

# Agenda

## Adults and wellbeing scrutiny committee

Date: **Monday 13 January 2020**

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Time: **2.30 pm**

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

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

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# **Agenda for the meeting of the Adults and wellbeing scrutiny committee**

## **Membership**

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

**Councillor Sebastian Bowen**  
**Councillor Helen l'Anson**  
**Councillor Tim Price**  
**Councillor David Summers**  
**Councillor Kevin Tillett**

## Agenda

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| 4. | <p><b>MINUTES</b></p> <p>To approve and sign the minutes of the meeting held on 18 November 2019.</p>  | 7 - 18  |
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| 6. | <p><b>QUESTIONS FROM COUNCILLORS</b></p> <p>To receive any written questions from councillors.</p> <p>The deadline for the receipt of a question from a councillor is Tuesday 7 January 2020 at 5.00 pm.</p> <p>To submit a question, please email <a href="mailto:councillorservices@herefordshire.gov.uk">councillorservices@herefordshire.gov.uk</a></p>  |         |
| 7. | <p><b>MINOR INJURY UNITS</b></p> <p>To consider the temporary winter closures of the Ross-on-Wye and Leominster minor injury units (MIUs), in the context of urgent and emergency care, and to determine any recommendations the committee wishes to make to a responsible NHS body and / or to the executive.</p>   | 19 - 56 |
| 8. | <p><b>REVIEW OF BUDGET AND CORPORATE PLAN PROPOSALS FOR 2020/21 RELATING TO THE REMIT OF THE ADULTS AND WELLBEING SCRUTINY COMMITTEE</b></p> <p>To seek the views of the adults and wellbeing scrutiny committee on the budget proposals for 2020/21 and on the draft corporate plan as they relate to the remit of the committee.</p>   | 57 - 86 |
| 9. | <p><b>COMMITTEE WORK PROGRAMME</b></p> <p>To consider the committee's work programme.</p>  | 87 - 94 |

**10. DATE OF NEXT MEETING**

The next scheduled meeting in public is Monday 2 March 2020 at 2.30 pm.



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**Minutes of the meeting of Adults and wellbeing scrutiny committee held in the Council Chamber, Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Monday 18 November 2019 at 10.30 am**

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

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

**In attendance:** Councillors Pauline Crockett (Cabinet member health and adult wellbeing), Liz Harvey (Cabinet member finance and corporate services) and David Hitchiner (The leader of the council and cabinet member corporate strategy and budget)

**Officers:** Head of operations, Head of community commissioning and resources, Acting director for economy and place, Democratic services manager and statutory scrutiny manager, Chief finance officer, Head of corporate finance, Assistant director all ages commissioning, Head of care commissioning, and Director for adults and communities

**20. APOLOGIES FOR ABSENCE**

There were no apologies for absence, all committee members were present.

**21. NAMED SUBSTITUTES (IF ANY)**

There were no substitutes.

**22. DECLARATIONS OF INTEREST**

Agenda item 7 (minute 26) - 2020/21 adults and wellbeing budget and corporate plan proposals

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

Councillor Sebastian Bowen, other interest, declared during the meeting due to potential future involvement in a community land trust.

**23. MINUTES**

**Resolved:**

**That the minutes of the meeting held on 18 October 2019 be approved as a correct record and be signed by the chairman.**

## **24. QUESTIONS FROM MEMBERS OF THE PUBLIC**

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

## **25. QUESTIONS FROM COUNCILLORS**

No written questions had been received from councillors.

## **26. 2020/21 ADULTS AND WELLBEING BUDGET AND CORPORATE PLAN PROPOSALS**

The chairperson explained that the three scrutiny committees would be reviewing the budget and corporate plan proposals in sequence, with meetings scheduled in November 2019 and again in January 2020. This agenda item sought views on the proposals as they related to the remit of the adults and wellbeing scrutiny committee and the committee would make recommendations to the general scrutiny committee; the general scrutiny committee would then submit final recommendations from the three scrutiny committees to cabinet.

The chief finance officer was invited to deliver the presentation 'Budget 20/21 and corporate priorities (2020-2024)'. The key points are summarised below.

- a. The committee had been supplied with an early version of the proposed budget, including draft capital investment business cases, to provide the opportunity to question and challenge the work in development.
- b. An overview was provided of the council's 'ambition for Herefordshire', key themes, and public engagement activity.
- c. The net revenue budget 2020/21 had been informed by the government's spending plans, announced in September 2019, but the local government settlement would not be confirmed until after the UK parliamentary general election. Consequently, assumptions had to be made, such as the level of rural services delivery grant.
- d. The total net budget was £156m, with an assumed 4% increase in Council Tax.
- e. An overview was provided of the base budget, known pressures (including contract inflation, fee uplift, increment, and savings) and additional pressures (looked after children, social care pool, legal structure, edge of care, and improving social care services). The base budget requirement of £154.8m reflected that the council could balance its budget without having to make additional savings.
- f. The adults and communities directorate was commended for delivering within its budget and for making the best use of resources.
- g. The base net budget requirement for the adults and communities directorate showed a savings requirement of £0.6m and it was expected that the savings would be delivered. Pressures of £2.7m were identified, reflecting contract inflation and demographic pressures.
- h. An overview was provided of the 2020/21 assumptions, including 4% increase in Council Tax (2% general and 2% adults social care), anticipated continuation of Improved Better Care Fund (£5.7m) and Public Health grant (£9.2m) funding, and 200 additional new homes above assumed growth in new homes.
- i. A graph showed savings achieved of £93m from 2010/11 to 2019/20.



- j. The position with earmarked reserves was outlined.
- k. Till receipts, showing charges per month for an average Band D property, for 2019/20 and 2020/21 were displayed.

Questions were invited from committee members on the budget and corporate plan in general.

The chairperson commented on the following:

- Tribute was paid to the efforts of the council's directors and their departments in managing the budgets in challenging financial circumstances.
- Inconsistencies were identified in the use of terminology which could be confusing for the public, e.g. rural sparsity delivery grant (agenda page 29) and rural services delivery grant (agenda page 69).
- Clarification was sought about the creation of a social care pooled budget. The chief finance officer explained that this reflected funding in the central government 2019 spending review and further detail was awaited. The chairperson asked that members be updated on this and on other developments in due course.
- Attention was drawn to the proposed budget for adults and wellbeing (agenda page 72) and it was questioned whether there was sufficient headroom for both contract inflation and increasing demographic pressures.

The director of adults and communities noted the challenges and said that the proposed budget would enable the council to enter into commissioning and contracting conversations with providers but, as in any demand led service, there was a certain degree of unpredictability in terms of the numbers of people entering the system and the complexities of their needs. It was anticipated that the demands could be met through a combination of setting the budget at the right rate and improvements within service delivery. The vice-chairperson suggested that it would be helpful to include appropriate narratives on how the pressures were being managed, along with relevant cost benefit analyses.

Officers responded to questions from committee members, the key points included:

1. The head of care commissioning explained that negotiations were underway with domiciliary and home based care providers. An overview was provided of the workforce pressures and the need for appropriate inflationary uplift to ensure the sustainability and growth of local provision. The director of adults and communities commented on the importance of the ongoing work to keep people well, to promote independence, and engage with communities in order to manage the demands in the most cost effective way possible.
2. Following comments made by a committee member about the need to tackle loneliness and the potential for 'community wheels' to help people in rural areas connect with daily activities. The director for adults and communities advised that there were no current proposals to invest in that particular scheme and commented on the investments in Talk Community hubs, and in the proposed super-hubs. The acting director for economy and place reported that a number of public transport related elements were likely to be considered by the general scrutiny committee. Another committee member commented on the potential for 'good neighbour' schemes to increase access to services and enhance social interaction.

3. It was noted that the proposed 4% total increase in council tax was above the rate of inflation and it was questioned what other levels and models had been considered. The chief finance officer reported that the Medium Term Financial Strategy, agreed by Council in February 2019, had assumed a 4.5% increase and the 4% was based on the advice from government, as part of the provisional settlement announced in September 2019. No other modelling had been undertaken but other scenarios could be modelled should that be the wish of Council.
4. Clarification was sought about paragraph 15 of the covering report (agenda page 20) and the savings requirement for adults and communities for 2020/21 of £0.6m. The director for adults and communities explained how the principles set out within the Care Act were being delivered and care needs were being met but in a different way to traditional models of formal care, with the strengths based approach enabling people to maintain their independence for longer. He added that the Herefordshire approach was increasingly recognised as a model of good practice in improving outcomes and reducing costs. In response to a further question from the chairperson, the director reported that, by investing in additional resources earlier to address target areas of practice, the savings requirement was on course to be achieved.
5. With reference made to the proposed budget till receipt (agenda page 31), the director for adults and communities outlined the ring-fenced grant for health improvement and how public health commissioned related services. The director acknowledged that there had been varying degrees of success in the approaches taken to date, including the target for health checks, and work was being undertaken to secure improvements.

The chief finance officer continued with the presentation, with input from other attending officers. The key points are summarised below.

#### Public housing

- A. An earmarked reserve had been created (£150k) to fund the investigation of different models of delivering council housing which could lead to investing up to £100m in housing in the four years from 2022/23. It was anticipated that the income streams generated would cover the revenue costs of providing the housing, including any borrowing costs.
- B. It was reported that the treasury management strategy would need to be amended by Council; a training session was being arranged for members for January 2020.
- C. The acting director for economy and place said that this initiative highlighted the intention to address some of the challenges around housing delivery. Attention was also drawn to the outline business case for 'Bringing empty properties back into use' (agenda page 47).

#### Assistive technology

- D. An investment of £2m was proposed to enhance the use of technology enabled living, both within the home and within communities to support wellbeing.
- E. The director for adults and communities commented on the importance of moving from reactive support to 'upstream' proactive support, utilising the potential of mobile and wearable devices. The capital investment, supported by revenue for related services, would help with preparations for the national move from analogue

to digital technologies, and would provide an opportunity for Herefordshire to take a leading role in helping people to maintain high levels of independence.

#### Super-hubs

- F. Attention was drawn to the outline business case that had been circulated in a supplement to the agenda.
- G. The head of community commissioning and resources explained that the super-hub concept differed to the Talk Community hubs, in that it would involve creating new community facilities in areas of higher need and inequality for a wider range of purposes, including public services, social and commercial enterprises, and for alternative/community transport. It was reported that work was being undertaken to explore models of delivery and potential locations.

#### Multi-bedded care home and/or extra care facility

- H. An investment of up to £14m for the development of a large multi-bedded care home and/or extra care facility was in the early stages of being scoped.
- I. The assistant director all ages commissioning provided an overview of the challenges in the local care market, including: the size and fitness for purpose of some properties; the imminent retirement of some owners; the difficulties in placing some residents with the most complex care needs; and the high proportion of self funders.
- J. It was reported that this would be a decisive market intervention to increase local authority controlled bed capacity and support complex care needs, as well as providing opportunities for strengths-based and all ages approaches. The committee was advised that other authorities were exploring similar solutions to address perceived issues in their local care sectors.

The chairperson invited attending cabinet members to comment on the budget and corporate plan proposals. The main points are summarised below.

- The leader of the council (and cabinet member corporate strategy and budget) drew attention to the three pillars of the corporate plan 'community, economy, environment'. It was noted that promoting healthy life choices and encouraging independence not only improved outcomes for people but also helped to manage the demands on council and NHS services. Responding to a point made earlier in the meeting (point 3. above), the leader of the council acknowledged the need to review the proposed 4% total increase in council tax to ensure that it was appropriate.
- The cabinet member finance and corporate services made a number of points, including: the attending officers and their teams were thanked for the hard work on the budget, for delivering savings, and for developing the capital investment proposals; the revised budgeting process provided the scrutiny committee with an opportunity to influence and contribute to the plans; the administration would continue to be prudent in managing the council's resources, whilst creating resilience for the future and providing choices for the evolving needs of the community; the budget consultation and engagement process was outlined; it was emphasised that the increase in council tax comprised 2% for adults social care and 2% for everything else; recent inflation figures were noted and it was commented that the council had to plan pragmatically, especially given some of the uncertainties at a national level; recognising the connectivity between the directorates and budget areas, e.g. transport for communities, councillors and the

public were encouraged to engage with the other scrutiny committees; there would be a shift in service delivery to a family centred approach, looking across the full age range; an investment in public housing of up to £100m could deliver around 1,000 homes to help address local need; the capital receipts generated by the sale of publicly owned smallholdings could be used to invest in assets of use and relevance to a wider section of the community and, in turn, generate new revenue funding streams; the proposal for a multi-bedded care home and/or extra care facility was a response to the fact that the market was not delivering the mix of care needed to service demand, it would provide better choice for residents, and it would help the council control costs; and committee members were urged to test the executive on the details of the business model to ensure that it could be delivered and that risks were mitigated.

- The cabinet member health and wellbeing said that, despite the ongoing challenges, the adults and communities directorate was performing well and the degree of forward thinking and planning was encouraging.

The chairperson asked questions and made comments on the following:

- Attention was drawn to appendix 4 (agenda page 33) and clarification was sought about the figure of £919k for 'carehome and extra care development' under 'current capital programme'. Later in the meeting, the director for adults and wellbeing reported that this figure related to an extension at Waverley House which did not proceed.
- Clarification was also sought about the figure of £1.5m of 'redirected funding' for 'technology enabled communities'. The director for adults and communities provided an overview of the savings achieved during 2019/20.
- It was acknowledged that the outline business cases were early iterations and that comments put forward were intended to inform the next iterations.
- Further detail was sought on the assertion, in paragraph 24 of the covering report (agenda page 21), that 'Latest assessment indicates a shortfall of around 4,000 social and affordable homes...'. The cabinet member finance and corporate services explained that this was based on the strategic housing needs assessment, which formed part of the evidence based for the core strategy, and there was still a significant shortfall against demand; the review of the core strategy would revisit some of the evidence based assessments.
- The chairperson suggested that an options appraisal for market intervention should be in scope. In response to a comment about the need for risk analysis, the cabinet member finance and corporate services advised that some funding had been drawn down from reserves to undertake studies during this financial year to understand the different models of housing being evolved and operated by other councils in order to learn from them and avoid any problems that they had encountered. The cabinet member recognised that policy adjustments could bring forward more affordable housing created by the market but the executive was also looking to find long term income streams for the council, using released capital from smallholdings to invest in new homes; it was commented that community land trusts could also bring forward small scale schemes.
- It was noted that references had been made to using released capital from smallholdings but also to borrowing and clarity was sought on the likely combination. The chief finance officer acknowledged that this was a valid point which would need to be addressed in the next iteration.

- In response to a question, the acting director for economy and place advised that the outline business case for 'bringing empty properties back into use' identified costs of £0.8m over three years (agenda page 54) and reported that the earmarked reserve of £150k to fund the investigation of different models of delivering council housing had been agreed by cabinet at its last meeting (minute 100 of 24 October 2019 refers). The chairperson suggested that this be clarified in terms of the proposed areas for investment slide (agenda page 79).

Questions and comments were invited from committee members on the capital investment budget proposals.

- 1) A committee member commented on the need for clarity around language (e.g. council / social / public housing had been used variously) and for definitions of terms (such as 'affordable housing' and 'Talk Community') which could be understood by the general public.

### Housing

- 2) A committee member welcomed initiatives to bring empty properties back into use and for the redevelopment of brownfield sites for housing but, noting the reasons for stock transfers to housing associations in the past, commented on the need to explore future management arrangements for council housing and the implications in terms of 'right to buy'. It was also commented that housing associations needed to be encouraged to take on affordable housing in smaller developments.
- 3) The vice-chairperson: questioned whether the proposals for empty properties would, in addition to providing grants, seek to secure some influence over the houses that were brought back into use; identified that 'build our own sustainable council houses' was the third highest priority identified by residents during the consultation; and, noting the challenges of finding appropriate land which was distributed appropriately, questioned whether the council would be partnering with a developer or looking to utilise as much of its own land as possible.
- 4) The leader of the council said that the executive was mindful of potential risks but there was a need to deliver housing which the market was not providing currently, for the benefit of the community.
- 5) The chairperson noted that the main body of the report did not reference bringing empty properties back into use, although an outline business case was provided as an attachment. The chairperson suggested that a more detailed report could include: context in terms of the legal action that had been undertaken; the options available to achieve the desired outcomes; and clarification on what 'long term' meant in the sentence '286 Long term empty property as of September 2019' (agenda page 51). The chairperson commented that properties that had been empty for the longest might not be the priority necessarily, as these could cost the most to bring back into use, and there could be a more pressing need to target properties which had a community impact.

In response to questions from the chairperson, the cabinet member finance and corporate services confirmed that there would be a range of responses to different circumstances, and outlined the measures and inducements available to bring empty properties back into use.

- 6) The chairperson suggested that it would be helpful if there was robust evidencing in terms of the 286 figure and the number of complaints received by the Environmental Health team. It was acknowledged that there were social value benefits in all the suggestions but value for money for tax payers also had to be

considered. The chairperson also suggested that conditional use of renewables and appropriate design standards be included in scope.

- 7) A committee member suggested that the efforts of the council to bring empty properties back into use should be communicated to the public.
- 8) Another committee member welcomed the initiative but noted the potential for complications which could be expensive and time consuming.
- 9) The acting director of economy and place recognised that the details of the scheme would be important and said that it was intended that there would be measures to improve the environmental performance of the buildings but also to help reduce heat poverty.

#### Assistive technology

- 10) The chairperson considered the role of technology to support communities was inevitable but noted potential challenges in terms of data protection, cross system and cross border compatibility, and maintaining human connections, particularly in terms of blue light and other responders.

In response, the director for adults and communities: commented on the potential to collaborate with online retailers and technology companies in the development of assistive technologies; recognised that the work needed on data sharing arrangements should not be underestimated but said that progress was being made in the health and social care system; and acknowledged the importance of connectivity, not only to respond to situations, such as falls, but also to monitor vital statistics in order to pre-empt potential incidents. The director also commented on the potential of the 'Barcelona model' of using assistive technology to not only monitor and respond but also to support and communicate with service users, with wider benefits in terms of the use of resources and innovation in the local economy.

- 11) A committee member noted that some individuals did not want to use certain devices.

The director for adults and communities commented on developments in terms of wearable and other monitoring devices which could help to manage conditions and behaviours.

The leader of the council acknowledged that people could not be coerced into using certain devices but people were increasingly becoming acquainted with connected technologies in the home.

- 12) A committee member commented on the importance of broadband connectivity and mobile signal reliability to support the spread of assistive technologies. The director for adults and communities outlined ongoing efforts to address infrastructure issues and the potential of other data networks to support service users.
- 13) The vice-chairperson suggested that clarification was needed on: how the technology investment in terms of the adults and communities directorate related to the wider digital transformation, infrastructure and knowledge management proposals; the costs of replacing analogue equipment, such as pendant alarms, with new digital technologies; and for a breakdown of the reasons why '56% of Herefordshire's telecare users do not use the internet at home (2019 survey)' (agenda page 39).

The director of adults and communities welcomed the points raised and commented on the importance of investment in proactive systems to support the health and wellbeing of the population and to mitigate long term risks.

- 14) The cabinet member finance and corporate services said that assistive technology would be part of a suite of tools to address people's needs, further details would be provided as part of the next stage of the budget process, and detailed business cases would be developed and reviewed prior to monies being spent.

#### Super-hubs

- 15) In response to a question from the chairperson, the cabinet member finance and corporate services said that Talk Community hubs and super-hubs would be different according to the identified needs of the communities in which they were situated.
- 16) A committee member questioned whether £2m was sufficient to deliver this project given the aims and objectives.

The director for adults and communities recognised the need for a strong business case, with the spend profile and benefits to the community clearly mapped out. He added that various factors, including location, would determine whether one or two could be delivered.

The leader of the council commented on the potential to convert existing buildings and on the need to ensure that proper value was provided.

- 17) The vice-chairperson: commented on the need for clarity in the narrative about different hub types; questioned the extent to which the proposals were being developed alongside partners in the health and social care system; and welcomed the potential growth in social enterprise and wider businesses.
- 18) A committee member supported the proposal but cautioned that super-hubs should not duplicate or overlap with existing community facilities or activities to an unhelpful or counter-productive extent.
- 19) Another committee member commented on the need to involve mental health providers.
- 20) In response to questions raised, the head of community commissioning and resources: reported that work had been undertaken and was in progress to develop the proposals with NHS and other partners; there would be ongoing engagement and consultation with communities to understand their aspirations, unmet needs, and what could be achieved; acknowledged that the terminology and branding of the different concepts had to be coherent and descriptive; said that it was not the intention to replace or impose controls over existing community facilities but to complement them; outlined the potential to co-locate public services and utilise existing land assets, through conversion or new build; and emphasised that the proposals would be developed in detail before spending was committed.

#### Multi-bedded care home and/or extra care facility

- 21) The chairperson suggested that more detail was needed in terms of revenue, projected needs analysis and modelling, potential impact on market conditions, bed numbers, and management arrangements. Whilst noting the potential benefits

of a centralised offer, there was a tension with the dispersed nature of the county which needed to be considered.

- 22) A committee member considered that, in view of the changing demographics, such investment was necessary both to generate income and to reduce spend on placements.
- 23) In terms of evidence base, the director for adults and communities reported that a new market position assessment was in development which would reflect the current landscape and future demand; this would be supported by an accommodation needs assessment for the population as a whole. It was acknowledged that the location and implications of a centralised facility would need careful consideration.

The assistant director all ages commissioning commented on: the challenges of achieving economies of scale; the limitations of traditional care homes and the changing market conditions; the different models that could be considered and the implications in terms of revenue; the need to help people to remain independent for longer; and the importance of having a sustainable inventory of facilities.

- 24) The chairperson also suggested that it would be helpful to understand the contract pressures in this context, the relationship to the Hillside development under 'constraints and dependencies' (agenda page 62), and for analysis on how the two business cases, taking control of pressures in the market and achieving a revenue stream, could be delivered within one property.

The cabinet member finance and corporate services acknowledged the need for appropriate modelling and analysis, and commented that every bed would generate a revenue stream which would contribute towards the operation of the facility.

The chairperson thanked the attending cabinet members and officers for their contributions and adjourned the meeting for a short time to provide an opportunity for the formulation of recommendations.

Following the adjournment, the following recommendations were agreed by the committee.

**Resolved to recommend to the general scrutiny committee:**

1. **the adults and wellbeing scrutiny committee welcomes the proposed areas for investment which support prevention and the strengths based agenda;**
2. **acknowledging that the lack of specific details in the outline business cases was due to the timing constraints and early sight of potential projects coming forward, the committee would be pleased if attention can be given to the matters it has raised and for deeper levels of detail to be provided in the next iterations of the business cases; and**
3. **that terminology and language be used consistently, using Plain English.**

**27. COMMITTEE WORK PROGRAMME**

The chairperson drew attention to the deferral of some health related matters until the conclusion of the pre-election period. It was proposed that: an item on the temporary winter closures of minor injuries units be considered at the 13 January 2020 meeting; due to the items identified for the 9 December 2019 meeting relating to updates on



progress and direction rather than specific scrutiny activity, this meeting in public be withdrawn and replaced with an informal workshop for committee members; and an additional meeting be arranged in 2020.

A committee member commented on the need for awareness about potential new arrangements for the delivery of mental health services in Herefordshire from 1 April 2020. It was suggested that a briefing note be requested initially to inform committee members about the position.

**Resolved: That**

- 1. the work programme, as amended at the meeting, be endorsed, with the spotlight on urgent care to be considered at the 13 January 2020 meeting;**
- 2. the meeting in public scheduled for 9 December 2019 be withdrawn and replaced with an informal workshop for committee members;**
- 3. an additional committee meeting be arranged in 2020; and**
- 4. a briefing note be requested on the future arrangements for the delivery of mental health services in Herefordshire.**

**28. DATE OF NEXT MEETING**

With the withdrawal of the committee meeting in public on 9 December 2019, the next scheduled meeting was Monday 13 January 2020 at 2.30 pm.

The meeting ended at 1.37 pm

**Chairperson**





|                         |  |
|-------------------------|--|
| <b>Meeting:</b>         | <b>Adults and wellbeing scrutiny committee</b> |
| <b>Meeting date:</b>    | <b>13 January 2020</b>                         |
| <b>Title of report:</b> | <b>Minor injury units</b>                      |
| <b>Report by:</b>       | <b>Democratic services</b>                     |

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

(All wards); specifically for the temporary winter closures of the minor injury units: Kerne Bridge, Leominster East, Leominster North and Rural, Leominster South, Leominster West, Ross East, Ross North, and Ross West.

## Purpose and summary

To consider the temporary winter closures of the Ross-on-Wye and Leominster minor injury units (MIUs), in the context of urgent and emergency care, and to determine any recommendations the committee wishes to make to a responsible NHS body and / or to the executive.

## Recommendation(s)

That:

- (a) **the adults and wellbeing scrutiny committee consider the report of NHS Herefordshire Clinical Commissioning Group on urgent and emergency care to determine any recommendations it wishes to make.**

## Alternative options

1. There are no alternative options to the recommendations as it is a function of the committee to review and scrutinise any matter relating to the planning, provision and operation of the health service within its area. The committee also has the function to make recommendations to a responsible NHS body on any NHS matter it has reviewed or

scrutinised, and to make reports or recommendations to the executive with respect to the discharge of any functions which are the responsibility of the executive.

## Key considerations

2. The adults and wellbeing scrutiny committee has statutory health scrutiny powers including the review and scrutiny of any matter relating to the planning provision and operation of health services (not reserved to the children and young people scrutiny committee) affecting the area and to make reports and recommendations on these matters.
3. On 15 October 2019, Wye Valley NHS Trust (WVT) issued a press release [‘Temporary winter closure for Ross and Leominster Minor Injury Units’](#) as follows:

‘The Minor Injury Units at Ross and Leominster community hospitals are to close temporarily during the winter to help Wye Valley NHS Trust provide safe services to seriously ill patients needing urgent care at Hereford County Hospital.

This mirrors last year’s decision and has been made as part of a planned strategy to help the Trust cope with winter pressures.

The temporary MIU closures will allow hospital bosses to redeploy experienced emergency nurse practitioners to provide enhanced support where it is clinically most needed – caring for seriously sick patients needing urgent care at Hereford County Hospital.

“These extra staff will make a real difference,” said Jon Barnes, Chief operating officer at the Trust.

The Emergency Department regularly sees more than 200 patients a day. During the last 12 months the Trust has seen 60,560 patients in the Emergency Department – an increase of 5,000 compared to 12 months ago.

The Trust’s main concern is the safety of patients with acute and emergency conditions ensuring that they are assessed, diagnosed and treated rapidly

“We have a duty to provide safe and timely care to our patients - this decision will help us achieve that,” added Jon.

The Minor Injury Units will close for the winter period from Monday, November 4. All other services at Ross and Leominster community hospitals will continue as normal.

The Trust is reminding people that they should ring NHS 111, contact their GP practice or visit a local pharmacy for advice relating to minor injuries or ailments.’

4. During consideration of the committee’s work programme at its meeting on 18 October 2019, the committee determined that it wished to undertake a review of the temporary winter closures of the MIUs, for the following reasons:
  - a. It was considered to have a significant impact, principally for residents in Leominster and Ross-on-Wye.

- b. There was limited supporting information to explain and/or justify the temporary closures.
  - c. It was recognised that the temporary winter closures sit within a wider context of urgent and emergency care within the county and the committee was keen to explore how any planned reforms could impact on the MIUs.
5. The agenda item was scheduled for November 2019 but was deferred subsequently due to the parliamentary pre-election period.
  6. The committee is likely to explore how the urgent care system operates currently, the planned or potential reforms, and the implications for the MIUs, including:
    - How the MIUs function and the numbers of patients using this service (within the county or adjacent counties)
    - The skillset of the staff who work within the MIUs and the transferability of those skills from an MIU to an Accident and Emergency (A&E) setting (during the closures)
    - Examination of the pressures in the 'system' that are being alleviated (e.g. in A&E) and the pressures are being created (e.g. for General Practitioner (GP) surgeries) as a result of the temporary closures
    - How patients' interests / healthcare outcomes are being maintained or improved as a result of the temporary closures
    - The governance and evidence taken into account to determine urgent and emergency care reforms, and the factors and evidence taken into account to justify the temporary closures
    - The consultation undertaken on the temporary closures and the future consultation being planned
    - The care pathways used to prioritise patient care - in terms of those treated in an MIU setting, those prioritised for urgent care administered through A&E, and those being treated by GP surgeries
    - Examination of the 'preventable' measures designed to reduce the need for patients to visit MIUs and/or urgent and emergency care facilities
    - Examination of the healthcare 'estate' and what impact the reforms may have on this
    - The future outlook for the MIUs in the county, including the prospects for further temporary or permanent closures, in the context of reforms and the NHS Long Term Plan
    - How any future changes can deliver better outcomes for patients in Herefordshire and surrounding areas
  7. The CCG has provided the attached report on urgent and emergency care for consideration by the committee. The CCG's acting director of operations will give a brief presentation and will respond to member questions at the meeting.

## Community impact

8. In accordance with the adopted code of corporate governance, Herefordshire Council achieves its intended outcomes by providing a mixture of legal, regulatory and practical interventions. Determining, the right mix of these is an important strategic choice to make sure outcomes are achieved. The council needs robust decision-making mechanisms to ensure its outcomes can be achieved in a way that provides the best use of resources whilst still enabling efficient and effective operations and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development and review.
9. This review contributes to the corporate plan objective 'enable residents to live safe, healthy and independent lives'.
10. Within the NHS, there has been increasing emphasis on the need to understand and respond to the views of patients and the public about health and health services. Responding positively to health scrutiny is one way for the NHS to be accountable to local communities.

## Equality duty

11. 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.
10. 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

11. 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

12. Section 9FA of and Schedule A1 to the Local Government Act 2000, Regulations 5 and 11 of the Local Authorities (committee system) (England) Regulations 2012 and Regulation 30 of the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny)

Regulations 2013 make provision for local scrutiny functions to review and scrutinise matters relating to the planning, provision and operation of the health service in the area.

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

## **Risk management**

14. None in relation to this report; scrutiny is a key element of accountable decision making and may make recommendations to certain NHS bodies with a view to strengthening mitigation of any risks associated with the proposed decisions. The committee may make reports and recommendations to certain NHS bodies and expect a response within 28 days.

## **Consultees**

15. This item was added to the committee's work programme due to the concerns expressed by councillors representing the communities affected. The local ward members will be invited to contribute to the discussion at this meeting.
16. Members of the public are also able to influence the scrutiny work programme by suggesting a topic for scrutiny or by asking a question at a public meeting, for further details, please see the 'get involved' section of the council's website:

[www.herefordshire.gov.uk/getinvolved](http://www.herefordshire.gov.uk/getinvolved)

## **Appendices**

Appendix 1 Urgent and Emergency Care Report

Appendix 1.1 A&E Delivery Board Performance Dashboard

Appendix 2 Presentation slides

## **Background papers**

None identified.



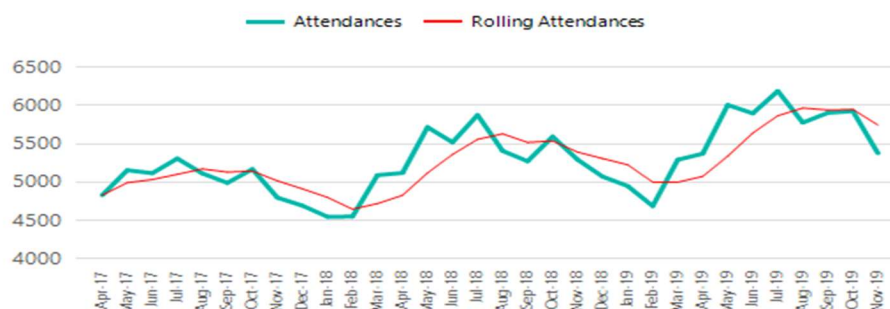


# Urgent and Emergency Care

## 1. INTRODUCTION

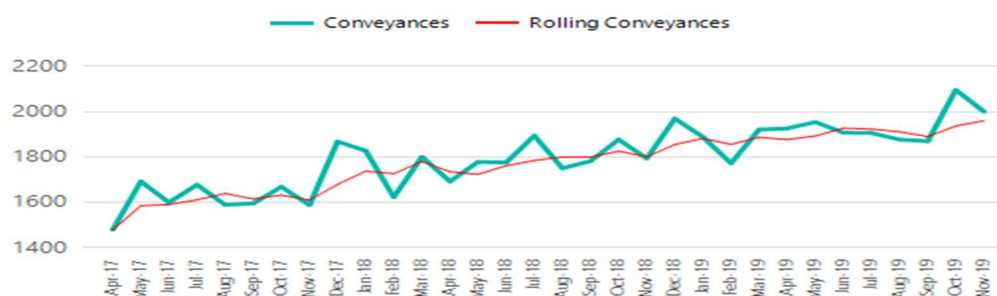
- 1.1 This paper provides a summary of the local initiatives in Herefordshire that contribute to the emergency and urgent care system. Emergency and urgent care is most commonly associated with Accident and Emergency Departments. It is more complex than the demand occurring in one service, as the system involves several services being able to respond quickly to people's ill-health. This includes primary care services, social care, pharmacies, dentists, eye health care, mental health services, NHS 111, ambulance, and minor injury units.
- 1.2 The paper confirms the local system arrangements, through the A&E Delivery Board and provides information on performance. As an area that experiences surge demand, business continuity and escalation plans are common operational practice as the information on Winter planning illustrates (see section 8 and 11).
- 1.3 In 2018/19, 63,829 people attended Hereford Accident & Emergency Department at the County Hospital. Illustration A shows the monthly attendances and rolling attendances since April 2017.

Illustration A: A&E Attendances at Wye Valley NHS Trust April 2017 to November 2019



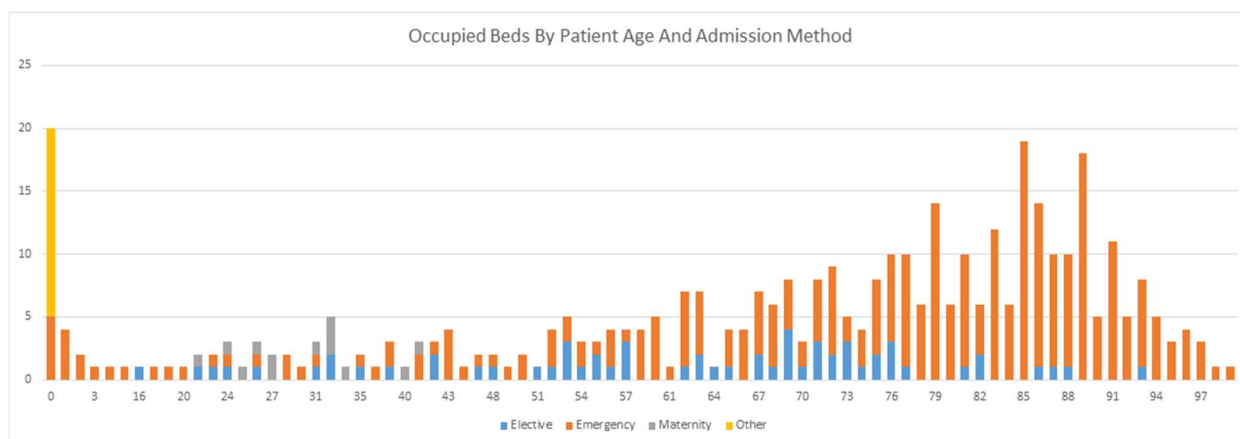
- 1.4 The impact of people needing urgent or emergency care are felt across the system. Local ambulance conveyance information show that the number of patients transported by ambulance is increasing.

Illustration B: Ambulance conveyances to Wye Valley NHS Trust April 2017 to November 2019



- 1.5 National statistics suggest that 1 in 5 people that attend A&E are admitted to hospital. Others receive treatment (with no further follow-up), receive advice, or a referral to other services. Two-thirds of all hospital admissions are for emergencies, challenging availability of hospital beds and require responsive community services to plan effective discharges. Illustration C shows the age range of patients from Quarter 1 of 2019/20 at Hereford County Hospital. This shows that most occupied beds are for emergency care.

Illustration C: Age Profile of Patients in Hospital Acute Beds Quarter 1 2019/20



## 2. DEFINITIONS

- 2.1 Emergency is a life-threatening illnesses or accidents which require immediate, intensive treatment, such as an ambulance or Accident and Emergency Department.
- 2.2 Urgent is an illness or injury that requires urgent attention but is not life threatening, e.g. NHS 111, pharmacy or GP appointment.
- 2.3 Minor injury unit (MIU) is an assessment and treatment centre led by specially trained nurses, such as emergency nurse practitioners. MIUs are designed to manage less serious injuries than those that would ordinarily be treated in an accident and emergency department. The range of presenting complaints that an MIU can manage is usually dictated by the competency of the staff and the level of access to diagnostics, e.g. x-rays.

## 3. NATIONAL HEALTH SERVICE LONG-TERM PLAN

- 3.1 The NHS Long term plan set out some national expectations in relation to emergency and urgent care:
- To provide a 24/7 urgent care service via NHS 111 for medical advice, GP in and out of hours appointments, community services, hospitals and ambulance.
  - Implement same day emergency care – with rapid assessment, diagnosis, treatment and discharge on the same day if clinically appropriate.
  - Reduce the length of stay for people in hospital longer than 21 days, providing care in the most appropriate place.
  - Develop an integrated primary care and community responsive service to prevent emergencies.
- 3.2 Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP) response to the national long-term plan is documented in a five-year plan. Within this plan, it is recognised that urgent and

emergency care is a top priority. The plan outlines the transformation expected. A summary is presented in the table below:

Table 1: Herefordshire and Worcestershire Long Term Plan – Urgent and Emergency Care

| Our system commitment:   | We will deliver:   |
|--|--|
| To adopt a whole system approach to prevention including smoking cessation, reducing obesity, alcohol and mental wellbeing   | Reduction in prevalence of avoidable conditions and improved equity in outcomes across the population  |
| Reduced health inequalities in our urgent care pathway   | Targeted interventions in those at risk of deterioration - including high incidence of smoking related conditions in people from deprived communities  |
| To deliver an Integrated Urgent Care System (IUCS) pathway   | Increased GP appointments booked via NHS111 and reduced A&E attendances<br>A single point of access/care co-ordination hub for integrated urgent care services (Clinical assessment services)  |
| To provide high quality urgent care services   | A review of our urgent care services against new national standards  |
| Providing a timely clinical frailty assessment for all patients accessing UEC services   | Front door frailty units as part of an end to end frailty pathway, with reduction in the time from referral to frailty assessment  |
| Reduced avoidable ambulance conveyances to A&E   | Anticipatory care through Primary Care Networks<br>Increased use of intelligent conveyancing by delivering alternative pathways and ensuring shared care records across care settings  |
| Reduced waiting times at A&E and ensuring that no one is waiting more than 15 minutes for ambulance handover at A&E  | Timely assessment and improved patient flow through A&E<br>Improved patient experience – improving access and inequalities in access to care   |
| Ensuring that patients admitted via A&E are admitted to the appropriate point of care in a timely manner receiving a dignified pathway through emergency departments | Elimination of 12 hours trolley breaches<br>Reduction and elimination of corridor care   |
| Delivery of 7day services by Acute Trusts  | Eradicating unnecessary patient delays in specialist areas   |
| Increase in the number of acute admissions discharged on the same day  | Increased proportion of SDEC from 1/5 to 1/3   |
| Ensuring that patients are discharged from in-patient hospital services in a timely manner<br>Adopting a home first mentality for all patients                       | Timely assessment, decision making and treatment of patients with care plans within 14 hours of admission<br>Reduction in the number of Delayed Transfers of Care<br>Reducing the length of stay for patients who have been in hospital for over 21 days<br>Increasing proportion of patients returning to their normal place of residence - reducing inequalities in outcomes |
| A skilled workforce with the capacity to deliver   | Workforce redesign and recruitment across care settings and organisations  |

## 4. GOVERNANCE ARRANGEMENTS

- 4.1. The Herefordshire Accident and Emergency Delivery Board (A&E Delivery Board) is committed to ensuring that services to patients remain accessible, safe and of a high quality. Made up of local organisations involved in urgent care, the A&E Delivery Board has been established in response to NHSE/ADASS/NHSI Letter 260716 which requires local A&E Delivery Boards. The letter sets out the scope, geography, leadership, accountability and responsibility arrangements and core responsibilities of Local A&E Delivery Boards from 1 September 2016.
- 4.2. The A&E Delivery Board meets on a bi-monthly basis and is chaired by the Managing Director, Wye Valley NHS Trust. Membership includes:
- Wye Valley NHS Trust
  - NHS Herefordshire Clinical Commissioning Group
  - Taurus GP Federation
  - Herefordshire Council
  - West Midlands Ambulance Service
  - Gloucestershire Health and Care NHS Foundation Trust
  - NHS England and NHS Improvement
  - Healthwatch Herefordshire
- 4.3. The Herefordshire system forms part of the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP). As part of the STP, representatives from both counties work closely to develop sustainable clinical services and continue to review opportunities for improvement through closer working and shared learning.
- 4.4. The A&E Delivery Board is responsible for the delivery of the One Herefordshire Urgent Care Programme. Local organisations participate in the Urgent Care Programme Group to coordinate the transformation.

## 5. HEREFORDSHIRE EMERGENCY AND URGENT CARE INITIATIVES

### 5.1 SAME DAY EMERGENCY CARE

- 5.1.1 Same day emergency care can take place in acute medical, surgical, paediatric and frailty care. Usually for common conditions like headaches, diabetes and cellulitis and common care pathways that can assess, diagnosis and treat in a day, referred by A&E, GPs, ambulance and NHS 111. The principle is to assess to admit.
- 5.1.2 The Urgent Care Programme has several projects dedicated to evolving same day emergency care delivered at Herefordshire County Hospital. The improvements have led to:
- Surgical Assessment Area - a six trolley space physical extension to the existing Clinical Assessment Unit, where surgical patients can be assessed and treated, preventing emergency hospital admissions and reducing surgical length of stay;

- Ambulatory Emergency Care – improved pathways for those with conditions that can be treated on the same day in order to reduce hospital admissions and length of stay;
- Gynaecology Assessment Area – a dedicated assessment area within the Women’s Health Unit that has been shown to reduce patient length of stay in hospital.
- Frailty assessment unit – a dedicated assessment area and team

The benefit of this approach is 30% of emergency medical intake can be managed on a same day basis. The improvements will reduce unnecessary admissions, improve patient experience and a lower risk of infections or hospital acquired functional decline.

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## 5.2 COUNTYWIDE FRAILTY SERVICE

- 5.2.1 A countywide frailty care pathway is currently being developed involving primary care, community services and hospital services. As part of this, the acute frailty service has been developed within the hospital, focusing on the delivery of the front-door frailty team.
- 5.2.2 The front door frailty team is a multi-disciplinary team that assesses frail patients in A&E Department and starts comprehensive geriatric assessment that leads to discharge (supported if required) or shorter length of stay through the geriatric assessment unit or geriatric ward. Follow-up telephone calls are made to discharged patients.
- 5.2.3 Performance shows that the Team demonstrate a daily reduction of three admissions per day and a reduction in length of stay for patients admitted via the Older Peoples’ Unit.

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## 5.3 SAME DAY PRIMARY CARE

- 5.3.1 Herefordshire has 7day access to primary care through the “hubs” provided by Taurus Healthcare Limited. A review of this provision has led to changes in opening hours at the weekend to reflect demand. This compliment the in-hours primary care provision in the county, broadening access to weekends, bank holidays and evenings. Direct booking is available by NHS 111. There is now better direct access (GP streaming) from A&E department to GP Out-of-hours provision through better joint working and co-location on the County Hospital site.
- 5.3.2 This includes the development of GP practices working in localities through the Primary Care Networks, increasing the integration of primary and community care teams.
- 5.3.2 The new model of care in community settings aims to ensure that GP practices are supported to manage the most vulnerable patients at home through the alignment of resources and shared approaches to risk stratification and case management.

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## 5.4 PATIENT FLOW AND DISCHARGE

- 5.4.1 Improvements to patient flow can have an impact on patient care, either by reducing admissions or accelerating the time to make decisions to admit, transfer or discharge. A range of initiatives are being implemented under the banner of valuing patients time – through an initiative called the #wyevalleyway.
- 5.4.2 The Hospital has been working with Herefordshire Council and other local authorities to improve discharge planning. This will help with efficiency of timing, destination of discharge and availability of services. The schemes in place are:
- Red2Green rollout at the County Hospital, Community hospitals and mental health inpatient unit.

- Complex Discharge Management coordination between Herefordshire Council and Wye Valley NHS Trust, with in-reach into all acute and community settings to support discharge.
- Redesign of CHC pathways to reduce delay
- Rollout and embedding of Discharge to Assess care pathways
- Introduction of Trusted Assessor model in 2019.

## 5.5 MINOR INJURY UNITS

5.5.1 NHS Herefordshire Clinical Commissioning Group commissions minor injury units (MIUs) from:

- Wye Valley Trust, provided at Ross-on-Wye and Leominster
- Shaw Healthcare provided at Ledbury

Table 2 shows the number of MIU attendances between September 2017 and August 2018. This equates to on average 74 patients per week, 15 per day and 1.6 per hour.

Table 2: Total Attendances at Minor Injury Units September 2017 – August 2018

|                |              |
|----------------|--------------|
| Ledbury MIU    | n/a          |
| Leominster MIU | 1,930        |
| Ross MIU       | 1,968        |
| <b>Total</b>   | <b>3,898</b> |

5.5.2 The MIU opening hours are:

| <b>Ross on Wye</b>                                     | <b>Leominster</b>                                      | <b>Ledbury</b>            |
|--|--|---------------------------|
| 08.30 – 17.30 Monday to Friday (exclude bank holidays) | 08.30 – 17.30 Monday to Friday (exclude bank holidays) | 24 hours Monday to Sunday |

The MIU opening hours largely mirror that of primary care. The Wye Valley NHS Trust units are not open out-of-hours and at weekends.

5.5.3 X-ray services are available in Leominster and Ross-on-Wye during the following days and hours:

- Leominster – Afternoons on a Monday, Wednesday and Friday; and Mornings on a Wednesday.
- Ross-on-Wye – Mornings on a Monday and Friday; Afternoons on a Thursday and all day on a Tuesday.

Access to diagnostics such as x-ray is limited. If an x-ray is required to support a diagnosis when the facility is not available, the patient is either transferred to the County Hospital or asked to return when x-ray is open. Choice of option is usually dependent upon the severity of the presenting complaint.

5.5.4 Between September 2017 and August 2018, the number of patients who were required to return for an x-ray following an MIU attendance because the service was not available is shown in Table 3. This is an average of 5 patients per week who return for an x-ray.

Table 3: Number of patients required to return for an x-ray by day of the week of their attendance.

| <b>Return to MIU</b> | <b>Mon</b> | <b>Tue</b> | <b>Wed</b> | <b>Thurs</b> | <b>Fri</b> | <b>Total</b> |
|----------------------|------------|------------|------------|--------------|------------|--------------|
| <b>Leominster</b>    | 43         | 29         | 31         | 7            | 21         | 131          |
| <b>Ross</b>          | 35         | 10         | 39         | 31           | 12         | 127          |
| <b>Total</b>         | 78         | 39         | 70         | 38           | 33         | <b>258</b>   |

- 5.5.5 Between November 2017 and February 2018; and December 2018 and April 2019 the minor injury units were temporarily closed. This was a planned closure over the winter period in response to staffing challenges across the minor injury units and the Accident and Emergency at the Wye Valley NHS Trust. System leaders agreed to concentrate staffing skills and capacity on the acute site to enhance clinical safety and wider benefits to the urgent care system. There were no adverse clinical issues reported as a result. Concentrating the skills and expertise in one central place over the winter period supported clinical safety, particularly at a time of the year when the requirement for a minor injury unit is likely to be less and acuity in A&E higher.
- 5.5.6 In November 2019, the Leominster and Ross minor injury units temporary closed to support winter pressures. With 135 to 230 people attending A&E Department each day (in December 2019), the experienced nurses could see more people per hour, leading to timely review and an improvement in the patient's experience. This would ensure the needs of the Herefordshire and Powys population were delivered equitably for all patients.
- 5.5.7 The activity information suggests that there is limited impact upon A&E performance and attendances. This might be attributable to:
- 10.6% (n= 412) were return attendees (therefore this was not new activity)
  - 6.4% (=248) were transferred to Hereford A&E (and therefore went through A&E)
  - 6.6% (n = 258) returned for an x-ray (and therefore was not new activity)
  - 0.4% (n=17 did not wait)
  - Total: 24% (n=935)
- 5.5.8 If the above were excluded from the MIU attendances, then it is possible that 2,963 patients could have attended A&E between September 2017 and August 2018. Using averages this would equate to an additional of 57 people per week, 11 people per day and 1 person per hour. Based on the information available it is assumed that most patients seen in an MIU would be seen through the A&E minors' stream, except for the 6.4% that were transferred from an MIU to A&E.
- 5.5.9 Whilst the potential of an additional 11 patients a day Monday to Friday is not insignificant on an A&E department the low number is probably the reason why when the temporary closures occurred no significant impact was observed. There is limited national evidence to suggest that a MIU or any other similar centres closure has a significant impact upon A&E. There is more evidence to suggest it may impact primary care and/ or increase health inequality (Monitor 2014).
- 5.5.10 The three Herefordshire MIUs are geographically not that far from A&E, i.e. Ledbury 15 miles, Ross 16 miles and Leominster 13 miles. Postcodes from people attending MIU show that the majority live near to the MIU. During temporary closures, the attendances to Hereford A&E Department from the HR9 and HR6 postcode remain consistent with usual activity therefore there was no increase when the MIUs were closed. It is accepted that public transport from rural areas may make the distance to A&E problematic. This could impact on a higher incidence of ambulance calls outs.

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## 5.6 ACUTE BED CAPACITY

- 5.6.1 As part of the review of the inpatient acute capacity at Wye Valley NHS Trust, an additional 24-bedded ward opened in December 2018. This is part of an 'Emergency Floor', located alongside the Emergency Department and the Clinical Assessment Unit (CAU), where the Ambulatory Emergency Care service is provided. The ward will be managed as part of the Urgent and Emergency Care Directorate within the Medical Division and focus on short stay acute medical patients.

- 5.6.2 In 2018, one existing ward (Frome ward) was reconfigured to meet the needs of respiratory patients (31 beds) as they are the largest group of adult emergency admissions.

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## 5.7 COMMUNITY SERVICES TRANSFORMATION PROGRAMME

- 5.7.1 Our Integrated Care Alliance of provider organisations (Wye Valley NHS Trust, Taurus GP Federation and Gloucestershire Health and Care NHS Foundation Trust) is working closely with the Herefordshire Council Adult Social Care team to implement our future model of community care: “Living Well at Home”.
- 5.7.2 The coordination and collaboration has resulted in Home First provision, a partnership between Herefordshire Council and Wye Valley NHS Trust. Over 60 Home First staff in post, supporting people to return home after a hospital admission and an offer of ‘Well-Being’ visits for recently discharged patients at high risk of re-admission.
- 5.7.3 The Herefordshire Better Care Fund and integrated Better Care Fund (funding programme between local authorities and NHS) is investing in schemes to support improvements in the discharge pathway. The funds have been used to invest in a 50% increase in Home First capacity.
- 5.7.4 Ensuring that care homes and domiciliary care capacity is available to support people is recognised as a key enabler. Utilisation of Home First in geographical areas where packages of care are historically problematic is aimed at overcoming delays.
- 5.7.5 The programme of work recognises that keeping people well is a better clinical outcome than responding to people’s needs in crisis. In 2018, One Herefordshire system commenced a programme of making improvements in how local services respond to people living with frailty. One of the key elements of this work has been adopting the ‘Rockwood’ tool to consistency measure frailty in the same way, across services and settings.

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## 5.8 MENTAL HEALTH

- 5.8.1 Crisis Resolution and Home Treatment Team is in place and will continue to support admission avoidance through the provision of home treatment for those acutely unwell who would otherwise require hospital admission, the team ‘gate-keeps’ to ensure appropriateness of inpatient admissions, and facilitates early supported discharge.
- 5.8.2 In 2019, the staffing levels for the Crisis Resolution and Home Treatment Service were reviewed and an additional two posts will ensure that the service meets the national fidelity levels of staffing. Recruitment is underway.
- 5.8.3 A refurbished S136 Suite with increased capacity is in place to serve the county.
- 5.8.4 The Mental Health Liaison Service is available in Accident and Emergency Department and the wards across the acute and community hospital sites.
- 5.8.5 There is a separate duty team for children and young people experiencing mental health distress. This provides 7 day a week access to urgent assessments for young people presenting to Accident and Emergency department.
- 5.8.6 Herefordshire Mind has been commissioned by NHS Herefordshire CCG to provide a safe haven café from 2020. This café will be an alternative place to receive support.

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## 5.9 NHS111



- 5.9.1 People can now access urgent care advice via telephone or online from NHS 111. This is available 24 hours, seven days a week. The service can provide advice on where to go for assistance, self-care advice and book a face to face appointment with local GP services.

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## 5.10 AMBULANCE

- 5.10.1 West Mercia Ambulance Service has reviewed its responsiveness to demand for its services. By introducing 'Strategic Capacity Cell' in 2019, the service will be able to deploy response to emergency and urgent care systems more effectively.
- 5.10.2 From November 2019, the Ambulance service took over the running of the NHS 111 clinical assessment service. The ambulance service will be able to make a direct GP booking resulting from a call (111 or 999) and on scene.
- 5.10.3 To support the ambulance service to be aware of local community services, a directory of services has been reviewed by the Urgent Care Programme Board.

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## 5.11 FALLS RESPONSE SERVICE

- 5.11.1 The Herefordshire system continues to provide a 24/7 response to people who fall in their usual place of residence, including care homes, to prevent the need for conveyance and admission.
- 5.11.2 Additional direct telephone referrals will be accepted from ambulance crews.

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## 5.12 CARE HOME SUPPORT PROGRAMME

- 5.12.1 Herefordshire CCG and Herefordshire Council are coordinating a programme of training and support to Care Homes to ensure that they are able to provide high quality care that reduces the need for conveyance and admission in key areas of risk, in particular: end of life care, hydration, pressure management, infection control, falls.
- 5.12.2 The information on admissions suggests that admissions from care homes are low in the county.

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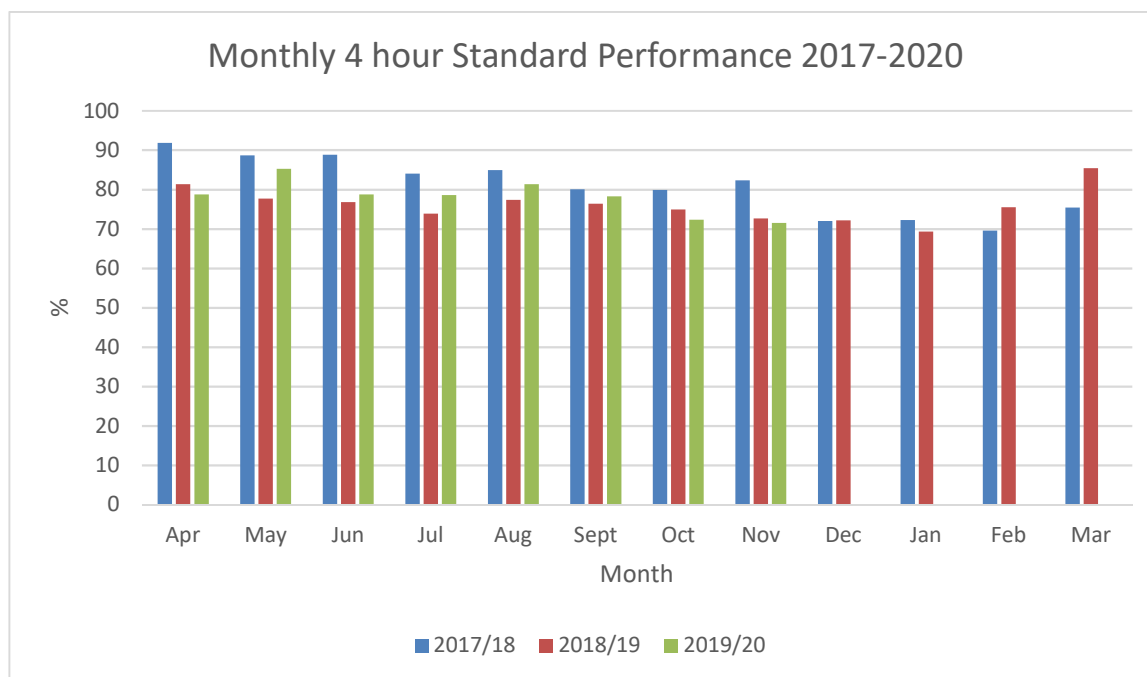
## 5.13 ENHANCED END OF LIFE CARE PROVISION

- 5.13.1 Hospice at Home and specialist palliative care provide a coordinated 24/7 response to support people in their own homes, preventing the need for conveyance and admission.
- 5.13.2 The Hospice is working with Wye Valley NHS Trust, to provide a more integrated service. To date the operational teams have developed the integrated model of care and a mobilisation task group has been established, the development of and workforce capacity for a coordination hub has also been identified. Processes to manage telephone triage and rapid response are under development. Community EMIS and data sharing went live in November 2019. Further work is required to align Fast Track services with the new integrated model and this work is being led by the CCG.
- 5.13.3 In 2020, local grouping of GP surgeries, known as Primary Care Networks, will be improving their approach to anticipatory care planning. This is further to the existing work, as local organisations have adopted 'Respect' documentation to help ensure that people's wishes are communicated to services.

## 6. FOUR HOUR WAITING STANDARD

- 6.1 The four-hour waiting standard was introduced in 2000. However, care has evolved since the standard's introduction, with some patients receiving investigation and treatment in the same day rather than an overnight admission.
- 6.2 The current national standard is 95% of all patients attending Accident and Emergency Department to spend no more than four hours before being admitted to hospital, discharged or transferred. Since April 2017 to November 2019, the best performance was 91.79% (April 2017) and the worst was 69.31% (January 2019).

Illustration D: Monthly 4 Hour Standard Performance 2017-2020



- 6.3 The standard is currently under review. Only a minority of major A&E departments meet the national waiting times. In November 2019, only one Trust achieved it.
- 6.4 The MIUs contribute to delivery of the national 4hour performance standard. On average performance at MIUs contributes to 2% of the total each month. Table 4 below shows performance for 2018/19 and the impact MIUs had on performance. The shaded areas denotes when the MIUs were closed. Except for January 2019, there was no significant reduction in A&E performance when the MIUs were closed.

Table 4: 4Hour Standard Performance by type of Urgent and Emergency Care setting 2018/19

| Month 2018/19 | Hereford County Hospital 4 hr performance | MIUs 4hr performance | Combined performance | % impact of the MIU's |
|---------------|---|----------------------|----------------------|-----------------------|
| April         | 80.07%                                    | 100%                 | 81.32%               | 1.25%                 |
| May           | 75.75%                                    | 100%                 | 77.71%               | 1.95%                 |
| June          | 74.71%                                    | 100%                 | 76.73%               | 2.02%                 |
| July          | 71.55%                                    | 100%                 | 76.40%               | 2.30%                 |
| August        | 75.54%                                    | 100%                 | 77.35%               | 1.81%                 |
| September     | 74.68%                                    | 100%                 | 76.40%               | 1.72%                 |
| October       | 72.77%                                    | 100%                 | 74.94%               | 2.16%                 |
| November      | 70.78%                                    | 100%                 | 72.69%               | 1.91%                 |

|          |        |   |        |   |
|----------|--------|---|--------|---|
| December | 72.19% | - | 72.19% | 0 |
| January  | 69.31% | - | 69.31% | 0 |
| February | 75.35% | - | 75.35% | 0 |
| March    | 85.06% | - | 85.06% | 0 |

## 7. OTHER STANDARDS

- 7.1 Same day emergency care provision should be available 12 hours per day, 7 days per week by end of March 2020. This is in place at Hereford Hospital.
- 7.2 Acute frailty service should be available 70 hours a week, with a clinical frailty assessment within 30 minutes of arrival. This is in place at Hereford Hospital.
- 7.3 There should be zero people waiting in excess of 12 hours from a decision to admit to hospital. The performance at Hereford County Hospital shows a small number of breaches since April 2017 to November 2019. A root cause analysis is completed on each breach.

Table 5: Total number of 12hour breaches per Quarter from Quarter 1 2017/18 to Quarter 3 2019/20

|         |      |      |      |         |      |      |      |         |      |      |
|---------|------|------|------|---------|------|------|------|---------|------|------|
| 0       | 0    | 0    | 3    | 1       | 1    | 3    | 6    | 3       | 0    | 1    |
| Qrt1    | Qrt2 | Qrt3 | Qrt4 | Qrt1    | Qrt2 | Qrt3 | Qrt4 | Qrt1    | Qrt2 | Qrt3 |
| 2017/18 |      |      |      | 2018/19 |      |      |      | 2019/20 |      |      |

- 7.4 Appendix 1 contains the activity against the above standards and other key performance indicators for 2019/20. This information is presented to A&E Delivery Board every month.

## 8. AN OVERVIEW OF THE WINTER PLANNING PROCESS FOR 2019/20

- 8.1 A winter plan is developed and implemented for the period of 1<sup>st</sup> December 2019 to 31<sup>st</sup> March 2020. The purpose of this planning is to ensure:
- The Health and Care system is resilient throughout the winter period and provides safe and effective care for the local population
  - Capacity is available to meet likely demands over winter
  - Direction of patients/clients to most appropriate setting
  - Safe and effective transfer of patients/clients within the system
- 8.2 Planning for winter 2019/20 commenced in April 2019 with a dedicated Winter Review workshop, followed by a second workshop in September and a full update presented to the A&E Delivery Board in October 2019.
- 8.3 Key principles of the winter plan:
- Patients are being treated safely in the right place

- The system is committed to ensuring that services to patients remain accessible, safe and of a high quality
- Where appropriate, and available, seven-day working is in place
- The partner organisations in the Herefordshire Health and Care system works collaboratively to avoid points of crisis, and balance risk and escalation across the system in the interests of patient safety
- Effective system-wide communication
- Learning from winter 2018/19 has been considered in the development of initiatives and governance arrangements

8.4 The plan covers the following key areas:

- Wider Health and Social Care System preparation
- Primary and Community Care
- Attendance and Admissions avoidance
- Front door streaming – including Ambulatory Emergency Care and other specialist assessment services
- System-wide patient flow
- Hospital discharge

8.5 In developing the plan, the following key questions have been considered, to maximise the resilience of the Health and Care system:

- What additional type and volume of activity is expected over and above previous levels?
- What services are required to meet this additional demand?
- What additional capacity is going to be available to meet the additional demand?
- What other actions are being taken to ensure the Health and Care system can provide safe and timely care throughout the winter period?
- What are the key risks and contingencies?
- How will we measure the effectiveness of this winter plan throughout the period?

8.6 The A&E Delivery Board has reviewed provider plans for the Christmas and New Year period to ensure core services will be available throughout this period. System management arrangements [section 12] will be enhanced in the period leading up to, during, and immediately following Christmas and New Year, to ensure system resilience throughout this key period, recognising the national and local experience over the last few years.

8.7 Whilst the winter months bring additional risks to our system, such as increased incidence of flu and norovirus, poor weather conditions and colder temperatures, and the extended holiday period over Christmas and New Year, many of the pressures that arise in the system from these challenges are present throughout the year. For example, peaks in demand.

## 9. FLU IMMUNISATION PROGRAMME

9.1 In Herefordshire, there is a coordinated approach to flu immunisation programme, to ensure that the flu campaign is delivered effectively and in line with national expectations and guidance.

9.2 Flu vaccinations have been made available and promoted to staff across partner organisations.

9.3 A dedicated communication plan for the Flu campaign has been launched including:

- Staff awareness of key flu messages

- How to access vaccinations – public and staff
- Promotion of flu toolkit across organisations
- Promotion of vaccinations for pregnant women, children and other vulnerable patient groups.

## 10. COMMUNICATIONS AND ENGAGEMENT

10.1 The Herefordshire system has an established system-wide communications group and agreements are in place to ensure that organisational leads align communications plans regarding emergency and urgent care. This includes national campaigns such as flu immunisation take-up.

10.2 The engagement of Herefordshire patients and the public on urgent care has been building since 2013. This started with the Experience Led Design engagement held in September to December 2013, with a total of seven events in market towns. The feedback from the public was:

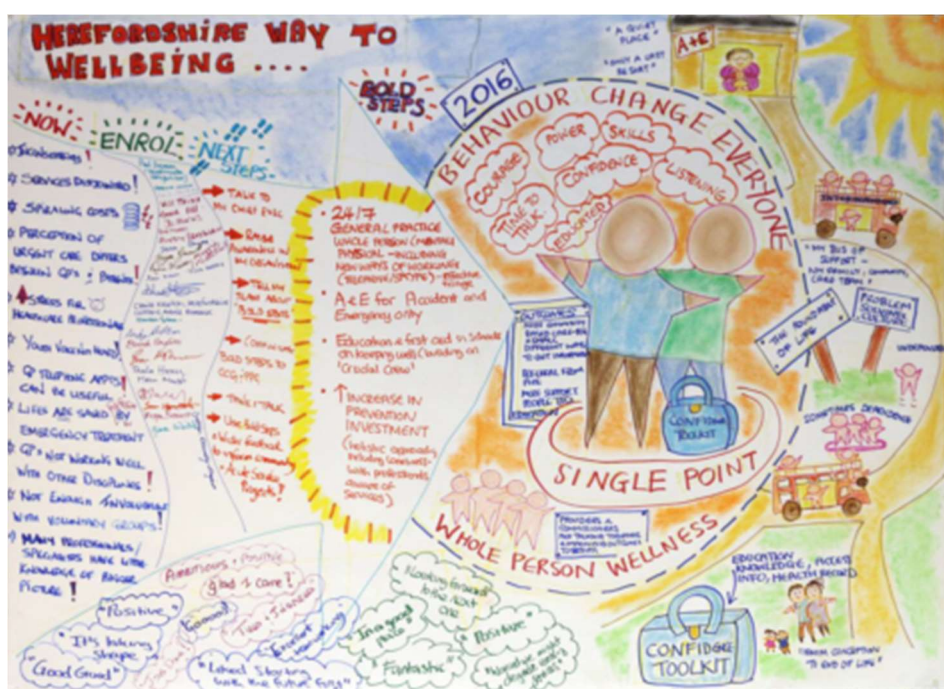
- The rural communities sent a strong message that they are used to coping and wanted to be involved in building solutions. It will be important that the assets and enthusiasm of rural communities is harnessed by the urgent care service providers; and that they think about transport systems and telemedicine as part of the solution to increase access.
- Confusion over where to go and who to see.
- People told us they want to 'seek the right people/person', the 'right information from the right person' and 'right person, right place, straight away', are 'not always clear where to go', 'not clear where to access advice or support'.
- A large number of people in Herefordshire mentioned access - location' of services and available 'transport', ability to access a professional' and more specifically GPs, urgent care means having my MIU unit available for me to access in my local community including being able to walk to my MIU unit outside the 9-5 hours.
- The majority of people told us they wanted to feel 'confident', 'informed' and 'capable' when deciding what to do in a urgent care situation, as well as 'aware', 'supported' and 'knowledgeable'.
- People want information and clinical advice they can trust.
- The 'capacity for walk-in centre should be increased', whilst others thought they should 'locate walk-in advance in front of A&E' or that an 'urgent care centre in front of A&E' would be beneficial, 'minor injuries and treatment, local where possible, with extended hours', a 'filter system' for the response services, where there is 'phone support for advice then triage/ then a health professional'.
- People told us that having 'services available 24/7', 'easy access 7 days a week', 'access 24/7' and 'an appropriate 24/7 response' was what added most value to them when they had an urgent care issue
- People said 'having a service which is able to be accessed by all across Hereford', 'having a service which is available to the convenience of the patients' and 'moving Asda walk-in centre to MIU units to provide service in market towns' is what would make the biggest difference to them.
- Need for specific medical assistance as people told us they will go to health professional if they 'think something medical needs doing – x-ray/ medication etc, so access to a doctor and diagnostics is important.
- 'MIU' to be 'used effectively', whilst others said services should 'develop MIU to be the local walk-in centre and expand GPs and OOH GPs'.
- People said they wished for a 'integrated professional team', 'continuity of care', 'a joined up integrated services that includes GPs 'having a service which is 24/7 and linked to local GPs and that GPs undertake MIU work as well as part of the service – one conversation'.

10.3 People waiting at A&E were asked what was important to them (November 2013). The results showed:

|   |        |    |
|---|--------|----|
| <b>Access to my local doctor for most of my health needs</b>              | 24.12% | 41 |
| <b>A sustainable hospital in Herefordshire with an A&amp;E department</b> | 21.76% | 37 |

|  |        |    |
|--|--------|----|
| Access to mental health services 24/7                        | 4.70%  | 8  |
| Walk in access to nurse or doctor advice                     | 10.59% | 18 |
| Access to a doctor at night or at the weekend (out of hours) | 20.59% | 35 |
| Access to advice and support for minor injuries or illness   | 7.65%  | 13 |
| Reliable telephone advice to inform next steps               | 10.59% | 18 |

10.4 In March 2014, further engagement with the public produced clarification of person-centred outcomes, as the illustration below shows.



10.5 The discussions on seven-day primary care services in 2015 was considered an opportunity to improve equitable access to urgent care services across the county. Seven day primary care would include functions for both routine and “urgent” primary care, which is in line with the findings from the extensive urgent care engagement exercise with local people, patients, clinicians and other stakeholders who told NHS Herefordshire CCG that they viewed their own GP practice as first port of call for urgent care. The development of urgent primary care functions with GP practices/localities under the national directive 7-day services in primary care could have had significant implications for the Herefordshire Minor Injury Units. At the time, it was noted that the provision of minor injury services across Herefordshire was not efficient at meeting people’s needs.

10.6 There was a Minor Injury Unit survey undertaken in 2016 with 488 responses. The survey took place at MIU to explore the reason for attendance, how people travelled to the unit and demographic breakdown of attendees.

- 93% of people were registered with a GP practice, with 10% of those had tried to get a GP appointment in the first instance prior to attending the MIU.

- 58% of people had travelled less than 10 minutes to reach the MIU.
- 38% of people had attended the MIU because they felt it was the quickest way to receive help.

| <b>What would you have done if the Minor Injury Unit had not been available today?</b> |       |
|--|-------|
| Looked after the problem myself  | 7.6%  |
| Pharmacy   | 2.7%  |
| NHS111   | 2.0%  |
| GP's Practice  | 13.1% |
| Out of Hours GP service  | 2.0%  |
| Other Walk in Centre   | 6.8%  |
| A&E at County Hospital in Hereford   | 40.0% |
| Ambulance service 999  | 0.2%  |
| No/none of these   | 2.0%  |
| Don't Know   | 22.1% |

- 10.7 In 2017, the Living Well at Home engagement took place across the market towns as part of gathering patient and public feedback about local community services. Over 800 people participated. Minor injuries units received mixed feedback, unexpected closures and transfer to Accident and Emergency department did not give people confidence that this was a reliable service that could meet their needs. Other feedback indicated that attendance at minor injuries unit was convenient. In terms of community services, people have advised that they would prefer NHS services to be delivered from GP surgeries. This would broaden the range of care delivered and prevent journeys to Hereford County Hospital or other locations. There was confusion over minor injuries units, e.g. opening times, whether they delivered care to children under 5, and whether x-ray or diagnostics were possible.
- 10.8 In 2018, work on re-designing services in the Kington community took place with the Town Council and local stakeholders. The redesign included the MIU. Kington has been served by a minor injury unit for several years commissioned through NHS Herefordshire CCG. It was positioned at Kington Court and operated by Blanchworth Care. Due to governance issues this service has now been decommissioned since February 2018. This led to a revised model through Kington Medical Practice who now provide minor illness cover for their practice population, and any patients that turn up at the surgery. The practice already had two Advanced Nurse Practitioners (ANP) and an Emergency Nurse Practitioner (ENP) who could see this cohort of patients without further training. The additional nursing support is used to help the practice reconfigure their appointments and free up the ANP and ENP appointments to see patients when they present hence reduce any extended waiting times.

## **11. ESCALATION MANAGEMENT AND BUSINESS CONTINUITY ARRANGEMENTS**

- 11.1 All organisations, as part of the A&E Delivery Board, have shared their internal escalation management action plans. These escalation plans formally sets out the operational management arrangements when any part of the system experience pressure, over and above business as usual. Formal trigger points with agreed actions for each partner must consider maintaining patient safety and quality of care.
- 11.2 Four levels of escalation exist from level 1 (lowest) to level 4 (highest). These align to the national NHS Operational Pressures Escalation Levels framework (OPEL). Each day alerts are shared across the system to ensure that partners are advised of daily information. All organisations have clear on call arrangements with rotas and key numbers routinely shared between partners.

- 11.3 All organisations that have direct patient input have produced an adverse weather plan, in-line within national planning guidance. This will include arrangements for business continuity in cases of flooding, snow, prolonged cold weather / sub-zero temperatures.

## 12. CONCLUSION

- 12.1 The urgent and emergency care system is a critical part of responding to ill-health. Through the A&E Delivery Board, activities are coordinated to ensure that services can meet the population's needs. A programme of transformation is a necessary part of this work.
- 12.2 In recent years, this has led to new services such as Home First, Front Door Frailty and clinical assessment areas. Greater coordination such as complex discharges; and using a single system for sharing of information has improved responsiveness of services.
- 12.3 Minor injury units have existed for some years, with low level of activity. The temporary closures have been carried out to ensure that skilled workforce are deployed to the Accident and Emergency Department, where more patients can be seen and therefore, contribute to addressing the pressures that the emergency and urgent care system experiences.

## REFERENCES

CQC (2018). Under pressure, safely managing increase demand in emergency departments.

NHSI (2019). Same-day acute frailty services. May 2019.

NHSI (2017). National priorities for acute hospital. Good Practice Guide focus on improving patient flow. July 2017.

Appendix 1: A&E Delivery Board Performance Report



## Appendix 1: A&E Delivery Board Performance Dashboard

### **Contents**

- ***Key System Performance Headlines***
- ***Summary Dashboard***
- ***Pre-Hospital System Metrics***
- ***A&E System Metrics***
- ***Hospital System Metrics***
- ***Post-Hospital System Metrics***
- ***Appendix A – DToC Activity Breakdown***
- ***Appendix B – DToC Activity by Patient Residence***

## A&E Delivery Board Performance Dashboard - Key System Performance Headlines

### Pre- hospital

- The NHS 111 standard for calls referred to the ambulance service (11%) and calls to the ambulance service conveyed to hospital (5%) have not been met in 2019/20 to date. Call referred for October 2019 = 16.02% and calls resulting in a conveyance = 8.00%. In October 2019 of the 609 calls received by WMAS, 304 resulted in a conveyance.
- \*5 designed to reduce conveyances has shown that in October out of the 55 calls 92.73% (n=51) resulted in a non-conveyance and September out of 42 calls 92.86%(n=39) resulted in a non-conveyance.
- See and convey (WMAS) for October 2019 was 66.42% against a standard of 55% or less
- Category 1 response standard (WMAS) was not met, performance deterioration of 01:10 secs when comparing October with September 2019. Other response standards failed to meet the target – category 2 (Target – <18:00 mins) – 18:35 secs and category 4 (Target - < 03:00:00) – 03:24:52.

### A&E System

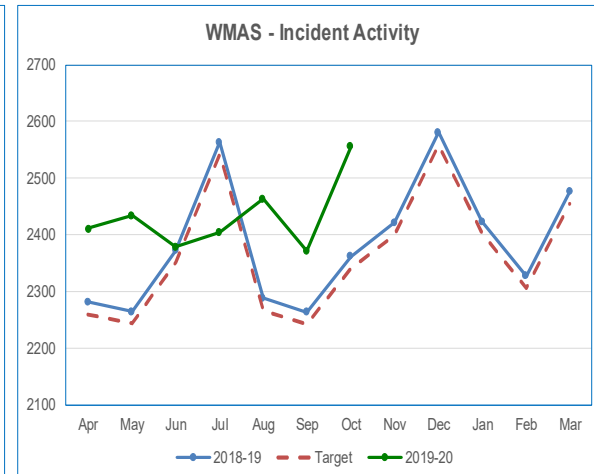
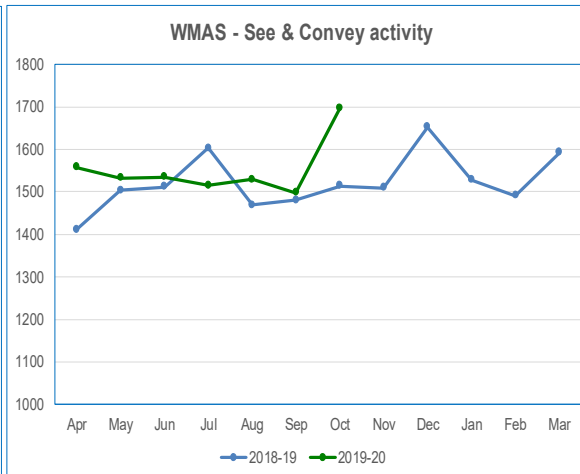
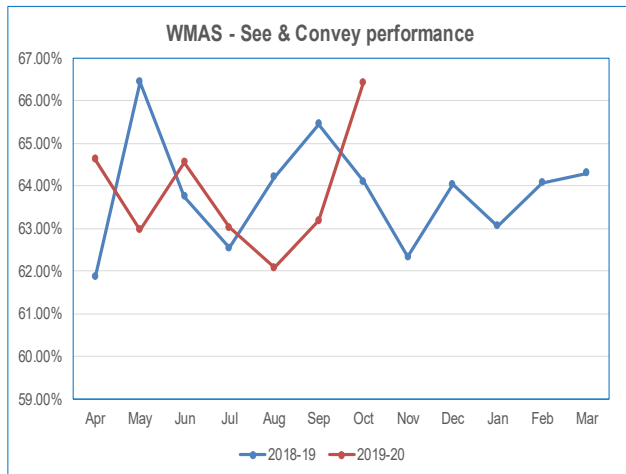
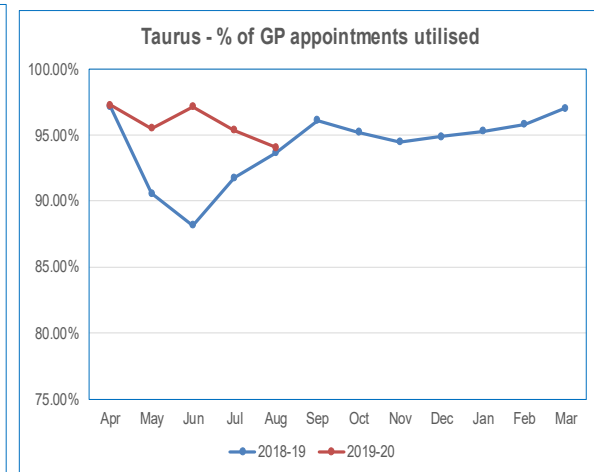
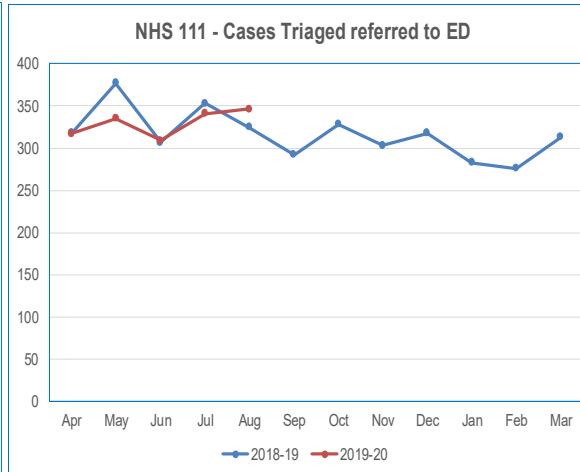
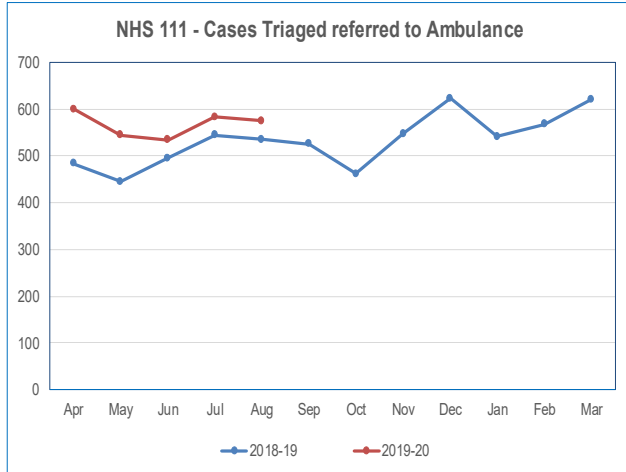
- Handover delays consistently not met (WMAS & Welsh) – this impacts on ambulance response times & patient outcomes
- There was a total of 2164 ambulance conveyances and 5748 attendances resulting in performance of 72.30%, a deterioration of -5.92% comparing October with September.
- There was one 12hr Decision to Admit (DTA) breach in October 2019.

### Hospital System

- In October 2019 the percentage of patients with a zero length of stay following an emergency admission increased to 33.43% (n=569) out of 1,702 emergency admissions.
- There has been deterioration in the number of stranded patients across the acute and community in October. An average of 53 patients against an ambition of an average of 46.
- Out of county delays remained an issues – Wales 1.73% of acute bed days and 1.00% on non acute beds days attributable to DToc
- In October 2019 the hospital at home team responded to 92.31% (n=132/143) of on-the-day requests

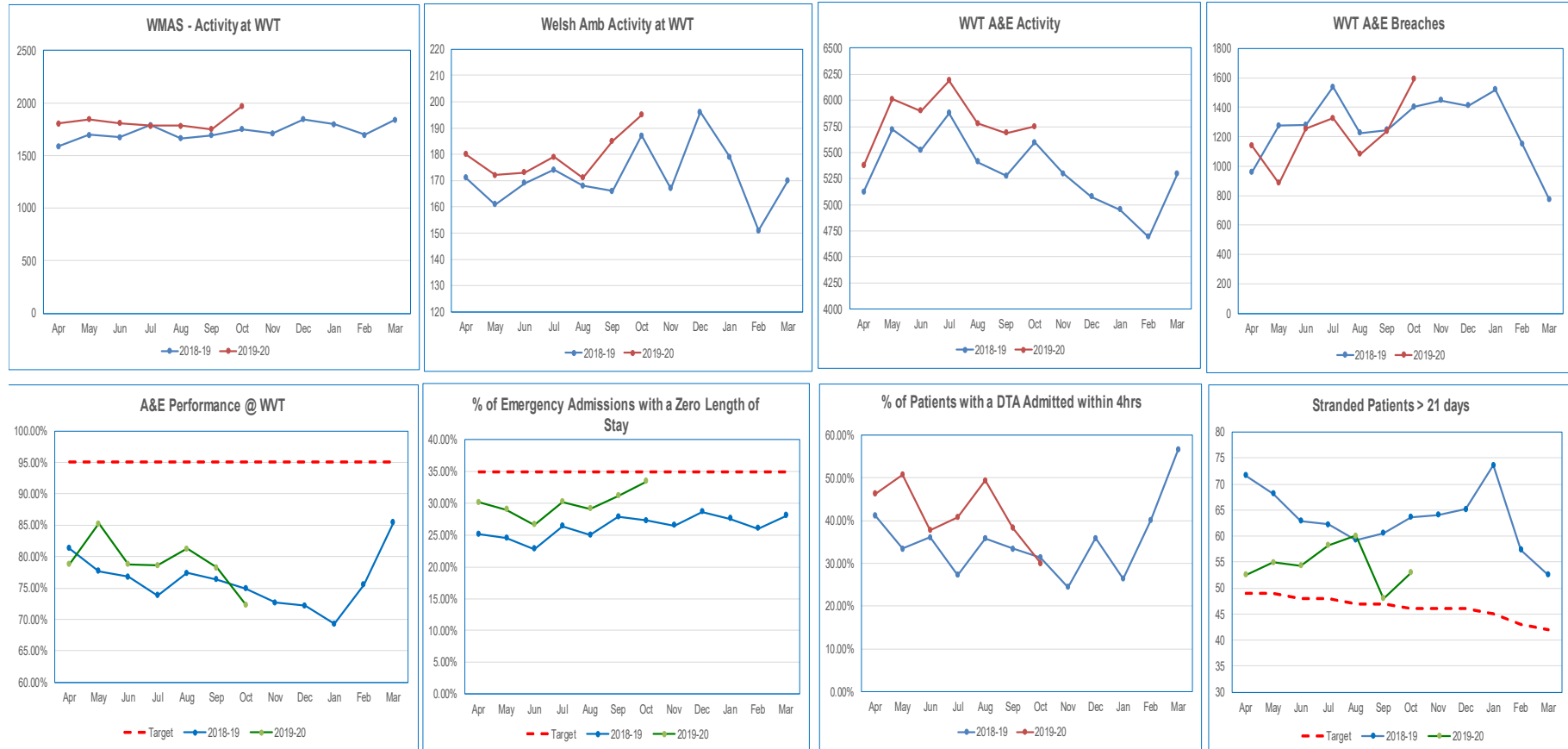
# A&E Delivery Board Performance Dashboard - Summary

## Pre-Hospital System



# A&E Delivery Board Performance Dashboard - Summary

## A&E Activity



# Pre-Hospital System Metrics

| Pre-Hospital System Metrics  |               |                 |            |                                |         |           |         |         |         |         |        |         |        |         |      |      |
|--|---------------|-----------------|------------|--------------------------------|---------|-----------|---------|---------|---------|---------|--------|---------|--------|---------|------|------|
| Measures   | Org.          | Data Source     | Metric     | Jan-19                         | Feb-19  | Mar-19    | Apr-19  | May-19  | Jun-19  | Jul-19  | Aug-19 | Sep-19  | Oct-19 |         |      |      |
| Total Calls Answered (% split cases triaged)   | NHS 111       | Monthly Rpt     | Activity   | 4203                           | 3858    | 4222      | 4343    | 4341    | 3967    | 4087    | 4183   | 3495    | 3801   |         |      |      |
| Total Cases Triaged for Herefordshire CCG  |               |                 |            | 3566                           | 3359    | 3664      | 3757    | 3752    | 3423    | 3548    | 3660   | 3042    | 3294   |         |      |      |
| Cases Triaged referred to Ambulance for Herefordshire CCG  |               |                 | 11%        | Numerator                      | 541     | 567       | 621     | 600     | 544     | 534     | 583    | 575     | 526    | 609     |      |      |
|  |               |                 |            | Perf                           | 12.87%  | 14.70%    | 14.71%  | 13.82%  | 12.53%  | 13.46%  | 14.26% | 13.75%  | 15.05% | 16.02%  |      |      |
| Cases Triaged referred to Emerg. Dept for Herefordshire CCG  |               |                 | 5%         | Numerator                      | 283     | 276       | 313     | 317     | 335     | 309     | 341    | 346     | 318    | 304     |      |      |
|  |               |                 |            | Perf                           | 6.73%   | 7.15%     | 7.41%   | 7.30%   | 7.72%   | 7.79%   | 8.34%  | 8.27%   | 9.10%  | 8.00%   |      |      |
| Cases Triaged referred to GP In hours for Herefordshire CCG  |               |                 | N/A        | Numerator                      | 440     | 423       | 385     | 374     | 391     | 376     | 398    | 372     | 334    | 416     |      |      |
|  |               |                 |            | Perf                           | 12.34%  | 12.59%    | 10.51%  | 9.95%   | 10.42%  | 10.98%  | 11.55% | 10.16%  | 10.98% | 12.63%  |      |      |
| Cases Triaged referred to Out of Hours for Herefordshire CCG   |               |                 | N/A        | Numerator                      | 1590    | 1504      | 1610    | 1735    | 1676    | 1474    | 1311   | 1395    | 1183   | 1231    |      |      |
|  |               |                 |            | Perf                           | 44.59%  | 44.78%    | 43.94%  | 46.18%  | 44.67%  | 43.06%  | 41.45% | 38.11%  | 38.89% | 37.37%  |      |      |
| Total cases closed with Self Care  |               |                 | N/A        | Numerator                      | 371     | 291       | 331     | 323     | 356     | 342     | 417    | 401     | 298    | 355     |      |      |
|  |               |                 |            | Perf                           | 10.40%  | 8.66%     | 9.03%   | 8.60%   | 9.49%   | 9.99%   | 11.75% | 10.96%  | 9.80%  | 10.78%  |      |      |
| Total Appointments Available   |               |                 | Taurus Hub | Summary A&E Delivery Board Rpt | N/A     | Activity  | 1164    | 1313    | 1408    | 1268    | 1312   | 1193    | 1008   | 1210    | 1437 | 1361 |
| Number of GP appointments utilised across all Hubs(including % utilised against available)   |               |                 |            |                                |         | Numerator | 1109    | 1258    | 1366    | 1233    | 1253   | 1159    | 961    | 1138    | 1283 | 1234 |
|  | Perf          | 95.27%          |            |                                |         | 95.81%    | 97.02%  | 97.24%  | 95.50%  | 97.15%  | 95.34% | 94.05%  | 89.28% | 90.67%  |      |      |
| <b>Maximum Waiting Time</b> - No patient with an urgent need must wait longer than 20 minutes to the start of the definitive clinical assessment after the arrival at a treatment centre. % where triage began within 20 minutes | Primecare OOH | Monthly KPI Rpt | N/A        | Activity                       | 1       |           |         |         | 67      | 4       | 49     | 201     | 239    |         |      |      |
|  |               |                 |            | Numerator                      | 1       |           |         |         | 66      | 2       | 29     | 196     | 227    |         |      |      |
|  |               |                 |            | Perf                           | 100.00% | #DIV/0!   | #DIV/0! | #DIV/0! | 98.51%  | 50.00%  | 59.18% | 97.51%  | 94.98% | #DIV/0! |      |      |
| <b>Maximum Waiting Time (Less Urgent)</b> - No patient with an urgent need must wait longer than 60 minutes to the start of the definitive clinical assessment after the arrival at a treatment centre.                          |               |                 | N/A        | Activity                       | 3       |           |         |         |         | 17      | 5      | 63      | 471    | 611     |      |      |
|  |               |                 |            | Numerator                      | 3       |           |         |         |         | 17      | 5      | 62      | 464    | 605     |      |      |
|  |               |                 |            | Perf                           | 100.00% | #DIV/0!   | #DIV/0! | #DIV/0! | 100.00% | 100.00% | 98.41% | 98.51%  | 99.02% | #DIV/0! |      |      |
| <b>Time take for call back Priority 1:</b> within 20 minutes of the call being completed by the health advisor/call handler.   |               |                 | N/A        | Activity                       | 365     |           |         |         |         | 331     | 210    | 91      |        | 172     | 102  |      |
|  |               |                 |            | Numerator                      | 365     |           |         |         |         | 320     | 207    | 87      |        | 169     | 98   |      |
|  |               |                 |            | Perf                           | 100.00% | #DIV/0!   | #DIV/0! | #DIV/0! | 96.68%  | 98.57%  | 95.60% | #DIV/0! | 98.26% | 96.08%  |      |      |

# Pre-Hospital System Metrics

| Pre-Hospital System Metrics  |      |                      |             |                               |                  |          |          |          |          |          |          |          |          |          |
|--|------|----------------------|-------------|-------------------------------|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Measures   | Org. | Data Source          | Metric      | Jan-19                        | Feb-19           | Mar-19   | Apr-19   | May-19   | Jun-19   | Jul-19   | Aug-19   | Sep-19   | Oct-19   |          |
| WMAS - See & Convey activity for Herefordshire CCG.  | WMAS | Monthly Contract Rpt | <=55%       | Incident Volume               | 2423             | 2327     | 2476     | 2411     | 2433     | 2378     | 2404     | 2463     | 2371     | 2555     |
|  |      |                      |             | See & Convey                  | 1528             | 1491     | 1592     | 1558     | 1532     | 1535     | 1515     | 1529     | 1498     | 1697     |
|  |      |                      |             | Perf                          | 63.06%           | 64.07%   | 64.30%   | 64.62%   | 62.97%   | 64.55%   | 63.02%   | 62.08%   | 63.18%   | 66.42%   |
| WMAS - See & Convey reduction in conveyance activity for Herefordshire CCG.  | WMAS | Monthly Contract Rpt |             | Incident vol. 18/19           |                  |          |          | 2281     | 2264     | 2372     | 2563     | 2288     | 2263     | 2362     |
|  |      |                      |             | Incident vol.                 |                  |          |          | 2411     | 2433     | 2378     | 2404     | 2463     | 2371     | 2555     |
|  |      |                      |             | Reduce by 21 per mth on 18/19 |                  |          |          | 2260     | 2243     | 2351     | 2542     | 2267     | 2242     | 2341     |
|  |      |                      |             | Variance                      |                  |          |          | -151     | -190     | -27      | 138      | -196     | -129     | -214     |
| <b>Category 1</b>  |      |                      |             |                               |                  |          |          |          |          |          |          |          |          |          |
| Immediately life threatening (7 minute response (mean average national target) & 15 minute 90th percentile measurement).   | WMAS | Monthly Contract Rpt | <07:00 mins | Activity                      | 148              | 155      | 147      | 130      | 145      | 136      | 158      | 143      | 140      | 166      |
|  |      |                      |             | Mean Perf.                    | 00:09:08         | 00:11:14 | 00:09:32 | 00:10:48 | 00:09:29 | 00:08:58 | 00:09:15 | 00:08:58 | 00:09:14 | 00:10:24 |
|  |      |                      |             | <15:00 mins                   | Percentile Perf. | 00:18:16 | 00:23:03 | 00:20:33 | 00:21:25 | 00:20:32 | 00:17:47 | 00:19:51 | 00:17:55 | 00:18:49 |
| <b>Category 2</b>  |      |                      |             |                               |                  |          |          |          |          |          |          |          |          |          |
| A patient who does not have an immediately life threatening condition, but requires an emergency response (18 minute response (mean average national target) & 40 minute 90th percentile measurement).   | WMAS | Monthly Contract Rpt | <18:00 mins | Activity                      | 1,178            | 1,164    | 1203     | 1,235    | 1,212    | 1,165    | 1,184    | 1,221    | 1,203    | 1,299    |
|  |      |                      |             | Mean Perf.                    | 00:15:49         | 00:16:46 | 00:14:52 | 00:16:21 | 00:15:17 | 00:16:37 | 00:16:11 | 00:17:28 | 00:18:33 | 00:18:35 |
|  |      |                      |             | <40:00 mins                   | Percentile Perf. | 00:29:27 | 00:32:04 | 00:28:20 | 00:30:18 | 00:29:09 | 00:31:08 | 00:30:43 | 00:33:31 | 00:35:49 |
| <b>Category 3</b>  |      |                      |             |                               |                  |          |          |          |          |          |          |          |          |          |
| A patient who does not have an immediately life threatening condition but does require an emergency response. Their condition/problem may well be managed on scene by a clinician and may or may not require onward referral (120 minute 90th percentile measurement).     | WMAS | Monthly Contract Rpt | N/A         | Activity                      | 992              | 913      | 1013     | 952      | 977      | 965      | 954      | 983      | 919      | 975      |
|  |      |                      |             | Mean Perf.                    | 00:29:35         | 00:33:41 | 00:29:57 | 00:29:40 | 00:25:58 | 00:36:45 | 00:34:05 | 00:36:34 | 00:37:07 | 00:39:27 |
|  |      |                      |             | <120:00 mins                  | Percentile Perf. | 01:04:27 | 01:14:40 | 01:07:20 | 01:07:10 | 00:58:00 | 01:25:12 | 01:19:50 | 01:17:06 | 01:23:29 |
| <b>Category 4</b>  |      |                      |             |                               |                  |          |          |          |          |          |          |          |          |          |
| Patients with conditions that are urgent, but less time critical than those categorised as Category 3. Their condition/problem is time dependant on reaching definitive care and therefore a conveying response is most important 180 minute 90th percentile measurement). | WMAS | Monthly Contract Rpt | N/A         | Activity                      | 48               | 44       | 57       | 44       | 54       | 44       | 46       | 40       | 49       | 52       |
|  |      |                      |             | Mean Perf.                    | 00:45:13         | 00:47:32 | 00:33:48 | 00:41:32 | 00:36:50 | 01:03:24 | 00:51:34 | 00:53:16 | 00:58:17 | 01:14:51 |
|  |      |                      |             | <180:00 mins                  | Percentile Perf. | 01:30:50 | 01:54:33 | 01:07:30 | 01:44:04 | 01:15:38 | 02:17:22 | 02:11:41 | 02:04:39 | 02:21:45 |

# A&E System Metrics

| A&E System Metrics  |                  |                               |                    |             |          |          |          |          |          |          |          |          |          |      |
|---|------------------|-------------------------------|--------------------|-------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------|
| Measures  | Org.             | Data Source                   | Metric             | Jan-19      | Feb-19   | Mar-19   | Apr-19   | May-19   | Jun-19   | Jul-19   | Aug-19   | Sep-19   | Oct-19   |      |
| WMAS handover activity @ WVT. This shows the activity at +1hr and 30-60 mins. It also shows the average handover time.                            | WMAS             | Monthly Handover & Sitrep rpt | Activity           | 1799        | 1697     | 1841     | 1806     | 1846     | 1809     | 1783     | 1784     | 1750     | 1969     |      |
|   |                  |                               | 0 +1hr             | 24          | 10       | 6        | 8        | 8        | 3        | 4        | 5        | 5        | 43       |      |
|   |                  |                               | 0 30-60 mins       | 240         | 192      | 145      | 166      | 149      | 193      | 180      | 186      | 232      | 313      |      |
|   |                  |                               | % >30 mins         | 14.67%      | 11.90%   | 8.20%    | 9.63%    | 8.50%    | 10.83%   | 10.32%   | 10.71%   | 13.54%   | 18.08%   |      |
|   |                  |                               | <15 mins Ave Time  | 00:20:04    | 00:17:58 | 00:17:17 | 00:17:45 | 00:17:27 | 00:18:04 | 00:18:09 | 00:18:45 | 00:19:08 | 00:21:40 |      |
| Welsh Amb. handover activity @ WVT. This shows the activity at +1hr and 30-60 mins. It also shows the average handover time.                      | Welsh Amb        | Monthly Handover & Sitrep rpt | Activity           | 179         | 151      | 170      | 180      | 172      | 173      | 179      | 171      | 185      | 195      |      |
|   |                  |                               | 0 +1hr             | 4           | 3        | 2        | 1        | 4        | 3        | 0        | 0        | 5        | 6        |      |
|   |                  |                               | 0 30-60 mins       | 25          | 23       | 20       | 30       | 20       | 30       | 20       | 24       | 30       | 33       |      |
|   |                  |                               | % >30 mins         | 16.20%      | 17.22%   | 12.94%   | 17.22%   | 13.95%   | 19.08%   | 11.17%   | 14.04%   | 18.92%   | 20.00%   |      |
| Number of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge. All activity           | WVT              | WVT Daily sitrep              | >= 95.00%          | Activity    | 4952     | 4691     | 5294     | 5372     | 6009     | 5899     | 6188     | 5777     | 5686     | 5748 |
|   |                  |                               | > 4hrs wait        | 1520        | 1149     | 772      | 1140     | 885      | 1253     | 1325     | 1081     | 1238     | 1592     |      |
|   |                  |                               | Perf               | 69.31%      | 75.51%   | 85.42%   | 78.78%   | 85.27%   | 78.76%   | 78.59%   | 81.29%   | 78.23%   | 72.30%   |      |
| No waits from decision to admit to admission (trolley waits) over 12 hours  | NHSE Monthly rpt | 0 +12hr wait                  | 4                  | 2           | 0        | 2        | 0        | 1        | 0        | 0        | 0        | 1        |          |      |
| % of emergency admissions with a zero length of stay at the point of discharge  | WVT              | SUS data                      | >= 35.00%          | Emerg. Adm. | 1612     | 1454     | 1696     | 1701     | 1679     | 1615     | 1693     | 1695     | 1710     | 1702 |
|   |                  |                               | Zero LoS           | 446         | 376      | 487      | 513      | 487      | 430      | 512      | 494      | 533      | 569      |      |
|   |                  |                               | Perf               | 27.67%      | 25.86%   | 28.71%   | 30.16%   | 29.01%   | 26.63%   | 30.24%   | 29.14%   | 31.17%   | 33.43%   |      |
| No. of pts with a decision to admit   | SUS data         | Activity                      | 1459               | 1332        | 1523     | 1484     | 1505     | 1460     | 1496     | 1497     | 1541     | 1627     |          |      |
| No. of pts with a decision to admit admitted within 4 hrs   |                  | Within 4hrs                   | 385                | 534         | 863      | 687      | 764      | 551      | 610      | 740      | 591      | 489      |          |      |
| % of pts with a decision to admit admitted within 4 hrs   |                  | Perf                          | 26.39%             | 40.09%      | 56.66%   | 46.29%   | 50.76%   | 37.74%   | 40.78%   | 49.43%   | 38.35%   | 30.06%   |          |      |
| Any referrals from ED with Mental Health needs should have rapid access to mental health assessment within 2 hours of the MHL team being notified | 2g               | Monthly Perf Rpt              | >= 80.00%          | Activity    | 18       | 13       | 19       | 24       | 20       | 20       | 17       | 8        | 10       | 13   |
|   |                  |                               | > 2hrs wait        | 18          | 13       | 18       | 23       | 18       | 18       | 16       | 8        | 9        | 11       |      |
|   |                  |                               | Perf               | 100.00%     | 100.00%  | 94.74%   | 95.83%   | 90.00%   | 90.00%   | 94.12%   | 100.00%  | 90.00%   | 84.62%   |      |
| All Inpatient Admissions from a care Home aged 65 yrs and over. Emergency admissions are a subset of all admissions                               | CCG              | SUS data                      | Emerg. Admissions  | 117         | 89       | 101      | 103      | 92       | 98       | 113      | 90       |          |          |      |
|   |                  |                               | Died within 3 days | 2           | 3        | 3        | 3        | 1        | 3        | 5        | 6        |          |          |      |

# Hospital System Metrics

| Hospital System Metrics   |         |                  |               |                       |        |        |        |        |        |        |        |        |       |       |
|---|---------|------------------|---------------|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-------|
| Measures  | Org.    | Metric           | Jan-19        | Feb-19                | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 |       |       |
| CHC assessments carried out in WVT  | CCG/CHC | Monthly CHC Rpt  | <=15%         | Activity              | 23     | 20     | 17     | 17     | 22     | 17     | 17     | 18     | 17    | 20    |
|   |         |                  |               | Numerator             | 2      | 3      | 6      | 1      | 0      | 0      | 1      | 0      | 0     | 0     |
|   |         |                  |               | Perf                  | 8.70%  | 15.00% | 35.29% | 5.88%  | 0.00%  | 0.00%  | 5.88%  | 0.00%  | 0.00% | 0.00% |
| <b>stranded pts &gt; 21 days (All)</b>  |         |                  |               |                       |        |        |        |        |        |        |        |        |       |       |
| Ambition  | WVT     | WVT Info Dept    | Ambition 48.4 | Average Pts per month | 49     | 49     | 49     | 49     | 49     | 48     | 48     | 47     | 47    | 46    |
| Acute 21 Days   |         |                  |               |                       | 29     | 25     | 22     | 22     | 19     | 22     | 21     | 24     | 18    | 20    |
| Community 21 Days   |         |                  |               |                       | 44     | 33     | 32     | 30     | 36     | 32     | 37     | 36     | 30    | 33    |
| Total 21 Days   |         |                  |               |                       | 74     | 57     | 54     | 53     | 55     | 54     | 58     | 60     | 48    | 53    |
| <b>All Beds - DToC</b> - The measure is the number of days delayed as a proportion of a count of acute activity or beds. DToC Beds is calculated by dividing the number of delayed days during the month by the number of calendar days in the month. | WVT     | NHSE Monthly rpt | N/A           | Bed days lost         | 807    | 543    | 486    | 483    | 513    | 533    | 744    | 617    | 703   |       |
|   |         |                  |               | DToC Beds             | 26     | 19     | 16     | 16     | 17     | 18     | 24     | 20     | 24    |       |
| <b>Acute Beds - DToC</b> - The measure is the number of days delayed as a proportion of a count of acute activity or beds.  |         |                  | N/A           | Bed days lost         | 461    | 260    | 154    | 190    | 242    | 208    | 301    | 234    | 321   |       |
|   |         |                  |               | DToC Beds             | 15     | 9      | 5      | 6      | 8      | 7      | 10     | 8      | 11    |       |
| <b>Non-Acute Beds - DToC</b> - The measure is the number of days delayed as a proportion of a count of non-acute activity or beds.  |         |                  | N/A           | Bed days lost         | 346    | 283    | 332    | 293    | 271    | 325    | 443    | 383    | 382   |       |
|   |         |                  |               | DToC Beds             | 11     | 10     | 11     | 10     | 9      | 11     | 14     | 12     | 13    |       |



# Post Hospital System Metrics

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| Post Hospital System Metrics  |             |                      |              |             |        |        |        |        |        |        |        |        |        |
|---|-------------|----------------------|--------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Measures  | Org.        | Data Source          | Metric       | Jan-19      | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 |
| <b>Hospital @ Home</b>  | WVT         | WVT Info. Dept       |              |             |        |        |        |        |        |        |        |        |        |
| Total no. of referrals in month   |             |                      |              | 109         | 127    | 139    | 107    | 111    | 88     | 144    | 101    | 109    | 143    |
| No. responded to same day   |             |                      |              | 105         | 116    | 122    | 89     | 98     | 76     | 75     | 93     | 103    | 132    |
| No. of admissions avoided   |             |                      |              | 65          | 64     | 69     | 64     | 62     | 52     | 69     | 53     | 70     | 86     |
| No. of early supported discharge  |             |                      |              | 44          | 63     | 70     | 43     | 49     | 36     | 75     | 48     | 39     | 57     |
| No. of pts awaiting Home First  |             |                      |              | 26          | 18     | 19     | 18     | 13     | 11     | 13     | 13     | 20     | 11     |
| No. of people remaining at home 91 days following reablement - cumulative | Hfd Council | Adults & Communities | Measured YTD | Activity    | 19     | 24     | 33     | 20     | 63     | 42     | 39     | 83     | 21     |
|   |             |                      |              | Numerator   | 13     | 23     | 27     | 14     | 48     | 28     | 18     | 58     | 14     |
|   |             |                      |              | Perf. - YTD | 71.20% | 72.90% | 73.60% | 70.00% | 74.70% | 72.00% | 65.85% | 62.00% | 57.58% |
| Home First System Metrics   |             |                      |              |             |        |        |        |        |        |        |        |        |        |
| Measures  | Org         | Data Source          | Metric       | Jan-19      | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 |        |        |
| <b>Home First</b>   | Hfd Council | Adults & Communities |              |             |        |        |        |        |        |        |        |        |        |
| Total no. of referrals in month   |             |                      | Monthly      | 132         | 164    | 112    | 126    | 178    | 187    | 207    | 154    |        |        |
| Total no. of referrals NFA'd  |             |                      | Monthly      | 66          | 82     | 49     | 73     | 80     | 93     | 94     | 73     |        |        |
| Total no. of clients supported  |             |                      | Monthly      | 68          | 75     | 51     | 42     | 71     | 66     | 99     | 89     |        |        |
| No. of admissions avoided   |             |                      | Monthly      | 22          | 24     | 12     | 6      | 25     | 19     | 35     | 45     |        |        |
| No. of discharges supported   |             |                      | Monthly      | 45          | 51     | 39     | 36     | 46     | 47     | 63     | 44     |        |        |
| No of Home First Exits  |             |                      | Monthly      | 52          | 60     | 43     | 34     | 38     | 48     | 57     | 66     |        |        |
| %Home First Exits Independent   |             |                      | Monthly      | 55.8%       | 56.7%  | 51.2%  | 38.2%  | 57.9%  | 47.9%  | 49.1%  | 63.6%  |        |        |
| No. of people remaining at home 91 days following reablement              |             |                      | Measured YTD | Activity    | 19     | 24     | 33     | 20     | 63     | 42     | 33     | 59     |        |
|   |             |                      |              | Numerator   | 13     | 23     | 27     | 14     | 48     | 28     | 16     | 45     |        |
|   | Perf - YTD  | 71.2%                |              | 72.9%       | 73.6%  | 70.0%  | 74.7%  | 72.0%  | 72.2%  | 73.0%  |        |        |        |

## Appendix A – Delayed Transfers of Care Activity Breakdown

|   |                    | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 |
|---|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>All Beds - DToC</b> - The measure is the number of days delayed as a proportion of a count of acute activity or beds. DToC Beds is calculated by dividing the number of delayed days during the month by the number of calendar days in the month. | Bed days lost      | 807    | 543    | 486    | 483    | 513    | 533    | 744    | 617    | 703    |
|   | NHS Delays         | 346    | 275    | 209    | 205    | 262    | 255    | 339    | 358    | 497    |
|   | Social Care Delays | 433    | 264    | 250    | 278    | 251    | 278    | 396    | 217    | 129    |
|   | Both               | 10     | 4      | 27     | 0      | 0      | 0      | 9      | 42     | 77     |
|   | Perf. - All beds   | 8.23%  | 6.37%  | 5.21%  | 5.36%  | 5.56%  | 5.91%  | 7.93%  | 6.76%  | 7.86%  |
|   | DToC Beds          | 26     | 19     | 16     | 16     | 17     | 18     | 24     | 20     | 24     |
|   | NHS Delays         | 12     | 10     | 7      | 7      | 8      | 9      | 11     | 12     | 17     |
|   | Social Care Delays | 14     | 9      | 8      | 9      | 9      | 9      | 13     | 7      | 4      |
|   | Both               | 0      | 0      | 1      | 0      | 0      | 0      | 0      | 1      | 3      |
| <b>Acute Beds - DToC</b> - The measure is the number of days delayed as a proportion of a count of acute activity or beds.  | Bed days lost      | 461    | 260    | 154    | 190    | 242    | 208    | 301    | 234    | 321    |
|   | Perf               | 6.26%  | 4.09%  | 2.20%  | 2.81%  | 3.54%  | 3.12%  | 4.33%  | 3.44%  | 4.83%  |
|   | DToC Beds          | 15     | 9      | 5      | 6      | 8      | 7      | 10     | 8      | 11     |
| <b>Non-Acute Beds - DToC</b> - The measure is the number of days delayed as a proportion of a count of non-acute activity or beds.  | Bed days lost      | 346    | 283    | 332    | 293    | 271    | 325    | 443    | 383    | 382    |
|   | Perf               | 14.20% | 13.05% | 14.19% | 12.99% | 11.34% | 13.72% | 18.26% | 16.44% | 16.62% |
|   | DToC Beds          | 11     | 10     | 11     | 10     | 9      | 11     | 14     | 12     | 13     |

## Appendix B – Delayed Transfers of Care Activity by Patient Residence

|  |             | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 |
|--|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>Acute Beds - DToC</b> - The measure is the number of days delayed as a proportion of a count of acute activity or beds.         | Hereford    | 160    | 132    | 49     | 36     | 75     | 74     | 119    | 141    | 178    |
|  | DToC Beds   | 5      | 5      | 2      | 1      | 2      | 2      | 4      | 5      | 6      |
|  | % of delays | 2.17%  | 2.00%  | 0.70%  | 0.53%  | 1.10%  | 1.11%  | 1.71%  | 2.02%  | 2.06%  |
|  | Wales       | 259    | 120    | 87     | 130    | 121    | 101    | 110    | 64     | 53     |
|  | DToC Beds   | 8      | 4      | 3      | 4      | 4      | 3      | 4      | 2      | 2      |
|  | % of delays | 3.52%  | 1.89%  | 1.24%  | 1.92%  | 1.77%  | 1.52%  | 1.58%  | 0.94%  | 1.73%  |
|  | Shrops      | 26     | 4      | 6      | 18     | 20     | 9      | 5      | 19     | 0      |
|  | DToC Beds   | 1      | 0      | 0      | 1      | 1      | 0      | 0      | 1      | 0      |
|  | % of delays | 0.35%  | 0.06%  | 0.09%  | 0.27%  | 0.29%  | 0.14%  | 0.07%  | 0.28%  | 0.45%  |
|  | Worcs       | 10     | 4      | 8      | 6      | 36     | 20     | 67     | 10     | 6      |
|  | DToC Beds   | 0      | 0      | 0      | 0      | 1      | 1      | 2      | 0      | 0      |
|  | % of delays | 0.14%  | 0.06%  | 0.11%  | 0.09%  | 0.29%  | 0.30%  | 0.96%  | 0.15%  | 0.57%  |
| <b>Non-Acute Beds - DToC</b> - The measure is the number of days delayed as a proportion of a count of non-acute activity or beds. | Hereford    | 209    | 231    | 237    | 242    | 214    | 203    | 217    | 158    | 251    |
|  | DToC Beds   | 7      | 8      | 8      | 8      | 7      | 7      | 7      | 5      | 8      |
|  | % of delays | 8.54%  | 10.65% | 10.13% | 10.73% | 8.75%  | 8.57%  | 8.49%  | 6.27%  | 11.14% |
|  | Wales       | 91     | 35     | 35     | 40     | 40     | 91     | 149    | 97     | 85     |
|  | DToC Beds   | 3      | 1      | 1      | 1      | 1      | 3      | 5      | 3      | 3      |
|  | % of delays | 3.74%  | 1.61%  | 1.50%  | 1.50%  | 1.67%  | 3.84%  | 6.14%  | 4.16%  | 1.00%  |
|  | Shrops      | 19     | 0      | 0      | 0      | 0      | 28     | 31     | 31     | 43     |
|  | DToC Beds   | 1      | 0      | 0      | 0      | 0      | 1      | 1      | 1      | 1      |
|  | % of delays | 0.78%  | 0.00%  | 0.00%  | 0.00%  | 0.00%  | 1.18%  | 1.28%  | 1.33%  | 1.83%  |
|  | Worcs       | 11     | 0      | 16     | 0      | 17     | 1      | 46     | 31     | 66     |
|  | DToC Beds   | 0      | 0      | 1      | 0      | 1      | 0      | 1      | 1      | 2      |
|  | % of delays | 0.45%  | 0.00%  | 0.68%  | 0.00%  | 0.71%  | 0.04%  | 1.65%  | 3.43%  | 0.22%  |





# ***Herefordshire Urgent and Emergency Care***

The report provides information on:

- National Priorities and local progress
- Transformation and improvement initiatives
- Our winter challenges
- Minor Injury Units temporary closure
- Performance

Jade Brooks, Acting Director of Operations, NHS Herefordshire CCG

Jane Ives, Managing Director, Wye Valley NHS Trust

# ***Urgent and Emergency Care***

- Programme of transformation in place, covering hospital and community responses to urgent care.
- This includes how we respond to people with long-term conditions, living with frailty, emergency surgery and urgent requirement to see their GP.
- Urgent and emergency care is one of the priorities of the NHS Long Term Plan.
- Local organisations are part of Herefordshire Accident and Emergency Delivery Board to coordinate provision.
- Key performance indicators are monitored on a monthly basis (appendix 1).

## ***Minor Injury Units***

- Located at Leominster, Ross-on-Wye and Ledbury
- Low activity, with on average 1 person per hour
- Temporary closure in place to redeploy workforce to county's Accident and Emergency Department.
- This is to support patient safety and manage the high volume of patients attending A&E.







|                         |   |
|-------------------------|---|
| <b>Meeting:</b>         | <b>Adults and wellbeing scrutiny committee</b>  |
| <b>Meeting date:</b>    | <b>Monday 13 January 2020</b>   |
| <b>Title of report:</b> | <b>Review of budget and corporate plan proposals for 2020/21 relating to the remit of the adults and wellbeing scrutiny committee</b> |
| <b>Report by:</b>       | <b>Leader of the council</b>  |

## Classification

Open

## Decision type

This is not an executive decision

## 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 and on the draft corporate plan as they relate to the remit of the committee.

The draft proposals were first considered by the committee on 18 November. The committee is now asked to reconsider the adults and wellbeing revenue and capital budget proposals following the conclusion of public consultation.

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.

## 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.**

## 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 revised proposed corporate plan is attached at appendix 1 and sets out three key ambitions:-
  - Economy – support to build on the county's strengths and resources
  - Environment – protect to keep Herefordshire a great place to live
  - Community – ensuring everyone lives well and safely together
4. The proposed corporate plan objectives will set the priorities to ensure the best use of resources and deliver services that make a difference to people of Herefordshire. A delivery plan will follow the adoption of the corporate plan will identify the key projects planned each year to achieve progress towards the council's priorities. Regular reports monitoring progress against the objectives will then continue to be presented to Cabinet; detailing the latest budget position, as well as performance against delivery of the key activity and achievement of performance measures. The committee is invited to comment on the draft corporate plan priorities specifically in reference to adults and wellbeing.
5. Funding and service demand pressures do continue and the new corporate plan will establish the focus going forward. In support of this, this report proposes a balanced budget and includes a 3.9% total increase in council tax, a 3% expected annual pay increase settlement, 200 additional new homes above the assumed growth in new homes (increasing the expected amount of council tax income) and the central government provisional settlement for 2020/21.
6. The provisional settlement confirms the additional funding for social care announced in the spending review. This provides £4.9m of one off funding in 2020/21 available for adults and children's social care in Herefordshire to meet rising demand, fund more care home places and social workers and protect the most vulnerable in society.
7. The proposed 2020/21 revenue budget is based on an assumed total council tax increase of 3.9%, 1.9% increase in core council tax and a 2% adult social care precept. This increases the band D equivalent charge to £1,573.77 representing an increase of £1.14 per week.
8. The 2% adult social precept will generate additional income of approximately £2m. This income is ring-fenced to fund the adults and communities base budget.

9. 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.
10. The 2020/21 budget proposals include the creation of social care pooled budget, this would cover adults and children and would allow the council to determine where spending should be committed in future to meet pressures.

### 2020/21 budget proposals

11. The budget proposals for adults and wellbeing have not changed since the previous scrutiny meeting in November, as shown below:-

| <b>Table 1</b>          | <b>19/20 revised base £m</b> | <b>Savings £m</b> | <b>Contract inflation £m</b> | <b>Demographic pressures £m</b> | <b>Super hubs £m</b> | <b>Total £m</b> |
|-------------------------|------------------------------|-------------------|------------------------------|---------------------------------|----------------------|-----------------|
| Proposed revenue budget | 54.0                         | (0.6)             | 1.7                          | 1.0                             | 0.2                  | 56.3            |

12. The proposed revenue budget above represents an increase in the base budget to address service demand from an aging population and inflationary cost pressures that include fee uplifts to provide for an increase in the national living wage in 2020/21.
13. The budget proposals support the review at the front door approach to providing adults and wellbeing services. This means that more people are receiving the most appropriate care package at the right time and in the most effective setting. This will continue to drive a move from the traditional models of care to maintaining independent living for longer. This is shown to be beneficial for residents and reduce the cost burden to the council due to a reduction in use of the most expensive care cost packages. The delivery of this strength based budget model follows a needs assessment and provision of wrap around support to individuals. This is being promoted as a good practice model providing better outcomes for all.

| <b>Table 2</b>                       | <b>Current Capital Programme £m</b> | <b>Total 20/21 £m</b> | <b>Total 21/22 £m</b> | <b>Total 22/23 £m</b> | <b>Redirected funding £m</b> | <b>Capital receipt funding £m</b> | <b>Funded by ROI £m</b> | <b>Corporate Funded PB £m</b> | <b>Total Request £m</b> |
|--------------------------------------|-------------------------------------|-----------------------|-----------------------|-----------------------|------------------------------|-----------------------------------|-------------------------|-------------------------------|-------------------------|
| Technology Enabled Communities       | -                                   | 0.3                   | 1.2                   | -                     | 1.5                          | -                                 | -                       | -                             | 1.5                     |
| Super Hubs                           | -                                   | 2.0                   | -                     | -                     | -                            | -                                 | -                       | 2.0                           | 2.0                     |
| Care Home and Extra Care Development | 0.9                                 | -                     | -                     | 13.1                  | -                            | 6.1                               | 7.0                     | -                             | 13.1                    |

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

|   |            |            |            |             |            |            |            |            |             |
|---|------------|------------|------------|-------------|------------|------------|------------|------------|-------------|
| Bringing empty properties back into use | 0.8        | 0.2        | 0.3        | 0.3         | -          | 0.8        | -          | -          | 0.8         |
| <b>Total</b>                            | <b>1.7</b> | <b>2.5</b> | <b>1.5</b> | <b>13.4</b> | <b>1.5</b> | <b>6.9</b> | <b>7.0</b> | <b>2.0</b> | <b>17.4</b> |

14. Technology Enabled Communities is an outcomes-led approach to embedding technology enabled living at scale, driven by the power of data analytics to support informed decision making. It will shift the care model and elements of a health and care system from a traditional dependency, just in case support model to one of promoting independence, empowering self-care and taking action ahead of crises.
15. Super Hubs will support communities through capital investment plus resource to manage and develop community engagement. The high level design principles will be to target high deprivation and unmet need through creating new community facilities, tackling health inequalities, promoting local business and social enterprise. The hubs will also provide a local base or focus for public services and the opportunity of an alternative / community transport hub.
16. Care Home and Extra Care Development is for the local authority 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 options appraisal to inform a decision on a detailed return on investment proposal. The objective of this investment will be to lead on decisive market intervention, increasing council controlled bed capacity in the market and increasing the ability to support complex care needs.
17. Bringing empty properties back into use with include a focus on long term empty properties, defined as properties vacant for six months or more. This will increase available housing for local people, reduced spend of the housing prevention fund and reduce the use of temporary accommodation, for example in bed and breakfast.
18. In addition to the proposals above in October Cabinet approved the establishment of a new earmarked reserve of £150k to fund the investigation of different models of delivering council housing. Herefordshire residents continue to face difficult housing challenges with a large proportion of the population unable to afford to own or rent a suitable property to call home. The lack of housing choice, especially in respect of affordable housing, is not currently being addressed through the developer-led market where the focus continues to be on developing the most profitable housing products on the most profitable sites, not necessarily in the places of highest housing need. Many local authorities are now actively intervening in the housing market by becoming developers of new homes themselves, creating Local Housing Companies with the aim of acquiring sites and developing and managing both affordable housing and open market homes. The creation of the reserve will provide resources to undertake a detailed analysis of the options available, including the establishment of a wholly owned housing company, to enable the delivery and management of new homes to better meet the needs of residents. Following this a business case will be developed for consideration and further investment.
19. 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.

## Financing

20. The 2020/21 net budget requirement is financed by retained funding from council tax (£109.8m) and business rates (£36.7m). Assumptions include a 3.9% increase in council tax (1.9% general increase and 2% adults social care precept) and business rate reliefs being funded via a central government grant. Central government funding is included as announced in the provisional funding settlement for 2020/21, the final local government funding settlement is yet to be announced.
21. Council tax charges for the last five years are shown in table 3 below:-

| <b>Council tax band</b> | <b>2015/16</b> | <b>2016/17</b> | <b>2017/18</b> | <b>2018/19</b> | <b>2019/20</b> |
|-------------------------|----------------|----------------|----------------|----------------|----------------|
| A                       | £850.07        | £883.22        | £917.67        | £962.63        | £1,009.80      |
| B                       | £991.74        | £1,030.42      | £1,070.61      | £1,123.07      | £1,178.10      |
| C                       | £1,133.42      | £1,177.63      | £1,223.55      | £1,283.51      | £1,346.40      |
| D                       | £1,275.10      | £1,324.83      | £1,376.50      | £1,443.95      | £1,514.70      |
| E                       | £1,558.46      | £1,619.24      | £1,682.39      | £1,764.82      | £1,851.30      |
| F                       | £1,841.81      | £1,913.64      | £1,988.28      | £2,085.70      | £2,187.90      |
| G                       | £2,125.17      | £2,208.05      | £2,294.16      | £2,406.58      | £2,524.50      |
| H                       | £2,550.20      | £2,649.66      | £2,753.00      | £2,887.89      | £3,029.40      |

22. Prudent estimates have been used in providing the council tax and business rates funding assumptions. If additional resource is made available at the final budget setting stage it is proposed to use the additional funding to uplift the centrally held contingency budget.
23. If the final funding 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.

## Budget setting timetable

24. Below is a summary of the 2020/21 budget setting timetable. The committee has already reviewed the proposals at its meeting in November.

| <b>Date</b>      | <b>Event</b>                                 | <b>Purpose</b>   |
|------------------|--|--|
| 13 January 2020  | Adults and wellbeing scrutiny committee      | To consider adults and wellbeing revenue and capital budget proposals following the conclusion of public consultation and agree any recommendations to be made to Cabinet              |
| 14 January 2020  | Children and young people scrutiny committee | To consider children and young people revenue and capital budget proposals following the conclusion of public consultation and agree any recommendations to be made to Cabinet         |
| 20 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 corporate plan, 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 corporate plan, revenue and capital budget for 2020/21, treasury management strategy, capital strategy and medium term financial strategy                       |

## **Community impact**

25. The budget proposals demonstrate how the council is using its financial resources to deliver the priorities within the proposed corporate plan.
26. The council is committed to delivering continued improvement, positive change and outcomes in delivering key priorities.
27. 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**

28. 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.
29. 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**

30. The financial implications are as set out in the report. The ongoing operational costs including, Human Resources, Information Technology and property resource requirements are included in the draft budget and will be detailed in separate governance decision reports as appropriate.

## **Legal implications**

31. 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.
32. In acting prudently, the council has an obligation to determine whether any planned council increase is excessive (based on a set of principles defined by the Secretary of State, and approved by the House of Commons).
33. To avoid having to hold a referendum, the Council must raise less than the threshold. Alternatively, if an excessive increase in council tax is proposed, the council must hold a local referendum and obtain a 'yes' vote before implementing the increase. The council must also make substitute calculations, based on a non-excessive council tax level. This takes effect if the excessive increase is rejected in the referendum.
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 chairperson 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 through the budget proposals. Risks will be monitored through the year and reported to cabinet as part of the budget monitoring process.
42. There are additional risks to delivery of budgets including the delivery of new homes, EU exit, 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 locally faster than the national average and some specific areas of inequalities amongst families and young people. The budget proposed in this report include risk mitigation measures that are expected to manage the costs associated with this risk.



## Consultees

44. Initial public consultation was completed and reported to the adults and wellbeing scrutiny meeting on 18 November. At that meeting the committee welcomed the proposed areas for investment which support prevention and the strengths based agenda and requested deeper levels of detail to be provided in the next iterations of the capital investment budget business cases and that terminology and language be used consistently, using Plain English. A glossary of terms has been added to this report.
45. Further public consultation on the 2020/21 budget and corporate plan 2020-24 has concluded. The consultation ran from 6 November to 4 December. The consultation questionnaire was published on the Herefordshire Council website and residents were invited to complete it online. A printable version was given upon request. The consultation was promoted on the council's social media sites (Twitter and Facebook). In addition to the online survey, there were pop up events held in the market towns and in Hereford City.
46. Attached at appendix 2 is a report on the key points from the analysis of standard responses received to the online consultation questionnaire, an analysis of free text comments and suggestions and trend data when compared to the previous year's consultation. 269 online survey responses were received.
47. On the proposed budget the responses included that 52% of respondents thought that a council tax increase of 4% is about right or too little.
48. 53% did not agree with the allocation of council tax as set out in the proposed till receipt and 21% reported "no opinion", a similar response was received in the previous year. 136 comments were received, below is a table presenting the most popular common themes emerging from the comments.

| Theme   | No. of comments |
|---|-----------------|
| Increase too high /above inflation / not enough money to live on / not value for money / stop wasting money | 38              |
| Too much on admin / IT costs / contractors / waste / councillors and directors pay / interest on borrowing  | 26              |
| Not enough on climate change, public spaces / environment / recycling and waste collection                  | 20              |
| Not enough on public / community / sustainable / rural transport  | 17              |
| Not enough roads / road safety and infrastructure / cycle paths / PROW                                      | 16              |
| Not enough on libraries / culture / tourism   | 10              |

49. Additionally, responses included:-

- a. In relation to the council tax reduction scheme 63% wanted to keep the council tax discount at 84% or increase it and 52% supported a introducing a minimum award of £5 a week; and
  - b. 75% supported continuing with the current levels of business rate discounts or increasing them.
50. In respect of Herefordshire Council Priorities responses include:-
- a. Community hubs - 63% of respondents indicated that Herefordshire would benefit by making this investment with the most favoured options being 'health and social care services'(79%), 'wellbeing help, advice and activities' (73%) and 'children's centres' (71%).
  - b. Community assets - 54% of respondents thought that the council should retain publicly owned land and buildings and manage them on behalf of everyone in the county.
  - c. Affordable housing - 79% of respondents agreed that the council should invest money in developing additional affordable housing stock and retaining it in public ownership.
  - d. Council owned care homes - 81% of respondents supported for investing in council owned care homes or care villages to support vulnerable children, young people and adults with accommodation and care needs.
  - e. Tourism - 65% of respondents thought that it was important for the council to invest to support tourism.
  - f. Core Strategy review - 71% of respondents thought that the council should undertake a fundamental review of the Core Strategy, even though it is a substantial piece of work, investment and will take over three years to complete.
  - g. Maintenance of highways and public spaces - 76% of respondents agreed with the additional funding in public realm.
  - h. Public transport - 16% of respondents indicated that they were regular users of public transport. From a list of options, 'lack of availability of public transport in my local area' (56%) and 'timetables do not match my needs' (54%) were selected as the most common reasons for not using public transport regularly.
  - i. Planning and investment to address the climate emergency - 64% respondents thought that the council should invest resources to lead a local response to the climate emergency.
  - j. Digital and better use of technology - 72% of respondents supported further investment in technology to enable new and improved ways of delivering services.
  - k. Additional investment - some priority areas for investment were more favoured than others. If we take the overall weighted average for each priority, five areas were noticeably more favoured than the others, with not much difference in support between these five. They were, in order of priority, maintenance of highways and public spaces, planning and investment to address the climate emergency, care

homes and accommodation for vulnerable people (children, young people and adults), affordable housing (publicly owned) and public housing.

## Appendices

- Appendix 1 Revised draft corporate plan
- Appendix 2 Public consultation responses
- Appendix 3 Presentation slides

## Background papers

None identified

## Glossary

|                                |   |
|--------------------------------|---|
| Adult social care precept      | Council tax charge for adult care services                        |
| Affordable housing             | Social rented, affordable rented and intermediate housing         |
| Code of corporate governance   | Guidance on the delivery of good governance                       |
| Council tax reduction scheme   | Council tax discount for low earners                              |
| Extra care development         | Design features and support services to enable independent living |
| Funding settlement             | Central government funding allocations to local councils          |
| S151 officer                   | Statutory chief financial officer of the council                  |
| Social care pooled budget      | Available to address both children's and adults budget pressures  |
| Super hubs                     | Sites to provide early help and support services                  |
| Technology enabled communities | Personalised, proactive and predicted technological support       |










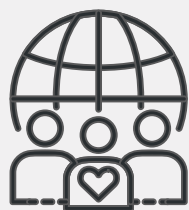
“Respecting the past, shaping our future - we will help strengthen and encourage vibrant **communities**, create a thriving local **economy** and protect and enhance our **environment**”.



## Environment

Protect our environment and keep Herefordshire a great place to live

-  Reduce waste and increase reuse, repair and recycling
-  Improve and extend active travel options throughout the county
-  Contribute to tackling the climate emergency by investing in low carbon projects to further reduce our carbon footprint and reduce running costs
-  Ensure the best use of the county's natural resources
-  Protect the county's biodiversity, value nature and uphold environmental standards



## Community

Build communities to ensure everyone lives well and safely together

-  Ensure all children are healthy, safe and inspired to achieve
-  Ensure that children in care, and moving on from care, are well supported and make good life choices
-  Build our own sustainable and affordable houses and bring empty properties back into use
-  Protect and improve the lives of vulnerable people
-  Use technology to assist with daily living and keep people at home
-  Support communities to help each other through a network of community hubs



## Economy

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

-  Develop environmentally sound infrastructure that attracts investment
-  Use council land to create economic opportunities and bring higher paid jobs to the county
-  Invest in education and the skills needed by employers
-  Enhance digital connectivity for communities and business
-  Protect and promote our heritage, culture and natural beauty to increase tourism
-  Invest public money locally wherever possible

## 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



# Budget 2020/21 and Corporate Plan 2020-24 consultation: key findings

## CONTEXT

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The public consultation and engagement about Herefordshire Council's budget for 2020/21 and Corporate Plan for 2020-24 took place in three stages:

1. Informal, qualitative engagement undertaken by Impact Consultancy between September and November informed the priorities to be formally consulted on. Over 1,500 people engaged with this exercise, at a range of events targeted at specific groups of people.
2. The formal, online consultation ran throughout November 2019 (6 November to 4 December). A total of 269 responses were received to the questionnaire, all but three from individuals responding in a personal capacity. About two-thirds were aged 45-64, an over-representation compared to the population (40%).
3. Alongside the online consultation, Impact Consultancy ran six 'pop-up' events in Hereford and each of the market towns. The focus of these events was on the quality of the conversation, rather than the number of consultees. Using three tokens, the 137 people who got involved were asked to 'vote' for their priorities out of the ten areas for additional investment. Probably due to the nature of these events taking place during the working day, the vast majority were older people.

An event with local businesses is planned for early January 2020.

## RESULTS: THE BUDGET

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The first section of the online consultation questionnaire asked respondents about their views on the proposed budget and 4% increase to Council Tax, along with questions about discount schemes. The face-to-face engagement did not address these topics.

The main results were that:

- There was an **almost equal split in terms of support for the proposed Council Tax increase**, with just over half thinking a 4% increase was about right (36.9%) or too little (14.6%), compared to just under half (48.5%) thinking it was too much. A similar pattern of responses received to the last year's consultation.
- **A small majority (53%) disagreed with the allocation of Council Tax** as set out in the budget till receipt, whilst only a quarter (26%) agreed and the rest (21%) said they had no opinion. Although the spending allocations that were set out were different to last year, this was a very similar pattern of responses.

Analysing the comments to this question to understand **why people disagreed** with the allocation of spend, the most common themes seemed to be about the proposed increase in Council Tax. More than one in four of the 136 comments mentioned that the

proposed rise was too high compared to inflation / that it wasn't value for money, whilst one in five negatively referred to the organisational costs of running the council.

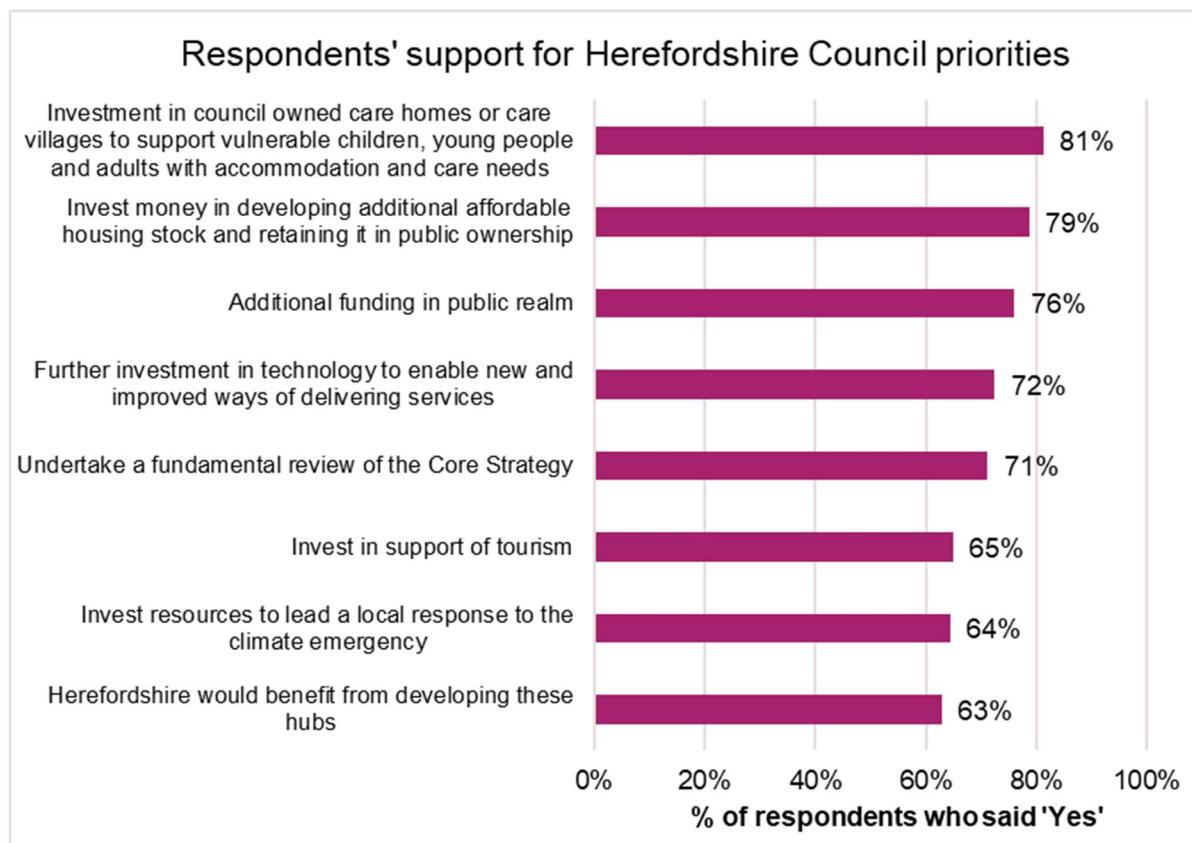
Comments that expressed an opinion about the allocation of spend were mostly saying that not enough was allocated to particular services, rather than too much. Services mentioned most frequently were **related to the environment and place**; not enough on:

- climate change / public spaces / environment / recycling and waste collection (20 comments)
- public / community / sustainable / rural transport (17 comments)
- roads / road safety and infrastructure / cycle paths / public rights of way (16 comments)

## RESULTS: THE PRIORITIES

The next section of the online consultation focused on the areas identified as priorities for additional investment, with respondents first asked for their views about each of the areas (including whether they supported the proposal), before being asked to rank these areas in order of priority.

There was **majority support for all of the areas identified for additional investment**, with as many as four out of five agreeing with additional investment in council-owned care homes or villages (81%) and publicly-owned affordable housing (79%). Even the areas with lower rates of support were supported by almost two out of three respondents: developing community 'super-hubs'; leading a response to the climate emergency; and investing in tourism.





When respondents were asked to **rank the areas in order of importance**, five stood out as being more important than the others (chart below shows the score for each as a weighted average of the ranks):

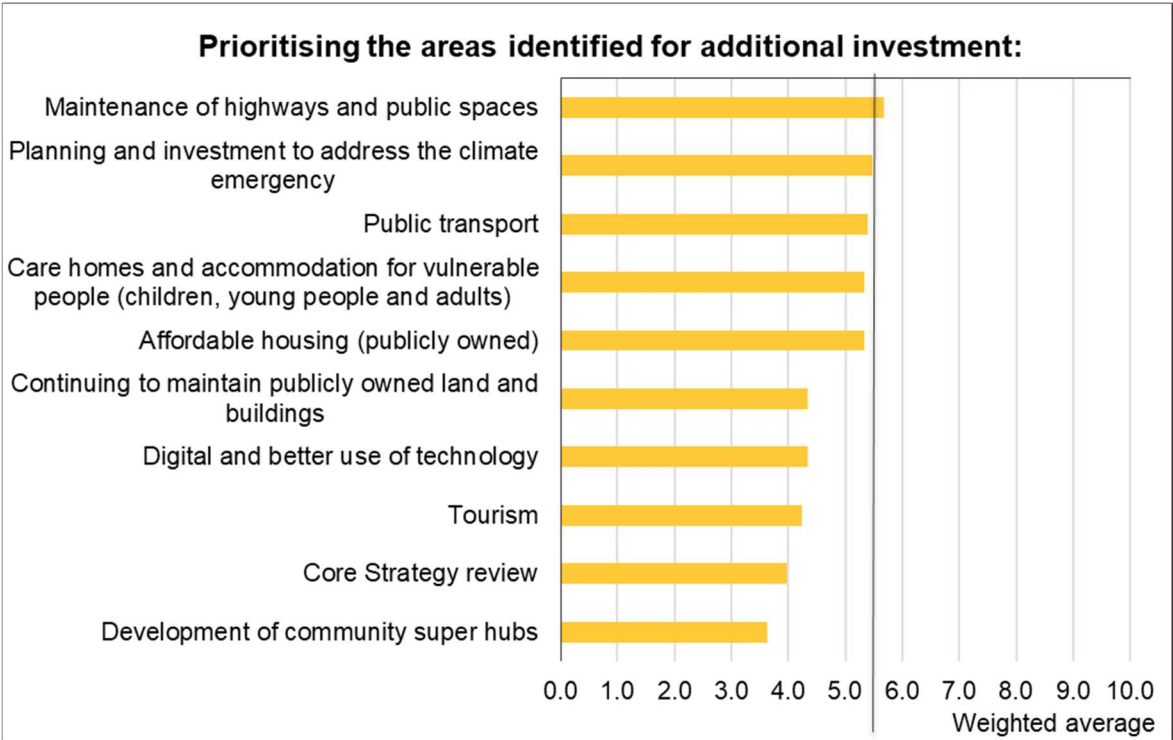
- ✓ Maintenance of highways and public spaces
- ✓ Planning and investment to address the climate emergency
- ✓ Public transport
- ✓ Care homes and accommodation for vulnerable people
- ✓ Affordable housing (publicly owned)

The same five areas were the most favoured in the face-to-face engagement as well.

Uniquely amongst the topics, views on **planning and investment to address the climate emergency** were polarised. 26% ranked it as most important (ten percentage points more than any other option), and it was in the top three for 40%. On the other hand 21% ranked it as *least* important (ten percentage points more than any other option), and it was also in the bottom three for 37% of respondents.

Comments against spending on this area covered themes such as

- it's not a priority / don't care
- should be central government's responsibility
- costly / won't make any difference / not achievable



**THE PRIORITIES: REASONS**

The table below summarises the broad themes in the comments about each of the areas identified for additional investment. The right-hand column identifies feedback from the face-to-face engagement that ran alongside the online consultation.

There weren't any areas where the views expressed during the face-to-face engagement were dramatically different to the responses to the online questionnaire.

| Priority area  | % agreeing with investment | Comments from online consultation   |  | Themes from face to face engagement  |
|--|----------------------------|---|--|--|
|  |                            | In support of   | Not in support of  |  |
| <b>Developing super-hubs</b>   | 63%                        | <p>No qualitative questions were asked on this topic.</p> <p>Most common response was that if super hubs were to be developed, they should be located in the market towns (69%), followed by larger villages (47%) and the city (43%)</p> <p>Overall support for all of the services that could be offered, particularly health and social care (79%); wellbeing help, advice and activities (73%) and children's centres (71%). Other suggestions included legal, financial and housing advice and other information resource.</p> |  | Range of public services, nothing very different to the online consultation.   |
| <b>Developing additional affordable housing stock and retaining it in public ownership</b>   | 79%                        | <ul style="list-style-type: none"> <li>- build more houses for rent</li> <li>- stop developments with no social or additional affordable houses</li> <li>- additional affordable housing should be good quality, energy efficient and sustainable.</li> </ul>   | <ul style="list-style-type: none"> <li>- developers should be made to build more affordable housing that is actually affordable</li> <li>- state should not encourage dependency</li> <li>- tenants should be made to give up larger properties when under occupied</li> <li>- infrastructure cannot support additional housing</li> </ul> | Affordable housing was felt to be important, particularly starter homes or making renting more affordable, and also bringing empty properties back into use.   |
| <b>Investment in council owned care homes or care villages to support vulnerable children, young people and adults with accommodation and care needs</b> | 81%                        | <ul style="list-style-type: none"> <li>- if they're built, care homes or care villages must provide value for money</li> <li>- should free up housing for younger people</li> </ul>   | <ul style="list-style-type: none"> <li>- very expensive to build and run these so it will not provide value for money</li> <li>- it's central government's or individual families' responsibility to look after vulnerable children, young people and adults</li> </ul>  | <ul style="list-style-type: none"> <li>- Priority for old and young people</li> <li>- Quality is key</li> <li>- Not necessarily council-owned, but council should have oversight / control</li> <li>- Also important to enable vulnerable people to stay in their own homes</li> </ul> |

| Priority area  | % agreeing with investment    | Comments from online consultation   |  | Themes from face to face engagement  |
|--|-------------------------------|---|--|--|
|  |                               | In support of   | Not in support of  |  |
| <b>Investment in support of tourism</b>                      | 65% (very / fairly important) | Respondents insist that investment needed to support tourism.   | <ul style="list-style-type: none"> <li>- private sector should be responsible and will do better</li> <li>- more tourism will create more traffic and will increase pollution (more carbon emissions)</li> <li>- sort out roads first</li> </ul>                           | <p>People suggested investing in tourist information centres as they've been closed.</p> <ul style="list-style-type: none"> <li>- Not appealing for tourists</li> <li>- Concerns about shops, especially in Hereford city</li> <li>- Not done enough to promote the county and its offerings.</li> </ul>                         |
| <b>Undertaking a fundamental review of the Core Strategy</b> | 71%                           | <ul style="list-style-type: none"> <li>- current plan needs improvement</li> <li>- new or different priorities required</li> </ul>  | <ul style="list-style-type: none"> <li>- nothing wrong with the current plan or smaller scale review better</li> <li>- very expensive so not value for money</li> <li>- take too much time and too disruptive</li> <li>- some believe it will be ignored anyway</li> </ul> | <p>Overall very low choice; people did not fully understand the implications.</p> <ul style="list-style-type: none"> <li>- If it happens it has to be comprehensive and done well</li> <li>- some people felt it was essential if radical changes is to happen in the county, especially climate change and transport</li> </ul> |
| <b>Additional funding in public realm</b>                    | 76%                           | <p>If this is implemented:</p> <ul style="list-style-type: none"> <li>- ensure that these services are provided properly and value for money</li> <li>- make sure areas are not neglected</li> <li>- avoid contractors/ if use contractors ensure accountability</li> </ul> | <ul style="list-style-type: none"> <li>- this is not a priority</li> <li>- waste of money and not confident that it will improve anything</li> <li>- do not approve of using contractors or the current contractor, they are not value</li> </ul>                          | <p>Some people commented on about there being better contract management including managing overspends, better scrutiny and consequences for not meeting goals.</p>  |
|  |                               |   | 81% supported closer community involvement in setting the BBLP annual plan, involving parish councils or neighbourhood development partnerships.   |  |

75

| Priority area  | % agreeing with investment   | Comments from online consultation  |  | Themes from face to face engagement  |
|--|--|--|--|--|
|  |  | In support of  | Not in support of  |  |
| <b>Invest resources to lead a local response to the climate emergency</b>                      | 64%  | expressed support and provided suggestions for how to achieve carbon reductions.   | <ul style="list-style-type: none"> <li>- it is not a priority / don't care</li> <li>- should be central government's responsibility</li> <li>- costly /won't make any difference / not achievable</li> </ul> | <ul style="list-style-type: none"> <li>- People want Herefordshire Council to show leadership on this agenda and reflect the climate emergency in their policies and action e.g. building energy efficient housing, having a green public transport plan.</li> <li>- Where they don't have direct influence they need to lobby and educate.</li> <li>- Suggestions for local partnerships / organisations in relation to accessing specialist knowledge/to help plan and advise on this agenda.</li> </ul> |
| <b>Further investment in technology to enable new and improved ways of delivering services</b> | 72%  | <p>Although respondents supported, they are cautious about digital exclusion and suggested to:</p> <ul style="list-style-type: none"> <li>- keep other formats for elderly who struggle with new technology</li> <li>- develop infrastructure before investing in technology enabled services</li> </ul> | <ul style="list-style-type: none"> <li>- not a priority and it will not provide value for money.</li> <li>- unemployment can go up (threat to jobs) hence negative impact on economy.</li> </ul>             | <p>Reflects the views made online but very low support:</p> <ul style="list-style-type: none"> <li>- preferred face to face service delivery especially for elderly.</li> <li>- access to adequate broadband needed to be improved consistently across the county.</li> </ul>  |
| <b>Public transport</b>  | No question asked about support for this, the questions asked why they don't use | <p>Only 16% of respondents were regular users; the most common reasons for not using public transport were:</p> <ul style="list-style-type: none"> <li>- lack of availability of public transport in my local area</li> <li>- timetables do not match my needs</li> </ul>                                |  | <p>Similar themes to online</p> <ul style="list-style-type: none"> <li>- Strong views that public transport is not an option in rural areas</li> <li>- Question of choice: those who can use other methods choose to do so, but it's important because some people rely on it</li> <li>- Poor connectivity and timetabling that doesn't meet needs</li> </ul>  |
| <b>Publicly owned land and buildings</b>   | No question was asked about support for this                                     | Majority of respondents (54%) felt that the council should retain and manage assets on behalf of everyone, but no qualitative questions were asked about this topic.   |  | There weren't any common themes: equal (small) numbers of people saying they should be retained as transferred into community hands  |

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

Adults and Wellbeing Scrutiny  
committee

*13<sup>th</sup> January 2020*

# Corporate plan



**Herefordshire Council** *Our ambition for Herefordshire*

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

 **Environment**  
Protect our environment and keep Herefordshire a great place to live

-  Reduce waste and increase reuse, repair and recycling
-  Improve and extend active travel options throughout the county
-  Contribute to tackling the climate emergency by investing in low carbon projects to further reduce our carbon footprint and reduce running costs
-  Ensure the best use of the county's natural resources
-  Protect the county's biodiversity, value nature and uphold environmental standards

 **Community**  
Build communities to ensure everyone lives well and safely together

-  Ensure all children are healthy, safe and inspired to achieve
-  Ensure that children in care, and moving on from care, are well supported and make good life choices
-  Build our own sustainable and affordable houses and bring empty properties back into use
-  Protect and improve the lives of vulnerable people
-  Use technology to assist with daily living and keep people at home
-  Support communities to help each other through a network of community hubs

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

-  Develop environmentally sound infrastructure that attracts investment
-  Use council land to create economic opportunities and bring higher paid jobs to the county
-  Invest in education and the skills needed by employers
-  Enhance digital connectivity for communities and business
-  Protect and promote our heritage, culture and natural beauty to increase tourism
-  Invest public money locally wherever possible

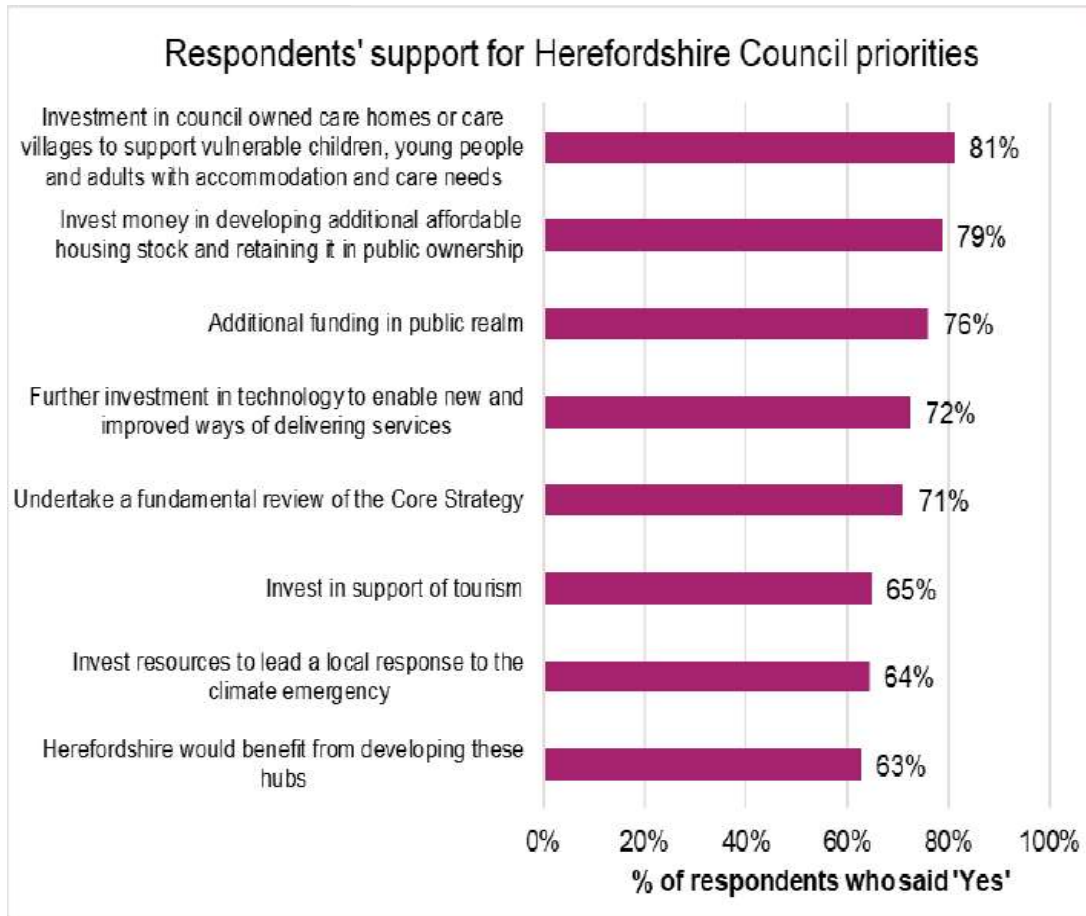
**Our principles**

**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

 hfdscouncil [www.herefordshire.gov.uk](http://www.herefordshire.gov.uk)

- Updated “1 page plan” developed to set out the ambitions of the council and the principle ways of working
- Key ambitions remain as stated in November
- Changes reflect conclusion of consultation

# Feedback from consultation on proposals - priorities



There was majority support for all of the areas identified for additional investment, with as many as four out of five agreeing with additional investment in council-owned care homes or villages (81%) and publicly-owned affordable housing (79%).

## Feedback from consultation on proposals - budget

- 4% council tax increase; 51.5% was about right or too little
- A small majority (53%) disagreed with the allocation of Council Tax as set out in the budget till receipt
- Comments that expressed an opinion about the allocation of spend were mostly saying that not enough was allocated to particular services, rather than too much. Services mentioned most frequently were related to the environment and place.



## Net Revenue Budget 2020/21 – following provisional settlement

|                               | £k             |
|-------------------------------|----------------|
| Council Tax assumed 3.9%      | 109,780        |
| Business rates                | 36,726         |
| Revenue Support Grant         | 635            |
| Rural services delivery grant | 5,101          |
| Adult social care grant       | 4,875          |
| <b>Total net budget</b>       | <b>157,117</b> |

## The Base Net Budget requirement

| Directorate              | Base at November scrutiny £k | Legal services £k | PWLB interest £k | Base Budget £k |
|--------------------------|------------------------------|-------------------|------------------|----------------|
| Adults and Communities   | 56,282                       |                   |                  | 56,282         |
| Social care pool         | 2,054                        |                   |                  | 2,054          |
| Children and families    | 30,699                       |                   |                  | 30,699         |
| Economy and Place        | 28,955                       |                   |                  | 28,955         |
| Corporate Services       | 15,803                       | 700               |                  | 16,303         |
| <b>Total Directorate</b> | <b>133,793</b>               | <b>700</b>        |                  | <b>134,493</b> |
| Central                  | 22,306                       |                   | 318              | 22,624         |
| <b>Total Net Budget</b>  | <b>156,099</b>               | <b>700</b>        | <b>318</b>       | <b>157,117</b> |

## Adults & Wellbeing – no change from November

|                         | 19/20 revised base £m | Savings £m | Contract inflation £m | Demographic pressures £m | Super hubs £m | Total £m |
|-------------------------|-----------------------|------------|-----------------------|--------------------------|---------------|----------|
| Proposed revenue budget | 54.0                  | (0.6)      | 1.7                   | 1.0                      | 0.2           | 56.3     |

| Capital Investment Proposal             | Current Capital Programme £m | Total 20/21 £m | Total 21/22 £m | Total 22/23 £m | Redirected funding £m | Capital receipt funding £m | Funded by ROI £m | Corporate Funded PB £m | Total Request £m |
|---|------------------------------|----------------|----------------|----------------|-----------------------|----------------------------|------------------|------------------------|------------------|
| Technology Enabled Communities          | -                            | 0.3            | 1.2            | -              | 1.500                 | -                          | -                | -                      | 1.5              |
| Super Hubs                              | -                            | 2.0            | -              | -              | -                     | -                          | -                | 2.0                    | 2.0              |
| Care Home and Extra Care Development    | 0.9                          | -              | -              | 13.1           | -                     | 6.11                       | 7.0              | -                      | 13.1             |
| Bringing empty properties back into use | 0.8                          | 0.2            | 0.3            | 0.3            | -                     | 0.8                        | -                | -                      | 0.8              |
| <b>Total</b>                            | <b>1.7</b>                   | <b>2.5</b>     | <b>1.5</b>     | <b>13.4</b>    | <b>1.500</b>          | <b>6.9</b>                 | <b>7.0</b>       | <b>2.0</b>             | <b>17.4</b>      |

## Potential additional investment

Investigation of different models of delivering council housing, undertaking a detailed analysis of the options available, including the establishment of a wholly owned housing company, to enable the delivery and management of new homes to better meet the needs of residents. Following this a business case will be developed for consideration and further investment.

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.

# 2020/21 Assumptions

- 3.9% increase in Council Tax ( 1.9% general, 2% Adults Social Care) Band D = £1,573.77 increase of £1.14 per week;
- Improved better care fund (ibcf) £6.6m (£5.4m Adults and £1.2m new schemes);
- Public Health grant of £9.2m, ring fence to continue;
- Provisional settlement shared, consultation open until 17 January, final settlement will follow
- Work continues on calculating the impact of the rise in the national living wage from April, assumptions are currently that this can be managed however it is a budget risk





|                         |  |
|-------------------------|--|
| <b>Meeting:</b>         | <b>Adults and wellbeing scrutiny committee</b> |
| <b>Meeting date:</b>    | <b>Monday 13 January 2020</b>                  |
| <b>Title of report:</b> | <b>Work programme 2019-2020</b>                |
| <b>Report by:</b>       | <b>Democratic services</b>                     |

## 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.**

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

3. At the previous meeting (18 November 2019), the committee agreed to withdraw the December 2019 meeting in public and replace it with an informal workshop for committee members. The workshop was held on 16 December 2019 and committee members received presentations on: the development of the market position statement; accommodation needs; and Talk Community hubs. In particular, committee members expressed an interest in workforce issues in the health and social care system. The committee may wish to consider whether it wishes to explore this topic in more depth through a briefing note, future agenda item, spotlight review or task and finish group.
4. Also at the previous meeting, the committee agreed to include an additional meeting in its work programme to consider community services redesign, Continuing Health Care, and integrated care pathway (including Delayed Transfer of Care). A date for this additional meeting is to be identified.
5. The updated work programme is attached at appendix 1.
6. 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.
7. The work programme will remain under regular review during the year to allow the committee to respond to particular circumstances.
8. 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

9. A scrutiny committee may appoint a task and finish group for any scrutiny activity within the committee's agreed work programme. A committee may determine to undertake a task and finish activity itself as a spotlight review where such an activity may be undertaken in a single session; the procedure rules relating to task and finish groups will apply in these circumstances.
10. The relevant scrutiny committee will approve the scope of the activity to be undertaken, the membership, chairperson, timeframe, desired outcomes and what will not be included in the work. A task and finish group will be composed of a least 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.
11. 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

12. A scrutiny committee may co-opt a maximum of two non-voting people as and when required, for example for a particular meeting or to join a task and finish group. Any such co-optees will be agreed by the committee having reference to the agreed work



programme and / or task and finish group membership.

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

Forward plan

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

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

Suggestions for scrutiny from members of the public

15. 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](http://www.herefordshire.gov.uk/getinvolved)

## Community impact

16. 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

17. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
18. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. All Herefordshire Council members are trained and aware of their Public Sector Equality Duty and equality considerations are taken into account when serving on committees.

## Resource implications

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

## Legal implications

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

## Risk management

- |     |  |  |
|-----|--|--|
| 21. | <b>Risk / opportunity</b>  | <b>Mitigation</b>  |
|     | 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

22. 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 13 January 2020, 2:30 PM**

| Item  | Description  | Form of scrutiny            |
|---|--|-----------------------------|
| <b>Minor injury units</b>   | To consider the temporary winter closures of the Ross-on-Wye and Leominster minor injury units (MIUs), in the context of urgent and emergency care, and to determine any recommendations the committee wishes to make to a responsible NHS body and / or to the executive. | Performance review          |
| <b>Review of budget and corporate plan proposals for 2020/21 relating to the remit of the adults and wellbeing scrutiny committee</b> | Further to the item considered on 18 November 2019, to seek the views of the adults and wellbeing scrutiny committee on the budget proposals for 2020/21 and on the draft corporate plan as they relate to the remit of the committee.                                     | Budget and policy framework |

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**Monday 02 March 2020, 2:30 PM**

| Item  | Description  | Form of scrutiny              |
|---|--|-------------------------------|
| <b>Domestic abuse strategy 2019-2022 update</b>   | Update on the strategy considered by the adults and wellbeing scrutiny committee on 29 January 2019.   | Performance review            |
| <b>Funding and implementation plans for the proposed new Clinical Commissioning Group (CCG) footprint</b> | 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

| <b>Additional meeting to be scheduled</b>  |   |                               |
|--|---|-------------------------------|
| Item   | Description   | Form of scrutiny              |
| <b>Community services redesign</b>   | To receive an update on community services transformation and the impact on current provision.              | Policy review and development |
| <b>Continuing Health Care (CHC)</b>  | Update on progress since the adults and wellbeing scrutiny committee held on 20 September 2018.             | Performance review            |
| <b>Integrated discharge care pathway, including Delayed Transfers of Care (DToC)</b> | Suggested by the audit and governance committee (23 January 2019) in relation to Delayed Transfers of Care. | Performance review            |

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| <b>Monday 11 May 2020, 2:30 PM</b>   |   |                    |
|--|---|--------------------|
| Item   | Description   | Form of scrutiny   |
| <b>Clinical Commissioning Group benchmarking and performance / delivery data</b> | <p>The adults and wellbeing scrutiny committee (24 June 2019) resolved that benchmarking and performance / delivery data be brought back to the committee.</p> <p>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.</p> | Performance review |
| <b>Dementia strategy and progress with the action plan</b>                       | Update on progress since the launch of the strategy.  | Performance review |
| <b>Sexual health service</b>   | 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 |

## Adults and wellbeing scrutiny committee, work programme

### Potential items 2020-21

| Item   | Description  | Form of scrutiny   |
|--|--|--------------------|
| <b>Suicide prevention strategy and progress with the action plan</b> | Update on progress since the launch of the strategy. | Performance review |

