not shifting risk.

10.   A five year plan was being developed, aligned to the NHS Long Term Plan.

Integrated care in Herefordshire

11.   It was expected that integration would remove workforce and leadership boundaries, address financial sustainability, and deliver quality improvement.

2019/20 delivery and assurance

12.   The delivery and assurance structure of One Herefordshire was outlined, from the health and care executive alliance down to programme groups (with executive leads) focused on medicines optimisation, integrated community alliance, planned care, urgent care, other areas including specialist services, and Talk Community.

Talk Community

13.   The head of partnerships and integration explained that the Talk Community agenda was a priority area for the council, involving: working with communities to help them to be resilient and support individuals; utilising innovation and partnerships to maximise independence and wellbeing; developing place, space and economy to ensure that communities were vibrant and sustainable; and promoting prevention and helping people to lead healthy lifestyles.

14.   The six Talk Community key programmes were outlined: hubs (with 20 to be established by the end of 2019/20, with the intention to expand to up to 50 hubs); commissioning approach; business; safety and cohesion; public health; and operational developments.

15.   The director of public health said that the NHS Long Term Plan recognised the role of 'anchor organisations' that can have an impact on health and wellbeing.   It was reported that around 32k people worked in health and social care across Herefordshire and Worcestershire, many routine manual workers, and supporting them could help to improve the health and wellbeing of the population in general. In terms of place and space, making environments such as hospitals good places to work in and visit would provide opportunities to promote healthy choices.

Integrated primary and community services

16.   Ms Alner explained that integrated primary and community services was a core focus of the NHS Long Term Plan. Guidance was to be issued by government in the next few months which would outline what was expected at a neighbourhood level, including access to, and the responsiveness of, community services. The purpose of service redesign would be to support more domiciliary / home based care based on the principle 'own bed is best' and ensure that acute services operated as effectively and efficiently as possible.

Integrated care alliance board work plan

17.   An overview was provided of the projects being undertaken by the board, including: PCN development and supporting clinical directors to become leaders in their localities; integrating teams to minimise hospital admissions and improve the speed of discharge; addressing the needs of high intensity users of acute and GP services; integrating services and providing 24 hour care; and using business intelligence to anticipate demand and improve health outcomes. It was noted that integration projects not only involved cultural change on the frontline but also at an executive level.

Accident and emergency board

18. It was reported that this board was a statutory requirement and looked at the functioning and capability of accident and emergency and urgent care pathways. An overview was provided of the projects being undertaken, including: ambulance response and conveyances; reviewing the Directory of Service in order to support the ambulance service and NHS 111 to direct patients to the most appropriate service; the frailty front door initiative which was a successful new model of delivery to treat frail patients in accident and emergency and would become a seven day service shortly; the delivery of other seven day services at the hospital; Delayed Transfers of Care (DToC) reduction; and joined up advance care planning to support people's preferences and priorities for their care when reaching their end of life period.

Better Care Fund (BCF)

19. The head of partnerships and integration reported that the BCF was a national programme across both local government and the NHS to join-up health and care services. There were a number of pool budgets to deliver and support services; amounting to over £50m in Herefordshire. There were national metrics for the BCF relating to non-elective admissions, admissions to residential and care home, effectiveness of reablement, and DToC. The BCF and integration plan 2019-20 had been submitted and, in particular, this sought to continue to integrate functions and align health and care capacity to support people out of hospital and into their homes.

Achievements to date

20. Ms Alner outlined the following achievements over the last eighteen months: DToC system improvement; increased number of people supported at home rather than in community hospital; implementation of a discharge to assess facility; front door frailty team supported improvement of flow at the front door; integrated discharge function; and development of Talk Community hubs.

21. In concluding the presentation, Ms Alner said that providers had competed with each other in the past but current policy direction was about collaboration, with budgets and decision-making to be delegated to the appropriate tier.

The director of public health said that, in order to stem future demand into the NHS, it was important to recognise the wider factors which affect people's health and to build community resilience. She commented on: the value of workforce development and 'making every contact count'; the opportunity for Talk Community to connect people, helping to address loneliness and keep older people active; the potential for PCNs to help people with long term breathing problems to control their breathing better; the need to consider estates collectively; and the importance of digital inclusion. The director of public health reported that there would need to be a stronger focus on health inequalities, with dashboards and locality profiles developed for each PCN.

The chairperson said that, in view of the significance of the transformational cultural shift required, there could be a number of areas which the scrutiny committee might wish to look at more closely in the future. Ms Alner provided responses to a number of questions from the chairperson, including:

i. The One Herefordshire Health and Care Executive Alliance could only make recommendations at present, requiring the partner bodies to make separate decisions through their existing governance processes. The executive alliance provided the forum for senior executives to discuss the structural, operational and cultural changes required. It was anticipated that it would become more formal as and when future legislation allowed.

ii.   The role and work programme of the health and wellbeing board was being reviewed currently. The head of partnerships and integration added that the relationship of the board and the executive alliance could be explored in order to minimise duplication and ensure appropriate accountability.

iii.   The projects identified in the Integrated Care Alliance Board work plan were in progress, with some involving timescales over two years.

iv.   With reference to anchor organisations, the chairperson commented on the value of mental health first aid provision, for both public sector and other employers in the county.

v.   The chairperson welcomed the stated principle of not shifting risk but noted that this would need to be monitored to ensure that needs were addressed and not just moved around the system.

vi.   PCNs would be responsible for new roles in coming years, with funding aligned. For example, each PCN was in the process of recruiting a social prescriber. The importance of linking this role locally with Talk Community was noted.

vii.   With reference made to the statement in the NHS Long Term Plan Implementation Framework (page 14, paragraph 3.4) that: 'We expect systems to set out how they see the provider and commissioner landscape developing, for example to overcome challenges faced by providers in rural or remote locations…', it was reported that the draft plan submitted to NHS England / Improvement identified the particular geographic and demographic challenges in Herefordshire and in Worcestershire.

Ms Alner also provided responses to a number of questions from the vice-chairperson, including:

- One Herefordshire and its associated work programmes provided opportunities for collaboration currently but each partner organisation was still accountable for its own budget.

- The Herefordshire and Worcestershire system-wide tier would determine the funding for each county / place tier. Local authority funding would not be affected.

- With reference made to the example of the waiting time for occupational therapy, as identified in the 2019 Healthwatch engagement report, the committee was advised that integration would provide opportunities to remove boundaries, minimise duplication, and pool resources to meet the requirements of the population.

In terms of making the best use of the 'Herefordshire pound', the director of public health commented that the partners – as anchor organisations – had a part to play in terms of the local supply chain, putting social value into contracts, and using technology to generate efficiencies. The example of outpatient appointments was outlined which could be dealt with digitally or through other models of working, thereby securing savings for the NHS and reducing travel and parking costs for outpatients.

Comments and questions were invited from committee members and other attendees, the principal points included:

a.   A committee member welcomed the briefing but expressed concern about the extent of the integration in such a short space of time. Herefordshire was described as 'punching above its weight' in some services and it was considered that this position needed to be protected.

Ms Alner emphasised that there was a duty to look after the populations of both Herefordshire and Worcestershire, there were already patient flows between the two counties, and CCG presence would remain in Hereford.

b. A committee member commented on the need for urgent support for people contemplating suicide, particularly people presenting to accident and emergency.

c. Mr Stead said that Healthwatch Herefordshire supported integration and the direction of travel generally, especially supporting people at home as far as possible. It was noted that the engagement report had been well received and had been adopted by the STP. He added that it was important for local people to also have a voice in the development and operation of the PCNs. The chairperson commented that the input of Healthwatch Herefordshire was vital and highly valued.

d. In response to questions from a committee member, Ms Alner explained the funding arrangements for Herefordshire and Worcestershire in more detail and commented on the need for the CCG and providers to achieve financial balance.

    The head of partnerships and integration added that council funding streams would remain the same, with some overlap in terms of the BCF, and the council would work in collaboration with partners to commission services using the integrated approach, wrapped around the service user. She added that this would be done as organically as possible, informed by need; the example of integrated discharge was given, where an underperforming function had been examined in order to reduce duplication and improve systems and pathways.

    Ms Brooks commented that work to date on the BCF and the agreed new plan demonstrated that the NHS and the council could work together effectively and confirmed that there was proper governance and monitoring for the expenditure.

e. In response to questions from a committee member, Ms Alner explained the role of Taurus Healthcare in supporting GP practices in Herefordshire and the circumstances of the merger of the Market Street and St Katherine's GP practices in Ledbury.

f. In response to questions from a committee member: Ms Brooks said that the merger of a number of city GP practices to form the Hereford Medical Group predated the PCN model and provided opportunities to rationalise estate, offer different services, and share expertise; Ms Alner said that patients would perceive fewer boundaries through the minimisation of the number of different people visiting, the maintenance of a single digital record so that patients did not need to retell their story, and a reduction in onward referrals; Ms Alner noted the need to ensure that there was a clinically skilled workforce to deliver services in the community and said that integration would enable resources and capacity to be used more effectively; and the head of partnerships and integration confirmed that the Talk Community hubs would provide a range of offerings, informed by local need and co-produced with the community.

g. The vice-chairperson commented on the potential for health hubs to bring people together, perhaps through cafes or lunch clubs, to help address loneliness.

h. The vice-chairperson, drawing attention to the year 1 and year 2 priorities identified in the covering report, questioned how the system would assure itself that it had achieved positive change. Ms Alner advised that there were a number of health outcomes, such as healthy life expectancy, and performance outcomes, such as timely referrals, which the system would be accountable for. The director of public health added that action on prevention and health inequalities was also important.

In response to a further question, Ms Alner outlined how each tier of the ICS would be responsible for different elements of the outcome measures.

Ms Brooks noted that the committee's work programme anticipated an item on 'Clinical Commissioning Group benchmarking and performance / delivery data' for its May 2020 meeting and suggested that the outcome measures could be included in that presentation. This was welcomed by the chairperson, along with a request for more granularity around the priorities.

i. In response to a question from the chairperson, Ms Alner explained that the budget for the Herefordshire and Worcestershire footprint would be based on total population and funding at a neighbourhood level would be calculated on the basis of various factors.

j. In response to questions from the cabinet member for health and wellbeing, Ms Brooks: reiterated that the merger into one CCG in Herefordshire and Worcestershire from April 2020 had been approved and costs savings would be achieved; confirmed that significant new funding had been announced recently for Herefordshire and Worcestershire for community mental health, as one of twelve trailblazer sites in England, and outlined how the PCNs would be involved in developing and delivering the new model; considered the running of the NHS 111 helpline service in the region by the West Midlands Ambulance Service to be a positive development, as it would provide a better patient experience and ensure that they reached the right place as quickly as possible; and explained that, in relation to the recently announced temporary winter closures of the Leominster and Ross-on-Wye Minor Injury Units (MIUs), staff running the MIUs were skilled and experienced emergency nurses and would be redeployed to support urgent care at Hereford County Hospital, and Wye Valley NHS Trust had undertaken a dialogue with the affected staff.

k. In response to questions from the vice-chairperson, Ms Alner said that the application for the CCG merger had been supported in Worcestershire, the potential for joint scrutiny activity between Herefordshire and Worcestershire was a matter for the local authorities concerned, and competing demands would need to be managed but it was emphasised that the CCG was responsible for every single member of the population.

l. A committee member sought assurance about ongoing local engagement. Ms Alner commented on the work undertaken on communication and engagement with the council, GPs, and the public. Mr Stead said that Healthwatch Herefordshire was involved in many of the programme groups and reiterated the need for local engagement in the development of the PCNs.

The chair invited the committee to consider potential recommendations, suggestions included:

▪ Formalising the request for further details of the One Herefordshire priorities and outcome measures as part of the future agenda item on 'Clinical Commissioning Group benchmarking and performance / delivery data'.

▪ Exploring the potential to work in partnership with communities as part of the future agenda item on 'Talk Community hubs'.

A committee member commented that parish councils were not always aware of the opportunities available to them and urged officers to share information with ward councillors to ensure that messages were communicated as widely as possible and communities were engaged fully.

- Consideration of the legislation that would eventually come forward in relation to ICSs. The democratic services manager and statutory scrutiny officer commented that this was likely to reflect the direction of travel outlined in this briefing and the legislation may involve more detail than the committee might require.

Resolved: That

(a) **the Clinical Commissioning Group be invited to include details of the One Herefordshire priorities and outcome measures as part of the agenda item on 'Clinical Commissioning Group benchmarking and performance / delivery data' due to be received at the May 2020 committee meeting; and**

(b) **the potential to work in partnership and improve engagement with communities be explored as part of the agenda item on 'Talk Community hubs' due to be received at the March 2020 committee meeting.**

18. **WORK PROGRAMME**

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

1. NHS Herefordshire Clinical Commissioning had agreed to all the committee's recommendations in relation to the item on 'The future of the Herefordshire and Worcestershire NHS Clinical Commissioning Groups (CCG) consultation' considered at the last meeting (minute 7 refers).

2. The work programme had been updated for the committee's consideration and would be further amended to reflect the resolutions of the committee at this meeting.

3. To manage the number of items on the work programme, it was proposed that an additional meeting be held on Monday 16 December at 9.30am.

4. The chairperson suggested that scrutiny briefings be arranged for committee members to explore issues informally with commissioners, providers, support groups and other stakeholders. In particular, the chairperson was keen to hear service users' perspectives. She added that informal briefings would also provide an opportunity to decompress the committee's work programme.

5. In view of the need for flexibility in the work programme, it is proposed that the statutory scrutiny officer be authorised to add items to the work programme, as necessary, between meetings.

Mr Stead observed that the 'One Herefordshire and integration briefing' received earlier in the meeting was similar to a presentation received by the health and wellbeing board. The statutory scrutiny officer advised that the committee determined its own work programme and there was a need for both bodies to look at future plans. He added that the current review of the health and wellbeing board could provide the opportunity to connect the work programmes more coherently.

The chairperson suggested that, in view of concerns expressed by councillors representing the communities affected, the temporary winter closures for the Ross and Leominster Minor Injuries Units (MIUs) needed to be explored in a spotlight review. This suggestion was supported by committee members, especially to assist in deeper understanding about the reasons why those decisions were made, the information taken into account, and the potential impact on other service providers. Ms Brooks agreed to provide a presentation on urgent care, in order explain the context of the MIUs and the scale of the change involved. The director of public health suggested that the item could also explore what could be done differently to prevent people being in an urgent care

situation in the first place. It was agreed that this item be brought to the next appropriate committee meeting.

Resolved:

(a) **the work programme (appendix 1), as amended at the meeting, be endorsed;**

(b) **the statutory scrutiny officer be authorised, following consultation with the chairperson and vice-chairperson, to add items to the work programme where it is necessary to ensure their timely consideration where there is no scheduled meeting to approve their inclusion;**

(c) **the responses of NHS Herefordshire Clinical Commissioning Group to the committee's recommendations on 'The future of the Herefordshire and Worcestershire NHS Clinical Commissioning Groups (CCG) consultation' (appendix 2) be noted;**

(d) **an additional meeting be scheduled on Monday 16 December 2019; and**

(e) **urgent care, including the temporary winter closures of the Leominster and Ross-on-Wye Minor Injuries Units, be explored in a spotlight review at the next appropriate meeting.**

19.   DATES OF FUTURE MEETINGS

It was noted that the date of the next scheduled meeting was Monday 18 November 2019 at 10.30 am.

The meeting ended at 4.27 pm   **Chairperson**

Herefordshire Council

Meeting:	Adults and wellbeing scrutiny committee
Meeting date:	Monday 18 November 2019
Title of report:	2020/21 adults and wellbeing budget and corporate plan proposals
Report by:	Chief finance officer

Classification

Open

Decision type

Budget and policy framework

Wards affected

(All Wards)

Purpose and summary

To seek the views of the adults and wellbeing scrutiny committee on the budget proposals for 2020/21 as they relate to the remit of the committee and on the draft corporate plan.

The draft proposals show an overall increase of £2.3m in the proposed base revenue budget for adults and wellbeing, this includes the levying of a 2% adult social care precept (£2.0m).

In addition the 2020/21 budget proposal creates a new social care pooled budget at £2.1m, reflecting the funding announced by central government in the 2019 spending review.

The proposed budget follows a base budget exercise reviewing the expected service demand. Savings of £0.6m will be required in 2020/21 to deliver a balanced budget.

Four capital investment budget requests totalling £17.4m have been identified, technology enabled communities (£1.5m), super hubs (£2.0m), care home and extra care development (£13.1m) and new models of housing (£0.8m).

The committee is invited to make recommendations to inform and support the process for making cabinet proposals to Council regarding the adoption of the budget and associated budget framework items, including providing constructive challenge to the cabinet's proposals.

Further information on the subject of this report is available from
Josie Rushgrove, Tel: 01432 261867, email: jrushgrove@herefordshire.gov.uk

Recommendation(s)

That:

(a) the committee determine any recommendation it wishes to make to Cabinet in relation to the 2020/21 budget and corporate plan proposals specifically affecting adults and wellbeing, the:

    a. draft corporate plan at appendix 1;

    b. draft revenue budget at appendix 2; and

    c. draft capital investment budget at appendix 4.

Alternative options

1. There are no alternatives to the recommendations; Cabinet is responsible for developing budget proposals and a draft corporate plan for council consideration and it is a function of this committee to make reports or recommendations to the executive with respect to the discharge of any functions which are the responsibility of the executive. The council's budget and policy framework rules require Cabinet to consult with scrutiny committees on budget proposals in order that the scrutiny committee members may inform and support the process for making Cabinet proposals to Council.

2. It is open to the committee to recommend alternative spending proposals or strategic priorities; however given the legal requirement to set a balanced budget should additional expenditure be proposed compensatory savings proposals must also be identified.

Key considerations

3. Every four years, Herefordshire Council develops a corporate plan which sets out the council's ambition and priorities. The three key themes within the proposed corporate plan attached at appendix 1 are:
   - Community - Build communities to ensure everyone lives well and safely together
   - Economy - Support an economy which builds on the county's strengths and resources
   - Environment - Protect our environment and keep Herefordshire a great place to live

4. Herefordshire Council completed its first round of informal consultation on the draft new four year Corporate Plan covering the period 2020-2024 during September and October. More than 1,500 people provided feedback on the priorities for the county. This supports the policy and investment priorities for Herefordshire and sets the scene for a more detailed consultation on the 2020/21 budget proposals throughout November.

5. The budget proposals support the key themes and aim to manage increasing demand for formal social care services by supporting people and families to lead healthy and independent lives within their own communities by continuing to invest in preventative support local to where people live.

6. The committee is invited to comment on the draft corporate plan proposed specifically in reference to adults and wellbeing.

Further information on the subject of this report is available from
Josie Rushgrove, Tel: 01432 261867, email: jrushgrove@herefordshire.gov.uk

7. The proposals provide a balanced budget and include a 4% total increase in council tax, a 3% pay settlement, 200 additional new homes above the assumed growth in new homes and the central government 2019 spending review announcement.

8. The proposed 2020/21 revenue budget is based on an assumed total council tax increase of 4%, 2% increase in core council tax and a 2% adult social care precept. This increases the band D equivalent charge to £1,575.29 representing an increase of £1.17 per week.

9. The 2% adult social precept will generate additional income of £2m. This income is ring-fenced to fund the adult and communities base budget increase proposed in this report.

10. The 2020/21 budget proposals include the creation of social care pooled budget, this will support the cradle to grave provision of social care to vulnerable citizens and reflects the funding announced in the central government 2019 spending review.

11. Council will be asked to approve the 2020/21 budget on 14 February 2020; this will follow confirmation of the final financial settlement for 2020/21 which is expected to follow the general election on 12 December. Council will also be asked to approve the updated medium term financial strategy (MTFS), treasury management strategy and the capital strategy.

12. If central government announces additional funding to Herefordshire in the final settlement then Cabinet will seek the views of the scrutiny committees as to the best way of deploying the extra funding.

Base budget proposed and savings plan

13. A base budget review has been completed ahead of proposing the draft 2020/21 budget, this review involved:-
    o Costing the service based on the current requirement of the service, not rolling over previous budgets.
    o Income budgets to reflect income receivable.
    o Pay budgets to reflect actual establishment, deleting vacant posts without budget or not planned to be filled.
    o Performance in 2019/20
    o Projected population pressures
    o 2019/20 policy changes
    o Scorecard target attainment
    o Building in a staffing vacancy factor, assuming there isn't full establishment for the full year.

14. The budget proposal includes additional funding of £2.7m to fund identified budget pressures and £0.2m towards the formation of super-hubs, as shown below:

	19/20 revised budget £k	Savings £k	Contract inflation £k	Demographic pressures £k	Super hubs £k	Total £k
Proposed Budget	53,965	(600)	1,744	973	200	56,282

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15. The savings requirement for adults and communities for 2020/21 remains as set out in the 2019/20 medium term financial strategy (MTFS), at £0.6m to be achieved by reducing the need for formal care services by utilising strengths based practices and application of the wider culture change programme. This includes managing demand ensuring customers receive appropriate and proportionate support and care relevant to meet their eligible and wider well-being needs in the most cost effective way possible.

16. The proposed budget for 2020/21 is attached at appendix 2. The proposed till receipt as a result of the proposal is also attached at appendix 3. The base budget proposal shows the net budget position; the gross budget will include the dedicated school grant, improved better care fund and public health grant.

17. The 2019 spending review confirmed the intention to increase the public health grant from £9.0m in 2019/20 to £9.2m in 2020/21, an increase in line with inflation.

Financing

18. The 2020/21 net budget requirement is financed by retained funding from council tax (£109.4m) and business rates (£36.7m) as shown in the Appendix 2. Assumptions include a 4% increase in council tax (2% general increase and 2% adult social care precept) and business rate reliefs being funded via a central government grant. It reflects the delay in the role out of business rate devolution into 2021/22. Central government funding is included as announced in the 2019 spending review which delays the impact of the fairer funding review into 2021/22.

19. The proposed budget is in line with the 2019 spending review announced in September however the general election on 12 December may change the final local government funding settlement from central government in 2020/21.

20. Central government confirmed the intended rolling-over of specific social care grants and a new spending power of £11bn grant for Adults and Children social care (inclusive of the adult care precept at 2%), £3.4m for Herefordshire.

21. If the final settlement provides additional monies to the draft base budget shown above, unless the use of those funds is specified by government, Cabinet will seek the views of the scrutiny committees as to the best way of deploying the extra funding. In the interim the funding will be allocated to reserves.

Capital Budget

22. Attached at appendix 4 is the proposed capital investment budget requests for adults and wellbeing, totalling £17.4m. The four investment proposals are:-
   - Technology Enabled Communities, £1.5m. An outcomes-led approach to embedding technology enabled living (TEL) at scale, just in case support model to one of promoting independence, empowering self-care and taking action ahead of crises. Staff to remodel the service and support the capital work. Proposal includes purchasing of hardware and equipment.
   - Super Hubs, £2.0m. Super hubs to support communities through capital investment plus resource to manage and develop community engagement.
   - Care home and Extra Care Development, £13.1m. For the council to further scope the potential opportunity to build and develop its own care home and or extra care scheme which will be purpose built and sympathetically designed for people with dementia. The council needs to do a comprehensive analysis and

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Josie Rushgrove, Tel: 01432 261867, email: jrushgrove@herefordshire.gov.uk

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options appraisal to inform a decision on a detailed partial return on investment proposal.

- New models of housing, £0.8m. For the council to undertake an evaluation of directly investing in the development and delivery of new homes including homes for private rent, market sale and affordable housing. The funding of this has already been approved by Cabinet.

23. Capital investment proposals have been reviewed by Cabinet and all adults and wellbeing proposals received have been put forward for progressing through the budget consultation and business case stage. The business cases are attached at appendix 5.

24. Latest assessment indicates a shortfall of around 4,000 social and affordable homes; the council intends to respond to this challenge by progressing plans to invest in developing additional affordable housing stock and retaining it in public ownership. These ambitions are for both the rental and shared ownership markets.

25. This could lead to investing up to £100m in housing in the four years from 2022/23, it is anticipated that the income streams generated would cover the revenue costs of providing the housing including any borrowing costs.

Budget setting timetable

26. Below is a summary of the 2020/21 budget setting timetable.

Date	Event	Purpose
6 November 2019	Public consultation	Four weeks of consultation with the public on the budget proposals
18 November 2019	Adults and wellbeing scrutiny committee	To consider adults and communities revenue and capital budget proposals and agree any recommendations to be made to Cabinet
25 November 2019	Children and young people scrutiny committee	To consider children and families revenue and capital budget proposals and agree any recommendations to be made to Cabinet
29 November 2019	General scrutiny committee	To consider the overall revenue and capital budget proposals and agree any recommendations to be made to Cabinet
27 January 2020	General scrutiny committee	To consider the overall revenue and capital budget proposals following the conclusion of public consultation and agree any recommendations to be made to Cabinet
30 January 2020	Cabinet	To agree the draft revenue and capital budget 2020/21, treasury management strategy, capital strategy and medium term financial strategy for recommendation to Council

14 February 2020	Council	Deadline for Members intending to propose an amended motion (as per Section 1 paragraph 4.1.105 and 4.1.106 of Constitution)
14 February 2020	Council	To agree the council's revenue and capital budget for 2019/20, treasury management strategy, capital strategy and medium term financial strategy

Community impact

27. The budget proposals demonstrate how the council is using its financial resources to deliver the priorities within the proposed corporate plan.

28. The council is committed to delivering continued improvement, positive change and outcomes in delivering key priorities.

29. In accordance with the principles of the 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.

Equality duty

30. 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.

31. Service specific equality impact assessments will be completed for the service specific budget proposals to assess the impact on the protected characteristic as set out in the Equality Act 2010. The duty means that the potential impact of a decision on people with different protected characteristics is always taken into account when these assessments have been completed then we will consider mitigating against any adverse impact identified.

Resource implications

32. The financial implications are as set out in the report. The ongoing operational costs including, HR, IT and property resource requirements are included in the draft budget and will be detailed in separate governance decision reports as appropriate.

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Legal implications

33. When setting the budget it is important that councillors are aware of the legal requirements and obligations. Councillors are required to act prudently when setting the budget and council tax so that they act in a way that considers local taxpayers. This also covers the impact on future taxpayers.

34. The Local Government Finance Act 1992 requires a council to set a balanced budget. To do this the council must prepare a budget that covers not only the expenditure but also the funding to meet the proposed budget. The budget has to be fully funded and the income from all sources must meet the expenditure.

35. Best estimates have to be employed so that all anticipated expenditure and resources are identified. If the budget includes unallocated savings or unidentified income then these have to be carefully handled to demonstrate that these do not create a deficit budget. An intention to set a deficit budget is not permitted under local government legislation.

36. The council must decide every year how much they are going to raise from council tax. The decision is based on a budget that sets out estimates of what is planned to be spent on services. Because the level of council tax is set before the year begins and cannot be increased during the year, risks and uncertainties have to be considered, that might force higher spending more on the services than planned. Allowance is made for these risks by: making prudent allowance in the estimates for services; and ensuring that there are adequate reserves to draw on if the service estimates turn out to be insufficient.

37. The council's budget and policy framework rules require that the chairmen of a scrutiny committee shall take steps to ensure that the relevant committee work programmes include any budget and policy framework plan or strategy, to enable scrutiny members to inform and support the process for making cabinet proposals to Council.

38. Section 106 of the Local Government Finance Act 1992 restricting councillors voting on certain matters where they are in arrears of council tax, does not apply to scrutiny function as the views from scrutiny on the budget are not a recommendation for approval, a resolution or any other type of decision. As a result a s106 check of councillors arrears has not been undertaken.

Risk management

39. Section 25 of the Local Government Act 2003 requires the S151 officer to report to Council when it is setting the budget and precept (council tax). Council is required to take this report into account when making its budget and precept decision. The report must deal with the robustness of the estimates included in the budget and the adequacy of reserves.

40. The budget has been updated using the best available information; current spending, anticipated pressures and the provisional settlement. This draft will be updated through the budget setting timetable.

41. The most substantial risks have been assessed as part of the budget process and reasonable mitigation has been made. Risks will be monitored through the year and reported to cabinet as part of the budget monitoring process.

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42. There are additional risks to delivery of budgets including the delivery of new homes, Brexit, government policy changes following the general election and unplanned pressures. We are maintaining a general fund reserve balance above the minimum requirement and an annual contingency budget to manage these risks.

43. Demand management in social care continues to be a key issue, against a backdrop of a demographic of older people that is rising faster than the national average and some specific areas of inequalities amongst families and young people. Focusing public health commissioning and strategy on growth management through disease prevention and behaviour change in communities is critical for medium term change. In addition resetting our relationship with communities focussing services on areas of greatest professional need will support the MTFS.

Consultees

44. Initial consultation on the draft corporate plan has been completed. Views on headline priorities were collected via 6 'voting boxes'. Each participant was given 10 tokens to place in the 6 boxes according to their personal views and priorities. For those interested in commenting on sub-priorities a 'sticky dot' exercise was used which encouraged people to place a green sticky dot against those sub priorities with which they strongly agreed and a red sticky dot against those with which they strongly disagreed. Participants were also encouraged to leave comments or indicate 'missing' priorities on a comments sheet.

45. 1,056 people participated in the consultation at pop-up events the same exercise was replicated online and accessed via the Herefordshire Council website, in which an additional 358 residents responded.

46. Combined results from the tokens and survey monkey are shown below:-

Maintenance of roads and public spaces	3,827
Protect and enhance our environment	3,504
Start building new affordable council housing	2,683
More travel choices e.g. cycling, buses, community transport	2,661
Invest in job creation skills and training	2,582
Help people to help themselves e.g. advice, support, community projects	2,225

47. Out of the six draft priorities:
   - Maintenance of roads and public spaces came out highest in terms of votes.
   - Protect and enhance our environment was the 2nd most popular priority.
   - The 3rd highest priority, 'Build our own sustainable council houses', is over 800 votes behind the 2nd ranked priority.
   - 'Help people to help themselves' was the lowest priority, with over 350 votes behind the next priority.

48. The council's 2020/21 budget consultation is still live and along with consulting on new initiatives the consultation includes similar questions to the 2019/20 budget consultation to gauge if the public opinion has changed over time.

49. The consultation is open to all, including parish councils, health partners, the schools forum, business ratepayers, council taxpayers, the trade unions, political groups on the council and the scrutiny committees. Meetings were specifically held with businesses, parish councils and representatives from the voluntary sector to promote the consultation and information was also sent to partner bodies.

Further information on the subject of this report is available from
Josie Rushgrove, Tel: 01432 261867, email: jrushgrove@herefordshire.gov.uk

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Appendices

Appendix 1   draft corporate plan

Appendix 2   draft 2020/21 revenue budget

Appendix 3   draft till receipt of 2020/21 budget proposal

Appendix 4   capital investment budget requests

Appendix 5   capital investment business cases

Presentation slide pack

Background papers

None identified.

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Josie Rushgrove, Tel: 01432 261867, email: jrushgrove@herefordshire.gov.uk

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Herefordshire Council

Our ambition for Herefordshire

"**Respecting the past, shaping our future** - we will help build vibrant **communities**, create a thriving local **economy** and protect and enhance our **environment**".

Community

Build communities to ensure everyone lives well and safely together

- 👍 Ensure all children are healthy, safe and inspired to achieve
- 👍 Help keep our families and communities healthy and independent
- 👍 Ensure that children in care, and moving on from care, are well supported and make good life choices
- 👍 Protect and improve the lives of vulnerable adults
- 👍 Join up health and social care services in communities
- 👍 Create environments that make wellbeing inevitable
- 👍 Use technology to enable independent living
- 👍 Get the right mix of housing for our communities
- 👍 Build our own sustainable council houses

Economy

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

- 👍 Use council assets to create more jobs
- 👍 Develop environmentally sound infrastructure that attracts investment to our county
- 👍 Invest in education and the skills needed by employers
- 👍 Raise the average wage of people working in Herefordshire
- 👍 Encourage younger people to build their lives here
- 👍 Enhance digital connectivity for communities and business
- 👍 Protect and promote our heritage, culture and natural beauty to increase tourism and attract new businesses
- 👍 Invest public money locally wherever possible

Environment

Protect our environment and keep Herefordshire a great place to live

- 👍 Understand our carbon footprint and act to reduce it
- 👍 Lead our transition to a low carbon economy
- 👍 Improve and extend travel options throughout the county
- 👍 Ensure the best use of the county's natural resources
- 👍 Reduce waste and increase reuse, repair and recycling
- 👍 Protect the county's biodiversity, value nature and uphold environmental standards
- 👍 Address the climate emergency and support behaviour change of residents and businesses

Our principles

Partnership | We collaborate to maximise our strengths and resources
Sustainability | We use resources wisely so Herefordshire is preserved for future generations
Integrity | We make decisions based on evidence and work with respect, openness and accountability
Democracy | We strengthen local democracy, decision making and service delivery and involve more young people
Communication | We listen to and learn from our communities and help people connect through culture, creativity and care

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Summary - budget proposals

2020/21 revenue budget proposal

Directorate	19/20 revised base £k	Pressures £k	New Initiatives £k	Savings £k	Base Budget £k
Adults and Communities	53,965	2,717	200	(600)	56,282
Social care pool			2,054		2,054
Children and families	27,185	714	3,100	(300)	30,699
Economy and Place	27,594	1,364	870	(873)	28,955
Corporate Services	15,086	169	625	(77)	15,803
Total Directorate	**123,830**	**4,964**	**6,849**	**(1,850)**	**133,793**
Central	22,771	91	(56)	(500)	22,306
Total Net Budget	**146,601**	**5,055**	**6,793**	**(2,350)**	**156,099**

Funded by

Council Tax	109,397
Retained Rates	36,726
Rural Sparsity Delivery Grant	5,101
Adult social care support grant	4,875
Totals	**156,099**

Proposed budget till receipt

	20-21		20-21
	£s		£s
** Daily life **		**** Local government running costs ****	
* Bin collections and Environment	13.87	* Election, governance and legal services	3.50
* Roads, bridges and care of public spaces	6.97	* Directors & Staff costs	0.56
* Schools and education	99.16	* Organisational administration	1.39
* Buses and community transport	5.97	* IT, Transactions and billing (Hoople)	5.25
* Libraries, records and customer services	1.22	* Insurance and property maintenance	4.84
** Looking after Adults **		* Capital finance - Debt repayment	6.97
* Older People in residential / nursing care	14.39	* Capital finance - Interest payments	9.57
* Older people supported at home	9.89	**** Economic growth ****	
* Disabled adults	28.92	* Economic development and regeneration	1.74
* Lifestyles services (substance abuse, sexual health)	2.84	* Broadband - rural rollout	0.15
* Health improvement (Public Health nursing, health checks, smoking cessation)	5.67	* Planning	0.35
* Housing	0.53		**246.32**
** Looking after children **		**Income that supplements council tax**	
* Child protection	4.29	* Investment Property income	(2.94)
* Children in care	14.97	* Car parking	(5.42)
* Children with special needs	3.31	* Capital finance - Interest received	(2.01)
		* Public Health grant	(7.70)
		* National Education funding	(96.98)
			131.27

Adults and communities capital investment budget proposals

Scheme	Current Capital Programme £000	Total 20/21 £000	Total 21/22 £000	Total 22/23 £000	Capital Grant funding £000	Redirected funding £000	Capital receipt funding £000	Funded by ROI £000	Corporate Funded PB £000	Total Request £000
Technology Enabled Communities		300	1,200	-	-	1,500	-	-	-	1,500
Super Hubs		2,000	-	-	-	-	2,000	-	-	2,000
Carehome and Extra Care Development	919	-	-	13,081	-	-	6,081	7,000	-	13,081
New models of Housing		200	300	300		-	800	-	-	800
Total	**919**	**2,500**	**1,500**	**13,381**	**-**	**1,500**	**8,881**	**7,000**	**-**	**17,381**

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PROJECT DOCUMENTATION

OUTLINE BUSINESS CASE

Technology Enabled Communities

Release: Draft/Final

Date: 30/09/2019

Author:

Document Number:

Document History

Document Location

The source of the document will be found at *XXX*

Revision History

Revision date	Summary of Changes	Changes marked
	First issue	

Approvals

This document requires the following approval.

Name	Signature	Title	Date of Issue	Version

Distribution

This document has been distributed to

Name	Title	Date of Issue	Version

Table of Contents

1. Purpose of document

Adult and communities directorate has ambitious plans to promote wellbeing, protect vulnerable people and manage future demand for formal adult care services, through new community partnerships. Our "Talk Community" programme is an all-encompassing approach to working with Herefordshire's communities. This Outline Business Case describes the potential role for technology to support those partnerships.

2. Project aims and objectives

Aim: Progressing to a proactive, personalised and predictive approach to technology enabled communities.

- To develop a proactive approach to technology enabled living, moving from a reactive 'monitoring and response' provision to the provision of technology enabled living that is personalised, proactive and predictive

- Enhance the use of existing technology within the home and within communities to support wellbeing

- Enabling self-care and wellness to enable people to take an active role in managing their wellbeing with positive lifestyle choices

- Reassurance to family, friends and carers and supporting independence for longer

- Keeping users engaged in their community, fostering social inclusion across the county

3. Background

The 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. This approach;

- Focuses around the individual and their family/carers
- Begins with people's interests, aptitudes and what they can do for themselves.
- Explores what the person could do with the right opportunities and support to maintain or increase their independence
- Identifies the current and potential role of the carer and their support needs
- Focuses on informal support and opportunities in the person's local community in creating a support plan.
- Is supported by signposting and information services and a rich network of informal and volunteer based support throughout the county.

The strengths based approach contrasts with a traditional model of social work practice which is more focused on "deficits"; what people cannot do and the problems they have. This traditional approach tends to lead solely to offers of formal care.

However, whilst the directorate has achieved reductions in care there still remain opportunities to develop the use of technology to support the wellbeing of individuals and their communities. Adult Social care currently relies upon a reactive call monitoring service based on an event alert and emergency response. The council needs to move away from this traditional response model to a predictive and preventative support model based on stronger data metrics and information being sent out to the client or family so they manage their own wellbeing rather than waiting for something to go wrong.

Commissioners are looking at how it aligns its services to a streamlined proactive approach and needs to invest in this area to progress. This will require movement away from a linear model that treats the service user population as a homogeneous group receiving the same benefit to a new model that treats the user population as a diverse group, intensifying care for people with risks or vulnerability and avoiding excessive protection that can create dependency.

This event sits within the Communities & Practice Model work-stream as part of the development of the Talk Community initiative. It also links with the council's Digital Strategy, Technology Enabled Living Strategy and associated technology pilots currently underway.

Premise

Care and support services have been slow to take advantage of developments in digital technology despite the wider demand for it. Given the significant capability advantages that digital offers over analogue technology, the change to digital from analogue is a key driver for these services to use technology to make a greater difference to peoples' lives.

Challenges – Social Care & Well-being

Currently in Herefordshire, Technology Enabled Living is almost exclusively provided using traditional landline in the home technology which is based on analogue rather than digital technology. These lifelines will be effectively redundant when the switch to digital telephony from analogue telephony takes place and completed by 2025. There is therefore a timescale for the council to ensure that their services will work correctly in a digital-only environment. This switch is happening now: Some areas are already installing digital telephone systems.

Challenges - Technological

Broadband coverage in Herefordshire is currently only at 85% and is unreliable for a service that needs to be always on/always ready. Mobile telephony relies on a mobile signal which is not generally available in our rural county and when available may not have a signal strong enough to carry the required data. **56% of Herefordshire's telecare users do not use the internet at home (2019 survey).**

Outcomes – Technological

Alternative solutions to expensive broadband internet connections may be available in the form of lower cost Long Range Wide Area Network (LoRaWAN) – which can provide data connections via a series of

antennae. Typically, LoRa masts transmit 10 kilometres from mast to mast until they find a broadband/internet mast. The more open the landscape the farther the signal can travel. LoRaWAN is not an alternative to broadband but could be utilised by lifeline manufacturers to send data packets via servers that could then be passed through to family/responders/clinicians etc. without the need for a broadband connection in the home.

LoRaWAN carries small data packets – 50 bytes at a time – but they can be both 'always on' and carry data scheduled for a particular time - so a wide range of sensors can be linked to the network. This means that the network can carry alarm/events (falls/pendant alerts), and movement sensors etc. but also can also be used to send data on a regular basis (so for example health data metrics can be carried, as can temperature/humidity and environmental controls (doors/windows/lights). Pendants can have LORA enabled GPS capability – so one alarm sensor can be worn inside and outside the house.

Outcomes – Social Care & Well being

The delivery of county wide digitally enabled information, advice and connectivity is critical to making full use of the possibilities provided through the Talk Community initiative.

Traditional analogue networks are limited to reactive protocols, which means that these networks are not capable of enabling the proactive monitoring of number of different devices, for example:

- Motion and pressure sensors to indicate functional independence
- Appliance usage to monitor nutrition and hydration
- Physical and virtual contact to monitor social isolation

The move from analogue to digital over the coming years should help Herefordshire Council to drive the direction of travel from 'Monitor, Alert & Respond' to 'Connect, Predict & Prevent'. Whereas the data traffic in the current model almost exclusively comprises alerts raised in properties being sent inwards to a call handling centre, LoRaWAN has the potential to enable Herefordshire to move towards the model more prevalent in Europe; where call centres, clinicians, practitioners and the like send out targeted information, and data metrics to individuals, their families, and their sources of community support. In Spain, over 80% of the data traffic emanates outwards from the call centre in this way.

More intelligent proactive systems alongside a focus on people and process will enable Herefordshire Council to commission services that enable risks to be reduced through areas such as smart sensors, physiological measurements and lifestyle monitoring to enable proactive interventions based on more advanced data analytics.

Outcomes – other (wider)

The development will align with the Herefordshire and Worcestershire STP Digital Strategy, and both the emerging Herefordshire Council Digital Plan and the Technology Enabled Living strategy to maximise digital technologies to support physical and mental health and wellbeing among the wider population and support staff to provide efficient and joined up care. There are associated positive outcomes relating to Community Safety including 'Safer Streets' and support to staff and volunteers who are lone working

Project Drivers and High Level Issues

- The national move from Analogue to mobile/Digital technologies now underway with a planned completion date of 2025

- Moving from reactive support to proactive support designed to prevent and manage demand (*Predict and Prevent* not simply *React and Respond*)

- In the delivery of social care reshaping social care delivery by moving from *'Just in Case'* support to *'Just Enough'* support

High Level Metrics

- The TECS Services association (TSA) quotes an average saving of 1.5 hours per week through using technologies in the assessment of care. Herefordshire Council commissions nearly 11,000 hours of care delivery per week to over 750 customers at any one time. Additionally around 550 people receive direct payments to purchase their own care. Using technologies in the assessment of care <u>alone</u> and thereby reducing care costs even by the average would reduce commissioned care costs and direct payment costs by around £250k per annum.

- Over 1,600 people currently use the council's telecare service which is provided through a flat rate charge and which is treated as an eligible expenditure for the financial assessment undertaken for charging for care. Around 70% of telecare service users do not receive care from the council and surveys have shown a willingness to pay for the peace of mind that telecare brings. Talk communities is a population wide programme and the technology workstream would support the whole population through the provision of targeted information and advice, personalised data metrics and support.

4. Scope

Included in Scope

- Re-design of the 24 hour call handling/monitoring service to a more proactive model of 'Predict and Prevent'. To include:

    - Support in emergency situations including social and health emergency situations
    - Extension of the environmental and personal sensors use for domestic and personal adverse events early detection (gas leaks, water, fire, falls, movement, medication, epilepsies crisis, enuresis, etc.) Safety/security sensors
    - Continuous remote monitoring to define activity patterns and increase predictive capabilities
    - Support in loneliness situations
    - Appointment Scheduling & Reminders
    - Follow up: proactivity
    - Advice and information
    - Prevention campaigns

- Support to carers
- Active and Healthy Ageing Promotion
- Mobile Telecare with geolocation.
- User's stratification and personalisation
- New model for operations management and service delivery.
- Continuous innovation

And potentially:
- Integration between telecare platforms and Electronic Health Records.
- Definition of processes and protocols for integrated health and care pathways, transitional services and referral processes,
- Remote tele-diagnostics, Remote tele/video consultation
- Physical and functional Tele-rehabilitation
- Cognitive Tele-stimulation
- Clinical telemonitoring programs for people with chronic diseases.
- Special protocols:
  - End of life telecare.
  - Abuse prevention.
  - Suicide prevention.
  - Contingency and major disasters management

- Long Range Wide Area Network (LoRaWAN) – which can provide data connections via a series of antennae at a lower cost than broadband and with easier access in rural areas.

- Outcomes of current technology pilots including:

  - technology enabled wellbeing hubs

  - evidenced based reablement and assessments

  - falls prevention through predicting frailty and promoting self-care

  - falls prevention through falls recognition and analysis

- Emerging Digital Technologies

Out of scope

Using the internet to communicate with the council

5. Stakeholders

Adults Capital Board

Prevention and support lead

Procurement

Finance

Herefordshire residents

Adults & Communities commissioners

Public Health

Health: WVT and CCG

Fastershire

Technology Providers (tbc)

Talk Community project lead

6.   Constraints and dependencies

Initiatives which depend on this project are:

>   Engagement with communities

>   Outcomes of pilot technology projects

>   Future design of Technology Enabled Living service

This project depends on engagement from all areas of the council as well as the identified external stakeholders and partners

7.   Budget provision

The Capital budget

8.   Estimated costs and assumptions

An investment of £1.5m

-   £0.3m for LoRaWAN network to complement broadband access and provide data metrics

-   £1.2m for technologies within the home and wearable technologies, linking family, communities and professional staff to carry personalised and targeted information, advice, and data metrics to inform wellbeing & support self -management (tbc will require further development once pilots are complete)

9. Benefits

Cashable benefits

Technology Enabled Care (Telecare) in the home is a chargeable service at flat rate under the Care Act. The rate of charge will be a matter for further debate and public consultation when the service re-design is ready for offer.

Non-cashable benefits

Increased intelligence of technologies which improve the quality and efficiency of health and social care delivery to support people to maintain their well-being, maximise their independence and reduce their need for the delivery of intrusive care and support services.

This will be demonstrated though:

- Demand management in the medium to long term. Reducing overall frailty levels will help manage demand for social care.

  - Reduction in the need for care packages: Studies show that widespread deployment of technologies can achieve significant financial savings in the provision of social care to older people. The scale of savings achievable in the event of full-scale implementation is likely to be in the range of 7-20% of total budget.(Investing to Safe: Assessing the Cost-Effectiveness of Telecare |(May 2012)

  - Prevention of hospital admissions: Herefordshire's technology enabled falls responder service already demonstrates significantly lower costs per head of population in ambulance call-out and admissions to A&E than a neighbouring comparator council without such a service. Studies have shown that a fall leads on average to a 37% increase in social care costs. In Herefordshire reducing falls through a technology enabled Predict and Prevent approach to augment the current React and Respond approach could avoid an anticipated rise of £500k in annual adult social care costs alone.

- People generally remaining well, active and independent, in their own home, for longer

- People feel safe without removing their autonomy

- People are engaged and consulted in their own care requirements helping to direct and feedback on how they receive the care and support services.

- Vulnerable people making less use of formal care due to support by informal carers and community.

- Improvements to joined-up operational delivery between the council and NHS partners to enable people to stay well and live independently through shared leadership, investment and co-ordination.

- A reduced risk of re-admission to hospital.

- Improved knowledge about wellbeing, vulnerability and community capacity.

- Improved client/family/community carer satisfaction with the service provided by Herefordshire Council.

- A more targeted workforce

- Reducing the carbon footprint through less staff travel across all social care (and health) service delivery streams

10. High level timeline

Phase 1: Improving the digital network

Phase 2: Redesign the support and service model

Phase 3: implementation and new offer to residents

11. Risks

The key risks of not doing the project are:

- Potential increase in demand as ageing population grows and becomes unsustainable

- Fail to meet the digital switch over, therefore even the status quo will not work from 2025 onwards

- The risk of not going ahead with this shift in the delivery model of care and support is that Herefordshire will continue to provide only basic 'reactive' telecare solutions responding only when an emergency alert is raised. Adult social care will continue to be provided in 'traditional' ways that do not take advantage of the information that can be provided through technology and data metrics to enable people to manage their own well-being, and to contribute to, and benefit from their communities.

- Opportunities for efficiency savings in the delivery of social care and cost avoidance through demand management will be missed and the difficulties that people experience in accessing support due to the gaps in broadband and mobile telephony provision will remain.

- Failure to invest in the Talk Community technology work stream will mean missing the opportunity, identified within the draft TEL strategy to support people, professionals and the wider population across all four levels of service delivery: Reactive/alerting – Proactive – Preventative – Predictive leaving only reactive, alert-based telecare being provided.

The key project risks are:

- Redesign of service and support models do not make best use of the possibilities allowed through the use of digital technologies.

12. Appendices

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PROJECT DOCUMENTATION

OUTLINE BUSINESS CASE

Bringing Empty Properties back in to use

Release: Draft/Final

Date: 01.10.19

Author: Strategic Housing Manager, Strategic Housing

Document Number: 1

Document History

Document Location

The source of the document will be found at

Revision History

Revision date	Summary of Changes	Changes marked
30.09.19	First draft by Strategic Housing Manager	

Approvals

This document requires the following approval.

Name	Signature	Title	Date of Issue	Version

Distribution

This document has been distributed to

Name	Title	Date of Issue	Version
	Strategic Capital Finance Manager	1st October 2019	1

Table of Contents

13. Purpose of document

To outline the business case for capital funding to assist in bringing empty properties back in to use in Herefordshire. The Empty Property Officer has limited powers unless legal action is taken, however a small amount of funding could encourage a property owner to release their property which would assist in providing temporary accommodation to meet the needs of homeless families.

14. Project aims and objectives

The links to the draft corporate plan:

- Get the right mix of houses for our communities
- Create environments that make wellbeing inevitable
- Encourage younger people to build their lives here
- Invest public money wherever possible

The specific project aims are to:

- Bring empty properties back in to use with a focus on long term empty properties
- Increase available housing for local people
- Reduced spend of the Housing Prevention fund
- Reduce reliance on Bed & Breakfast as temporary accommodation
- Community regeneration – improves community wellbeing and pride
- Reduce complaints received by the Environmental Health team
- To discourage anti-social behaviour and crime

15. Background

Following a number of complaints received about abandoned and empty properties in Herefordshire the Council Tax department have provided revenue funding to recruit a full time Empty Property and Development Officer. The officer will provide advice to owners on how to sell, rent, repair or convert the property to another use but has very limited powers unless the legal route is pursued. Capital funding could be used to upgrade a property and take ownership of it to be used as temporary accommodation for a set period of time.

Empty homes are not only a wasted resource, they can also cause nuisance and environmental problems. Empty homes can be a focus for increased levels of crime, vandalism, anti-social behaviour and drug-abuse. They can also represent a potential housing resource that may be currently underutilised.
Bringing empty homes back into use can help address a number of housing and social issues by increasing supply in areas where there are housing shortages and pressures and where this is an opportunity to link suitable empty homes with housing need.

It is essential that all Local Authorities have effective measures in place to deal with these issues and comprehensive empty homes strategies which contribute towards local strategic planning.

Empty Properties can also have a damaging effect on the local community and economy and can have significant impacts on the owners.

- Loss of income from rent or a capital sum from a sale, as well as costs for Council Tax, insurance and maintenance.
- Empty properties are more at risk of vandalism or fire and therefore cost more to insure.
- They pose a threat to adjoining properties through damp or infestation.
- Empty homes in disrepair can reduce the value of surrounding properties by up to 18%

To help address the growing problem grant could be used to assist with:

- Properties that are currently empty
- Properties that need to be brought back to the repairing standard
- Properties that need Electrical Rewiring/Upgrade
- Properties that need Window Replacement
- Properties that need Heating or a Heating Upgrade from Night Storage Heaters
- Properties that need a Boiler Installation

The grant would not be available for cosmetic work including new kitchens, bathroom suites, and floor coverings.

15.1.   Project Drivers and High Level Issues

Strategic Housing have a statutory duty to keep the condition of housing stock in the county under review and identify any actions that may need to be undertaken.

-    286 Long term empty property as of September 2019

-    35 properties empty in Hereford city

-    The use of Bed & Breakfast use has increased

16. Scope

16.1.   Included in Scope

- Opportunity to increase housing supply
- Regeneration of communities
- Reduction of prevention fund

16.2.   Out of scope

- The council do not own any of the properties

Please see below stakeholder matrix:

-    Property Services

- Finance

- Herefordshire residents

- Strategic Housing

- Housing Solutions

- Housing Associations

- Environmental Health

17. Constraints and dependencies

17.1.   Initiatives which depend on this project are:

This project can operate independently with no dependencies on other projects.

17.2.   This project depends on:

The project will depend on the co-operation of the general public

18. Budget provision

The majority of the funds to come from Herefordshire Council with some potential for match funding bids.

19. Estimated costs and assumptions

A grant level could be set per bedroom of the Empty Property, research shows that an average rate per bedroom is an acceptable level to get owners into discussions with Local Authorities.

20. Benefits

20.1.   Cashable benefits

- Reduced Prevention fund spend

- Reduced need for temporary accommodation/ Bed & Breakfast

20.2.   Non-cashable benefits

- Ability to reduce housing duty

- Increased housing supply

- Able to meet the needs of local residents

21. High level timeline

1. Recruit Empty Property Officer (December 2019)
2. Council Tax records accessed and owners written to (Jan 2020)
3. Empty Property Strategy drafted (March 2020)
4. Empty Property Strategy implemented (June 2020)
5. Continual discussion with property owners (ongoing)

22. Risks

22.1.   The key risks of not doing the project are:

- Area regeneration could be affected
- Increased levels of anti social behaviour
- Encourage squatting

22.2.   The key project risks are:

- *If the Empty Property Officer is successful then not enough budget – this will only be known once monitoring processes are put into place*

23. Appendices

Appendix 1 – *Costing breakdown*

Appendix 1: costs breakdown

Capital cost of project	2020/21	21/22	22/23
	£000		
Herefordshire Council Capital - EP Grants	200	300	300
TOTAL	200	300	300
Overall Total	800,000		

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PROJECT DOCUMENTATION

OUTLINE BUSINESS CASE

Care home/extracare development

Release: Draft/Final

Date: 30 September 2019

Author: Head of Care Commissioning

Document Number:

Document History

Document Location

The source of the document will be found at *XXX*

Revision History

Revision date	Summary of Changes	Changes marked
	First issue	

Approvals

This document requires the following approval.

Name	Signature	Title	Date of Issue	Version

Distribution

This document has been distributed to

Name	Title	Date of Issue	Version

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24. Purpose of document

This business case aims to scope the potential for the council to develop either its own care home and/or an extracare type scheme.

Many councils are now considering or are developing their own schemes and bringing services in house for a multitude of reasons but mainly due to the lack of provision or high costed placements.

Adult social care commissioners also see these potential developments as an opportunity to enter the care market and support all clients including those self-funding their care.

This business case outlines a proposal for the local authority to scope and potentially build and develop its own care home and or extracare scheme which will be purpose built and sympathetically designed for people with dementia.

The council needs to do a comprehensive analysis and options appraisal to inform a decision on a detailed return on investment proposal.

Development and project management costs are only indicative figures at this stage based on research and information gathered to date and therefore should only be used as an illustrative cost at this stage. The purpose of this document is to raise this option and for it to enhance further works and discussion on whether the council should proceed with any developments.

25. Project aims and objectives

Aim: To scope the potential development of a large 60 -70 bedded care home and or extra to meet the needs of those with the most complex need, offering choice into the market to meet longer term accommodation needs.

Objectives:

- Increased bed capacity in the market to support complex care needs

- Reduction in the need for care home bed provision through additional extracare beds

- Reduction in out of county placements

- Reduction in DTOC

- Reduction in spend on care home placements

- Return on capital investment

- Lead in the market for the use of innovative technology

26. Background

Adult social care over the previous 5 years has managed demand and along with its aim has supported and will continue to support people to remain at home for as long as possible.

The strategic focus will always be that home is best, however for many reasons this is not always possible and alternative accommodation provision maybe required.

The council has a duty to ensure it meets eligible needs and develop the market to enable it to be a strong resilient market providing choice and quality under the Care Act 2014.

Herefordshire has a high number of self-funders within the market which can create a challenge to purchase placements or find suitable accommodation in county. Self-funders will pay a higher rate for care and therefore will have more choice, this enables Providers being able to choose who they accept as within their homes.

Adult social care spend for care home placements was in the region of £24m in 2018/19. The council operates a 'usual price' for Older Persons placements. A proportion of placements are above this rate and sometimes people are placed out of county to meet need.

Increasingly other local authorities are either considering, or are now developing their own provision and taking services back in house to varying extents as it is recognised that the market is not meeting the needs of its most vulnerable clients and in particular those who need adult social care funded placements.

Commissioners would request that the council supports the concept of developing and owning either a care home and or extracare scheme. Further work is needed to consider a full cost benefit analysis and potential options for service delivery in the future. This would include a request for revenue to commission market specialists who could develop an options appraisal for potential commercial opportunities if the council were to proceed with any significant capital investment.

Current context:

- By 2039 it is estimated that counties 85 years and older will grow by 140%. There is recognition that the system is near a 'tipping point' and there is now a need to reconsider if the use of direct public sector provision for meeting the highest end of needs of older people's care would be the most viable model in the near future. The proposal is for the Council to develop additional and affordable nursing home capacity of around 60 beds and or a care home targeted to those areas of the county where supply is weakest and the rise in costs of new placements most pronounced. This could either be an external care provider or a Council owned Local Authority Trading Company (LATC). The site would be developed to offer a high-quality care environment maximising the use of advances in technology to support the needs of residents.

- Currently 85 care homes are in county registered with the CQC, of these 21 are Medium/Major regional providers. The Council/CCG hold individual contracts under the joint Agreement (Unified Contract) with 300 care homes which will include out of county homes.

- The Council currently supports 864 older people to meet their assessed eligible social care needs in a care home: 60% are in a residential home and 40% in a nursing home.

-   In 2018/19 the annual spend for residential care was £17.9m and nursing care £8.1m. The council operates a 'usual price' for Older Persons placements. However, there is pressure from care homes on the bed rates.

-   Getting people into a care home at a reasonable cost can be extremely difficult and takes officers a lot of time to negotiating. This can result in delays from Hospital, residents being placed in out of county homes and inevitable fee disputes with care homes.

-   Whilst commissioners continue to do a lot of work with the market, the high self-funding market puts additional pressure on social care with self-funders paying much higher rates.

-   At the present time 11% of placements are in homes outside of the county, this can, however, be for many reasons.

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

-   There are 85 private sector registered care homes in Herefordshire providing a total of 2,060 beds, just over a third of all care homes (36%) are located in the Hereford & surrounding 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.

-   The CQC rates 15.5% of Herefordshire residential and nursing homes as 'requires improvement' or 'inadequate'. This is in comparison to a West Midlands figure of 20% and a national figure of 18%.

-   It is expected that future demand will see an increase in the base number of people by 26% over the next 10 years, an increase of 314 people, indicating a rise in the demand for care homes, more specifically complex care nursing homes. With the increased focus of health and social care policy to support people to remain as independent as possible in their own homes, this means that care homes are now usually only utilised for those with the very highest needs, including dementia, frailty and often a complex set of co-morbidities.

-   Securing placements at the usual price; securing in county complex care; 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 are also a concern with a high proportion of small to medium homes which are not purpose built.

-   Work continues to progress Hillside into a potential 25 bedded care home, however it is recognised that this is a small home and any scope for additional beds on the site is limited.

Extracare

-   A range of accommodation is required to meet the needs of the counties ageing population

- and extracare schemes can offer an environment where people can remain independent whilst having the security of support on site and their own 'front door'.
- The council has 3 versions of extracare schemes including Rose Gardens, Leadon Bank (owned by the council and leased on long term contract to Shaw) and Henfford Gardens.
- The council has another two versions of extra schemes within planning which will increase the number of available units to 180 over the next 10 years so this will need to be taken into account in any further analysis of need.
- Current services are being utilised and capacity is generally used.
- The scheme could also support not just an ageing cohort but potentially people with a learning disability where we know they could live independently and your 'own front door' is the preferred model of delivery.

High Level Metrics

Adult social care pays a significant amount of it budget on care home placement and increasingly the market responds with increasingly costly placements. Adult social has a duty to meet eligible needs and to manage the market effectively.

- Predicted 140% increase of those aged 85 and above over the next 20 years

- Increasing number of out of county placements

- High cost or failure from market to support individuals with complex needs

- High number of self-funders in the market

- Delayed Transfer Of Care (DTOC)

- Increased capacity in the care market with specific a purpose built building

- Improved value for money compared to spot purchased placements

- Increased use of technology and innovation to support people and reduce the need for workforce

- Upskilling the workforce and leading by example to ensure innovation, quality and dignity.

27. Scope

Included in Scope:

- Current care home market

- Potential demand on services

- Buildings owned by the council

- Sites currently owned by the council

- Opportunities to buy existing buildings

- Current extracare models

- Other commissioning and contractual options

Out of scope

- The council will not run the services

28. Stakeholders

- Commercial/consultants

- Adults Capital Board

- Procurement

- Finance

- Herefordshire residents

- Adult social care commissioners

- Public Health

- Health Wye Valley Trust

- Herefordshire and Worcestershire CCG

- Providers

29. Constraints and dependencies

Initiatives which depend on this project are:

- Hillside development

This project depends on:

- Commercial feasibility report

- Agreement to capital investment

- Political support to develop in house services

Does this project depend on engagement from certain areas of the Council or external stakeholders or partners?

Providers, cabinet members, property services, health, CCG and finance

30. Budget provision

Revenue will be required to commission commercial consultants to produce a fully costed options appraisal for the council before a final business case is submitted.

31. Estimated costs and assumptions

32. Please note this is just an estimated figure.

A previous extracare scheme cost in the region £14m for 91 units 10 years ago.

Commercial estimates for the development of a care home are said to be in the region of £110,000 per bed therefore a 60 bedded unit could cost in the region of £6.6m which is line with other similar scale builds in other local authority areas. However this does not include potential land purchase, site clearance, fixture and fittings and project management costs associated and any of costs associated with its development and any start-up costs.

Therefore the request, if the principle of scoping the options are supported, is to mark a potential £14m with the expected total cost to come under this figure.

33. Benefits

The anticipated benefits of the proposed project are listed below:

Cashable benefits

- Reduced placement cost

- Reduced need for care home placements

- Income from placements including those who self-fund their care

Non-cashable benefits

- Reduced delays in hospital

- Increased capacity within the market

- Able to meet the needs of residents

34. High level timeline

Detail planned stages for the project and anticipated major deliverables at each stage

Until the final options are considered it will be undertaken in 3 phases:

Phase 1: Commission specialist commercial consultants to scope options and develop a comprehensive feasibility paper with detailed costed options by December 2019 (subject to agreement on spend).

Phase 2: Develop full business case by April 2020

Phase 3: Initiate development 2020/21

35. Risks

Risks are potential threats that may occur but have not yet happened. Risk management will monitor the identified risks and take any remedial action should the risk happen.

The key risks of not doing the project are:

- *Potential increase in demand as ageing population grows and becomes unsustainable*

- *Current care homes being sold and old buildings not fit for purpose*

- *Needs not being met*

- *Reduced capacity in the market*

- *Limited choice of accommodation*

The key project risks are:

- *Resource to progress the project(s)*

- *No revenue to commission Commercial consultants to do a detailed options appraisal to inform final proposal*

36. Appendices

Budget 20/21 and corporate priorities (2020 -2024)

Adults and wellbeing scrutiny committee

18th November 2019

Development of corporate priorities

- Series of workshops held to develop the overarching plan and identify the key themes of Economy, Community, Environment

- "1 page plan" developed to set out the ambition of the council and the principles of ways of working

- The themes and 1 page plan then tested through a series of public engagement events held throughout the county

- Public engagement feedback is continuing to inform the proposed budget 20/21, corporate plan and MTFS

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Key themes

Priority theme	
Sustainability (environmental)	Enabling the county to operate differently/different future offer – fundamental review of Core Strategy Alternative travel options Sustainable house building
Sustainability (financial)	Investing money from small holdings principle must provide long term return on investment
Connectivity	Public transport schemes to connect city and market towns and complement regional and national networks Development of walking and cycle networks to enable alternative travel options Development of network of physical places (community hubs) for people to connect face to face Digital connectivity to enable the use of assistive living technology and online trading

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Public engagement – approach taken and feedback

- 16 Pop-up events in all Market Towns in high footfall locations
- Voting on 6 priorities using tokens in ballot boxes
- Sticky dot exercise for sub-priorities
- Comments sheet
- 3 small group discussions with seldom heard groups
- 1 roundtable group discussion (Parish Summit)
- On-line consultation replicating pop-up methodology

Numbers engaged

- **1,056** people engaged in face-to-face consultation
- **271** young people engaged (19% of total no. engaged)
- **358** people engaged in on-line consultation
- Total number of people engaged in consultation **1,414**

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Net Revenue Budget 2020/21

	£k
Council Tax assumed 4%	109,397
Business rates	36,726
Rural services delivery grant	5,101
Adult social care grant	4,875
Total net budget	**156,099**

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Budget proposals

	£000s
Funding:	
4% Council Tax	
Provisional settlement	156,099
Deferral of rate retention	
MTFS Base Budget	146,601
Known pressures	
Contract inflation	
Fee uplift	5,055
Increments	
Savings	(2,350)
Additional pressures	
Looked after children	1,100
Social care pool	2,054
Legal structure	350
Edge of Care	1,000
Improving social care services	1,000
Base Budget requirement	154,810
Funding for Wish list / Pressures	1,289

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The Base Net Budget requirement

Directorate	19/20 revised base £k	Pressures £k	New Initiatives £k	Savings £k	Base Budget £k
Adults and Communities	53,965	2,717	200	(600)	56,282
Social care pool			2,054		2,054
Children and families	27,185	714	3,100	(300)	30,699
Economy and Place	27,594	1,364	870	(873)	28,955
Corporate Services	15,086	169	625	(77)	15,803
Total Directorate	**123,830**	**4,964**	**6,849**	**(1,850)**	**133,793**
Central	22,771	91	(56)	(500)	22,306
Total Net Budget	**146,601**	**5,055**	**6,793**	**(2,350)**	**156,099**

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Adults & Wellbeing

	19/20 revised base £k	Savings £k	Contract inflation £k	Demographic pressures £k	Super hubs £k	Total £k
Proposed budget	53,965	(600)	1,744	973	200	56,282

2020/21 Assumptions

- 4% increase in Council Tax (2% general, 2% Adults Social Care) Band D = £1,575.29 increase of £1.17 per week;

- Improved better care fund (ibcf) £5.7m (£4.5m Adults and £1.2m new schemes);

- Public Health grant of £9.2m, ring fence to continue;

- The Governments proposed local government settlement for 2020/21 included;

- Business rate reform and fair funding review delayed;

- The savings for 2020/21 outlined in the MTFS agreed in Feb 2019 are delivered;

- 200 additional new homes above assumed growth in new homes included in MTFS :

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Savings achieved/required from 2010/11 to 2019/20 (cumulative) £m

£93m savings

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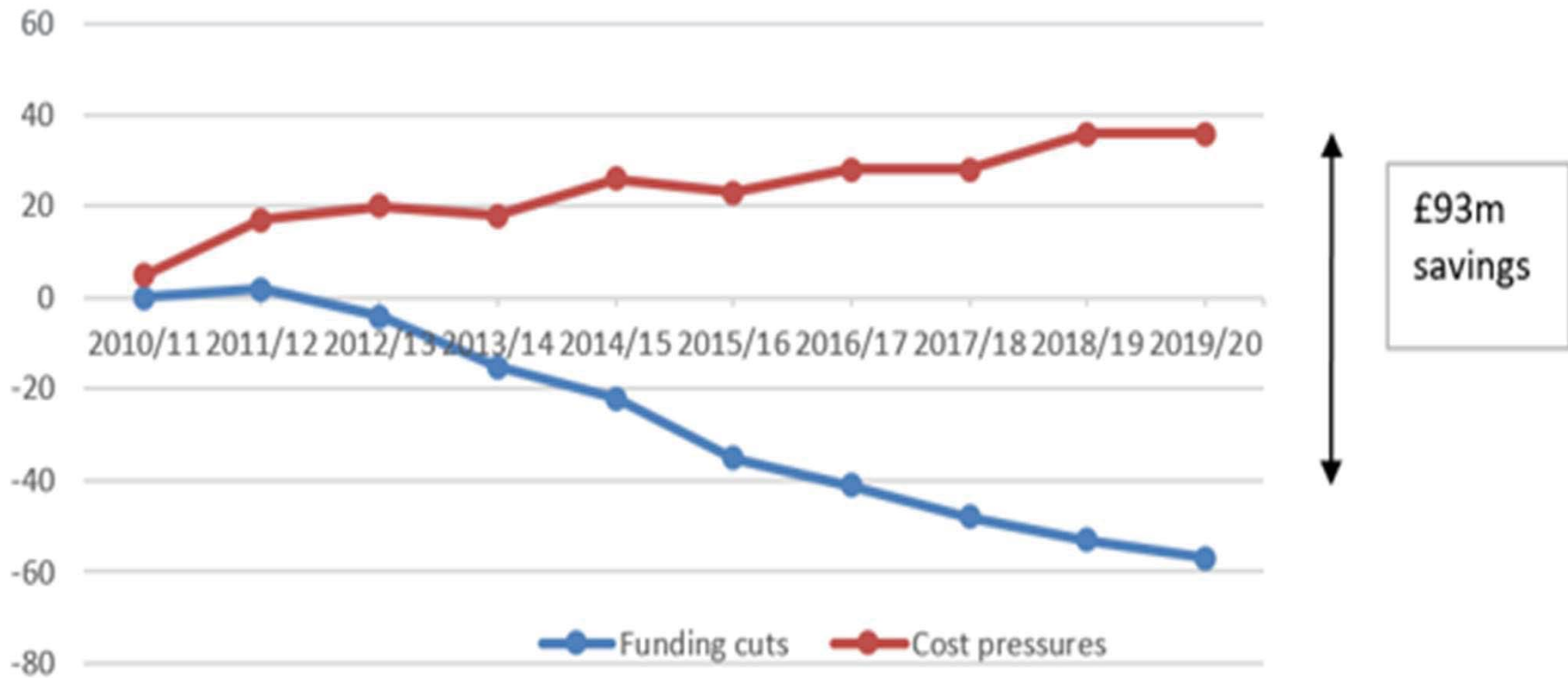
Where we are…

earmarked reserves
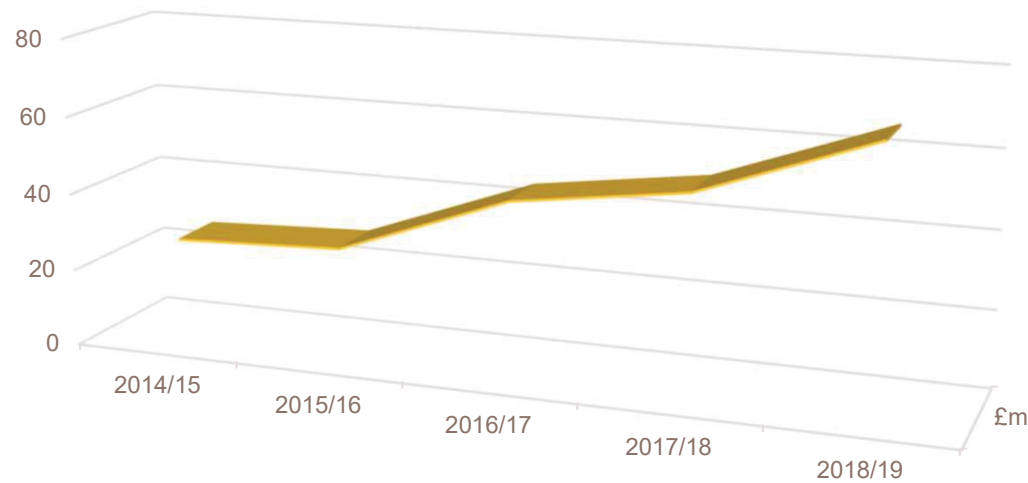
- Earmarked reserves
  - These include unspent grants (e.g. Dedicated Schools Grant £8.9m)
  - Established for specific future commitment
  - Expected to total £66.7m as at 31.3.19
  - Cabinet to review annually, last reviewed in Oct 2019

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Herefordshire Council

Charges per month (average Band D property)
2019/20 Monthly Council Tax receipt

	£'s
** Daily life **	
* Bin collections and Environment	13.72
* Roads, bridges and care of public spaces	7.35
* Schools and education	104.61
* Buses and community transport	6.39
* Libraries, records and customer services	1.30
** Looking after adults **	
* Older People in residential/nursing care	13.28
* Older people supported at home	9.17
* Disabled adults	27.55
* Lifestyles services (substance abuse, sexual health)	2.64
* Health improvement (Public Health nursing, health checks, smoking cessation)	5.61
* Housing	0.52
** Looking after children **	
* Child protection	4.72
* Children in care	15.19
* Children with special needs	3.53
** Local government running costs **	
* Election, governance and legal services	3.24
* Directors & Staff costs	0.65
* Organisational administration	1.41
* IT, Transactions and billing (Hoople)	5.19
* Insurance and property maintenance	5.08
* Capital finance – Debt repayment	7.35
* Capital finance – Interest payments	7.20
** Economic growth **	
* Economic development and regeneration	1.27
* Broadband – rural rollout	0.13
* Planning	2.42
	249.52

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**                  VOUCHER                    **
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** Other income to supplement council tax **	
* Investment Property income	-2.92
* Car parking	-5.33
* Planning	-2.10
* Capital finance – Interest received	-2.01
* Public Health grant	-7.70
* National Education funding (schools)	-103.24

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TOTAL TO PAY (per month)   £126.22

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01/04/19   09:00   1234   23   42
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Current spending - Till Receipt

	20-21 £s		20-21 £s
** Daily life **		**** Local government running costs ****	
* Bin collections and Environment	13.87	* Election, governance and legal services	3.50
* Roads, bridges and care of public spaces	6.97	* Directors & Staff costs	0.56
* Schools and education	99.16	* Organisational administration	1.39
* Buses and community transport	5.97	* IT, Transactions and billing (Hoople)	5.25
* Libraries, records and customer services	1.22	* Insurance and property maintenance	4.84
** Looking after Adults **		* Capital finance - Debt repayment	6.97
* Older People in residential / nursing care	14.39	* Capital finance - Interest payments	9.57
* Older people supported at home	9.89	**** Economic growth ****	
* Disabled adults	28.92	* Economic development and regeneration	1.74
* Lifestyles services (substance abuse, sexual health)	2.84	* Broadband - rural rollout	0.15
* Health improvement (Public Health nursing, health checks, smoking cessation)	5.67	* Planning	0.35
* Housing	0.53		**246.32**
** Looking after children **		**Income that supplements council tax**	
* Child protection	4.29	* Investment Property income	(2.94)
* Children in care	14.97	* Car parking	(5.42)
* Children with special needs	3.31	* Capital finance - Interest received	(2.01)
		* Public Health grant	(7.70)
		* National Education funding	(96.98)
			131.27

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Public Housing

- An earmarked reserve has been created to fund the investigation of different models of delivering council housing;
- This could lead to investing up £100m in housing in the four years from 2022/23, The ambition is for housing to be provided that supports both the rental and shared ownership markets
- It is anticipated that the income streams generated will cover the revenue costs of providing the housing including any borrowing costs.

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Proposed areas for investment

#	Title	Narrative	Revenue costs 2020-21 £000s	2021-22 £000s	2022-23 £000s	2023-24 £000s	Capital investment	Capital Bid £000s
1	Assisted living	implementing technology enabled living (TEL) at scale	Funded from reserves				x	1,500
2	Super-hubs	Super hubs to support communities. Capital investment plus resource to manage and develop community engagement.	200				x	2,000
3	Tourism	Tourism - Destination Business Improvement District (BID development)						
		Tourism - Marketing and Visit Herefordshire website budget allocation						
		Fund for staffing to deliver the Leominster Heritage Action Zone project	200	40	40		x	3,800
4	Community Engagement	Creating a greater understanding within services of what will make a positive difference to people's lives. Resource for staff and engagement promotion	50	50	50	50		
5	Employment Land & Incubation Space	The acquisition of employment land would facilitate the expansion or relocation of local businesses potentially leading to a higher business rates income and the generation of more and better paid jobs. delivery options, legal implications, market assessments, constraints.	100	100	100		x	13,631
6	Leominster Urban Extension	Completing the design, approvals and business case for the Leominster Southern Transport Package would result in the council having a definitive infrastructure package, including sustainable measures.	Deferred				x	
7	Core strategy review	Full review, assessed needs of the county. Staff resource and evidence based research. Including transport options for cycling and walking and new schemes such as Eastern Link	600	500	500	550		-
8	New models of Housing	Undertake evaluation of directly investing in the development and delivery of new homes including homes for private rent, market sale and affordable housing. Cost for a consultant to develop options.	Funded from reserves				x	800
9	Public transport service	Revenue budget to protect existing bus services and frequencies	100	100			x	8,500
10	Council Tax charging policy	Variation to the local council tax discount scheme. The policy decsion change could increase the council tax income.	(56)	(100)	(100)	(100)		
11	Digital – Transformation, infrastructure and knowledge management	More services delivered digitally including linked to back office systems. More people using the internet to access services. Digital Transformation Unit – to really drive digital transformation it needs a dedicated team to work with services to change how they operate		400	280	280		
		Fibre network across Herefordshire for businesses to be able to trade globally. Households to be connected to support learning, communication, access to services and aid health and well being. Greater adoption and exploitation of the existing and planned fibre network.	25	25	25	25		
		Work to integrate data, internally between service areas within the council and alongside partners (such as health), and application of artificial intelligence, will allow the opportunity for a better understanding of our residents and allow us maximise preventative opportunities for individuals, families and communities, and inform decision making.		500	150	150		-
12	Energy models and green energy efficiency	Renewable heating technologies: Biomass (wood fuelled) boilers, Biomass pellet stoves with integrated boilers providing space heating, Ground to water heat pumps, Air to water heat pumps, Solar thermal panels	Manage within existing budget					
13	Climate change	Continue natural flood management work within the 7 (current) catchment areas beyond March 2021 and extend the offer and grant funding all across Herefordshire	70	70				
	Total of Revenue		**1,289**	**1,685**	**1,045**	**955**	**0**	**28,731**

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Assistive technology

Investment: £2m capital

To enhance the use of technology enabled living, both within the home and within communities to support wellbeing

Moving from reactive support to personalised, proactive support designed to prevent and manage demand (Predict and Prevent not simply React and Respond)

Reshaping social care delivery by moving from 'Just in Case' support to 'Just Enough' support

Begin preparations for the national move from analogue to mobile/digital technologies now underway with a planned completion date of 2025

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Super hubs

- Investment £2.2m

- A&C are currently developing the vision and the model for the first Super-hub/s

- Consultation and coproduction with local communities

- Identifying sites, feasibility and project management

High Level Design Principles

- Targeting high deprivation and unmet need

- Creating new community facilities

- Tackling health inequalities

- Promoting local business and social enterprise

- A local base or focus for public services

- Alternative/community transport hubs

100 bed development

Investment: £14m

Aim: To scope and cost the potential development of a large multi bedded care home and/or extra care facility.

Objectives:

- Decisive market intervention to increase LA controlled bed capacity in the market and increased ability to support complex care needs
- Potential reduction in the overall need for care home bed provision through additional extra care beds
- Reduction in out of county placements
- Reduction in Delayed Transfers of Care
- Return on capital investment
- Lead in the market for the use of innovative technology
- Explore "all ages" options

Herefordshire Council

Meeting:	Adults and wellbeing scrutiny committee
Meeting date:	Monday 18 November 2019
Title of report:	Work programme 2019-2020
Report by:	Democratic services officer

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards)

Purpose and summary

To consider the committee's work programme for 2019-20.

Recommendation(s)

That:

(a)   **the committee reviews the work programme (appendix 1) and determines any additional items of business or topics for inclusion in the work programme; and**

(b)   **an additional meeting be scheduled in late January / early February 2020.**

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

2.   The work programme needs to focus on the key issues of concern and be manageable.

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

It must also be ready to accommodate urgent items or matters that have been called-in.

3. At the previous meeting (18 October 2019), the committee agreed that 'urgent care, including the temporary winter closures of the Leominster and Ross-on-Wye Minor Injuries Units, be explored in a spotlight review at the next appropriate meeting.' It was anticipated that this item would be considered at the meeting on 18 November 2019. However, due to the pre-election period prior to the parliamentary general election to be held on 12 December 2019, NHS Herefordshire Clinical Commissioning Group are not in a position to attend the committee for this purpose. Therefore, this item has been postponed.

4. Health focussed items due to be considered at the 16 December 2019 meeting have also been postponed; namely, community services redesign, Continuing Health Care, and integrated care pathway, including Delayed Transfer of Care.

5. Items identified in the work programme will be brought forward in a presentation to the 16 December 2019 meeting to update the committee on progress and direction in terms of: accommodation needs assessment and market position statement (originally scheduled for January); Talk community hubs (originally scheduled for March); and digital market position and enabling technology strategy (originally scheduled for March).

6. It is proposed that an additional meeting be arranged for late January or early February 2020 to consider the postponed items identified in paragraphs 3 and 4 above.

7. The updated work programme is attached at appendix 1.

8. Consideration should be given to the type of scrutiny to apply to work programme items, such as undertaking pre-decision scrutiny, performance review, and policy review and development.

9. The work programme will remain under regular review during the year to allow the committee to respond to particular circumstances.

10. 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.

Constitutional Matters

Task and Finish Groups

11. 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.

12. 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.

13. The committee is asked to determine matters relating to the convening of a task and finish group including the scope of the review to be undertaken, the chairperson, membership, timeframe, desired outcomes, what will not be included in the review and whether to co-opt any non-voting members to the group.

Co-option

14. 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.

15. The committee is asked to consider whether it wishes to exercise this power in respect of any matters in the work programme.

Forward plan

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

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

Suggestions for scrutiny from members of the public

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

www.herefordshire.gov.uk/getinvolved

Community impact

18. 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

19. 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.

20. 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

21.   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

22.   The remit of the scrutiny committee is set out in part 3 section 4 of the constitution and the role of the scrutiny committee is set out in paragraph 2.6.5 of the constitution.

23.   The council is required to deliver a scrutiny function.

Risk management

24.

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

25.   A work programming session involving scrutiny committee members was held in June 2019. 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   Updated work programme 2019-20

Background papers

None identified.

Meeting dates and items 2019-20

Monday 18 November 2019, 10:30 AM		
Item	Description	Form of scrutiny
2020/21 adults and wellbeing budget and corporate plan proposals	To seek the views of the adults and wellbeing scrutiny committee on the budget proposals for 2020/21 as they relate to the remit of the committee and on the draft corporate plan.	Budget and policy framework

Monday 16 December 2019, 9:30 AM		
Item	Description	Form of scrutiny
Updates on progress and direction: • **Accommodation needs assessment and market position statement** • **Talk community hubs** • **Digital market position and enabling technology strategy**	• Suggested by the audit and governance committee in relation to care home ratings (23 January 2019). • Suggested by the general scrutiny committee (6 March 2019). • Market position, strategy, and future commissioning plans.	Policy review and development

Monday 13 January 2020, 2:30 PM		
Item	Description	Form of scrutiny
Update on the 2020/21 adults and wellbeing budget and corporate plan proposals	Further to the item to be considered on 18 November 2019, to consider the budget 2020/21 following consultation and the local government settlement.	Budget and policy framework

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Adults and wellbeing scrutiny committee, work programme

Late January / early February 2020	[suggested additional meeting]	
Item	Description	Form of scrutiny
Spotlight on urgent care, including the temporary winter closures of the Leominster and Ross-on-Wye Minor Injuries Units (MIU)	The adults and wellbeing scrutiny committee (18 October 2019) resolved that a spotlight review be undertaken.	Performance review
Community services redesign	To receive an update on community services transformation and the impact on current provision.	Policy review and development
Continuing Health Care (CHC)	Update on progress since the adults and wellbeing scrutiny committee held on 20 September 2018.	Performance review
Integrated discharge care pathway, including Delayed Transfers of Care (DToC)	Suggested by the audit and governance committee (23 January 2019) in relation to Delayed Transfers of Care.	Performance review

Monday 02 March 2020, 2:30 PM		
Item	Description	Form of scrutiny
Domestic abuse strategy 2019-2022 update	Update on the strategy considered by the adults and wellbeing scrutiny committee on 29 January 2019.	Performance review
Funding and implementation plans for the proposed new Clinical Commissioning Group (CCG) footprint	The adults and wellbeing scrutiny committee (24 June 2019) resolved that the CCG be invited back to outline their detailed funding and implementation plans for the new CCG footprint.	Policy review and development

Adults and wellbeing scrutiny committee, work programme

Monday 11 May 2020, 2:30 PM		
Item	Description	Form of scrutiny
Clinical Commissioning Group benchmarking and performance / delivery data	The adults and wellbeing scrutiny committee (24 June 2019) resolved that benchmarking and performance / delivery data be brought back to the committee. The committee (18 October 2019) also requested that this item include details of the One Herefordshire priorities and outcome measures as part of this agenda item.	Performance review
Dementia strategy and progress with the action plan	Update on progress since the launch of the strategy.	Performance review
Sexual health service	Arising from a suggestion from Healthwatch Herefordshire, the adults and wellbeing scrutiny committee (24 June 2019) agreed to consider this item for its work programme in 2019-20.	Performance review

Potential items 2020-21		

Item	Description	Form of scrutiny
Suicide prevention strategy and progress with the action plan	Update on progress since the launch of the strategy.	Performance review