

# Agenda

## Adults and wellbeing scrutiny committee

Date: **Wednesday 2 June 2021**

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Time: **9.30 am**

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Place: **Town Hall, St Owen's Street, Hereford, HR1 2PJ**

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

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

## **Membership**

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

Councillor John Hardwick  
Councillor Helen l'Anson  
Councillor Tim Price  
Councillor Alan Seldon  
Councillor Kevin Tillett

## Agenda

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<b>1. APOLOGIES FOR ABSENCE</b> To receive apologies for absence.	
<b>2. NAMED SUBSTITUTES</b> To receive details of any member nominated to attend the meeting in place of a member of the committee.	
<b>3. DECLARATIONS OF INTEREST</b> 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.	
<b>4. MINUTES</b> To approve the minutes of the meeting held on 30 April 2021.  <b>How to submit questions</b> <i>The deadline for the submission of questions for this meeting is 5.00 pm on Wednesday 26 May 2021.</i>  <i>Questions must be submitted to <a href="mailto:councillorservices@herefordshire.gov.uk">councillorservices@herefordshire.gov.uk</a>. Questions sent to any other address may not be accepted.</i>  <i>Accepted questions and the responses will be published as a supplement to the agenda papers prior to the meeting. Further information and guidance is available at <a href="http://www.herefordshire.gov.uk/council/get-involved/3">www.herefordshire.gov.uk/council/get-involved/3</a></i>	9 - 18
<b>5. QUESTIONS FROM MEMBERS OF THE PUBLIC</b> To receive any written questions from members of the public.	
<b>6. QUESTIONS FROM COUNCILLORS</b> To receive any written questions from councillors.	
<b>7. NEW ARRANGEMENTS FOR COMMISSIONED HOME CARE</b> To consider the proposed home care framework and make recommendations as appropriate.	19 - 40
<b>8. COMMITTEE WORK PROGRAMME</b> To consider the committee's work programme.	41 - 56
<b>9. DATE OF NEXT MEETING</b> Monday 21 June 2021, 2.30 pm	



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### **(Nolan principles)**

#### **1. Selflessness**

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

#### **2. Integrity**

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

#### **3. Objectivity**

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

#### **4. Accountability**

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#### **5. Openness**

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

#### **6. Honesty**

Holders of public office should be truthful.

#### **7. Leadership**

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







## Minutes of the meeting of Adults and wellbeing scrutiny committee held online on Friday 30 April 2021 at 9.30 am

**Present:** Councillors Elissa Swinglehurst (Chairperson), Jenny Bartlett (Vice-chairperson), Helen l'Anson, Tim Price, Alan Seldon and Kevin Tillett

**In attendance:** Councillor David Hitchiner (Leader of the Council)

**Officers:** Mandy Appleby (Assistant director for adult social care operations), Ewen Archibald (Head of community commissioning and resources), Ben Baugh (Democratic services officer), John Burgess (Senior commissioning officer), Samantha Evans (Senior lawyer), Amy Pitt (Assistant director Talk Community programme), Jenny Preece (Governance support assistant) and Paul Smith (Assistant director all ages commissioning)

**Others present:** Jenny Dalloway (NHS Herefordshire and Worcestershire Clinical Commissioning Group), Zoey Groves (Herefordshire Mind), Jean Hammond (Herefordshire and Worcestershire Health and Care NHS Trust), Susan Harris (Herefordshire and Worcestershire Health and Care NHS Trust), Alicia Lawrence (Herefordshire Mind), Dr Simon Lennane (South and West Herefordshire Primary Care Network) and David Thomas (Herefordshire and Worcestershire Health and Care NHS Trust)

### 51 APOLOGIES FOR ABSENCE

Apologies for absence had been received from committee member Councillor Sebastian Bowen. Apologies had also been received from invitees Councillor Pauline Crockett (Cabinet member health and adult wellbeing) and Dr Ian Tait (NHS Herefordshire and Worcestershire Clinical Commissioning Group).

### 52 NAMED SUBSTITUTES

No named substitutes were present.

### 53 DECLARATIONS OF INTEREST

Councillor Bartlett and Councillor Swinglehurst declared 'other' interests in agenda item 7, Review of mental health provision in Herefordshire (minute 57 refers), due to attendance at Mental Health Advisory Group meetings.

### 54 MINUTES

The minutes of the meetings held on 24 March 2021 and 29 March 2021 were received.

**Resolved:** That

- i. The minutes of the meeting held on 24 March 2021 be approved as a correct record and be signed by the chairperson; and
- ii. The minutes of the meeting held on 29 March 2021 be approved as a correct record and be signed by the chairperson.

### 55 QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

## **56 QUESTIONS FROM COUNCILLORS**

No questions had been received from councillors.

## **57 REVIEW OF MENTAL HEALTH PROVISION IN HEREFORDSHIRE**

The chairperson advised that the purpose of this item was to consider the provision of mental health services across Herefordshire.

### **1. Introduction**

Ewen Archibald (Head of community commissioning and resources) outlined: recent structural changes in terms of NHS Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG) and the transfer of Herefordshire mental health and learning disability services from 2gether NHS Trust to Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT); further changes going forward in relation to the Integrated Care System and the mental health collaborative; efforts to understand the impact of COVID-19 on mental wellbeing, and how services and support in the community could respond to the needs of local people; the potential impact of other societal changes and events, such as flood emergencies; the development and extension of the role of Talk Community; and the review of the arrangements under Section 117 of the Mental Health Act 1983 relating to the provision and funding of support to people who have previously been detained in hospital.

### **2. Presentation slides on Mental Health Services in Herefordshire**

Presentation slides by HWCCG and HWHCT were included in the agenda (pages 39-44) on 'System changes', 'Impact of COVID-19', 'Transformation of Community Mental Health Services', 'New developments', and 'Planning for 2021-22'.

The slides were presented at the meeting by Jenny Dalloway (Lead for Mental Health, Learning Disabilities and Children, HWCCG), Susan Harris (Executive Director of Strategy and Partnerships, HWHCT) and David Thomas (Deputy Associate Director Primary Care and Community Mental Health Services, HWHCT).

### **3. Contribution on behalf of the Primary Care Networks (PCNs)**

Dr Simon Lennane, (Clinical Director for South West Herefordshire Primary Care Network, Mental Health GP Lead for HWCCG, and Trustee of Ross-on-Wye Community Development Trust) commented on: the significant increase in GP consultations; the impact of lockdown measures on people with cognitive difficulties; and the importance of preventative mental health, including through the work of the Talk Community programme; and issues associated with loneliness, lack of connections, and loss of confidence in communicating.

### **4. Questions (part one)**

The chairperson invited questions and comments from attendees, focussing on the transformation of mental health services. The principal points of the discussion included:

- a) A committee member, noting historic difficulties with joint arrangements between Herefordshire and Worcestershire, questioned how impact would be monitored, especially in terms of the issues associated with rural sparsity and distribution of services.

Jenny Dalloway commented on: investments in Herefordshire; how access to specialist services benefitted both counties; the detailed information available to the CCG to monitor services where they were delivered; Herefordshire had a separate place identity to Worcestershire; PCNs were helping the system to understand population needs at the GP practice level; and how support could be accessed at a GP practice or a GP practice could refer people into a service.

Alicia Lawrence (Chief Executive Officer, Herefordshire Mind) added that the alignment of the transformation project with the PCN areas enabled greater reach in rural areas.

- b) The chairperson questioned how Herefordshire residents who did not have a Herefordshire GP could access services.

Dr Lennane advised that some services were based around localities and others were tied into practices and it was recognised that this was an ongoing issue, particularly given the differences between the systems in England and Wales.

- c) A councillor in attendance expressed a view that the transfer of services to HWHCT had not been good for many patients and asked about the morale of frontline workers.

Jean Hammond (Community Services Manager, HWHCT) acknowledged that the combined effect of the transfer of services, COVID-19 and the transformation project had been very challenging. An overview was provided of the measures put in place to support staff members, including regular update and question sessions, and individual one-to-one discussions.

David Thomas said that key locations had been visited and meetings had been held with as many staff members as possible. It was recognised that there were undoubted challenges but there was also a sense that HWHCT was 'turning a corner' and moving on to the next stage.

In response to a further question about patients, Susan Harris said that mental health services had not stopped but had been adapted during the pandemic. The transformation of community mental health services provided capacity to see more people earlier and HWHCT was working with system and voluntary sector partners to develop pathways. The integrated care agenda would provide further opportunities to maximise resources to ensure that potential patients reached the right service as quickly as possible.

- d) In response to questions from the vice-chairperson, Dr Lennane commented on: the shift in care closer to home; how GPs helped many patients with mental health conditions but it was helpful to have quick access to specialists as and when needed; morbidity in terms of untreated mental health conditions; and the overlap between mental and physical health.
- e) In response to further questions from the vice-chairperson: Jenny Dalloway provided assurance that the majority of additional funding received for the transformation of services would be recurrent; Susan Harris said that the refurbishment of the Stonebow Unit to single occupancy would not reduce the bed base because the footprint of the building would be increased (outline plans would be shared with committee members), Herefordshire and Worcestershire had some of the lowest uses of out of area placements, and investments had been made in crisis support and improved home treatment; and David Thomas recognised that

there were challenges with some of the estate inherited by HWHCT and there would be further conversations with system and voluntary sector partners about opportunities to reach out to patients in different settings and deliver services in ways logistically.

- f) In response to questions from a committee member, Dr Lennane said that: the issues around rurality were recognised and confirmed that the Borderlands Rural Chaplaincy was involved in work on suicide prevention; there were concerns about the economic effects of Brexit, especially the agriculture community; the full impact of COVID-19 was uncertain but there was a degree of community resilience arising from shared purpose and understanding; people should be encouraged to mix safely during the summer, as modelling suggested further waves of infection to come; and there had been a significant focus on mental health in schools, although it was suggested that more work was needed on lower level prevention.
- g) A committee member noted that 'Each GP surgery will have a number of allocated assessment slots into which they can make appointments for patients' (page 32) and asked for clarification on the arrangements. Jean Hammond said that this was a developing service and GPs had been able to book assessment appointments directly initially but it was found that this could result in delays where the mental health worker subsequently identified that a further onward referral to an appropriate consultant was necessary. The revised approach involved an assessment of all the referrals received from GPs each day by experienced advanced clinical practitioners to determine the most appropriate place for the patient to be signposted to. In parallel, a pilot was being run with four practices whereby an advanced clinical practitioner would facilitate a weekly face-to-face discussion with a GP to examine the referrals for the previous week. Information was being gathered to assess the most beneficial approach for patients going forward.
- h) The chairperson expressed concern about the challenges with Section 12 and Section 136 assessments under the Mental Health Act 1983, as identified in paragraph 8 of the report (page 34).

Dr Lennane explained that it was necessary to involve a second 'Section 12 approved' doctor in determining the need for someone to be detained but it was difficult to persuade doctors to undertake this extra work, especially given current workloads. It was confirmed that this was a long-standing issue prior to the pandemic.

Jenny Dalloway advised that thought had been given to digital solutions and a software application had been commissioned; this would provide frontline workers with a list of available Section 12 approved doctors, enable doctors to confirm that they had provided the work, and assist the CCG in making payments. It was noted that there were some issues with the national guidance in terms of remuneration and training.

Jenny Dalloway explained that it was usual practice for people to be taken to the nearest local place of safety for mental health assessments under Section 136, with reciprocal arrangements with other counties. The chairperson noted that there was a risk currently that demand could outstrip availability until the prevention agenda gained traction.

Mandy Appleby (assistant director for adult social care operations) provided an overview of a particular situation that had arisen with the Worcestershire Section 136 suite and the adjustments that had been put in place to reduce the impact on

Herefordshire (or vice-versa) in a similar situation going forward. In response to a question from a councillor in attendance, it was noted that the means of transport to the local place of safety would depend on the circumstances.

- i) The chairperson, noting the value of the whole person approach and the making every contact count philosophy, commented on unresolved grief being experienced by people who had not been able to go through the usual functions and rituals due to pandemic control measures and the potential for this to lead to problems later on.

Dr Lennane said that this was a valid point and commented that there were a number of bereavement support groups. The chairperson noted that GPs were uniquely positioned to signpost people to sources of information and support.

- j) The chairperson questioned the extent to which new services, such as the eating disorders service for adults, joined up to public health initiatives, such as healthy eating campaigns.

Dr Lennane briefly commented on post-lockdown anxieties for children returning to school and for young carers which could result in eating disorders or self-harm, adding that it was important to recognise the emotional context of eating behaviours and address upstream issues.

- k) The chairperson noted that the theme of Mental Health Awareness Week 2021 was 'connect with nature', that there was an All-Party Parliamentary Group for Nature which was looking at the positives that came from a healthy natural environment, and that there were other national projects on outdoor activities and mental health. It was questioned how the 'natural capital' of Herefordshire could be utilised to support health and wellbeing, including through social prescribing.

Dr Lennane commented on: the significant environment assets in the county; high levels of Vitamin D deficiency; the grant award secured by Ross-on-Wye Community Development Trust to increase social prescribing interventions; the connections being developed by Talk Community to support social prescribing; and the benefits of outdoor activities and active travel for physical and mental health.

- l) A committee member felt it unfortunate that a representative was not present from the children and families directorate given the comments about eating disorders and self-harm.

The democratic services officer drew attention to an item considered by the children and young people scrutiny committee on 23 March 2021 in relation to 'Children and Young Peoples Mental Health'.

- m) Mr Stead said that: Healthwatch Herefordshire had been involved in the transfer of mental health and learning disability services at an early stage; the new provider had welcomed the views of Healthwatch on the issues in the county and its ideas for engagement and patient involvement; the recent investments in Herefordshire would not have occurred without the link with Worcestershire; restructuring usually had some impact on the morale of staff members but the situation had been compounded by the pandemic which had a consequential impact on the support that could be put in place; and, whilst Healthwatch was positive about the way forward, there was a concern about the practicalities of combining the mental health budget and management for both counties under the Integrated Care System.
- n) Ewen Archibald reported that a self-harm working group was being established across multiple agencies and involved a number of community organisations.

It was also reported that the system was focussing on 'multiple complex vulnerability' which included people that were vulnerable as a result of issues such as mental health, homelessness, substance use, experience of the criminal justice system, and a range of other needs. The chairperson requested that a briefing note be provided to the committee in due course.

5. Contribution on behalf of Herefordshire Mind (HM)

Alicia Lawrence (Chief Executive Officer, HM) provided an overview of the 'crisis café' safe haven service, the main points included: it had opened just before the first lockdown, for three then four evenings per week; it was funded through HWCCG and additional funding had been secured to expand opening to seven evenings per week from the end of June 2021; 194 people had been seen in total, with 101 seen since the start of 2021; support was provided online initially, with face-to-face appointments available from June 2020; the ability for people to book appointments for later in the day was a key benefit; there were two paid members of staff and a number of volunteers that supported the service; the intention was to relieve some of the strain on the emergency services, although there were nine occasions when emergency services had to be involved; and support was also available by telephone, email, and a new website would enable instant messaging.

An overview was also provided of the involvement of HM with the HWHCT transformation team in relation to voluntary service, working in parallel with counterparts in Worcestershire. It was reported that four full-time equivalent staff had been recruited; comprising six link workers on part-time and full-time hours, and a part-time manager.

Zoey Groves (Link Worker, HM) explained the role of link workers, including: working flexibly to meet client needs; linking people into community groups; some link workers had come from other sectors, some had volunteered at HM previously, and some had lived experience; the range of the work undertaken was illustrated through an example; a number of clients had been affected by flood emergencies; and peer support groups were being set up in communities. Alicia Lawrence added that link workers were also supporting people in non-clinical ways to engage in activities and would link in with Talk Community hubs as lockdown measures eased.

6. Overview of Talk Community Mental Health by the assistant director Talk Community

Presentation slides were included in the agenda (pages 46-55).

Amy Pitt (Assistant director Talk Community programme) reported that: Talk Community was about all aspects of wellbeing and independence, working in partnership with communities, the voluntary sector and health partners to bring Herefordshire together and connect people; Talk Community Mental Health would work with communities to equip them to support people with low level needs or to signpost people with higher level needs to formal services; funding had been allocated to train community leaders in mental health and mental health first aid; other elements of the programme included debt and financial management support, and Talk Community hubs.

Amy Pitt also reported that a health and wellbeing survey had been commissioned, with 1100 people surveyed; it was anticipated that the results would be published at the end of May 2021. Some of the key findings in relation to mental health were outlined, including: 28% said that they were talking less to their family and friends; 27% were talking less to their neighbours; 30% were not sleeping very well; 33% were a lot less active; 28% had high levels of anxiety, 35% had low levels of anxiety; and 12% felt better in terms of general health but 24% felt worse.

## 7. Questions (part two)

The chairperson invited further questions and comments from attendees, focussing on community mental health.

- o) The vice-chairperson commented on the need for HWHCT and HWCCG to work with Talk Community in a holistic way, and on the importance of enhancing the healthy environment offer.

Susan Harris outlined: how the Talk Community programme and HWHCT developments had lined up during the last year; ongoing discussions around communication and engagement; the potential to bring together volunteering elements; system partners wanted to work together and maximise resources; and efforts to minimise the medicalisation of the impact of COVID, such as through the 'Now We're Talking' campaign to encourage people to access mental health structures. It was noted that some of the key challenges included keeping pace with changes in demand and tackling health inequalities.

Jenny Dalloway said that: HWCCG was a membership organisation of GPs and their practices; HWCCG worked with the PCNs to understand how it should be linking the services it commissioned with other provision, including Talk Community; feedback from the PCNs about the impact of Talk Community was positive and there was awareness of the potential benefits in terms of non-clinical support for individuals; and HWCCG would work to ensure that the services it commissioned were linked to and complemented the Talk Community offer.

- p) A committee member expressed concern about hidden mental health issues, particularly amongst the older population and illustrated this through three recent examples. The need for everyone to play a part in identifying problems associated with isolation and mental health was emphasised, and the potential for Talk Community to promote and coordinate such activities was noted.
- q) A committee member thanked Amy Pitt for the work of Talk Community in the Bromyard area. It was commented that the police were often the 'gatekeepers for the mental health system' and the extent of liaison with West Mercia Police was queried, including on mental health first aid.

The chairperson said that: it was perhaps helpful to consider mental health first aid in terms of physical first aid, i.e. dealing with minor injuries and trauma rather than serious conditions; a national company had implemented mental health first aid and this had resulted in fewer absences and increased productivity; and there were a diverse range of communities, i.e. a community was not just a geographic location.

Amy Pitt said that Talk Community Mental Health would not be proscriptive and would work with community leaders in various communities. It was reported that Talk Community Business was engaging with local employers on the health and wellbeing of workforces.

Ewen Archibald reported that: a number of local providers offered training on mental health first aid; there were mental health first aiders within the council; some partners had established programmes in place, such as Balfour Beatty Living Places; it was understood that a number of police officers had been trained on mental health first aid; a mental health professional was travelling with police officers, in parts of the county at certain times of the week, to provide a joined up mental health emergency response; for the mental health first aid model to be safe

and effective, it was not just an issue of training but also about ensuring that there were networks of support and mentoring in place, with appropriate signposting routes to wider support in the community or to specialist NHS services; and system partners were working closely with the police on various agenda.

A councillor in attendance commented on the need to promote and coordinate training opportunities for councillors and others on mental health issues.

- r) Paul Smith (Assistant director all ages commissioning) commented on: the mobilisation of resources by Talk Community during a flood emergency; the meaningful contribution from Herefordshire Mind which demonstrated the potential to transfer skills from other sectors and lived experience into community mental health; strategic commissioning in the future should explore what could be done collectively, and how to facilitate communities and individuals to help themselves, before looking at formal clinical services; and the value of bringing together a broad range of services and treating mental health with the same parity as physical health.
- s) A committee member made reference to the 'Here Youth Can' day-long conference for young people aged between 16 and 25 to be held on 1 July 2022.
- t) The chairperson welcomed the practical perspective that people needed help sometimes, it did not necessarily mean that they were helpless, and this in turn could enhance resilience. The chairperson also welcomed the positive direction of travel in terms of joining up local community activities and questioned the extent to which this was being mapped. In view of the potential for post-traumatic stress disorder amongst first responders and key workers, it was suggested that the expertise of military personnel could be utilised in some way.

Amy Pitt reported on the intention to position a Talk Community development officer in each PCN, acting as a key link with parish councils, community leaders and system partners, and developing the intelligence for each area.

Alicia Lawrence commented on the role of HM link workers in connecting people to different groups, helping to support recovery journeys, and the merits of having a mix of access options and services available to suit individual needs. Zoey Groves provided an example of support provided by a church community group.

## 8. Recommendations

The committee discussed draft recommendations arising from points raised during the debate, with input from other attendees.

In addition, the chairperson noted that the Agriculture Bill had set out how farmers and land managers in England could be rewarded with public money for 'public goods' and suggested that consideration be given to a piece of work around access to nature and its therapeutic benefits. The Leader of the Council commented on the potential for a dialogue around the mental wellbeing of farmers but also how they could help other communities. Ewen Archibald provided an overview of ongoing work with representatives of the agriculture community.

### **Resolved: That**

- 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;**
- 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; and**
- 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.**

## **58 COMMITTEE WORK PROGRAMME**

In response to a question from the chairperson about progress with an analysis and report on NHS Continuing Healthcare, Mandy Appleby (Assistant director for adult social care operations) reported that NHS Herefordshire and Worcestershire Clinical Commissioning Group had prepared a draft document and the final version would be shared with committee members shortly.

Attention was drawn to the work programme included in the agenda (page 57) and, in view of the need to discuss potential items in detail, the matter was deferred to enable a work programming session to be arranged for committee members.

### **Resolved:**

**That a work programming session be arranged for committee members in due course.**

## **59 DATE OF NEXT MEETING**

At the time of this meeting, the date of the next meeting was to be confirmed.

[Note: This was confirmed subsequently as Wednesday 2 June 2021 at 9.30 am]

The meeting ended at 12.47 pm

Chairperson





## Title of report: New arrangements for commissioned home care

**Meeting: Adults and wellbeing scrutiny committee**

**Meeting date: 2 June 2021**

**Report by: Cabinet member health and adult wellbeing**

### Classification

Open

### Decision type

This is not an executive decision

### Wards affected

(All Wards)

### Purpose

To consider the proposed home care framework and make recommendations as appropriate.

### Recommendation(s)

**That the committee:**

- a) **considers the proposed home care framework for adults and communities directorate, as set out in Appendix One, and determines any recommendations it wishes to make to the executive.**

### Alternative options

- 1 Entirely insourcing the provision of home care; this is not recommended due to the significant additional costs and the lack of infrastructure to support service delivery.
- 2 Partially insourcing the provision of home care for rural packages. This could address the challenge of providing commissioned care in rural areas. This is not recommended; rural packages would increase the cost of home care. It would also reduce the amount of commissioned care by around 25%. This could undermine the operational and financial viability of providers.

- 3 An approved list could be introduced as an alternative to a closed framework. This is not recommended because this could increase the number of providers with an associated increase in competition for home care packages which would further erode providers' operational and financial viability.
- 4 With the relevant approvals and consent of service providers the current notice period under the existing home care agreement could be extended for a further specified period. This is not recommended: commissioners have been working with providers for a considerable time on the co-produced proposal. The market is expecting the tender, which has already been delayed by 12 months as a result of the on-going pandemic. A further extension would prolong the period of uncertainty. It would also only provide a short-term solution and not address the structural issues associated with the current arrangements.

## **Key considerations**

1. The Care Act 2014 places a statutory duty on the council to manage the market to ensure the availability of home care and to have arrangements in place to commission home care services on behalf of people with eligible assessed needs. Therefore, alternative arrangements must be in place on the cessation of the notice period of the current arrangements, 31 October 2021.
2. The primary aim of the new arrangements is to improve the customer experience of commissioned home care by ensuring the timely availability of quality care throughout the county.
3. The home care services will be aligned with key strategic initiatives and services including; the Market Position Statement commissioning intentions, Talk Community, Home First and technology enabled living.
4. The introduction of the framework and the associated consolidation of the market will create a solid foundation for further innovation within the market.
5. Demand for home care services has been managed effectively by the application of strengths based approach to assessments and the provision of re-ablement services and assistive technology. The Covid-19 pandemic has further suppressed the level of commissioned home care provided. However, demographic changes are likely to result in an increase in demand.
6. There are usually around 750 people in receipt of commissioned home care at any one time. The pandemic suppressed demand for a time however, the trajectory is showing provision returning to previous levels of need. The majority of customers are elderly, 85% are over 65 and of those 37% are over 85. The primary need is for physical support which is required by 87% of people in receipt of care.
7. The commissioned home care purchased averages 9,500 hours per week. This equated to an annual gross expenditure of £10.2 m during the 2020/21 financial year.
8. The current arrangement for purchasing commissioned home care is an open approved list called Care @ Home. This commenced on 1 February 2018.
9. There are currently 28 approved providers delivering commissioned home care under Care @ Home. The majority of these providers are local, small to medium enterprises.

10. In excess of 70% of commissioned home care is delivered by the top 10 providers, expressed in terms of hours.
11. However, one of the key weaknesses of the current arrangement is the volume of commissioned care is insufficient to offer providers operational and financial viability. This is illustrated by the fact that 65% of providers deliver less than 300 hours per week of commissioned home care. Whilst many will be delivering care to people who fund their own provision either from their own resources or via a direct payment this makes them vulnerable to changes in market conditions, staffing issues etc.
12. It should be noted that the high level of competition for packages does not equate to real choice for customers as it results in providers being unable to form operationally and financially viable rounds of care calls. This is particularly the case in very rural areas due to the small number of packages commissioned.
13. This situation is compounded by an imbalance of supply and demand with a degree of oversupply in Leominster and the surrounding area and a lack of provision in the rural areas in the west and south of the county.
14. During the engagement phase of co-producing the proposal, many providers requested that the council reduces the number of approved providers to improve their operational efficiency and financial viability.
15. In the 12 months preceding the pandemic six providers made a strategic withdrawal from the market. It is likely this trend would have continued were it not for the council's and government's extensive financial and resource support package during the pandemic.
16. The inclusion of a cap on the number of providers on the framework and the requirement that providers deliver on a locality basis will assist the integration of home care provision within health and social care.
17. This will create the opportunity for strategic collaboration between providers to improve the efficiency of service delivery
18. It will also be a contractual requirement that providers pick up a quota of rural packages in their area(s) of operation. The increased volumes will assist with the creation of viable rounds and ensure that there is no undue delay in placing rural packages.
19. The reduction in the number of providers will also lower transaction costs and enable the council to target quality assurance activity to support continuous improvement.
20. The introduction of the proposed framework applies to new customers only from the date of implementation. This will allow providers to retain their current customers in receipt of commissioned care. It also gives time for providers to focus on the delivery of services to people who fund their own care.
21. The proposed framework will be procured via a competitive tender and it is envisaged that it will be operational from 1 November 2021.
22. Herefordshire's home care fee levels compare very favourably with other local authorities in the West Midlands and beyond. Fees are reviewed annually using a

model adapted from the industry's trade body the United Kingdom Home Care Association, this ensures quality of provision and value for money.

23. However, the sector faces challenges both nationally and locally in respect of the recruitment and retention of care staff. Recent research undertaken by Skills for Care found that in 2019/20 the vacancy rate in the West Midlands was 7.3% and the turnover of staff 30%. Furthermore, 27% of the workforce are over 55 years old.
24. It is estimated that 1,700 people are employed in the home care sector in Herefordshire. Many of these will be on a part time basis. The council is providing significant support to the sector through the Care Hero initiative including recruitment drives and subsidised training. However, it could be argued that the comparatively small scale of operation of many providers means that they are currently unable to offer opportunities and career development that might contribute to improvements in staff retention.
25. It is acknowledged that the possibility of change of care provision can be a source of anxiety for customers. Customers will have the option to retain their current provider either on a commissioned basis or via a direct payment. As a result, any disruption will be kept to a minimum.
26. A communications plan has been devised to ensure that customers are kept informed.

## **Community impact**

27. 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 will be proactive in helping and encouraging people to live healthier lifestyles and developing resources that offer more choice and control in remaining independent, therefore reducing or delaying the need for formal social care. This proposal supports the council's priorities by offering choice of services and support to help residents remain independent at home for longer.
28. The principles that underpin the service design will ensure that individuals' outcomes are improved through supporting the sustainability of home care services and investing in initiatives that will enhance people's lives. It will align to the council's health and wellbeing strategy, which underlines how Herefordshire aims to be a vibrant county where good health and wellbeing is matched with a strong and growing economy and the vision for the council's adults and communities directorate of 'all adults in Herefordshire live healthy, happy and independent lives within their local communities, for as long as possible with support when they need it.'

## **Environmental impact**

29. The development of the framework has sought to minimise any adverse environmental impact associated with the delivery of commissioned home care and will actively seek opportunities to improve and enhance environmental performance.
30. The requirement that providers operate within specified localities will support the creation of more efficient call rounds and reduce the mileage undertaken to deliver home care services.

31. The largest six providers in terms of hours delivered have confirmed that around 30% of commissioned home care is currently delivered by people who walk or cycle. Locality working may lead to a further reduction in car usage.

## **Equality duty**

32. 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.
33. The council is committed to equality and diversity using the Public Sector Equality Duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.
34. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Our providers will be made aware of their contractual requirements in regards to equality legislation.
35. The decision does not discontinue any service and has no detrimental impact to eligible service users.

## **Resource implications**

36. It is not anticipated that the proposed framework will have any impact on the current resources available. The new arrangements should reduce any delay in the provision of home care. This will also ensure the resources of the Home First service are focussed on reablement and hospital discharge.
37. The council's annual gross expenditure on commissioned home care during the 2020/21 financial year was £10.2 m. The expenditure will continue the strength based ethos to ensure people receive the right amount of care at the right time in the right place.

## **Legal implications**

38. The Care Act 2014 articulates the principles of wellbeing and prevention, and the recognition that an individual, their family, and/or carer must be enabled to make decisions regarding their care. These principles inform the council's delivery of social care services of which this proposal forms a key part.

## Risk management

39. If the recommendations described in the report are not approved, it will result in the council not having appropriate arrangements in place to purchase homecare services. This means the council could fail to meet its statutory duties under the Care Act 2014 when the current framework expires on 31 October 2021.
40. The introduction of a framework will enhance the customers' experience by improving provider's operational and financial viability.
41. Providers may choose not to apply or their application may be unsuccessful. However, extensive and ongoing engagement has indicated that the majority will continue to deliver to current commissioned customers and realign their businesses to focus on providing home care services to people that fund their own care. Therefore, it is doubtful that any significant discontinuity of service provision will occur directly as a result of the introduction of the framework.
42. There is a risk register underpinning this project, which is reviewed regularly.

The key risks are summarised below and illustrated in Appendix One.

### **Risk / opportunity**

### **Mitigation**

Destabilising the market

The proposal has been co-produced with council approved providers during the last two years. A Provider Reference Group was created to inform the new approach and model. Ongoing market engagement indicates significant levels of interest in the opportunity both from current suppliers and prospective providers wishing to deliver commissioned home care on behalf of the council.

Lack of interest from current providers in the new arrangements

Providers may discontinue the delivery of commissioned care and focus their activity on self-funders. It is estimated that provision to people who purchase their own care equates to 30% of the care delivered by approved providers.

However, as stated in the previous mitigation there is currently no indication that there will be insufficient interest in this opportunity.

Disruption to continuity of service provision for customers

Incumbent suppliers who choose not to apply or are unsuccessful in the tender will have the option to continue to deliver commissioned care to current customers.



Damage to the council's reputation as a result of enforced changes of service provision to customers as a result of the tender

A communication plan is in place which will ensure customers and stakeholders are aware of the process and outcome of the tender.

Delay in awarding the contract as a result of challenge from applicants regarding the delivery and /or outcome of the tender process

The tender process will be compliant with legislation and council processes.

In the event of delay the current contract can be extended on a time limited basis with providers' consent.

43. If the approach is approved the project board will manage any risks through Verto and escalate to service, directorate or corporate risk register if required.

### **Consultees**

- Care at Home Approved Providers - A provider reference group was established in October 2019 for providers to inform the design of the approach and model
- Making it Real Board meetings attended on 02/10/2019 and 17/03/2021
- All member briefing session 13/04/2021
- Adult social care operations

### **Appendices**

Appendix One Presentation

### **Background papers**

None identified



# Scrutiny committee

New arrangements for  
commissioned home care

2 June 2021

# Market Summary

Commissioned Home Care purchased via the Care @ Home Approved Provider List (as at 1 February 2021)

- Total number of customers 739 urban 568 / rural 171
- New customers per month average 30
- Hours purchased per week 9,683 urban 7,614 / rural 2,069
- Number of approved providers active 28
- Annual Gross Spend 2020/21 £10.2 M

# Key Challenges

- Fragility within the market
- Too much capacity in some localities, not enough in others
- Ensuring a timely response in rural areas
- Improving efficiency across the sector
- Workforce - recruitment, retention and an ageing workforce

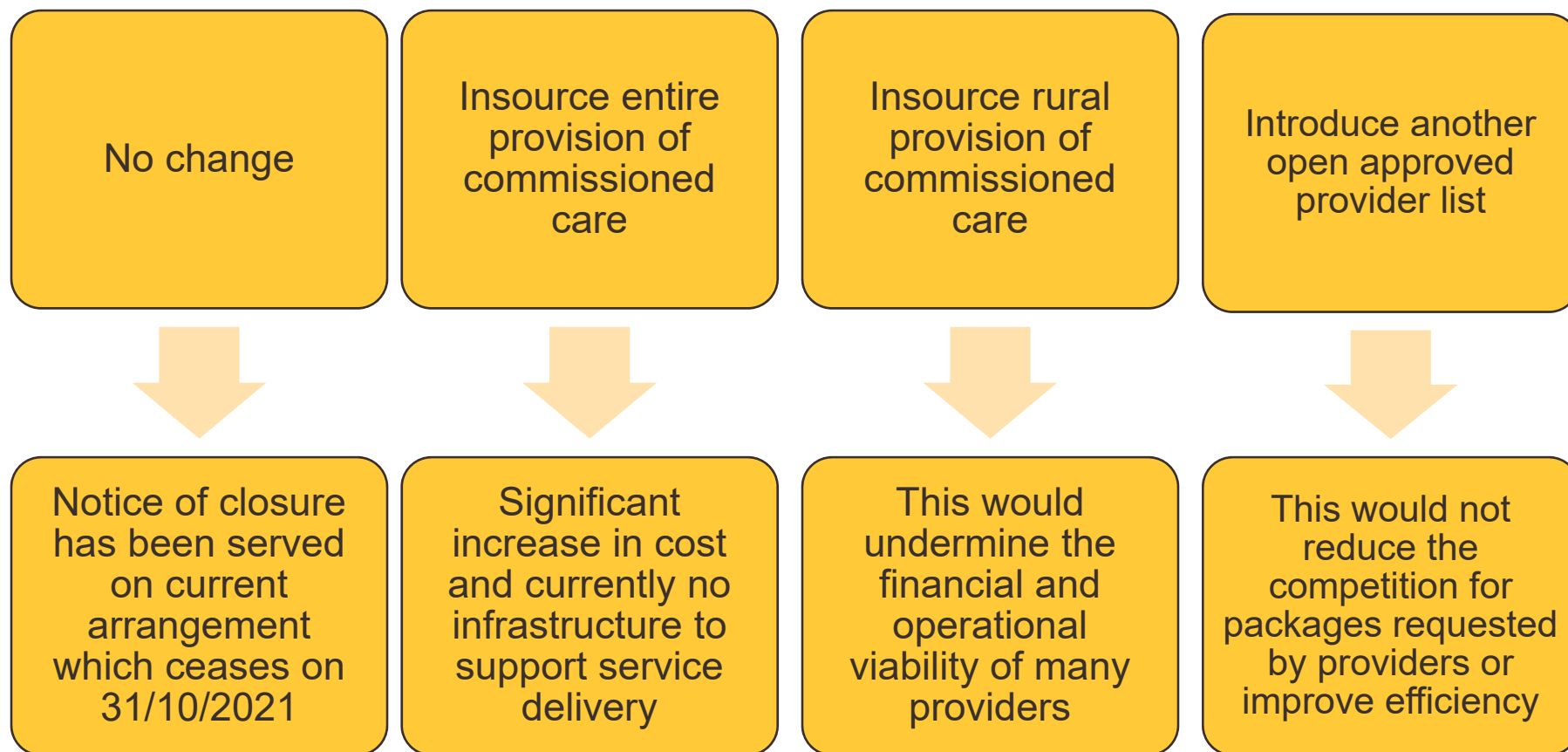
# Key Aims and Objectives

- Ensuring the availability of quality home care
- Improving the customers' experience of home care
- Maximising customers' independence and wellbeing with technology enabled living and other services that can replace or supplement formal care
- Ensuring that the new model is aligned with Talk Community and other key strategic initiatives
- Reconfiguring the home care market to improve provider partners' operational and financial viability
- Facilitating providers to work strategically and collaboratively with the council

# Key Aims and Objectives (continued)

- Improving operational efficiency and reducing the environmental impact of home care service delivery
- Introducing new systems and processes to reduce transactional costs
- Addressing the workforce issues
- Providing a solid foundation for further innovation in the sector

# Summary of Options Considered



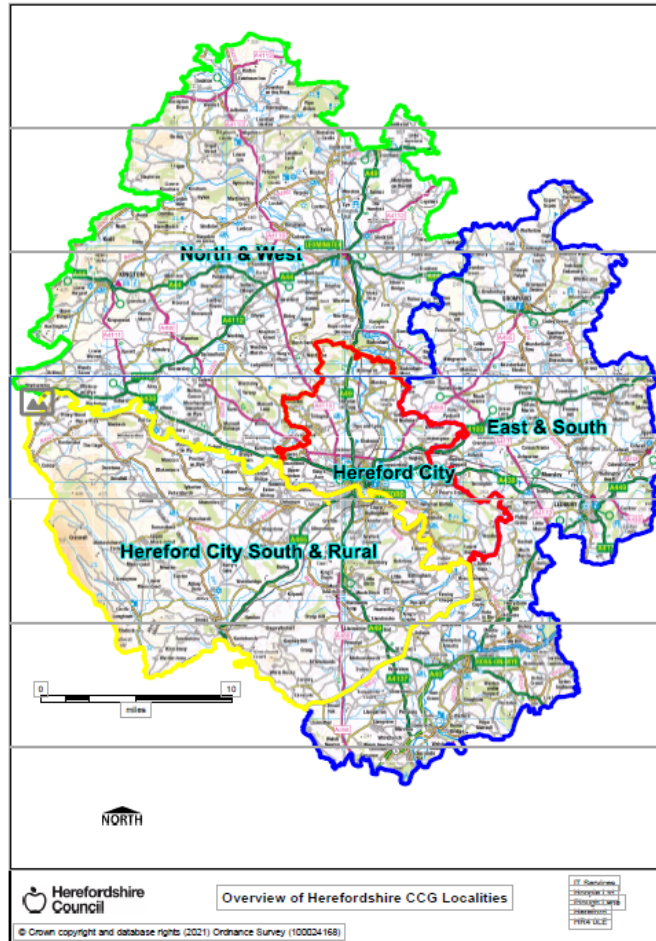


# Framework Proposal

- Tender lots based on locality areas
- The number of lots determined by the amount of commissioned care delivered in each locality
- The number of lots a provider can apply for will be capped to TWO
- Providers will be contractually required to deliver a % of the rural packages in the locality (based on 20%)
- Providers who opt not to apply or are unsuccessful in the tender have the option to **retain** their existing customers

# Locality Map

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# Summary of Provision by Locality Classified Urban and Rural (as at December 2020)

Locality	Urban or Rural	Number of Customers	Number of Hours per Week
<b>Hereford City North and Surrounding Rural Area</b>			
Hereford City North	Urban	178	2384
Surrounding Rural Area	Rural	51	671
<b>Total</b>		<b>229</b>	<b>3055</b>
<b>Hereford City South and Golden Valley</b>			
Hereford South	Urban	94	1313
Golden Valley	Rural	14	185
<b>Total</b>		<b>108</b>	<b>1498</b>
<b>East and South - Bromyard, Ledbury, &amp; Ross-on-Wye</b>			
Ross Rural	Rural	29	298
Ross Town	Urban	59	775
Ledbury Rural	Rural	12	152
Ledbury Town	Urban	34	442
Bromyard Rural	Rural	11	114
Bromyard Town	Urban	19	201
<b>Total</b>		<b>164</b>	<b>1982</b>
<b>North and West - Leominster, Kington, Mortimer &amp; Weobley</b>			
Leominster Rural	Rural	18	279
Leominster Town	Urban	87	1088
Mortimer	Rural	29	347
Kington Town	Urban	21	278
Kington Rural	Rural	17	222
Weobley	Rural	37	365
<b>Total</b>		<b>209</b>	<b>2579</b>

# Proposed Lots for Home Care Tender

Lot	Locality	Number of Customers	Weekly Hours (Rounded)	%
1	Hereford City North & Rural Locality including Credenhill, Marden & Wellington	230	3,000	35%
2	Hereford City South & Rural Locality including Golden Valley, Dorstone & Pontrilas	110	1,500	15%
3	South & East Locality including Ross-on-Wye, Ledbury & Bromyard	160	2,000	20%
4	North & West Locality including Leominster, Weobley & Kington	210	2,600	30%

# Proposed Re-modelled Provision by Locality

Lot	Locality (NB. most providers currently operate in more than one locality)	Number of providers currently operating in the Locality	Proposed number of providers
1	Hereford City (North) & Rural Locality	14	6
2	Hereford City (South) & Rural Locality including the Golden Valley	13	3
3	East & South Locality including Ledbury, Bromyard & Ross-on-Wye	18	4
4	North & West Locality including Leominster, Weobley & Kington	15	5

# Key Risk Summary

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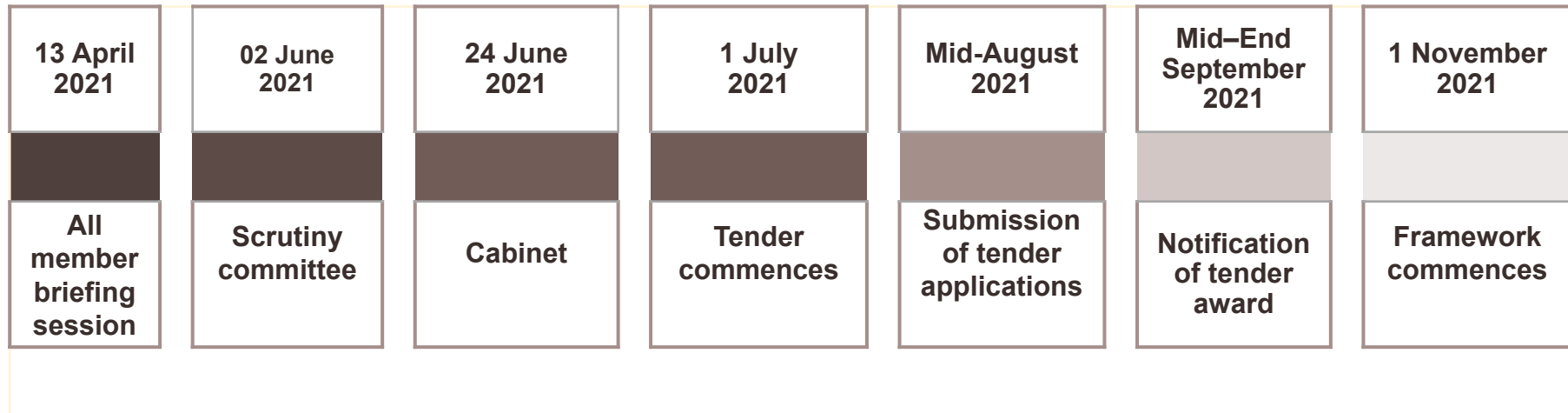
Ref	Description	Mitigation
R1	Discontinuity of provision for customers	Providers retain current customers
R2	Instability in the home care market	Proposed new arrangements will be phased in
R3	Provider failure	No indication the proposal will cause failure
R4	Lack of interest in the tender	Considerable interest from providers
R5	Challenge to the procurement process and/or result	The legal and procurement teams are advising
R6	Delay in awarding contracts	The current contract allows for an extension
R7	Risk to the council's reputation	Timely communication with customers and families

# Key Risk Matrix

		Impact				
		1 Insignificant	2 Minor	3 Moderate	4 Major	5 Significant
Likelihood	5 Certain					--
	4 Likely					
	3 Possible				R1, R2	R3
	2 Unlikely			R6	R4, R5, R7	
	1 Rare					

# Proposed Time Line

## Key Milestones (2021)







## **Title of report: Committee work programme**

**Meeting: Adults and wellbeing scrutiny committee**

**Meeting date: Wednesday 2 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 the work programme 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 A 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 considered potential items of business and priorities at a scrutiny work programming session (held on 20 November 2020).
4. Meetings during the municipal year 2020/21 have been held on 21 September 2020 (suicide prevention strategy implementation), 23 November 2020 (Herefordshire market position statement 2020-25), 13 January 2021 (2021/22 budget setting), 26 January 2021 (21/22 budget saving proposal amendment), 24 March 2021 (NHS White Paper: integration and innovation), 29 March 2021 (carers strategy), and 30 April 2021 (review of mental health provision in Herefordshire).
5. It is intended that a scrutiny work programming session for 2021/22 will be held early in the new municipal year.
6. 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.
7. The next committee meeting and principal agenda item will be as follows:  
  
**Monday 21 June 2021, 2.30 pm**      Learning disability strategy update
8. 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.
9. Written briefing notes have been circulated to committee members recently on: NHS Continuing Healthcare; falls - predict, prevent, react and respond; Herefordshire Safeguarding Adults Board; Herefordshire sexual health service; and Herefordshire substance use service. Following the last meeting, further written briefing notes will be requested on: the refurbishment of the Stonebow Unit; multiple complex vulnerability; and the health and wellbeing survey.
10. The work programme will remain under regular review to allow the committee to respond to particular circumstances.
11. 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**

12. Appended to this report (Appendix A) is a schedule of the recommendations made by the committee during 2020/21 and the responses received to date; since the previous iteration, responses have been received from NHS Herefordshire and Worcestershire Clinical Commissioning Group on recommendations made by the committee on 24 March 2021 in relation to the item on 'NHS White Paper: integration and innovation'.

## **Constitutional matters**

### Task and finish groups

13. 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.
14. 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

15. 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

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

[Forthcoming decisions](#)

17. An extract of the forward plan of forthcoming decisions, as at 6 May 2021, for the adults and communities directorate is attached (Appendix B).

### Suggestions for scrutiny from members of the public

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

[Get involved](#)

## **Community impact**

19. 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

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

## Equality duty

21. 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.
22. 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

23. 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

24. 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

- 25.
- | 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

26. A work programming session involving scrutiny committee members was held in

November 2020. A further work programming session will be arranged early in the new 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      Schedule of recommendations and responses

Appendix B      Forward plan of forthcoming decisions, extract as at 6 May 2021 for the adults and communities directorate

## **Background papers**

None identified.



Adults and wellbeing scrutiny committee, schedule of recommendations and responses

21 September 2020

Item	Recommendations	Executive responses
<p>Suicide prevention strategy implementation</p>	<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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<b>23 November 2020</b>		
Item	Recommendations	Executive responses
<p>Briefing on the Herefordshire Market Position Statement 2020-2025 for adults and communities</p>	<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

<p>e. Explicit reference be made to the Council’s intentions for care home and extra care development, and any associated workforce implications.</p>	<p>Agreed to include</p>
<p>f. That consideration be given to clarifying the situation for Herefordshire residents that are not served by the footprints of Primary Care Networks.</p>	<p>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</p>
<p>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.</p>	<p>Agreed and has been include in the MPS</p>
<p>h. That the statistics included on page 15 (agenda page 41) on predicted increases in dementia be clarified.</p>	<p>Agreed to consider</p>
<p>i. That identified trends in page 14 of the statement (agenda page 40) be reviewed and be supported by additional narrative, as appropriate.</p>	<p>Agreed to include further information</p>
<p>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>	<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>
<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.</p>	<p>Agreed</p>
<p>l. That a written briefing note be provided on the falls prevention service.</p>	<p>Agreed</p>

## 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"> <li>1. A plain English narrative be prepared to explain the adult social care precept.</li> <li>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).</li> <li>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.</li> <li>4. That opportunities be considered to inform service users about charging changes in advance and to stage increases incrementally.</li> </ol>	<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"> <li>• due to the binary nature of the decision (either the practice changes or it does not)</li> <li>• 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)</li> <li>• the savings target would be missed due to not applying on a full year basis</li> </ul>

## 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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<b>29 March 2021</b>		
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

	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.	

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<b>30 April 2021</b>		
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.	
	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.	

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

	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.	

## Forward plan of forthcoming decisions, extract as at 6 May 2021 for the adults and communities directorate

Cabinet

Report title and purpose	Decision maker and due date	Lead officer and lead cabinet member	Directorate	Notice of decision first published / ID	Issue type and exemptions
<p><b>New Arrangements for Commissioned Home Care</b></p> <p>To approve a new approach and model for commissioned home care services.</p>	Cabinet 24 June 2021	<p>Lucy Beckett, Ian Gardner, Senior commissioning officer</p> <p>lucy.beckett2@herefordshire.gov.uk, lan.Gardner@herefordshire.gov.uk Tel: 01432 383079, Tel: 01432 383734</p> <p>Cabinet member health and adult wellbeing</p>	Adults and communities	3 March 2021 150037076	<b>KEY</b> Open
<p><b>Section 117 Aftercare; joint policy implementation</b></p> <p>To approve the revised joint Section 117 (Aftercare) policy and Standard Operating Procedure between Herefordshire Council and Herefordshire and Worcestershire Clinical Commissioning Group</p>	Cabinet 22 July 2021	<p>John Burgess, Senior commissioning officer</p> <p>John.Burgess3@herefordshire.gov.uk</p> <p>Cabinet member health and adult wellbeing</p>	Adults and communities	4 May 2021 150037551	<b>KEY</b> Open
<p><b>Carers strategy</b></p> <p>To approve Herefordshire's approach to improving carers lives and experiences.</p>	Cabinet 23 September 2021	<p>Amy Whiles, Senior commissioning officer</p> <p>Amy.Whiles2@herefordshire.gov.uk Tel: 01432 261920</p> <p>Cabinet member health and adult wellbeing</p>	Adults and communities	2 March 2021 150036926	<b>KEY</b> Open

**Other executive decisions**

Report title and purpose	Decision maker and due date	Lead officer and lead cabinet member	Directorate	Notice of decision first published / ID	Issue type and exemptions
<p><b>Approve the option to deliver the residential and respite service for adults with a learning disability and complex needs</b></p> <p>To agree the business case to deliver the residential and respite learning disabilities and complex needs service.</p>	<p>Cabinet member health and adult wellbeing</p> <p>11 May 2021</p>	<p>Jas Kakkar, Head of care commissioning <small>Jas.Kakkar@herefordshire.gov.uk</small></p> <p>Cabinet member health and adult wellbeing</p>	<p>Adults and communities</p>	<p>24 March 2021 I50037282</p>	<p><b>KEY</b></p> <p>Part exempt</p>
<p><b>Complex Needs Framework</b></p> <p>Approval is being sought to join the Worcestershire complex needs framework with Worcestershire County Council and Herefordshire and Worcestershire Clinical Commissioning Group (CCG), across the Sustainability and Transformation Partnership (STP) health and social care footprint.</p>	<p>Cabinet member health and adult wellbeing</p> <p>14 May 2021</p>	<p>Laura Ferguson, Senior commissioning officer <small>Laura.Ferguson@herefordshire.gov.uk</small> <small>Tel: 01432 383873</small></p> <p>Cabinet member health and adult wellbeing</p>	<p>Adults and communities</p>	<p>15 February 2021 I50036859</p>	<p><b>KEY</b></p> <p>Open</p>
<p><b>BT consultation on phone box removal Spring 2021</b></p> <p>To approve the retaining of at risk public phone boxes, where there is community need, in response to a formal consultation by British Telecom (BT). As set out by Ofcom, BT has an obligation to consult with Herefordshire Council with regard to proposed removals.</p>	<p>Director of adults and communities</p> <p>18 June 2021</p>	<p>Philippa Lydford, Local Resources and Assets Officer <small>plydford@herefordshire.gov.uk</small></p> <p>Cabinet member health and adult wellbeing</p>	<p>Adults and communities</p>	<p>19 April 2021 I50037487</p>	<p><b>Non Key</b></p> <p>Open</p>
<p><b>Decision to make a direct award of a contract for domestic abuse services</b></p> <p>To approve the direct award of a contract for domestic abuse services to West Mercia Women's Aid.</p>	<p>Assistant director all ages commissioning</p> <p>24 June 2021</p>	<p>Danielle Mussell, Commissioning officer <small>Danielle.Mussell@herefordshire.gov.uk</small> <small>Tel: 01432 260815</small></p> <p>Cabinet member health and adult wellbeing</p>	<p>Adults and communities</p>	<p>4 May 2021 I50037598</p>	<p><b>Non Key</b></p> <p>Open</p>