

Agenda

Adults and wellbeing scrutiny committee

Date: **Monday 21 June 2021**

Time: **2.30 pm**

Place: **Three Counties Hotel, Belmont Road, Belmont,
Hereford, HR2 7BP**

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

For any further information please contact:

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Agenda for the meeting of the Adults and wellbeing scrutiny committee

Membership

Chairperson **Councillor Elissa Swinglehurst**
Vice-Chairperson **Councillor Trish Marsh**

Councillor Carole Gandy
Councillor Tim Price
Councillor Alan Seldon
Councillor David Summers
Councillor Kevin Tillett

Agenda

	Pages
1. APOLOGIES FOR ABSENCE To receive apologies for absence.	
2. NAMED SUBSTITUTES (IF ANY) To receive details of any member nominated to attend the meeting in place of a member of the committee.	
3. DECLARATIONS OF INTEREST To receive any declarations of interests in respect of schedule 1, schedule 2 or other interests from members of the committee in respect of items on the agenda.	
4. MINUTES To approve the minutes of the meeting held on 2 June 2021.	9 - 16
HOW TO SUBMIT QUESTIONS The deadline for the submission of questions for this meeting is 5.00 pm on Tuesday 15 June 2021. Questions must be submitted to councillorservices@herefordshire.gov.uk . Questions sent to any other address may not be accepted. Accepted questions and the responses will be published as a supplement to the agenda papers prior to the meeting. Further information and guidance is available at www.herefordshire.gov.uk/getinvolved	
5. QUESTIONS FROM MEMBERS OF THE PUBLIC To receive any written questions from members of the public.	
6. QUESTIONS FROM COUNCILLORS To receive any written questions from councillors.	
7. LEARNING DISABILITY STRATEGY UPDATE To consider the progress and make recommendations on the learning disability strategy to date.	17 - 68
8. COMMITTEE WORK PROGRAMME To consider the committee's work programme.	69 - 82
9. DATE OF NEXT MEETING To confirm the date of the next meeting, provisionally scheduled for Monday 6 September 2021, 2.30 pm.	

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1. Selflessness

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

2. Integrity

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

3. Objectivity

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

4. Accountability

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

5. Openness

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

6. Honesty

Holders of public office should be truthful.

7. Leadership

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



Minutes of the meeting of Adults and wellbeing scrutiny committee held at the Town Hall, St Owen's Street, Hereford, HR1 2PJ on Wednesday 2 June 2021 at 9.30 am

Present: Councillors Elissa Swinglehurst (Chairperson), Jenny Bartlett, Carole Gandy, Tim Price, Alan Seldon, David Summers and Kevin Tillet

In attendance: Councillor Pauline Crockett (Cabinet member - health and adult wellbeing)

Officers: Mandy Appleby (Assistant director for adult social care operations), Ben Baugh (Democratic services officer), Sarah Buffrey (Democratic services officer), Ian Gardner (Senior commissioning officer), Paul Smith (Assistant director all ages commissioning) and Laura Tyler (Head of care commissioning)

1 APOLOGIES FOR ABSENCE

Apologies for absence had been received from committee members Councillors Hardwick, l'Anson and Marsh. Apologies had also been received from regular invitees: Councillor Hitchiner (Leader of the Council), Ian Stead (Healthwatch Herefordshire) and Dr Ian Tait (NHS Herefordshire and Worcestershire Clinical Commissioning Group).

2 NAMED SUBSTITUTES

The following substitutes were present: Councillor Bartlett for Councillor Marsh; Councillor Gandy for Councillor l'Anson; and Councillor Summers for Councillor Hardwick.

3 DECLARATIONS OF INTEREST

No declarations of interest were made.

4 MINUTES

The minutes of the meeting held on 30 April 2021 were received.

Resolved: That the minutes of the meeting held on 30 April 2021 be approved as a correct record and be signed by the chairperson.

5 QUESTIONS FROM MEMBERS OF THE PUBLIC

A question received from a member of the public in advance of the meeting, a supplementary question read out at the meeting, and the responses by NHS Herefordshire and Worcestershire Clinical Commissioning Group are attached as appendix 1 to these minutes.

6 QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

7 NEW ARRANGEMENTS FOR COMMISSIONED HOME CARE

The assistant director all ages commissioning outlined the arrangements for purchasing commissioned home care through an approved list of providers and the purpose of the review that had been undertaken by a project board. It was noted that an all member briefing had been held on 26 April 2021 and the new arrangements were due to be considered by cabinet on 24 June 2021.

The cabinet member for health and adults wellbeing commented on the statutory duties under the Care Act 2014, the need for alternative arrangements to be in place on the cessation of a notice period of the current arrangements on 31 October 2021, home care helped residents to remain in their own homes and the services were highly valued by clients and their families, and the proposed new arrangements were the result of extensive co-production with service providers and stakeholders.

The chairperson invited questions and comments from committee members, the principal points of the discussion are summarised below.

1. It was suggested that there was a need for flexibility in home care visit lengths, particularly as some clients might be experiencing mental health issues arising from the Covid pandemic.
2. Attention was drawn to the difference in the number of hours purchased per week for urban and rural areas (agenda page 28, 'Market summary').
3. It was questioned how the authority monitored the work being delivered by providers.

The assistant director all ages commissioning outlined the requirement to be registered with the Care Quality Commission, the obligation to use a call monitoring system, and the work of the quality assurance team within the council. The assistant director for adult social care operations also advised the committee about the reviews undertaken to ensure compliance with the Care Act.

In response to a further question, the assistant director for adult social care operations outlined how feedback and complaints from clients were managed. The senior commissioning officer added that the directorate was working with Healthwatch and the Making It Real Board to devise more proactive and innovative ways to reach out to clients and to involve them in the future development of services.

4. The chairperson commented on the need to consider the market as a whole and the potential for the council to undertake a brokerage role with the self-funding cohort.

The head of care commissioning, referencing the Market Position Statement (MPS), commented on the work that was being undertaken to support the market in its entirety which would be embedded in the service specification, and on discussions around ensuring that people had the right information and advice at the right time.

5. The chairperson, noting some of the difficulties in delivering services in rural areas, questioned how innovations or technologies might be utilised to address locality challenges, potentially including the home share concept.

The head of care commissioning commented that: the proposed re-modelled provision was about ensuring sustainability; technologies were being trialled to ascertain how they could support individuals in their homes; the intention was to work with providers under the new framework on the Talk Community agenda to identify needs and to help people to make connections through the hubs, the voluntary sector, and community services; and a review was to be undertaken on the Supported Living Framework.

6. A committee member said that technologies needed to be updated regularly and suggested that this should be reflected in the service specification.

The assistant director all ages commissioning advised that technology in the sector was being looked at nationally by the Local Government Association (LGA) and the

Association of Directors of Adult Social Services (ADASS), and many providers were part of the United Kingdom Homecare Association (UKHCA) which led on developments within the sector. He said that all providers would be invited to engage in the technology strategy as it developed and welcomed the suggestion about including related obligations in the service specification.

7. A committee member, referencing the 'key risk matrix' (agenda page 39), noted that all of the risks were in the moderate to significant impact categories, expressed a concern that the proposed reduction in the number of providers would reduce resilience, and questioned emergency provision in the event of provider failure.

The assistant director all ages commissioning advised that: there had not been a provider failure in Herefordshire for some time, partly due to the way in which services were commissioned; home care fee levels compared favourably with other local authorities in the West Midlands; the council held detailed information about the clients that were supported by providers and the contracts included an obligation to maintain records of employees, providing the option to transfer employees across to other providers to maintain continuity; there were regular provider meetings and the council encouraged providers to discuss sustainability issues; and it was considered that, with the mechanisms in place, provider failure could be dealt with quickly and effectively.

The senior commissioning officer added that the risk ratings reflected the potential disruption to customers and reiterated that providers had been involved in the co-production of the new arrangements. It was emphasised that there would be a phased transition, providing the opportunity to providers to diversify into other types of provision.

8. A committee member, referencing the Queen's Speech 2021, suggested that a letter should be written to the Secretary of State to seek clarification about the government's plans for social care reform.
9. A committee member commented on the need to understand whether strategic collaboration would affect the quality of services and whether provision in rural areas would have parity with urban areas. It was suggested that an evaluation of how the new arrangements were working should be provided in twelve months' time.

The assistant director all ages commissioning said that: the Herefordshire market was not considered fragile, particularly given the fee levels; the consolidated position through the new arrangements would help to create a smaller number of stronger providers; the provider forum provided opportunities for collaboration, learning, and innovation; and the benefits of a mixed economy of providers were noted.

Referencing the 'environmental impact' section (agenda page 44), the committee member suggested that providers could be encouraged to improve environmental performance. The assistant director advised that: the direction of travel was indicated in the MPS; around 30% of commissioned home care was currently delivered by people who walk or cycle; consideration was being given to utilising the council's electric vehicle fleet for the Home First service; the intention was to work with providers to enhance their own environmental performance; and the suggestion that this could form part of future contracts was welcomed.

The senior commissioning officer reported that the top ten providers in terms of volume currently delivered 70% of the commissioned home care but the weakness (in terms of provision, not quality) related to around ten providers that delivered less than 100 hours of commissioned home care; the industry considered 500 hours per week to be a minimum to ensure viability. He added that building the new arrangements around locality structures would encourage providers to minimise the number of journeys taken.

The head of care commissioning said that the new arrangements would include a contractual obligation in terms of picking up rural packages and this could enhance choice. The senior commissioning officer commented on the need for viable rounds for providers and said that the new arrangements should give providers confidence to respond proactively going forward.

10. A committee member commented that problems of isolation and loneliness existed in both rural and urban areas.

A concern was expressed that the reduction in the number of providers could have a disproportionate impact on the resilience of providers that were unsuccessful in the tender process; it was commented that some providers may be more reliant on regularly commissioned packages from the council to sustain their operations through the vagaries of the business, particularly in terms of self-funders.

The head of care commissioning said that, having undertaken significant engagement and consultation, it was clear that the current situation was unsustainable and the new arrangements, co-produced with providers, sought to mitigate against the associated risks. The assistant director all ages commissioning commented on: the potential for providers to diversify; the unusual position of the self-funding cohort being the dominant purchaser locally and not the council; and some of the implications of consolidation.

11. In response to a question, the assistant director all ages commissioning advised that Talk Community had been involved in the project from the outset and commented that demand on home care had been reduced by designing services around communities, whilst maintaining satisfaction levels above 85%.

In response to a further question, the head of care commissioning confirmed that the service specification would be in the form of links to live and updated information, rather than static documents. It was reported that home care providers were very engaged, the provider forum was well attended, weekly communications were circulated, and there was active signposting to other services. It was recognised that the sector was changing quickly at national, regional and local levels, and it was essential that the providers were kept up to date and treated as key partners.

It was also confirmed that there were positive discussions with system partners in Herefordshire and Worcestershire about working together on mental health and other issues.

12. A committee member commented on the potential for international and national businesses to acquire and asset strip providers and questioned the measures in place to monitor any such activity.

The assistant director all ages commissioning said that the local market was strong due to its diversity but it was consolidating, and the new arrangements provided the council with the discretion to assign or not to assign a contract.

13. A committee member acknowledged other members' concerns about the potential consequences for some providers but felt that the key issue was whether the service being provided was as good, if not better, than the existing arrangement.

The senior commissioning officer confirmed that the principal motivation was to ensure that quality of care was available throughout the county at the same standard.

14. The chairperson suggested that there may be opportunities to work collaboratively on workforce and retention issues, such as: recruiting within communities; upskilling the workforce; and childcare provision and flexible working arrangements.

The assistant director all ages commissioning reported that: a grant had been received from government recently which, following consultation with providers, would be utilised for a recruitment campaign and the refresh of the care sector website; there were good contacts with Skills for Care, a national body for adult social care workforce development; there was an opportunity to promote working in the care sector to people previously employed in the retail, leisure and hospitality sectors given the relevant transferable skills; the council continued to meet with providers fortnightly as part of the response to the Covid pandemic; Disclosure and Barring Service (DBS) checks had been funded during the pandemic; many care workers worked restricted hours to accommodate their own caring and parental responsibilities; and there were particular challenges and opportunities for Herefordshire as a rural county.

The senior commissioning officer commented on some of the potential benefits of locality based working, ideally with people recruited to deliver care in the areas near to where they lived.

The head of care commissioning reported that, in view of the impact of the pandemic, counselling support had been put in place to support care workers. The importance of upskilling and career progression was recognised for individuals, with an overview provided of the work of the practice improvement lead within the quality assurance team, and for the integration agenda for health and social care services.

15. In response to a question from the chairperson, the senior commissioning officer said that there was commitment from the Making It Real Board to continue to work with commissioners and partners to bring about improvements, especially in terms of quality assurance and engaging with service users.

The assistant director all ages commissioning said that he chaired the Making It Real Board, the board wanted to play an active role in the emerging Integrated Care System, and, in order to enhance diversity and representation from across Herefordshire, encouraged more people to become involved.

16. A committee member welcomed the references in the report to continuity of care and said that 'customers having the option to retain their current provider' (paragraph 25, agenda page 22) should be an immutable commitment.

The assistant director all ages commissioning confirmed that this was a key principle, albeit there was the possibility that, if a provider did not wish to apply or if their application was unsuccessful, a provider may choose not to continue providing services in Herefordshire but the design of the new arrangements should minimise this risk.

The committee considered draft recommendations and agreed the following resolution.

Resolved:

- a) **That consideration be given to assisting self-funders pro-actively through the service specification.**
- b) **That consideration be given to the information, advice and support available to clients, including self-funders, linked to the ongoing work with Healthwatch, Talk Community, the Making It Real Board, and the transformation of community mental health services.**

- c) That creative approaches to supported living, including home share, be reviewed as part of the emerging Supported Living Framework.
- d) That commitments be secured from providers to participate in and to support technology enabled living developments, and innovations to improve environmental performance.
- e) That provision in rural areas be explored with providers on both sides of the border to avoid any potential gaps in provision.
- f) That opportunities to work collaboratively on workforce recruitment and retention issues be considered with a view to:
 - i. recruiting within communities to deliver services locally, especially to support clients in rural areas and to minimise unnecessary travel;
 - ii. encouraging people to take up or restart a career in the sector, including through the refresh of the care sector website; and
 - iii. developing the range of health and care functions being delivered to maximise the value from each visit, to make every contact count, and to enhance career pathways through the upskilling of the workforce.
- g) That a briefing note be provided to the committee in twelve months to evaluate progress, including any consequential impacts on market resilience and on the lived experience of service users in terms of the continuity and enhancement of care.
- h) That the executive be invited to write to the Secretary of State to seek clarification about the government's plans for social care reform.

8 COMMITTEE WORK PROGRAMME

The chairperson commented on the need for committee members to consider the work programme for the remainder of the municipal year in detail and suggested that an informal work programming session be arranged. The committee discussed a preferred date.

The chairperson drew attention to the schedule of recommendations and responses appended to the report which had been updated to include responses that have been received from NHS Herefordshire and Worcestershire Clinical Commissioning Group, in respect of recommendations made by the committee on 24 March 2021, on the 'NHS White Paper: integration and innovation'.

Resolved: That

- a. an informal work programming session be arranged for the afternoon of Wednesday 16 June 2021; and
- b. the schedule of recommendations and responses be noted.

9 DATE OF NEXT MEETING

Monday 21 June 2021, 2.30 pm.

The meeting ended at 11.07 am

Chairperson

Questions from members of the public

Adults and wellbeing scrutiny committee, 2 June 2021

Question

From: Andrea Davis

At the meeting of March 29th 2021, the CCG confirmed with regard to the lack of a comprehensive explanation regarding CHC on their website, (which is normal recognised practice) that *“the CHC Communications Group is currently working on a CHC webpage that will provide more general information about CHC. This will be complete by the end of April 2021”*. Can the CCG provide an explanation as to why this has not been fully completed, what additional information and policies might be expected and by when?

Response

From: Tom Grove, Associate Director of Communications and Engagement, NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG)

The CHC Communications Group has now completed the review and development of information for the CCG website. This information was posted on Friday 28 May 2021 and can be accessed at <https://herefordshireandworcestershireccg.nhs.uk/health-services/continuing-healthcare>.

Supplementary question

From: Andrea Davis

Can the CCG also now confirm the latter part of my original question, namely what additional CHC information and policies might be expected and by when (for example including, but not limited to, CHC Commissioning Policy, CHC Operational Policy)?

Response

From: Nita Hughes, Interim Director of Nursing and Quality, NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG)

In partnership with Herefordshire Council and Worcestershire County Council, a new CHC Programme Board is being established. The first meeting of this Programme Board is taking place this Friday. The board will oversee the completion of all CHC policies including the CHC Commissioning Policy and CHC Operational Policy. This is intended to be an accelerated programme that will ensure a joint approach across the Herefordshire and Worcestershire Integrated Care System (ICS) and will aim to agree all revised policies within three to six months.



Title of report: Learning Disability Strategy Update

Meeting: Adults and wellbeing scrutiny committee

Meeting date: Monday 21 June 2021

Report by: Cabinet member health and adult wellbeing;

Classification

Open

Decision type

This is not an executive decision

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

Wards affected

(All Wards);

Purpose

To consider the progress and make recommendations on the learning disability strategy to date, the strategy sets out the long term commissioning plans of Herefordshire Council and the Clinical Commissioning Group with and on behalf of people with a learning disability and their family carers and make appropriate recommendations.

Recommendation(s)

That:

- a) Scrutiny Committee considers the work in progress across the system to support the learning disability strategy 2018-28, and the work in progress of the implementation plans; and determine any recommendations it wishes to make to the executive.**

Alternative options

1. Do nothing. This is not an option as it will not support good outcomes for people with a learning disability in Herefordshire, and does not support the Learning Disability Strategy adopted in 2018 to support strength based outcomes for customers with a learning disability in Herefordshire.

Key considerations

2. Herefordshire Council adopted a joint Health and Social Care Learning Disability Strategy in 2018 to span a ten year period. Alongside this an implementation plan was developed to support the delivery of the strategy.
3. The strategy isn't a legal requirement, but the delivery of social care provision for people with a learning disability with eligible needs is a statutory duty under the Care Act of 2014.
4. To ensure a strength based approach in delivery of care and support, there is a need to improve some of the services and support for people with a learning disability.
5. It is estimated that the total number of people with a learning disability in Herefordshire is in the region of 2000, whom this strategy aims to support.
6. Of these 200 the council currently supports 590 people with a learning disability and 42 young people with a learning disability in transition all of whom have an eligible social care need; with an annual budget of £20,859,241 for 2021-2022.
7. In relation to health eligibility, the CCG has responsibility for all 2000 of the learning disability population in Herefordshire.
8. The learning disability partnership board are a key stakeholder and by working with partners they support the delivery of the strategy, and ensure that people supported are at the centre of decisions.
9. The strategy has four priorities which are; what I do during the day; where I live; citizenship choice and control, and staying healthy and safe.
10. Progress to date shows that as a system we have achieved 50% of the original tasks within the implementation plan. A full breakdown of this can be found in appendix E.
11. There are currently 3 work streams that are delivering better outcomes against the strategy;-
 - a) Learning Disability Partnership Board (LDPB)
 - b) Learning Disability and Complex Needs Programme Board (LDCNPB)
 - c) Learning Disability and Autism Sustainability and Transformation Plan (STP).
12. **The Learning Disability Partnership Board (LDPB)** provide informal governance and seek to hold decision makers and wider stakeholders to account for the delivery of the Learning Disability Strategy. The membership of experts by experience, family carers,

care service providers, universal services and council officers act as a reference group and have a role in promotion and information sharing across the county. They have been capturing activity and progress against the strategy, and the easy read plan available in Appendix B, which contains some of the key milestones to date.

13. **The Learning Disabilities and Complex Needs Programme Board** is a council run programme and sponsored by the Assistant Director of all Age Commissioning. Membership of the board is from commissioning and operational staff within the council from both adults and children's services. It is a start and finish group which sets out to improve services and quality outcomes for people with learning disabilities through council funded activities and services. An improvement plan is available as appendix C.
14. **The Sustainability and Transformation Partnership (STP).** The STP for Learning Disabilities and Autism sits across Herefordshire and Worcestershire and incorporates the health and social care systems with membership of both commissioners, customers and providers from CCG and the Council. The focus is upon health improvements across the STP footprint. The Integrated care system (ICS) is an NHS approach which brings together partners from both health and social care to deliver joint outcomes, and supports the long term NHS plan. Herefordshire and Worcestershire have joined together through the STP footprint to implement the ICS approach. This is a long term plan to address local issues, to provide safe and sustainable health care in the future. Membership of the STP links together all 3 boards to ensure collaborative working. Recently this has resulted in a draft 3 year plan by the CCG based on local priorities, outlined in appendix D.
15. Some of the key deliverables under the three programmes of work can be seen below linked to the Learning Disabilities Strategy priorities.

Priority - Citizenship

- Engagement cycle- The LDPB carried out an engagement session with the learning disability community to find out how best the board could communicate topics and seek feedback on current issues, and from this event created an engagement cycle process.
- Easy read/web pages- Where appropriate, information is created in an accessible format. An example of this is the learning disability strategy, an easy read version can be found on the LDPB webpage. <https://www.herefordshire.gov.uk/social-care-support/learning-disability-partnership-board>
- Involvement and representation- the LDPB is chaired by an expert by experience. This helps to ensure the board remains focussed on the people whom it is there to represent. The chairs skill set ensures that the board retains its values in all activities it undertakes and maintains an "all means all" approach to promote inclusion at all stages from decision making, design, delivery of plans and evaluation.

Priority - Where I live

- Complex Needs Framework –This was a recent key decision approved in May 2021 that Herefordshire to join with Worcestershire and the CCG across the STP

footprint, to share the complex needs framework, a list of 11 specialist providers. This will enable Herefordshire to access support for the low numbers of people with a learning disability and comorbidities and forensic histories. This supports the transforming care agenda, to support people in their own homes and communities, including those historically whom have been supported in hospitals and those presenting high risk.

<https://councillors.herefordshire.gov.uk/ieDecisionDetails.aspx?ID=7889>

- Insourcing of a current residential and respite service.- A key decision taken in May 2021 for two residential homes , for 16 people and respite facility for five people with a learning disability to be run by the council (via Hoople Cares) at the end of the current contract in August. This is in line with both the Learning Disabilities Strategy and the Market Position Statement, to ensure that services are reviewed and consideration is given as to how best these can be delivered in the future to improve outcomes for residents.
<http://councillors.herefordshire.gov.uk/mglIssueHistoryHome.aspx?Id=50037282>
- Other projects include a new pilot beginning in June 2021 which enables better use of assistive technology to support people's independence and manage risks called Just Roaming, as well as more supported living schemes also coming online in June; Holm Lea and Tillington in 2022.

Priority - What I do during the day

- Costed care planning processes- this seeks better outcomes and accountability for those people supported in residential placements to ensure the support planning process consistently meets the needs of the individuals. Currently this new tool is being piloted by operations with commissioning and providers; before being evaluated prior to roll out.
- Employment – a review has been undertaken to recommend a range of new ways of working to improved outcomes by more people with a learning disability entering paid employment. This is in early stages, and has involved working closely with Job Centre plus to help people access universal support. Whilst the pandemic has impacted on the early pilot, there have been some successes in increasing the numbers in employment of people with a learning disability whom also have a social care need, and 7.1% of this population that Herefordshire supports are in paid work, compared to the national average of 5.6% and 4.2 in the west midlands. The increased numbers are in small part due to early outcomes of the pilot, but also due to better data collection of current activity.
- Review and redesign of day opportunities- This work is underway and will inform future commissioned services as well as a stronger use of the virtual offer which has emerged successfully for some people with a learning disability during the pandemic.

Priority- Keeping healthy and safe

As a result of the Coronavirus pandemic, focussed and unplanned work across the health and social care system during the last 15 months has helped to keep people safe in new ways. The whole system responded flexibility to manage risk by working differently to put in place measures to keep people safe such as;

alternative services where services closed, working with providers to support them in different ways, actively seeking to support social care customers whom were deemed at higher risk of placement breakdown due to pressures relating to the pandemic. As well as practical, supportive and financial measures and guidance. All of which has resulted in no deaths of a person with a learning disability in Herefordshire reported as a result of the pandemic.

- Addressing Health Inequalities – the plan set out the ambitions to increase current targets and will develop delivery plans to ;
 - Increase Annual Health Checks. The current activity is at 85% of the learning disability population, and the ambition is to increase this figure. The population count will also increase by 10% as more people join the register.
 - Increase vaccinations from 90% (Coronavirus immunisation and Flu)
 - 100% LeDeR (Learning Disability Mortality Reviews) to be completed within a 6 month timeframe. The current baseline is at 93%.
 - Development of personalisation clinics to make reasonable adjustments for health appointments.
- Admission Avoidance – avoiding admissions to locked hospital by
 - Developing a community forensic mental health service
 - More supported living opportunities (this also links back to the Complex Needs Framework recently signed off)
 - Community mapping and risk register across the STP footprint

Community Impact

16. Herefordshire Council's corporate plan has four priorities, one of which is the improvement of the health and wellbeing of people in Herefordshire to 'enable residents to live safe, healthy and independent lives'. The council is a proactive partner in creating opportunities and the promotion of the wider system to create healthier lifestyles. Through working with partners and supporting practices which empower people to have more choice and control in remaining independent, this reduces the need for formal social care; seeking opportunities through the Talk Communities Programmes to access universal support as well as being contributors in their own communities, and empowering people to be active citizens.

Resource Implications

17. There are no specific resource implications relating to this report as the purpose of the report is to consider the progress of the learning disability strategy to date.
18. As stated earlier in this report, the council currently supports 590 adults with a learning disability and 42 young people with a learning disability in transition, all of whom have an eligible social care need, with an annual budget of £20,859,241 for 2021-2022.

Legal implications

19. Whilst there is no direct legal requirement to have such a strategy, under the Care Act, the council has a legal duty to meet the needs of those who have been assessed as having eligible assessed needs.

Equality duty

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

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

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act. Current and planned services for adults with learning disabilities help to make this a reality by;

i. improving wider community understanding of the needs and capabilities of adults with learning disabilities;

ii. improving social value by promoting people with learning disabilities visible access to roles, such as paid employment and to activities linked to civil participation;

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

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

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

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

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

Risk management

Risk / opportunity	Mitigation
Implementation plan priorities change	As pilots are developed and evaluated plans may need to change to ensure an evidenced based approach. This will be overseen by each of the three implementation groups.
Implementation plan is not on track	The key deliverables have a governance route and projects transparent, with an escalation route in the event of slippage or risk.
Duplication of actions across implementation groups	Membership and information sharing across the boards and footprint should avoid duplication and best practice shared
Coronavirus pandemic	The pandemic has impacted on some development timeframes and also helped to prioritise and seek solutions that are fit for current purpose
NHS plan in early stages and not yet confirmed	This will go through governance, and has enabled collaborative working and co production in the draft stage of the plan

Consultees

Learning Disability Partnership Board.

Learning Disabilities Programme Board

Appendices

Appendix A- Presentation

Appendix B - Strategy Implementation plan – (LDPB accessible document)

Appendix C -Learning Disability and Complex Needs Programme Board – (Plan on a page)

Appendix D – Herefordshire and Worcestershire ICS 3 year plan

Appendix E - Overview of progress against the Strategy- Checklist

Background papers

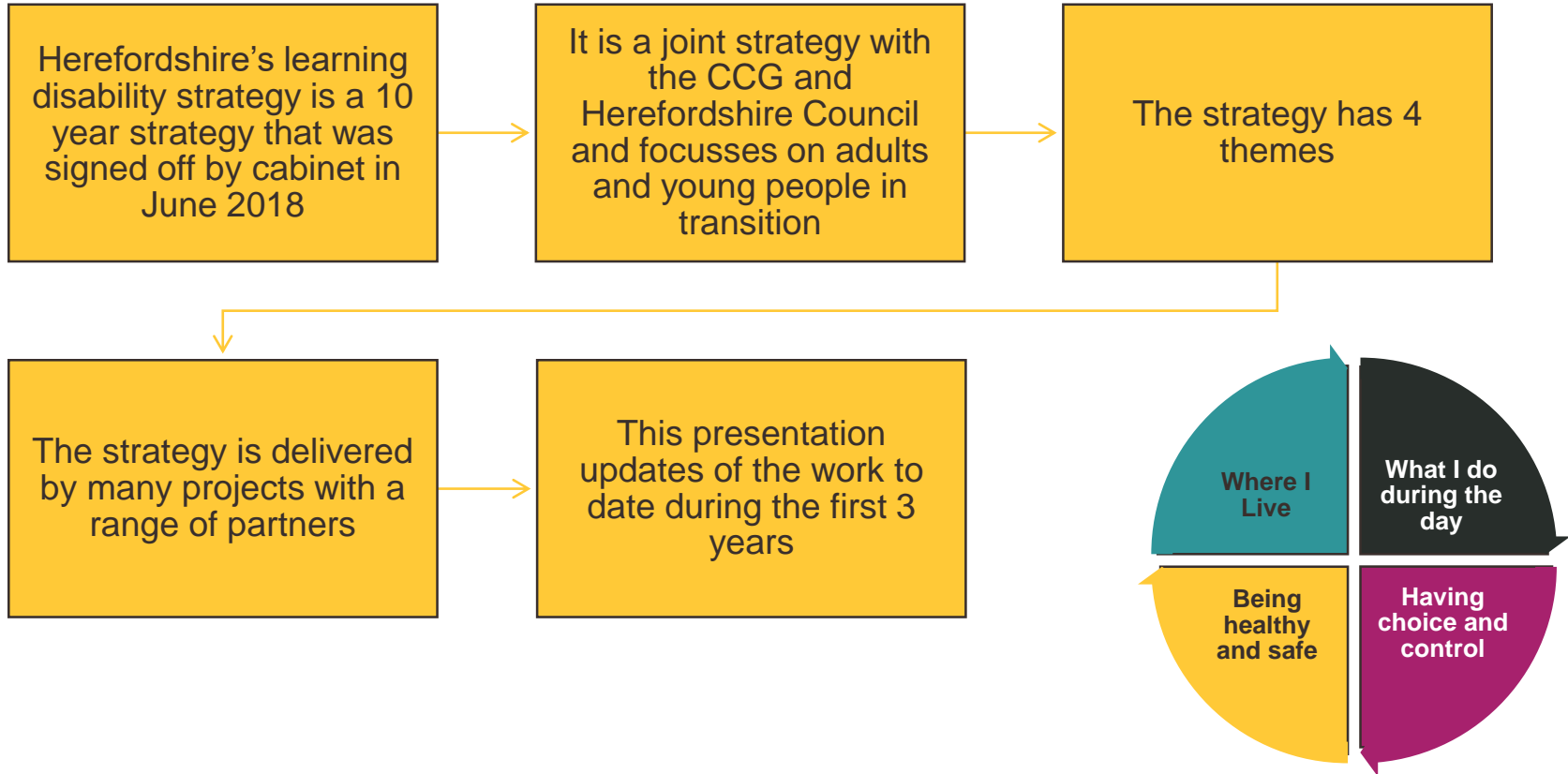
Decision to adopt the Learning Disability Strategy

<http://councillors.herefordshire.gov.uk/ieDecisionDetails.aspx?ID=5164>

**Learning Disability
Strategy Update
Adult Wellbeing Scrutiny
21st June 2021**

Introduction

26



Working together- LDPB

27

Learning Disability
Partnership Board

Experts by
experience

Family carers

Herefordshire
Council Adults and
Communities
Directorate

Childrens
Wellbeing - Senior
advisor post 16

Cross directorate -
transport,
procurement

Clinical
Commissioning
Group

Community
Learning Disability
Team

Wye Valley NHS
Trust

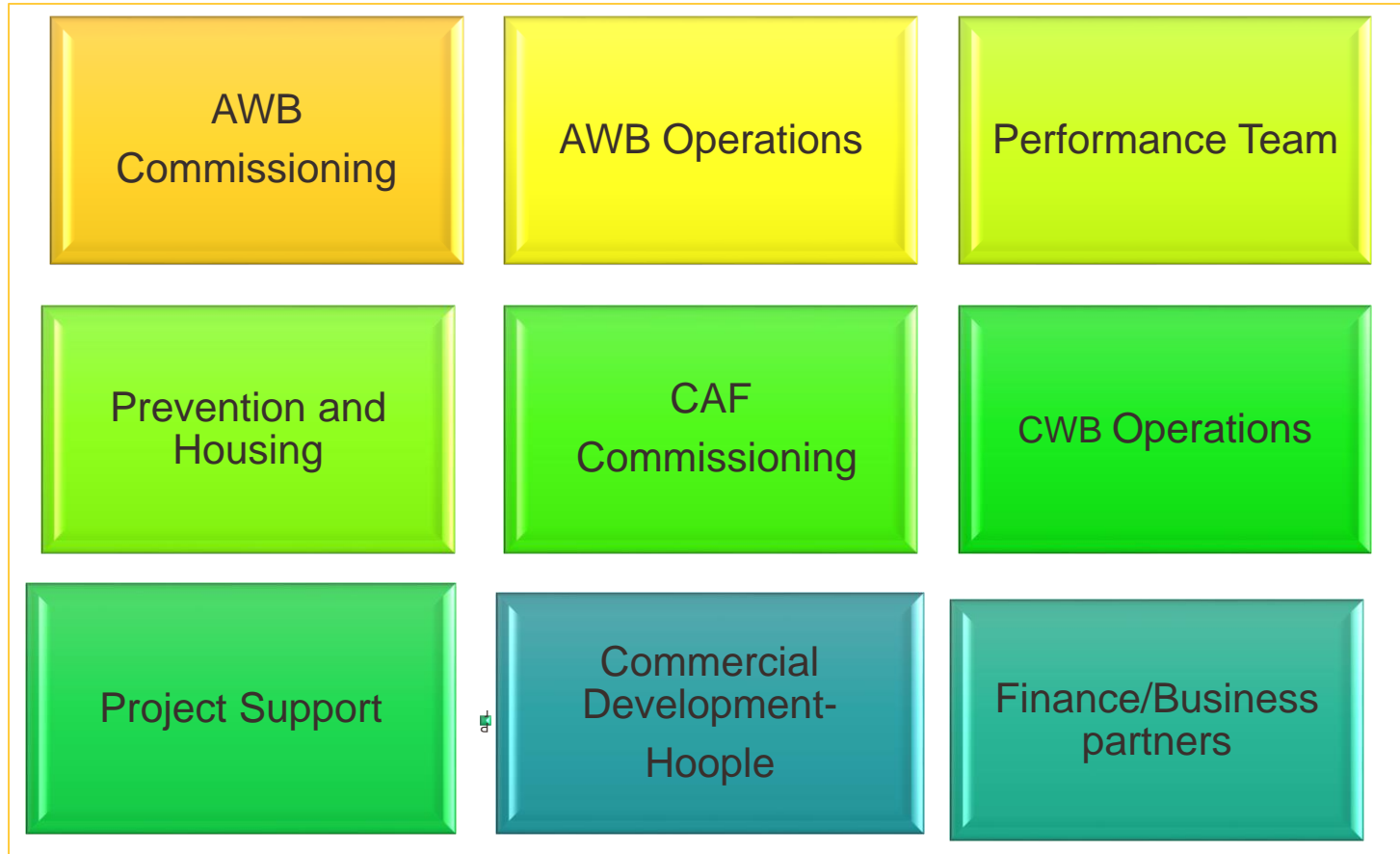
Transforming Care
Partnership

Sustainability and
Transformation
Partnership

Range of
Providers

Learning Disability and Complex Needs Board

28



Sustainability & Transformation Partnership H&W

29

Herefordshire
Council
Commissioning

Experts by
experience

Worcestershire
Council
Commissioning

Complex Care Lead

LeDeR
Lead

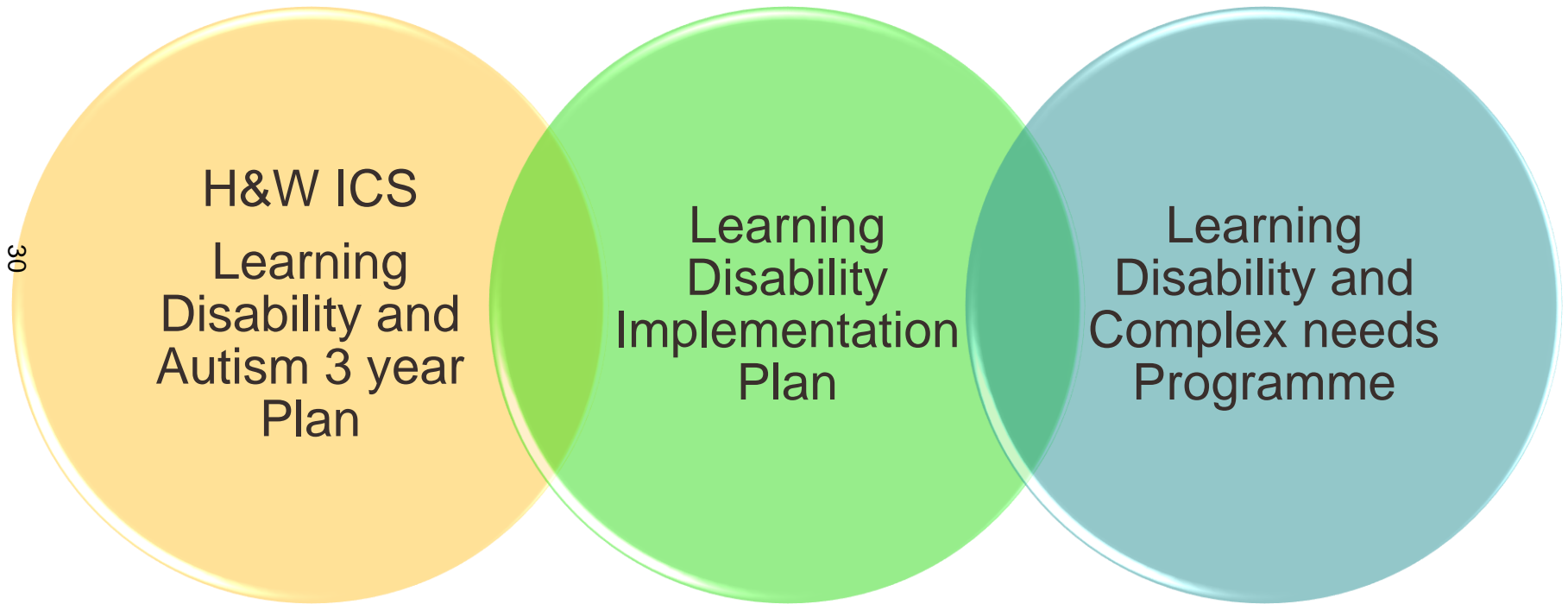
Clinical
Commissioning
Group Reps
(LD & MH)

Wye Valley NHS
Trust Reps

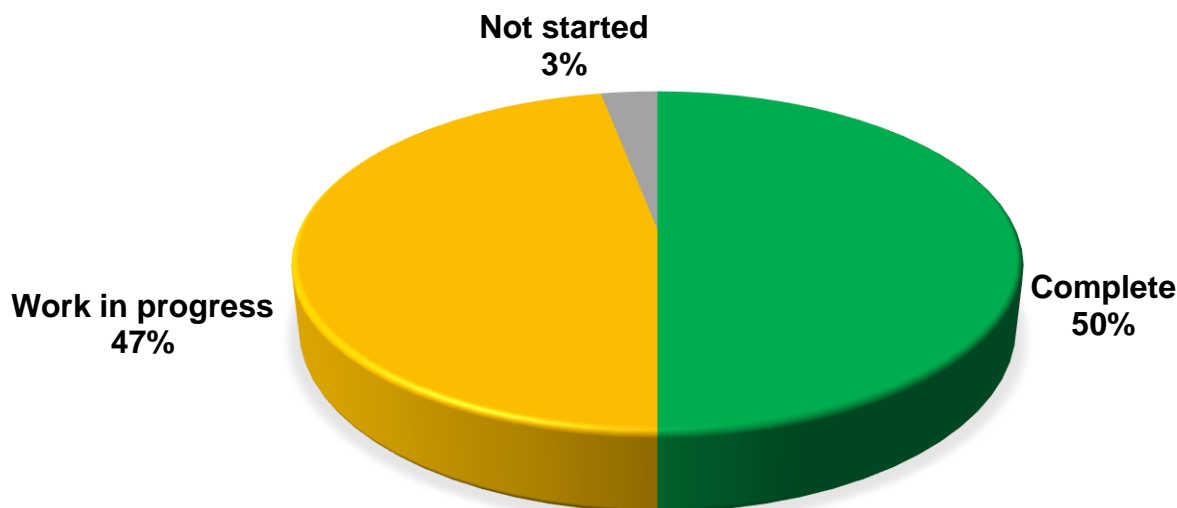
ICS reps

Community Learning
Disability Team

How do the plans work?

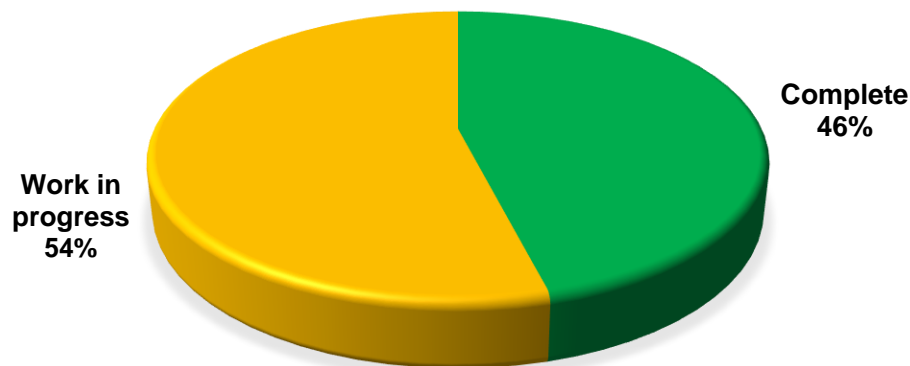


How are we doing overall against all the priorities?

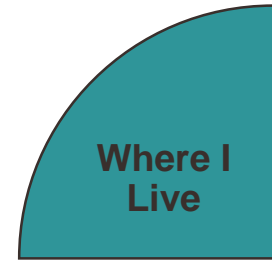


31

How are we doing overall in the priority **where I live?**



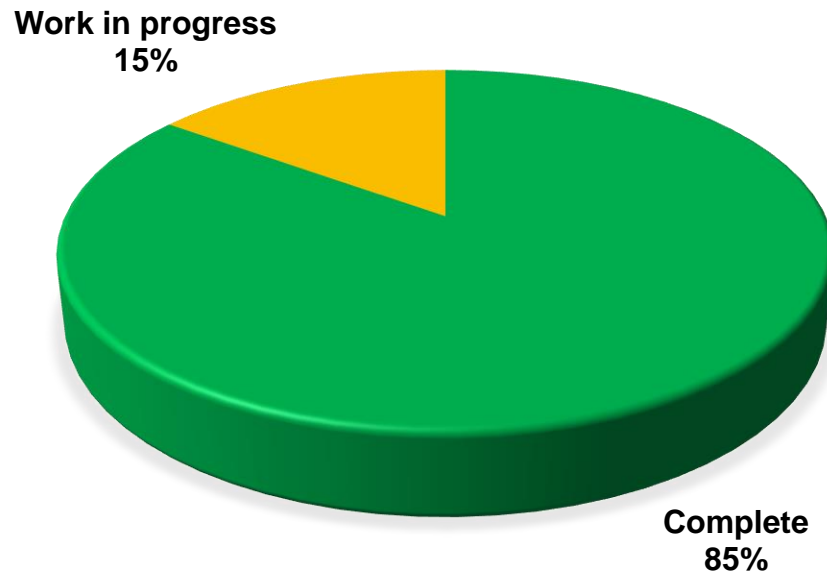
Where I live



A personal story from a man with a learning disability who moved into a new supported living scheme developed as a result of the strategy

How are we doing overall against the priority of **choice and control**

choice
and
control



34

Example of what we are doing to embed the priority of **choice and control**

choice
and
control



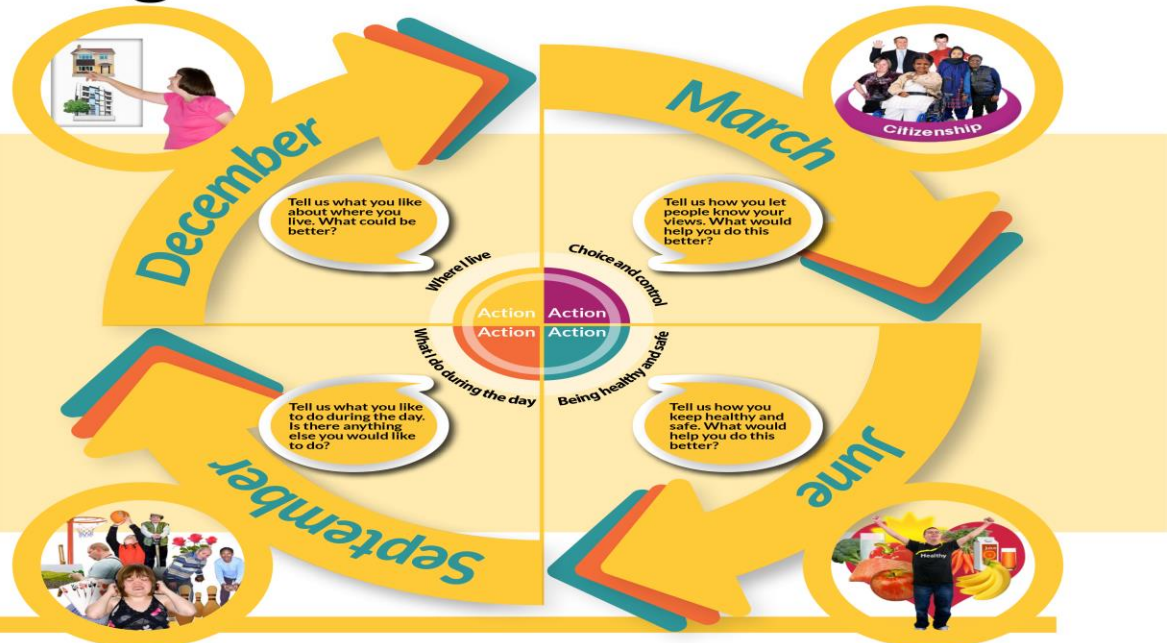
“Nothing about me without me”

35

Help us make a difference to people's lives

- ✓ Talk about things that matter to you
- ✓ Get your views heard by decision makers
- ✓ See what they are going to do about it

learningdisability@herefordshire.gov.uk

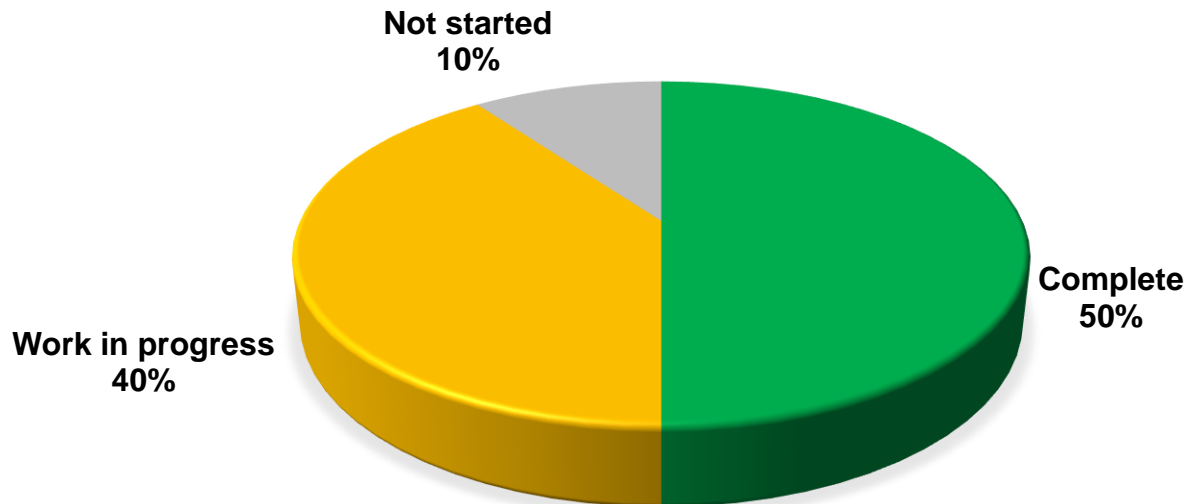


hfdscouncil

herefordshire.gov.uk


How are we doing overall for the priority **what I do during the day**

What I do during the day



36

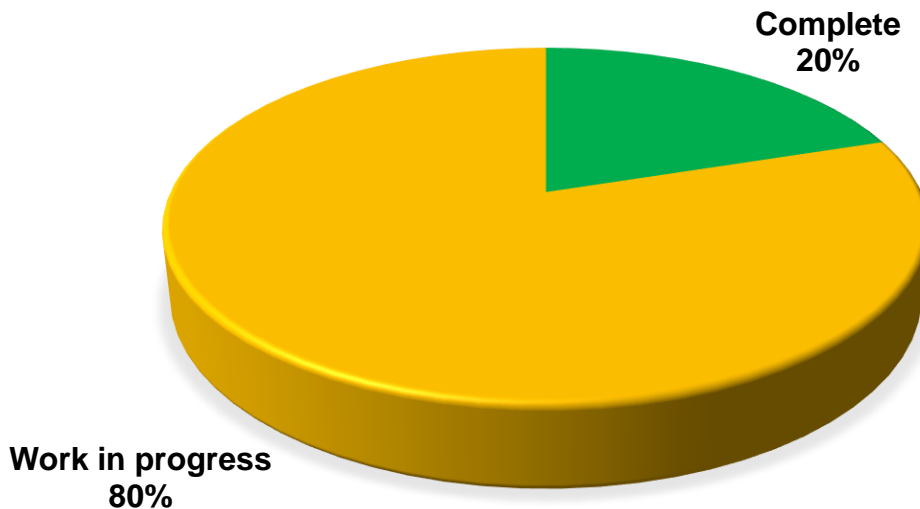
What I do during the day



What I do
during the
day

³⁷ A personal story of how a person with a learning disability has adapted during the Coronavirus pandemic, and how assistive technology reduces social isolation.

How are we doing overall for the priority of **being healthy and safe**



38

An example of the progress made against the priority of **being healthy and safe**

Being
healthy and
safe

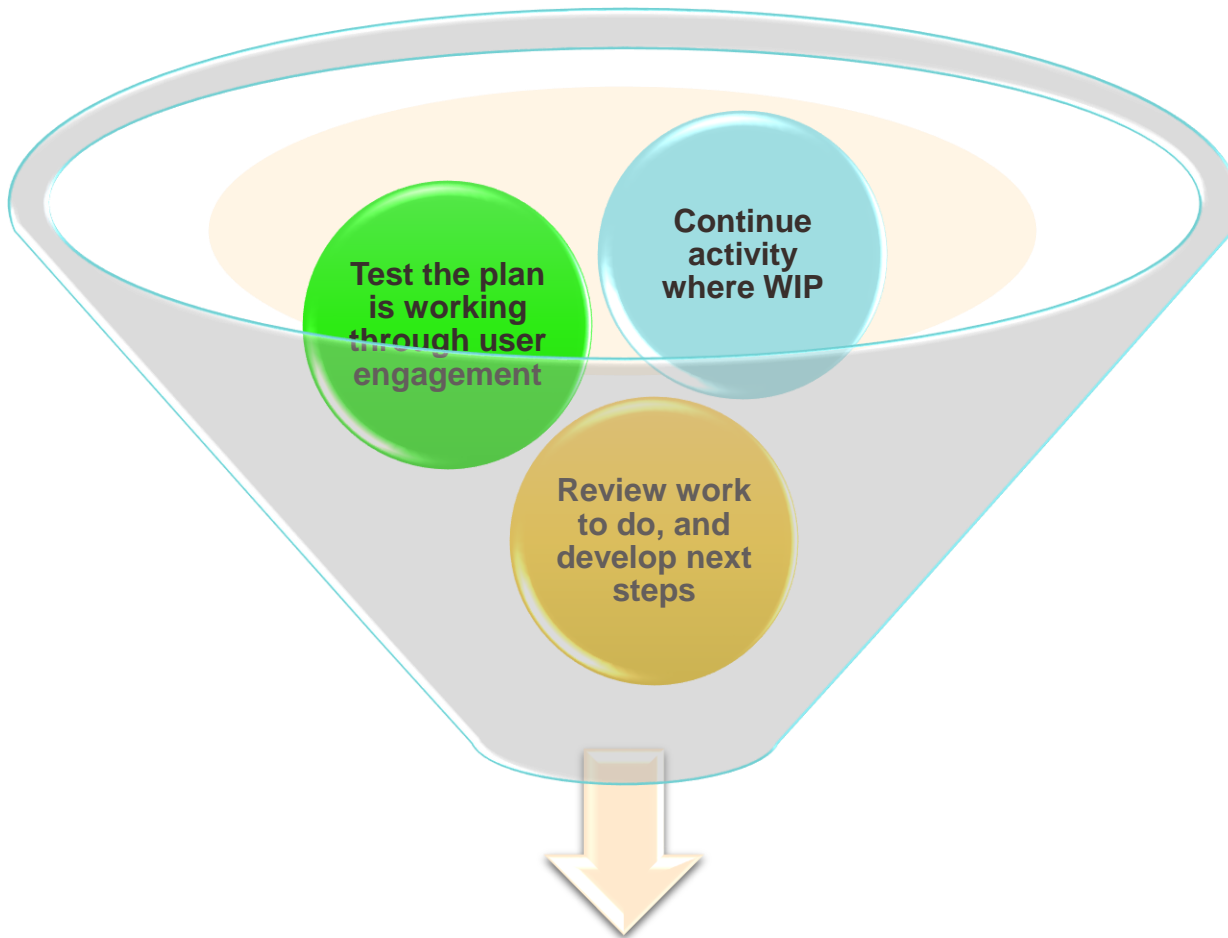
Key focus for this priority has been to support people to remain safe during the pandemic.

39

New developments against the plan include avoiding admissions to locked hospitals and out of county inpatient facilities through a shared Complex Needs framework



What Next...



40

Continual improvement and development of plans to support the priorities




Any Questions?








Learning Disability Implementation Plan




Where are we up to in 2021?

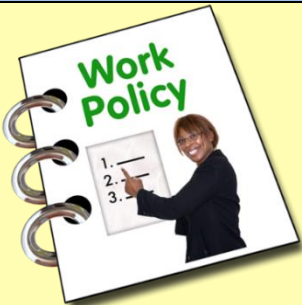



All references to "we" are the LDPB members and wider network on behalf of the Learning Disability community.




All Priorities		
	What we said we would do	What we did
	<p>We wanted to make sure we had the information we all need to help us understand what is working and what isn't working for people</p> <p>We wanted to know how we are doing and how we can improve.</p>	<p>The Council have looked at what information we all collect, and what information helps.</p> <p>A dashboard is being made which will share facts and figures and be available on the council website during 2021.</p>
	<p>Develop a Learning Disability Commissioning plan for 2019-2021.</p> <p>The plan will set out what services are available and what is needed.</p>	<p>A detailed Market Position Statement (MPS) has been published which includes lots of information about learning disability services.</p> <p>You can read the MPS here; Herefordshire Market Position Statement 2020-2025</p>
	<p>Carry out a market condition survey</p>	<p>An internal review looked at areas for improvement and it includes the actions within this plan.</p> <p>There is a learning disability programme board which has identified a number of improvement projects.</p>

Priority 1. Choice and Control		
	What we said we would do	What we did
	<p>Better involvement and engagement with people with learning disabilities</p> <p>We want to get regularly feedback from the learning disability community.</p>	<p>We now get feedback from the community on the board's 4 priorities.</p> <p>These are;</p> <ol style="list-style-type: none"> 1. Choice and Control 2. Being Healthy and Feeling Safe 3. What I do during the day 4. Where I live <p>This is helped by the new engagement process the LDPB has introduced.</p> <p>Read more at; LDPB webpages</p> <p>There is a video that explains more about this on the webpage. This was developed following an engagement event to co-produce the communication cycle.</p>
	<p>Better information</p> <p>Produce an Easy Read version of the Strategy</p>	<p>Here is the easy read version, follow this link Strategy</p>

	<p>Better representation Review the Learning Disability Partnership Board</p>	<p>A new Co Chair has been appointed.</p> <p>We are always looking at ways of better involving people with a learning disability in the Learning Disability Partnership Board's work.</p> <p>We review and update the Terms of Reference each year and will produce an Easy Read version</p>
	<p>We will campaign on behalf of people with a learning disability and help people to understand their rights</p>	<p>We have produced an easy read bill of rights. Click here to access it.</p> <p>Bill of Rights</p>
	<p>Get better access to services by making reasonable adjustments.</p>	<p>We have worked with Healthwatch and Public Health to produce information and guidance to make it easier for services to be more accessible.</p>

Priority 2. Being healthy and Feeling Safe		
	What we said we would do	What we did
	<p>Feeling safe on public transport</p> <p>The LDPB will work with the Council to make it safer for people with a learning disability to travel on public transport.</p> <p>We will;</p> <ul style="list-style-type: none"> • Address issues with transport providers • Promote 'Safe Spaces' 	<p>We have plans in place to try out a Safe Places scheme on public transport.</p> <p>Due to COVID 19 and the lockdown these plans are on hold. We plan to review the scheme in the 2022.</p>
	<p>Working with the NHS to improve health</p> <p>Make sure plans for people with learning disabilities improve their health and wellbeing</p>	<p>The LDPB links to the STP to focus on actions linked to the ambitions to</p> <ul style="list-style-type: none"> - Address health inequalities and - Promote Hospital admission avoidance. <p>A detailed plan will be developed of how to do this and of how progress can be measure by counting numbers before and after the plans are in place.</p>
	<p>Coronavirus- this was not on the plan!</p> <p>Work together to keep vulnerable people safe from COVID 19 whilst meeting their support needs</p>	<p>We have come together with NHS, CCG, Public Health England, providers, and experts by experience and the council to keep people safe and supported.</p> <p>We have had to work differently and change our priorities.</p> <p>We have put plans in place listed below that mean we have continued to meet people social care needs e.g.</p> <p>Free PPE, support with risk rating, testing, vaccines, staff training.</p>

Priority 3. What I do during the day		
	What we said we would do	What we did
	<p>Getting a job Carry out an employment review to outline opportunities to help people get a job</p> <p>Increase job opportunities available</p>	<p>The review is complete and recommendations have been made to develop and improve employment opportunities</p> <p>A pilot scheme to help find 25 people a job or work experience was started with Job Centre plus. The Coronavirus has made this more difficult but the pilot is still running.</p>
	<p>Make work a priority for young adults Focus on employment when young people are moving between children's and adults services</p>	<p>Building stronger focus on employment for young people in transition with improved links between children's and adult services.</p>
	<p>Review and remodel the current work offer Review current services and opportunities to offer better outcomes for people</p>	<p>Review and redesign project will take place by end of December 2021. This is part of the work of the Learning Disability Programme Board.</p>
	<p>Use the council's own processes to support the work agenda The Council to work with providers to develop more training and employment opportunities for people with a learning disability.</p>	<p>Social Value is now part of all council procurement processes.</p>

Priority 4. Where I live		
	What we said we would do	What we did
	<p>More supported living opportunities for people in Herefordshire</p> <p>We need to better understand the housing needs of people with a learning disability. Plans for new accommodation to be developed.</p> <p>We need to develop ways to identify and meet the supported housing needs of the learning disability community over the next 10 years</p>	<p>The Market Position Statement takes into account the findings of the accommodation position statement (which projects over a 10 year period) Herefordshire Market Position Statement 2020-2025</p> <p>This information has also informed Herefordshire's Housing Strategy. (Draft in consultation).</p> <p>The Goodwin Place scheme was completed and 9 people moved in (Jan 2019)</p> <p>There are now a new internal pathway and process to support accommodation needs and inform new development through the accommodation needs group.</p>
	<p>Make supported living more accessible for difficult to reach groups</p> <p>These should include</p> <ul style="list-style-type: none"> - Reduction in the number of people placed in residential homes out of the county. - Accommodation support for those at risk of going into hospital because of their complex support needs - Look to working together with neighbouring authorities to provide specialist services 	<p>The new complex needs framework has been approved. This;</p> <ul style="list-style-type: none"> - supports those people who need specialist support to help keep them out of hospital and or within the county - was developed with Worcestershire council and the CCG so we can develop new services together - will provide specialist support for new schemes which are in development
	<p>Develop more accommodation options</p> <p>Develop the commissioning plans – informed through the Market Position Statement (MPS)</p>	<p>The MPS sets out the councils intentions. See; Herefordshire Market Position Statement 2020-2025</p>

BIG words	Difficult words and Abbreviations
Dashboard	Dashboard is a summary of where we are.
Commissioning plan	The commissioning plan sets out how health and social care services will be provided in Herefordshire.
MPS	MPS stands for Market Position Statement. It details the current and future care and support needs of people in Herefordshire. What services are currently provided and what services will be needed in the future.
LeDeR	LeDeR stands for Learning Disability Mortality Review Programme. The programme reviews the deaths of people with a learning disability.
HAP	HAP stands for Health Action Plan
STP	STP stands for the Sustainability and Transformation Partnership and is where councils and Health work together across Herefordshire and Worcestershire
Complex Needs Framework	The Complex Needs Framework is a list of providers who can support people who need specialist support.
CCG	CCG stands for the Clinical Commissioning Group. The group consists of health professionals. The CCG decides how things run in county hospital and community NHS services.
Public Health England-	Public Health England is a government body that is in charge of making the public healthier and responding to public health emergencies.
PPE	PPE stands for Personal Protective Equipment - This is clothing such as face masks, gloves and aprons that help protect the wearer from infection and also transfer of germs between people and objects.

Employment pilot – target 8 in employment (June)
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Herefordshire & Worcestershire ICS Learning Disability and Autism 3 Year Plan 2021-24

Outline April 2021

NHS National Priorities 2021/22: C3

- We need to make progress on the **delivery of annual health checks** for people with a learning disability, in particular for under-represented groups such as children and young people and people from Black, Asian and Minority Ethnic backgrounds
- Systems will be expected to maintain a strong commitment to **reducing reliance on inpatient care for both adults and children** with a learning disability, autism or both.
- Systems are asked to **implement the actions coming out of LeDeR reviews**. The national programme requirement is for 100% of reviews to be completed within six months of notification.

55



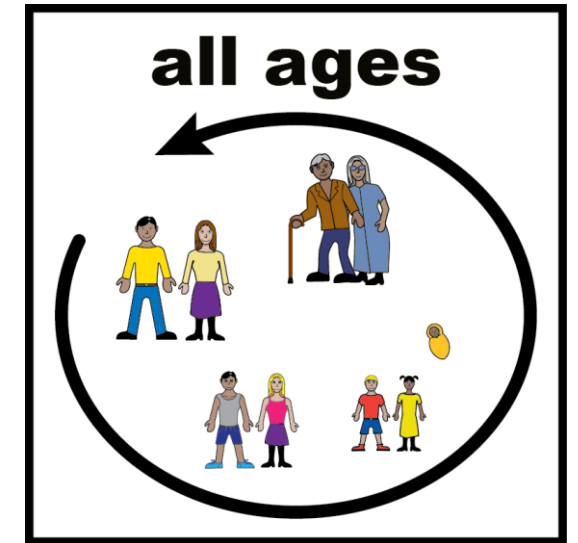
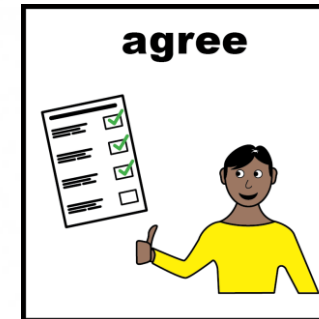
89,000 in 2021/22
106,000 in 2022/23
113,000 in 2023/24

+ £206,000 in 2022/23

+ £513,000 in 2023/24

£1.1m

2021 to 2024



Number of Annual Health Checks

➤ Number of people in hospitals

LeDeR reviews completed in 6 months



Plan Process

- 4 weeks to produce – so content is based on what we know from previous conversations / feedback with partners and people with a lived experience
- NHSE Template – sections in red need updating
- Tab 6: The Plan is currently in Word version: additions awaited in green or yellow
- Tab 8: Trajectories for In-Patients will be updated following NHSE conversation
- Tab 9: Finance is £44k overcommitted according to NHSE; CCG disagrees (NB all sums indicative, especially Yrs 2 and 3)
- Submit on Friday 30th
- NHSE will approve by 31st May
- There is every opportunity to co-produce the detail with partners after NHS sign-off – NHSE are clear this is journey and the plans will evolve.

Vision

People with a learning disability and/or autism are supported, as appropriate, to access the full range of health care as the general population, and that as a consequence their physical and mental health is measurably improved.

Our Plan: 3 Workstreams

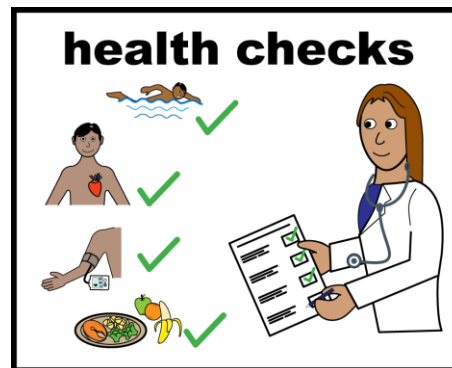
- Reducing health inequalities
- Avoiding admission to locked hospitals
- More support in the community for autistic people

Reducing health inequalities



- ✓ 100% of LeDeR reviews within 6 months
- ✓ Do the things we said we need to do

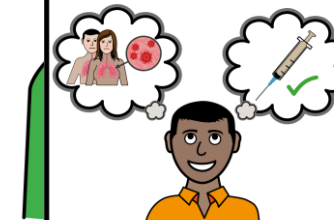
10%



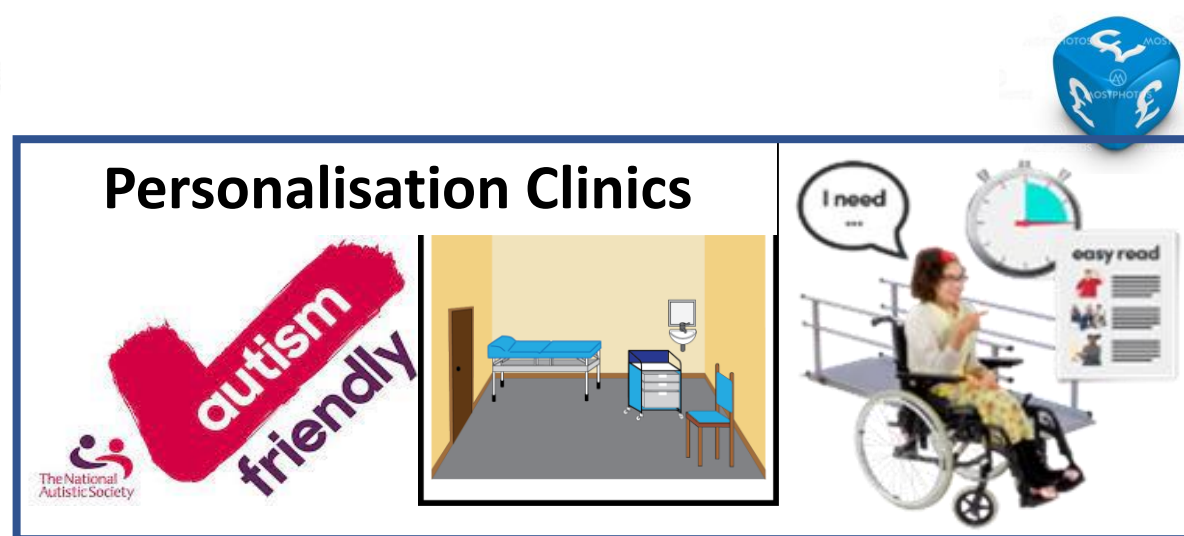
At least 85%

flu injection

coronavirus vaccine



At least 90%



Avoiding admission to locked hospitals

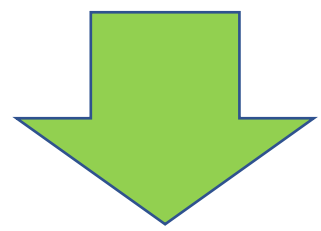
Expand Enhanced Care
Service



Community Forensic mental
health services

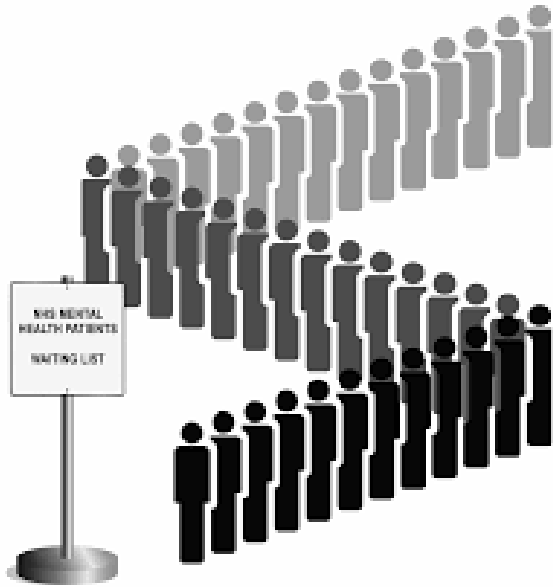


More
supported
living



Enhancing support for autistic people

61



Reduce the waiting times for an assessment for autism



For all health and social care staff



For adults and young people moving to adulthood from 2022

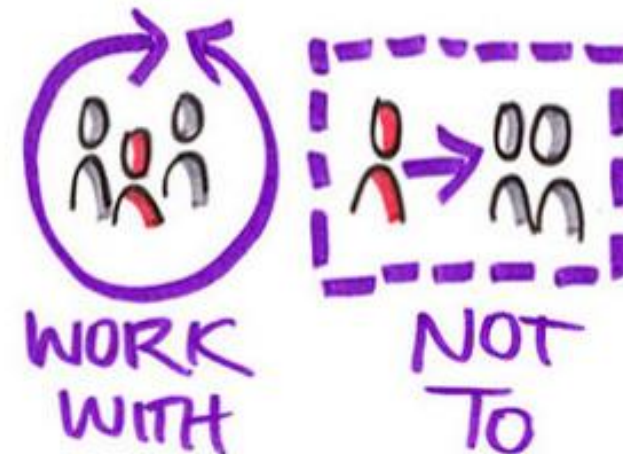


Underpinning our Approach:



NICE

National Institute for
Health and Care Excellence



Co-production

Governance

- Plan is reported to and overseen as a Programme by the STP LD Programme Board
- Establish a detailed Programme Plan
- Map interdependencies with other plans
- Decide how to engage LDPBs and APBs into governance
- Draft an accessible version

Learning Disability Strategy 2018 – 2028
Progress overview June 2021

HEREFORDSHIRE LEARNING DISABILITY COMMISSIONING THEME 1: WHERE I LIVE

Ref	THEME 1 PLANNED OUTPUTS	THEME 1 ACTIVITIES.	Who	Product	RAG Complete
LD 1.01	Transitional Housing:	<ul style="list-style-type: none"> Supported Housing Allocation Panel and rent void agreements 	HC	<ul style="list-style-type: none"> Nominations and voids agreements agreed Accommodation Needs group process and monthly meeting 	Yes
LD 1.02	Transition planning for adults and young people	<ul style="list-style-type: none"> Review and redesign housing pathways for young people both during transition and where joint funded (TCP/DSR) 	HC CCG	<ul style="list-style-type: none"> Transitions pathway redesign between AWB and CAF Redesign of AWB ops transitions team Commissioning and housing pathways and processes agreed Herefordshire Multi agency transitions protocol for CYP with disabilities and Complex needs preparing for adulthood - agreed July 2020 off 	Yes
LD 1.03	Long-term / settled accommodation:	<ul style="list-style-type: none"> Supported Housing Accommodation needs process and accommodation step in Mosaic learning disabilities. 	HC CCG	<ul style="list-style-type: none"> Accommodation triage form in Mosaic for referrals/commissioning planning Accommodation Needs (monthly) Group (ANG) ANG process / priority planning 	Yes
LD 1.04	Assistive technology:	Assistive technology identified in the council's TECS Strategy and tested	HC	<ul style="list-style-type: none"> Technology strategy in place Technology board and plan Just Roaming pilot 	WIP
LD 1.05	Aging carers:	<ul style="list-style-type: none"> Identifying people with learning disabilities living with older carers and proactive planning 	HC	<ul style="list-style-type: none"> BAU on individual basis part of SB assessments and reviews, but no strategic plan in place yet HAP 	WIP
LD 1.06	People with complex or challenging behaviours:	<ul style="list-style-type: none"> Risk register of individuals stepping down from hospital / ATU or at risk of admission due to complex or high risk behaviour with learning disabilities 	CCG HC	<ul style="list-style-type: none"> Dynamic Support Register (DSR) in place across STP footprint Commissioning intentions supported via development of CNF framework 	Yes
LD 1.07	Dementia:	<ul style="list-style-type: none"> Improved offer for housing and environments for people with dementia-related illnesses 	HC	<ul style="list-style-type: none"> Increased awareness At design stages 	WIP
LD 1.08	Autistic Spectrum Disorders:	<ul style="list-style-type: none"> Health, housing and social care professionals increased understanding and offer around autism-sensitive environment and design (including technology) 	HC CCG	<ul style="list-style-type: none"> 3 year training in place in schools (Yr1 complete) -post 16 to follow Training plans in development for professionals Part of the technology strategy solutions Linked to CNF framework of specialist providers and bespoke designs 	WIP
LD 1.09	Cost-effectiveness and service design:	<ul style="list-style-type: none"> Sufficient effective commissioning capacity to maintain effective delivery and innovation. 	HC	<ul style="list-style-type: none"> LD and complex needs board have a commissioning and operational all age plan with a number of improvement projects 	Yes
LD 1.10	General needs housing allocation policy:	<ul style="list-style-type: none"> Better use of general needs 	HC	<ul style="list-style-type: none"> Considered as part of AGN referral Closer working with strategic and operational housing Housing strategy (draft) aspirations 	WIP
LD 1.11	Lettings process for shared housing:	<ul style="list-style-type: none"> Matching and choice 	HC	<ul style="list-style-type: none"> ANG process presents options list 	Yes
LD1.12	Residential care provision:	<ul style="list-style-type: none"> Residential care review 	HC	<ul style="list-style-type: none"> Costed care plan pilot 	WIP
LD1.13	Out-of-hours and extended support for supported living:	<ul style="list-style-type: none"> Consider out of hours and extended support models in 	HC	<ul style="list-style-type: none"> Night response service Just Roaming pilot CNF framework 	WIP

Learning Disability Strategy 2018 – 2028
Progress overview June 2021

HEREFORDSHIRE LEARNING DISABILITY COMMISSIONING THEME 2: WHAT I DO DURING THE DAY

Ref	THEME 2 PLANNED OUTPUTS	THEME 2 ACTIVITIES.	Who	Product	RAG Complete
LD2.01	Safe expansion of daytime activity choices	<ul style="list-style-type: none"> • Business case for procurement of positive prompting- call centre role 	HC	<ul style="list-style-type: none"> • Designated point of contact to resolve difficulties in schedule • Designated place of safety in event of service closure / failure • Proactive ongoing liaison with families and carers to support managed risk taking. 	WIP
LD2.02	Employment for young adults:	<ul style="list-style-type: none"> • Introduce more opportunities for young people to enter into employment 	HC	<p>Covid-19 has had a disproportionate impact upon young people. Claimant count in last year (march 20-21) has risen by 116%.</p> <p>We are working with DWP to ensure opportunities available for young people with learning disabilities :</p> <ul style="list-style-type: none"> • “Plan For Jobs” initiatives- such as kick start • Better pathways via Job Centre Plus • Targeted support with those who are wanting to work • Youth Employment Hub (CAF / DWP and partners) 	WIP
LD2.03 /4	Therapeutic earnings:	<ul style="list-style-type: none"> • Pilot scheme/best practice research for therapeutic earnings to be part of the development of the council and CCG’s own training and employment • The council will undertake research project to identify best practice around grant-based employment incentives 	HC CCG	<ul style="list-style-type: none"> • Therapeutic earning doesn’t align benefits structure/gov. policy • Employment review undertaken • More people with a disability in the wider workforce 	Yes
LD2.04	Funding and financial incentive grants for employers:	<ul style="list-style-type: none"> • Undertake research project to identify best practice around grant-based employment incentives 	HC	<ul style="list-style-type: none"> • Social value built into procurement processes 	Yes
LD2.05	Vocational further education:	<ul style="list-style-type: none"> • Identify suitable roles and job creation. Support people with LD in the recruitment process • Identify and develop vocational education and training provision. • Ensure that people with LD have access to information about education, training and support. 	HC DWP	<ul style="list-style-type: none"> • More people with a learning disability in the wider workforce and gaining social value. • People with learning disabilities are less dependent upon formal social care services, greater sense of self-worth and enhanced wellbeing • Adult and Community learning contracts in place with a number of LD providers • A number of additional opportunities that include Hoople’s foundation programme, Hereford College of Arts L1 programme and National Star College In County. 	WIP
LD2.06 /07	Self-Employment / Micro Enterprise:	<ul style="list-style-type: none"> • Develop strategy/support service for self-employed people with learning disabilities. Extend micro-enterprise opportunities 	HC	<ul style="list-style-type: none"> • Providers in Herefordshire supporting this model • More people with LD have their own businesses 	WIP
LD2.08	Real supported employment:	<ul style="list-style-type: none"> • Explore models opportunities for more traditional supported employment schemes, 	HC	<ul style="list-style-type: none"> • Review of employment options created in 2019 for Herefordshire and pilots identified 	Yes
LD2.09	Council / NHS as exemplar employer:	<ul style="list-style-type: none"> • Develop a framework for specifications for council contracts to include employment outcomes for people with a learning disability • Consider opportunities for internal service contracts to be replaced with a majority learning disabled workforce and/or offering employment and training to people 	HC	<ul style="list-style-type: none"> • Contracts let by the council to contain requirement or preference for employment of people with disabilities. • The council will be an exemplar employer through the creation of social enterprises or community interest companies with a learning disabled workforce and/or offering employment and training to people. 	Not yet started
LD2.10	Expert employment partners:	<ul style="list-style-type: none"> • Develop functional link with the DWP via Job Centre Plus 	HC	<ul style="list-style-type: none"> • Employment opportunities identified by Job Centre Plus are a routine part of meeting the assessed needs of people with learning disabilities. Also review alternatives to BAU 	Yes
LD2.11	Employment Pathway:	<ul style="list-style-type: none"> • Develop a clear pathway to paid employment and meaningful training 	HC	<ul style="list-style-type: none"> • Transition Pathway reviewed considers employment • Maximise economic independence; • Reduce dependence on formal support; • Lead other employers by example 	Yes

Learning Disability Strategy 2018 – 2028
Progress overview June 2021

HEREFORDSHIRE LEARNING DISABILITY COMMISSIONING THEME 3: BEING HEALTHY AND SAFE

Ref	THEME 3 PLANNED OUTPUTS	THEME 3 ACTIVITIES.	Who	Product	RAG Complete
LD3.01	End of Life Pathway and LeDeR Reviews:	<ul style="list-style-type: none"> • Train 8-10 LeDeR reviewers 	CCG	<ul style="list-style-type: none"> • All unexpected deaths will be reviewed using the LeDeR template by trained reviewers and the findings analysed by the LeDeR team in Bristol. 	WIP
LD3.02	Specialist community learning disability healthcare:	<ul style="list-style-type: none"> • Review of Community Learning Disability Team. 	CCG	<ul style="list-style-type: none"> • Internal review completed 	Yes
LD3.03	GP Learning Disability Register:	<ul style="list-style-type: none"> • Ensure that all GP practices maintain up-to-date LD registration 	CCG	<ul style="list-style-type: none"> • All GP practices within the county implement QOF indicator LD003 	WIP
LD3.04	Professional Training:	Develop and implement training opportunities to enable primary care clinicians to understand the needs of people with a learning disability	CCG	<ul style="list-style-type: none"> • All GP practices to attend multi-disciplinary training on the delivery of health services to people with a learning disability 	WIP
LD3.05	Annual health checks:	<ul style="list-style-type: none"> • Continue to promote the importance of the annual health check for people with learning disabilities. 	CCG	<ul style="list-style-type: none"> • All GP practices within the county ensure that all people with learning disabilities are invited to attend an annual health check to an agreed standard. 	WIP
LD3.06	Health Action Plans:	<ul style="list-style-type: none"> • Promote the importance of the LD annual health check and personal health plan for people with learning disabilities 	CCG	<ul style="list-style-type: none"> • All GP practices within the county produce a Health Action Plan for each patient attending an annual health check. • Individuals will management plans that reflect and support long-term needs and access to appropriate health care in a timely fashion when those needs present. 	WIP
LD3.07	Access to mainstream healthcare:	<ul style="list-style-type: none"> • Ensure that people with learning disabilities are able to access the same community and acute health care services as the non-learning disabled population. 	CCG	<ul style="list-style-type: none"> • All health care services to have a proactive policy of promoting reasonable adjustment to enable ordinary access for people with learning disabilities 	WIP
LD3.08	People with complex or challenging behaviours:	<ul style="list-style-type: none"> • Utilise existing buildings in order to develop a new transitional accommodation service for people with complex needs and high risk behaviours. 	HC CCG	<ul style="list-style-type: none"> • DSR now in place and CNF pathway to commission this service with targets 	Yes
LD3.09	Facilitating improved health outcomes:	<ul style="list-style-type: none"> • Public Health Team to raise awareness of health screening and health checks amongst the learning disability population, including those people not currently known to services. 	CCG	<ul style="list-style-type: none"> • Supported living and residential care providers will have more detailed service specifications to set out their role in promoting engagement with routine healthcare and screening programmes 	WIP
LD3.10	Dementia:	<ul style="list-style-type: none"> • Dementia awareness will be a standard part of every learning disability annual health check. • The Public Health Team will look at ways of raising awareness of dementia amongst the learning disability community, 	CCG	<ul style="list-style-type: none"> • Adults with learning disabilities supported to access mainstream dementia diagnosis services wherever possible- reasonable adjustments work. • Dementia awareness and potential diagnosis are a routine part of GP annual health checks for people with learning disabilities over 40 and for people with Down's Syndrome over 30. 	WIP

Learning Disability Strategy 2018 – 2028
Progress overview June 2021

HEREFORDSHIRE LEARNING DISABILITY COMMISSIONING THEME 4: CITIZENSHIP, CHOICE AND CONTROL

Ref	THEME 4 PLANNED OUTPUTS	THEME 4 ACTIVITIES.	Who	Product	RAG Complete
LD4.01	Building social networks:	<ul style="list-style-type: none"> Commissioners to integrate the principles of Community Brokerage / Connection with the work already being undertaken by many learning disability service providers and the wider local voluntary sector. 	HC	<ul style="list-style-type: none"> Talk community Community broker offer 	Yes
LD4.02	Independent Travel	<ul style="list-style-type: none"> Seamless process for applying for and issuing passes to people with learning disabilities 	HC	<ul style="list-style-type: none"> Improvements made to process including wider awareness Travel trainers (2 post – on hold during covid) 	Yes
LD4.03	Self / Citizen Advocacy:	<ul style="list-style-type: none"> The council and the CCG will develop opportunities and partnerships to create and sustain support for self-advocacy and structured citizen advocacy for people with learning disabilities in Herefordshire. 	HC	<ul style="list-style-type: none"> Advocacy contract recommissioned 	Yes
LD4.04	Financial wellbeing:	<ul style="list-style-type: none"> The council and CCG to advise people with learning disabilities on all aspects of financial well-being. 	HC	<ul style="list-style-type: none"> People with learning disabilities will have improved access to training and support regarding budgeting, financial wellbeing and related life-skills. Adult and Community Learning – there are some programmes in place to support these outcomes 	WIP
LD4.05	Direct Payments and managed personal budgets:	<ul style="list-style-type: none"> Review Direct Payments to ensure they are fit for purpose 	HC	<ul style="list-style-type: none"> The council has a direct payment process in place Pre-paid cards now primary offer Managed accounts transferred to Pre-paid cards Better data (future) to inform commissioning intentions 	Yes
LD4.06	Access to information:	<ul style="list-style-type: none"> The council and CCG will review existing information resources Develop and implement information standards using current best practice, then train staff and partner organisations to revise all written information. 	HC	<ul style="list-style-type: none"> LD strategy in easy read format More materials being produced in easy read (via LDPB) 	Yes
LD4.07	Social / relationship opportunities:	<ul style="list-style-type: none"> Develop initiatives within the existing service provision to combat social isolation 	HC	<ul style="list-style-type: none"> Technology has been a positive outcome of C19 pandemic and offered solutions for some people 	Yes



Title of report: Committee work programme

Meeting: Adults and wellbeing scrutiny committee

Meeting date: Monday 21 June 2021

Report by: Democratic services

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All wards)

Purpose

To consider the committee's work programme.

Recommendation(s)

That the committee:

- (a) reviews and agrees the work programme in Appendix A and identifies any additional items of business or topics for inclusion to inform the next work programming session; and**
- (b) the schedule of recommendations and responses in Appendix B be noted.**

Alternative options

- 1. It is for the committee to determine its work programme to reflect the priorities facing Herefordshire. The committee needs to be selective and ensure that the work programme is focused, realistic and deliverable within existing resources.

Key considerations

Work programme

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. Committee members will consider potential items of business and priorities at a scrutiny work programming session to be held on 16 June 2021. A proposed work programme will be circulated following that session to form Appendix A to this report and to be formally agreed at the committee meeting on 21 June 2021.
4. Committee business to be scheduled during 2021/22 may include: domestic abuse strategy; emergency and urgent care; Hillside care centre; NHS Continuing Healthcare; out of hospital care; and a spotlight review on the progress with the transformation of community mental health services. The committee has also previously suggested member seminars on recruitment and retention, and on Talk Community.
5. The date of the next committee meeting is provisionally set as follows but will be agreed as part of the updated work programme:

Monday 6 September 2021, 2.30 pm

6. The committee has indicated an interest in undertaking a task and finish group on the health impact of the intensive poultry industry. A scoping statement for this activity will be prepared in conjunction with the public health and intelligence teams for consideration at a future meeting of the committee.
7. Written briefing notes have been requested on: multiple complex vulnerability; and the health and wellbeing survey.
8. The work programme will remain under regular review to allow the committee to respond to particular circumstances.
9. Should committee members become aware of issues for scrutiny during the year, they are invited to discuss the matter with the chairperson and the statutory scrutiny officer.

Schedule of recommendations and responses

10. Appended to this report (Appendix B) is a schedule of the recommendations made by the committee during 2020/21 and the responses received to date; since the previous iteration, the response from Herefordshire and Worcestershire Health and Care Trust on the refurbishment of the Stonebow Unit has been added. The recommendations from the first meeting of 2021/22 have also been added.

Constitutional matters

Task and finish groups

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

12. The relevant scrutiny committee will approve the scope of the activity to be undertaken, the membership, chairperson, timeframe, desired outcomes and what will not be included in the work. A task and finish group will be composed of at least two members of the committee, other councillors (nominees to be sought from group leaders with un-affiliated members also invited to express their interest in sitting on the group) and may include, as appropriate, co-opted people with specialist knowledge or expertise to support the task. The committee will appoint the chairperson of a task and finish group.

Co-option

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

Forward plan

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:

[Forthcoming decisions](#)

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:

[Get involved](#)

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.

Environmental impact

17. There are no general implications for the environment arising from this report.

Equality duty

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

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

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
19. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. 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

20. 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

21. 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

- 22.
- | Risk / opportunity | Mitigation |
|--|--|
| There is a reputational risk to the council if the scrutiny function does not operate effectively. | The arrangements for the development of the work programme should help mitigate this risk. |

Consultees

23. A work programming session involving scrutiny committee members will be held on 16 June 2021. Further work programming sessions may be arranged as necessary during the municipal year. The work programme is reviewed at every scheduled committee meeting and during business planning meetings between the chairperson, vice-chairperson and statutory scrutiny officer.

Appendices

Appendix A Draft work programme for 2021/22 (to follow after 16 June)

Appendix B Schedule of recommendations and responses

Background papers

None identified.

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

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

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

	<p>(f) Consideration is given to working with bereaved families and friends to gather soft data and intelligence to strengthen our knowledge of risks and factors that lead to suicide or attempted suicides.</p> <p>(g) Due consideration be given to the LGBT+ communities in relation to assessing the support and interventions provided in supporting individuals and groups at risk.</p> <p>(h) The new GP and patient relationship is changing and there is a need to work with the new Primary Care Networks on suicide prevention.</p>	<p>Whilst this may be very difficult to do retrospectively, it will become more practicable and appropriate once real time reporting of suicides is operational. New operating arrangements can include an invitation to bereaved families to share their experiences at the appropriate time.</p> <p>This will be considered in relation to opportunities to work with local and national groups to identify people at risk and take learning from any initiatives elsewhere. It should be noted that whether someone was LGBTQ+ cannot be identified from suicide data.</p> <p>Engagement is already taking place with PCNs around suicide prevention. It is also proposed that the Director for Adults and Communities raise with PCN Clinical Directors the implications of primary care changes in this area.</p>
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23 November 2020

Item	Recommendations	Executive responses
Briefing on the Herefordshire Market Position Statement 2020-2025 for adults and communities	<p>That the committee welcomes the development of the Market Position Statement and recommends:</p> <p>a. That a written briefing note be provided to the committee on progress in twelve months' time, including how service users have been engaged in the development and design of specific care and support services.</p> <p>b. That the importance of the social value elements be made more prominent in the document.</p> <p>c. The document be refreshed to reflect the current positions in terms of the new arrangements for mental health services and the adopted dementia strategy.</p> <p>d. Learning disability services be included under commissioning intention 3.</p>	<p>Agreed, an annual review summary will be written for the executive</p> <p>Agreed and will include</p> <p>Agreed to update</p> <p>Agreed to include</p>

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

e.	Explicit reference be made to the Council's intentions for care home and extra care development, and any associated workforce implications.	Agreed to include
f.	That consideration be given to clarifying the situation for Herefordshire residents that are not served by the footprints of Primary Care Networks.	The market position statement covers all residents living within the county to ensure access to services regardless of PCN and which GP surgery they may fall under
g.	That consideration be given to synergies and diversified offers (such as home share) to meet the needs of people needing care (both those funded by the council and those funding themselves) and people prepared to provide support in exchange for accommodation and / or to gain experience in the care industry.	Agreed and has been include in the MPS
h.	That the statistics included on page 15 (agenda page 41) on predicted increases in dementia be clarified.	Agreed to consider
i.	That identified trends in page 14 of the statement (agenda page 40) be reviewed and be supported by additional narrative, as appropriate.	Agreed to include further information
j.	That a written briefing note be provided on NHS Continuing Healthcare, including the development of a related algorithm and the progress made on retrospective cases.	<p>Agreed as detailed in the actions below:</p> <p>Part A) Agree to provide a briefing note on the plan for people with complex health and social needs. This work includes consideration of a new approach with CCG in identifying individuals with health and care needs requiring single or joint agency commissioning and funding. This work is not yet ready to be taken forward as a proposal to CCG.</p> <p>Part B) With regard to the CHC position and the previous requests from scrutiny to be kept informed on CHC outcomes for Herefordshire citizens, the LA will request an analysis of the CHC and joint funded position in Herefordshire from the CCG. Herefordshire Council will also contribute a report to support the understanding of the committee.</p>
k.	That a written briefing note be provided on recruitment and retention issues, and the executive consider the usefulness of an all-member workshop, so that all members can be apprised of the challenges.	Agreed
l.	That a written briefing note be provided on the falls prevention service.	Agreed

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

13 January 2021		
Item	Recommendations	Executive responses
2021/22 budget setting	<p>The adults and wellbeing scrutiny committee recognises the extraordinary pressures for the council, and for the adults and communities directorate in particular, and acknowledges the significant work that has been undertaken and is ongoing in preparing the budget for 2021/22.</p> <p>The committee recommends that:</p> <ol style="list-style-type: none"> 1. A plain English narrative be prepared to explain the adult social care precept. 2. Clarifications be provided in subsequent budget meetings in terms of the reductions in the council tax base (paragraph 6), the money expected from central government (paragraph 7), how the measures identified in the Market Position Statement might help to address budget pressures (paragraph 8), and the level of public health grant (paragraph 10). 3. That the operational changes and proposals in terms of Learning Disability services, including the impacts on service users, be presented to the committee at the May 2021 meeting. 4. That opportunities be considered to inform service users about charging changes in advance and to stage increases incrementally. 	<p>This has now been commissioned.</p> <p>Noted, additional data provided in this paper and at the additional adults and wellbeing scrutiny meeting on 26th January 2021</p> <p>Noted</p> <p>Residents who will be impacted at the time the decision is made will be contacted and notified of the changes to next year's charging practices in line with statutory and local policy requirements.</p> <p>Application of the changes could not be staged incrementally for three principle reasons. These are:</p> <ul style="list-style-type: none"> • due to the binary nature of the decision (either the practice changes or it does not) • for the purposes of meeting equality standards, changes must apply to all residents at the same time (wider equality standards are picked up through the means tested process) • the savings target would be missed due to not applying on a full year basis

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

	<p>5. That details of the alternative savings proposals for £330k be circulated to councillors as soon as possible, with a report presented to a future meeting of the committee.</p> <p>6. That consideration be given to additional modelling around potential economic scenarios, including the cessation of the furlough scheme, and the consequential impacts such as the erosion of the council tax base, reduction in other income streams, and on the delivery of services.</p>	<p>Meeting of Adults and Wellbeing Scrutiny committee scheduled for 26th January 2021</p> <p>This is captured in the MTFS</p>
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26 January 2021

Item	Recommendation	
21/22 budget saving proposal amendment	That the amended budget saving as proposed be accepted.	

24 March 2021

Item	Recommendation	Responses of NHS Herefordshire and Worcestershire Clinical Commissioning Group
NHS White Paper: integration and innovation	a. It be recommended to the emerging Integrated Care System that proposals be developed, for consideration and agreement by the local authorities, in terms of the 'duty to collaborate', both at the place-based level and in terms of joint scrutiny involving the local authorities, to ensure that modes of communication and engagement are defined clearly.	Noted and agreed. Herefordshire Council has membership of the existing ICS Executive Forum and ICS Partnership Board, where ongoing proposals will be developed. The Council will also be invited to be a member of the new NHS ICS Board and the ICS Health and Care Partnership. Finally, the Council is already a member of the Herefordshire Place Partnership.
	b. That scrutiny maintains a distinct function within the duty to collaborate and that acceptable parameters be agreed, including ongoing information sharing.	Agreed and welcomed.
	c. That clarification be provided about the power of scrutiny committees to make referrals to the Secretary of State and, if it is potentially at risk, that the system be encouraged to lobby for the retention of this power and for enhanced local accountability generally.	It is anticipated that further clarifications will be made as the White Paper passes through to Legislation.

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

	d. That the developing Herefordshire and Worcestershire Integrated Care System (ICS) governance arrangements (including the relationships with and degree of autonomy of the Health and Wellbeing Boards, the arrangements for the different ICS boards, and how the voice of public / service users will be heard) and funding mechanisms be presented to the scrutiny committee during 2021/22.	Agreed and we welcome the opportunity to return to a future scrutiny committee to present on progress.
	e. That the intentions to explore the wider determinants of health and wellbeing and local population health needs, to consider opportunities for the integration and alignment of services, and to work collaboratively on tackling health inequalities at a local level, be supported.	Agreed and we welcome the opportunity to work with Herefordshire Council to ensure that joint working to address the wider determinants of health and to reduce health inequalities are as strong as possible.
	f. That consideration be given to the experience for residents who live on geographic and / or system boundaries, especially in terms of seamless data sharing between relevant bodies.	This recommendation is noted and will be addressed as part of our ICS Digital Strategy and through the development of the Integrated Health and Wellbeing Record.

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29 March 2021		
Item	Recommendation	Responses [to be agreed by the executive]
Carers strategy	That the draft strategy be supported, particularly the level of consultation undertaken and planned, and the following be recommended to the executive:	
	a. That the need for coordination on appropriate solutions, for both the person being cared for and for the carer, be highlighted in the strategy.	
	b. That consideration be given to specific approaches in terms of urgent crisis situations.	
	c. That attention be given to single points of contact, including trusted sources of information and linkages to services that support carers.	
	d. That the strategy be shared with the council's partners and local business groups to raise awareness of the issues for carers who are also employees.	

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

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	e. That consideration be given to working with the Department for Work and Pensions (DWP) to raise awareness of carer specific needs.	
	f. That the use of colour in the action plan be reviewed to make it clear that these do not relate to red, amber, green ratings.	
	g. In view of the changed circumstances and the new strategy, that consideration be given to the carers support service to ensure that the service remains fit for purpose.	
	h. That system partners be invited to consider improving the experiences for carers in an integrated way across the system, with specific consideration given to carers as part of the emerging Integrated Care System.	
	i. The adults and communities directorate and the children and families directorate jointly review practices and processes to ensure consistency and support across all ages, including the advice and guidance provided on assessments.	
	j. Consideration be given to the identification of young carers and the specific needs of young carers in an educational setting.	

30 April 2021		
Item	Recommendation	Responses [to be sought from the relevant bodies]
Review of mental health provision in Herefordshire	a. A spotlight review on the progress with the transformation of community mental health services be undertaken in nine to twelve months, including progress addressing the identified Section 12 and Section 136 issues.	
	b. Herefordshire and Worcestershire Health and Care Trust be asked to provide further details regarding the refurbishment of the Stonebow Unit.	Response from Herefordshire and Worcestershire Health and Care Trust: Overall there is £15m of capital monies being invested in Herefordshire into the Stonebow unit and the work should be finished by end of March 2023 (however this could be around June 2023 if there is slippage in some areas). There may be a small reduction in the bed base to fit the new environment into the available space (circa 1-2 beds from 39) but this is more

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

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		<p>than manageable both within our occupancy levels and increased capacity in other parts of the mental health (MH) pathway.</p> <p>This initiative is a really positive step forward across both counties in relation to people being cared for in an inpatient MH environment. It is key to protecting people's privacy and dignity when they are at their most vulnerable and will ensure that people can benefit from their treatment in a safe environment that promotes their recovery.</p>
	c. The adults and communities directorate be asked to provide a briefing note on emerging project work on the mental health needs of people with multiple complex vulnerability.	
	d. The results of the health and wellbeing survey be circulated to all councillors when available.	
	e. The Talk Community programme be invited to consider additional linkages and signposting opportunities to environmental and activity groups, particularly in relation to access to nature and the facilitation of groups to support social prescribing.	
	f. Consideration be given to engaging further with the agriculture community on mutually beneficial arrangements with other communities in terms access to nature and its therapeutic benefits.	

2 June 2021		
Item	Recommendation	Responses [to be agreed by the executive]
New arrangements for commissioned home care	a. That consideration be given to assisting self-funders pro-actively through the service specification.	
	b. That consideration be given to the information, advice and support available to clients, including self-funders, linked to the ongoing work with Healthwatch, Talk Community, the Making It Real Board, and the transformation of community mental health services.	

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

	c. That creative approaches to supported living, including home share, be reviewed as part of the emerging Supported Living Framework.	
	d. That commitments be secured from providers to participate in and to support technology enabled living developments, and innovations to improve environmental performance.	
	e. That provision in rural areas be explored with providers on both sides of the border to avoid any potential gaps in provision.	
	<p>f. That opportunities to work collaboratively on workforce recruitment and retention issues be considered with a view to:</p> <ul style="list-style-type: none"> i. recruiting within communities to deliver services locally, especially to support clients in rural areas and to minimise unnecessary travel; ii. encouraging people to take up or restart a career in the sector, including through the refresh of the care sector website; iii. developing the range of health and care functions being delivered to maximise the value from each visit, to make every contact count, and to enhance career pathways through the upskilling of the workforce. 	
	g. That a briefing note be provided to the committee in twelve months to evaluate progress, including any consequential impacts on market resilience and on the lived experience of service users in terms of the continuity and enhancement of care.	
	h. That the executive be invited to write to the Secretary of State to seek clarification about the government's plans for social care reform.	

