Herefordshire Council

Agenda

Adults and wellbeing scrutiny committee

Date: **Friday 30 April 2021**

Time: **9.30 am**

Place: **Online meeting**

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Notes: 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 Jenny Bartlett**
	Councillor Sebastian Bowen
	Councillor Helen l'Anson
	Councillor Tim Price
	Councillor Alan Seldon
	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 9 - 30

To approve the minutes of the meetings held on 24 March 2021 and 29 March 2021.

How to submit questions

The deadline for the submission of questions for this meeting is 5.00 pm on Monday 26 April 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/council/get-involved/3

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. REVIEW OF MENTAL HEALTH PROVISION IN HEREFORDSHIRE 31 - 56

To consider reports and presentations on the provision of mental health services across Herefordshire. This will include updates on the progress of the current community mental health services transformation programme. This will also address the impact of Covid19 on the mental health of local people. And the contribution Talk Community can make to mental wellbeing in Herefordshire.

8. COMMITTEE WORK PROGRAMME 57 - 64

To consider the committee's work programme.

9. DATE OF NEXT MEETING

To be confirmed, week commencing 17 May 2021.

The public's rights to information and attendance at meetings

Herefordshire Council is currently conducting its public committees, including the adults and wellbeing scrutiny committee, as 'virtual' meetings. These meetings will be video streamed live on the internet and a video recording maintained after the meeting. This is in response to a recent change in legislation as a result of Covid-19. This arrangement will be adopted while public health emergency measures, including social distancing for example, remain in place.

Meetings will be streamed live on the Herefordshire Council YouTube channel at www.youtube.com/HerefordshireCouncil

The recording of the meeting will be available shortly after the meeting has concluded through the relevant adults and wellbeing scrutiny committee meeting page on the council's website at http://councillors.herefordshire.gov.uk/ieListMeetings.aspx?CId=955&Year=0

You have a right to:

- Observe all 'virtual' council, cabinet, committee and sub-committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.

- Inspect agenda and public reports at least five clear days before the date of the meeting. Agenda and reports (relating to items to be considered in public) are available at www.herefordshire.gov.uk/meetings

- Inspect minutes of the council and all committees and sub-committees and written statements of decisions taken by the cabinet or individual cabinet members for up to six years following a meeting.

- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting (a list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.

- Access to a public register stating the names, addresses and wards of all councillors with details of the membership of cabinet and of all committees and sub-committees. Information about councillors is available at www.herefordshire.gov.uk/councillors

- Have access to a list specifying those powers on which the council have delegated decision making to their officers identifying the officers concerned by title. The council's constitution is available at www.herefordshire.gov.uk/constitution

- Access to this summary of your rights as members of the public to observer 'virtual' meetings of the council, cabinet, committees and sub-committees and to inspect documents.

Herefordshire Council

The seven principles of public life

(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

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.

Herefordshire Council

Minutes of the meeting of Adults and wellbeing scrutiny committee held online on Wednesday 24 March 2021 at 9.30 am

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

In attendance: Councillors Pauline Crockett (Cabinet member - health and adult wellbeing), David Hitchiner (Leader of the Council) and Felicity Norman (Cabinet member - children and families)

Officers: Mandy Appleby (Assistant director for adult social care operations), Ben Baugh (Democratic services officer), Kate Coughtrie (Deputy solicitor to the council), Jenny Preece (Governance support assistant), Paul Smith (Assistant director all ages commissioning) and Stephen Vickers (Director for adults and communities)

Invitees: David Mehaffey (NHS Herefordshire and Worcestershire System), Ian Stead (Healthwatch Herefordshire), Dr Ian Tait (NHS Herefordshire and Worcestershire Clinical Commissioning Group) and Simon Trickett (NHS Herefordshire and Worcestershire Clinical Commissioning Group)

35 APOLOGIES FOR ABSENCE

All committee members were present. Apologies for absence had been received from the following invitees: Councillors Graham Andrews, Paul Andrews and Phillip Howells (members of the children and young people scrutiny committee); Councillor Yolande Watson (cabinet support member adults and communities); Chris Baird (director for children and families) and Amy Pitt (assistant director talk community programme) (Herefordshire Council); Susan Harris (Herefordshire and Worcestershire Health and Care NHS Trust); Nisha Sankey (Taurus Healthcare); and Jane Ives (Wye Valley NHS Trust).

36 NAMED SUBSTITUTES (IF ANY)

There were no substitutes.

37 DECLARATIONS OF INTEREST

Councillor Bartlett declared an ‘other’ interest in agenda item 6, NHS White Paper: integration and innovation (minute 40 refers), due to attendance at Integrated Care System executive forum meetings, and clarified that she had not been present at a recent meeting where the White Paper had been discussed and she maintained an open mind on the proposals.

38 QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

39 QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

40 NHS WHITE PAPER: INTEGRATION AND INNOVATION

The chairperson advised that this additional meeting had been convened to consider the report on the 'NHS White Paper: integration and innovation' from NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG). It was noted that members of the children and young people scrutiny committee had also been invited to participate in the meeting, in a non-voting capacity.

David Mehaffey introduced the report, the principal points included:

i. The NHS White Paper 'Integration and innovation: working together to improve health' (hereafter 'White Paper') would bring forward measures for a statutory integrated care system (ICS), comprising an ICS Board and an ICS Health and Care Partnership; this would replace the Sustainability and Transformation Partnership (STP).

ii. The focus was on improved outcomes to health and wellbeing for the population and tackling health inequalities by bringing together local authorities, NHS bodies, primary care, voluntary sector and other bodies.

iii. The proposals would not affect the role of the Health and Wellbeing Board; it was acknowledged that there would need to be a clear relationship between the board and the ICS Health and Care Partnership to ensure that they worked together well.

iv. The CCG would be abolished and replaced by NHS Herefordshire and Worcestershire ICS, with its board made up of local partners.

v. The competition rules would change, giving commissioners more discretion over procurement processes.

vi. A number of functions currently commissioned from NHS England in the Midlands region would be delegated to the ICS, such as local pharmacy and dentistry services.

vii. The partners would retain their organisational financial statutory duties but would also be required to have due regard to the balance of the whole system.

viii. The reforms were due to be implemented in April 2022. It was noted that there was a strong history of partnership working locally and the new arrangements represented 'a continuation of that journey' which would enable partners to work together in a more integrated way.

ix. The local system was one of eight, out of forty, involved in supporting the development of national guidance.

x. Attention was drawn to the ‘benefits to the population in Herefordshire’ identified in the report and it was noted that integrating services would result in people experiencing care that was more joined up and digitally enabled; it was anticipated that a single clinical record would make a significant difference.

xi. It was reported that, since the merger into a single CCG, NHS Herefordshire and Worcestershire CCG had made significant additional investment in Herefordshire and further investments were planned as the system moved into the ICS arrangements.

Simon Trickett reminded the committee that the White Paper set out proposals and would be subject to the formal legislative process in Parliament. He said the proposals would tidy up and consolidate the work that had been undertaken locally on integrated care in recent years, removing some of the barriers around procurement, and enabling partners to work collaboratively to design services.

Dr Ian Tait considered that the White Paper represented a permissive approach from the NHS, emphasised that not everything had to be done at the system level, and said that the new arrangements were based on partnership in the most genuine sense, involving individuals, communities, clinicians and members of staff working in health and care, and managerial and governance structures.

The director for adults and communities said that it was important to recognise that this was an evolution of the work that was already ongoing and encouraged the scrutiny committee to explore the ‘place’ issues for Herefordshire as thoroughly as possible, including the interface with the Health and Wellbeing Board; it was noted that the board membership had been expanded in recognition of the need to consider population health and wellbeing collaboratively. He added that, whilst there was detail to be worked through, the proposals should be viewed positively.

Ian Stead said that Healthwatch Herefordshire supported the development of the ICS and was keen to see that Herefordshire benefitted from improvements to services, adding that collaborative working between Herefordshire and Worcestershire had helped to secure investments in mental health services. He highlighted the need to ensure that the patient and public voice was heard strongly and taken into account in the decisions that were taken, and to develop the role of the Health and Wellbeing Board.

The chairperson welcomed the positive comments about the direction of travel but noted that the details would be crucial. Reference was made to the Centre for Governance and Scrutiny (CfGS) document on ‘The scrutiny perspective on the Government’s health and care White Paper’, including: the suggestion about ‘building scrutiny into the ‘duty to collaborate’’; and the concern expressed that ‘it is proposed to remove [scrutiny’s] power of referral to the Secretary of State…’. The chairperson felt that: there should be a role for scrutiny to be able to raise issues of public and local concern; the COVID pandemic had accelerated structural, organisational and cultural changes and it was hoped that the new arrangements should not lead to unnecessary disruptions; the movement from competition to collaboration in commissioning was positive but, referencing a view expressed by The King’s Fund, it would be important to mitigate against the risk that contracts were automatically handed out to incumbent providers, with the potential to diminish diversity within the marketplace; and the wider

determinants of health and wellbeing involved a range of council services, beyond the adults and communities directorate, and it was suggested that the potential extent of collaboration and integration would need to be expressed.

In response, Mr Mehaffey: acknowledged the importance of the wider determinants of health and wellbeing and said that the ICS would enable NHS bodies and the whole of the council to work together; patient choice was an important principle of the White Paper and commissioners would retain the right to recommission services if patients were not getting a good service or adequate choice from a current provider, but would not be forced to do when this was not required; Herefordshire was considered to be in a good position in terms of 'place' and the organisational and cultural approach to collaboration; it would be interesting to see how the issue of the proposed broader powers for the Secretary of State would develop; and the role of scrutiny in holding system partners to account was valued.

The assistant director all ages commissioning commented that competition had helped to drive innovation and the proposed legislation would allow this to continue, with the opportunity to retain what is good and to transform what is not in a collaborative way; some of the unintended consequences of the existing legislative obligation to competition were outlined.

The vice-chairperson posed a number of questions about: the interaction and governance arrangements for the ICS Board and the ICS Health and Care Partnership, including local authority representation; the potential for joint scrutiny committees involving Herefordshire and Worcestershire local authorities; and whether place-based delivery considered fully the challenges and costs of providing services in rural areas.

In response, Mr Trickett: advised that the White Paper expected the NHS ICS Board to include local authority representatives but he recognised that there was work to do during the course of the year on the arrangements, including around the role and relationship between the Herefordshire and the Worcestershire health and wellbeing boards and the ICS Health and Care Partnership; commented on the ongoing role of scrutiny in terms of the local accountability of health services, noting that this would be at a place level in the main but there may be occasions when a service change across both counties could involve wider dialogue; acknowledged the need for clarity about the definitions and roles of all bodies to minimise the potential for duplication; and reported that, broadly speaking, the budgets for Herefordshire and for Worcestershire were managed separately but opportunities had been taken to move money around where this was possible to meet particular needs, such as the investments in local primary care services in Herefordshire.

The chairperson of the children and young people scrutiny committee welcomed the formalisation of what was already happening to some degree. However, whilst noting that the power to review plans for substantial variation would be retained, expressed concern about the possible removal of the power of referral to the Secretary of State given the potential for differences of opinion about what constituted substantial variation in services, the nature of the consultation or engagement, or the appropriateness of the decisions taken. Mr Trickett said that he was not aware of anything which would take away a scrutiny committee's ability to make that referral if due process had not taken place. Mr Mehaffey added that the point was about the Secretary of State having the power to take intervention without a referral.

The vice-chairperson of the children and young people scrutiny committee asked what was being done proactively to ensure that the new arrangements worked as well as possible for local people and queried the future of Public Health England. Mr Mehaffey explained that: this was a White Paper, with all the normal processes and opportunities to engage during the passage of the paper through Parliament; the concept of the health and care partnership body had emerged following an initial draft of the paper, perhaps to bolster the balance between local accountability and central control; and Public Health England would be replaced by a new national institute for public health.

Committee members were invited to ask questions and make comments, the principal points arising from the debate included:

- A committee member commented that: the merger of Herefordshire Council and the former Herefordshire Primary Care Trust, and attempts to integrate services and back office functions, had been undermined by subsequent NHS reforms; it was positive that local authorities were being consulted but it was questioned to what extent the new arrangements were a foregone conclusion; there were similarities with the former Herefordshire and Worcestershire County Council; the retention of the power of referral to the Secretary of State and other safeguards would be essential to ensure that Herefordshire was treated equitably, especially in the rural areas; and no mention had been made about how the two different funding mechanisms for the NHS and for local authorities were going to cope with working together, and the plans might to succeed if this was not addressed.

  Mr Mehaffey said that it was recognised that there was a balance to be achieved between national expectations and local priorities, and the CCG had worked hard on partnership working and to deliver integration with the council. He commented on the principle of subsidiarity in the system, where improvements would be delivered at a place level and would only be delivered at a system level where there was a compelling reason to do so. Mr Trickett agreed that, whilst the Better Care Fund helped to deal jointly with some issues, a national funding solution would help integrated care to move forward more quickly.

  Dr Tait said that: the opportunities for collaboration outweighed the understandable and real risks that had been described; in terms of rural areas, the NHS had duties in terms of quality and equity; there had been benefits to Herefordshire arising from the single CCG for the two counties; the greater costs of service in Herefordshire were recognised; a proper funding solution for social care was an absolute must to maximise the partnership approach; the key role of scrutiny was supported; the wider determinants of health and wellbeing were important and this approach provided a realistic opportunity to deliver something that added value; and he had been invited to lead the arrangements for the future ICS Health and Care Partnership and the committee's comments would be taken into regard.

- A committee member commented that: the NHS was highly valued but challenges remained around funding; it could be concluded that the existing legislative framework had not worked; clarification was sought on references in the report to 'those in need of bespoke health or social care'; clarification was also sought on 'direct action to address a number of key health and well-being risks, such as by

addressing pre-watershed food advertising issues, improving food labelling standards, mandating calorie-labelling on alcohol and the strengthening the approach to water fluoridation.'; and scrutiny should be allowed to retain its powers.

Mr Mehaffey advised that: the 'direct action' referred to would be undertaken at a national level and noted the linkages to some of the determinants of health and wellbeing; 'bespoke health or social care' was about trying to tailor care around the entire needs of an individual in a more organised way.

The chairperson suggested that the identified 'direct action' at a national level could provide a springboard for system partners to work collaboratively on tackling health inequalities at a local level.

- The vice-chairperson drew attention to the suggestion in the CfGS document that health scrutiny powers might include 'Requiring the agreement between ICSs and local scrutiny functions on modes of communication and engagement – reflecting the fact that in different areas, to meet different needs, different models of health scrutiny might be necessary. This will also allow councillors to plan to focus their attention on those matters of greatest public contention, adopting a more targeted approach to their work. It will also provide for the ICS to provide support and resources for necessary joint scrutiny, and to facilitate working between ICS scrutiny, place-based health scrutiny, local Healthwatch and place-based scrutiny of HWBs and the delivery of public health priorities'.

  The vice-chairperson asked for clarification on the point made in the report (agenda page 14) that there would be 'More opportunities to form joint committees and other joint working arrangements to support the delivery of integrated care'.

  Mr Trickett said that the White Paper intended to create a specific legal mechanism for the ICS to form a joint committee with a provider trust, adding that this was prohibited under current legislation; it was noted that Section 75 agreements (under the NHS Act 2006) enabled arrangements between NHS bodies and local authorities.

  The director for adults and communities considered there was more work to be done on the broader context of partnership working where this was less proscriptive at a placed based level, particularly around the roles of the Health and Wellbeing Board and the ICS Health and Care Partnership and the associated interface, in order to ensure that the system was as effective and integrated as it could be.

- A committee member commented on the potential for the council to explore the integration of some services or areas of responsibility to mirror the new arrangements for health. The tangible benefits of a single clinical record were noted and it was questioned what other benefits a Herefordshire resident might see using health services in the future.

  Mr Mehaffey explained that the establishment of Primary Care Networks had resulted in GP practices working together more collectively to deliver a wider range of services to patients in each geographic area. In many PCN areas, one

practice was leading on the COVID vaccination programme and this had enabled much quicker rollout than would have been the case if individual practices were delivering vaccinations to their own patients.

Mr Trickett said that a key principle of the integrated care agenda was wrapping care around the patient, with health and care professionals working cohesively to meet their needs. Consequently, the number of 'hand offs' between different teams should be reduced. He added that this should make the system more efficient and result in better outcomes.

The director for adults and communities outlined the work on integrated discharge pathways and the reinvestment in community services to move people out of hospital more swiftly and back home with a reablement level of support from an integrated health and social care system, connected to the Talk Community offer. He reported that adult social care services had been aligned to the Primary Care Network areas which would help to provide a better integrated offer at a place level. He also explained that population health needs could be looked at on a locality basis, rather than as a county as a whole, and teams could be asked to respond to particular challenges and priorities. He concurred that the real test was the difference that integration and innovation made to the end user.

- The chairperson acknowledged the value of a seamless, wraparound service but noted the additional difficulties for Herefordshire residents living close to the border with Wales, especially in terms of information sharing between providers in England and Wales.

  A committee member commented on previous, unsuccessful NHS IT projects and said that the benefits of the new arrangements, particularly for people living on geographic or system boundaries, would not be realised without alignment.

  Mr Trickett recognised the need for the arrangements to work for all residents of Herefordshire, including those who were registered with GP practices in Wales. It was noted that the proposals would bring arrangements in England closer to those operated in Wales. He added that the point would be raised at a national level.

  Mr Trickett said that, out of necessity during the pandemic, significant progress had been made on information sharing and IT systems in health and care. He added that the digital development programme for Herefordshire and Worcestershire had attracted £13 million of national funding.

Observations were invited from cabinet members, the main points included:

- The cabinet member – health and adult wellbeing commented that the discussion connected with the County Plan, the Talk Community programme, and the refreshed membership of the Health and Wellbeing Board. The interface between Health and Wellbeing Board and the ICS Health and Care Partnership was questioned further.

  Mr Mehaffey commented that some ICS areas involved numerous local authorities and health and wellbeing boards, and a health and care partnership body could

take a view across the whole of the relevant ICS. With there being two health and wellbeing boards in Herefordshire and Worcestershire, there was a need to consider the business to be transacted through the different bodies. He added that this may include occasional joint meetings of the boards to look at cross-system issues, albeit the majority of the work would still be undertaken by each board individually.

- The cabinet member - children and families noted that there was support for the continuation and enhancement of the collaborative approach and the potential benefits that could be realised through a single clinical record. It was questioned how the patient and public voice would be heard, particularly in terms of children and young people. It was also questioned how public health initiatives, especially for preventative work around the wider determinants of health and wellbeing, would be managed and funded between the system partners going forward.

  Mr Mehaffey said that: it was important to listen to what works and what does not work for people and commented on the positive relationship with the local Healthwatch bodies; tackling the wider determinants of health and wellbeing was critical and this would be supported through the improved engagement between health and care, and through better joined up data on population health and wellbeing needs; and tackling health inequalities jointly was a key area of focus, adding that the COVID vaccination programme having shone a light on health inequalities and the relationship between access to services, take up of services, and outcomes.

  Mr Stead commented on: the commitment of Healthwatch to support the process where it could do so and to encourage partner organisations to undertake engagement themselves; and, although mindful of the need to avoid slowing the pace of change where it was needed, further thought would be needed to get the balance right between engagement and consultation.

- The Leader of the Council: welcomed the discussion; emphasised the importance of local involvement; considered that the needs of the two counties were different and it was essential to maintain local accountability and reporting; reflected on his experiences in attending ICS meetings where he had found it difficult to have a voice as an elected local authority representative given that it predominantly involved health professionals; questioned the concept of an ‘independent’ chair from both health and local authority perspectives, and suggested that consideration could be given to a local authority deputy chair; and said, apart from on the Better Care Fund, there had not been significant conversations about overall finances and opportunities to use resources in different ways.

  Mr Trickett: commented on the good level of attendance and engagement from Herefordshire Council in ICS meetings; said that the themes around the local authority voice and democratic accountability would be fundamental questions to address during the year, especially as the White Paper envisaged the creation of a new statutory body with its own legal responsibilities; considered that there were some similarities between Herefordshire and Worcestershire, adding that there were collections of communities with different needs and which required different packages of services; and acknowledged the need for conversations on the overall financial picture to feature as part of the work on the ICS; and, although

further details were awaited on the process nationally, he anticipated that the independent chair would be a job that would be advertised and people would apply for, and hoped that it would attract interest from people in both counties and from a variety of backgrounds.

The committee discussed draft recommendations and agreed the following resolution.

Resolved:

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.

b. That scrutiny maintains a distinct function within the duty to collaborate and that acceptable parameters be agreed, including ongoing information sharing.

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.

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.

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.

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.

41 DATE OF NEXT MEETING

Monday 29 March 2021 at 2.30 pm

The meeting ended at 12.05 pm

Chairperson

Herefordshire Council

Minutes of the meeting of Adults and wellbeing scrutiny committee held at Online meeting only on Monday 29 March 2021 at 2.30 pm

Present: **Councillors Elissa Swinglehurst (Chairperson), Jenny Bartlett (Vice-chairperson)*[1], Sebastian Bowen, Helen I'Anson, Tim Price, David Summers and Kevin Tillett**

In attendance: Councillors Pauline Crockett (Cabinet member - health and adult wellbeing), David Hitchiner (Leader of the Council) and Felicity Norman (Cabinet member - children and families)

Officers: Mandy Appleby (Assistant director for adult social care operations), Ewen Archibald (Head of community commissioning and resources), Ben Baugh (Democratic services officer), Kate Coughtrie (Deputy solicitor to the council) and Jenny Preece (Governance support assistant)

Invitees: Cat Hornsey (A member of the Carers Focus Group), Barbara Millman (A member of the Making it Real Board) and Ian Stead (Healthwatch Herefordshire)

[note: *[1] Councillor Bartlett left the meeting during agenda item 'Carers strategy' and took no part in the voting thereon, nor took any part in agenda item 'Committee work programme'.]

42 APOLOGIES FOR ABSENCE

Apologies for absence had been received from committee member Councillor Alan Seldon. Apologies had also been received from Councillor Yolande Watson (cabinet support member adults and communities); Chris Baird (director for children and families), Rebecca Howell-Jones (acting director of public health), Paul Smith (assistant director all ages commissioning) and Stephen Vickers (director for adults and communities) (Herefordshire Council); and Dr Ian Tait (NHS Herefordshire and Worcestershire Clinical Commissioning Group).

43 NAMED SUBSTITUTES (IF ANY)

Councillor David Summers was present as a substitute for Councillor Alan Seldon.

44 DECLARATIONS OF INTEREST

No declarations of interest were made.

45 MINUTES

The minutes of the meetings held on 13 January 2021 and 26 January 2021 were received.

Resolved:

i. That the minutes of the meeting held on 13 January 2021 be approved as a correct record and be signed by the chairperson; and

ii. That the minutes of the meeting held on 26 January 2021 be approved as a correct record and be signed by the chairperson.

46 QUESTIONS FROM MEMBERS OF THE PUBLIC

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

The chairperson thanked Andrea Davis for her question and drew attention to the committee's previous request for a written briefing note and to the response of the executive:

'With regard to the CHC *(NHS Continuing Healthcare)* position and the previous requests from scrutiny to be kept informed on CHC outcomes for Herefordshire citizens, the LA *(local authority)* will request an analysis of the CHC and joint funded position in Herefordshire from the CCG *(NHS Herefordshire and Worcestershire Clinical Commissioning Group)*. Herefordshire Council will also contribute a report to support the understanding of the committee.'

The chairperson requested that this analysis and report be provided by the end of April 2021 and that this should also address the questions raised in Ms Davis' recent correspondence to councillors.

The assistant director for adult social care operations said that the council and the CCG were working closely on working practices and processes, and supported the preparation of a joint report. In response to a question, the assistant director commented on the redeployment of resources to support the health and social care system response to the COVID pandemic and said that further work could now be resumed.

A committee member felt that it was regrettable that a CCG representative was not available to attend this meeting and that responses should have an equal amount of detail and specificity as the questions that had been submitted.

47 QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

48 CARERS STRATEGY

The chairperson advised that the purpose of this item was to consider the draft carers strategy for 2021 to 2026.

The head of community commissioning and resources (HCCR) introduced the report, the principal points included:

i. The document was an early draft of the carers strategy and this was an opportunity for the committee to influence and shape the document; a further version would be presented to the health and wellbeing board in June 2021, and the final version would be presented to cabinet in September 2021.

ii. Engagement on the strategy would continue with carers and wider stakeholders.

iii. In addition to the covering report and draft strategy, a review of the joint carers strategy 2017-21 was included in the agenda papers.

iv. The draft strategy identified five priorities: carers voice; carers in the community; services offered to carers; carers wellbeing; and financial. It also identified two over-arching themes: 'think carer' and 'carers and technology'. It was reported that these had emerged from feedback and contributions from carers and other stakeholders.

v. Attention was drawn to the outline action plan which summarised the key actions proposed under each of the priorities and would be developed further in subsequent versions.

The chairperson invited the attending experts by experience to comment. Cat Hornsey said that parent carers were not represented enough currently and hoped that the new strategy would help to address this. Barbara Millman considered that coordination between services could be improved to ensure that the offered solution was appropriate to the needs of both the person being cared for and for the carer, adding that technology could not always be utilised effectively by people with dementia.

Ian Stead said that Healthwatch Herefordshire was pleased to see the draft strategy, particularly the intention to ensure that carers voice was heard and the proposed establishment of a carers partnership board. Mr Stead commented that carers often felt isolated and there was a need to provide single points of contact to help them to access sources of information, support, and networks. It was noted that the Talk Community programme could help to identify carers in local communities.

The assistant director for adults social care operations (ADASCO) commented on the modernisation of adults social care pathways, reflecting the rights of carers and aligned to strengths-based practice. It was reported that anyone who received an assessment through the Care Act would be linked in to community brokers, who could help to identify community resources to support the person. The isolation of carers during the COVID pandemic had been a significant concern and reviews would be undertaken, utilising Talk Community options and formal services where necessary.

The chairperson welcomed the draft strategy and the direction of travel, especially the strengths-based approach, the extensive engagement, the establishment of a carers partnership board, and the recognition of the challenges around the identification of carers. It was noted that much of the draft strategy was shaped around long term care but it was questioned whether specific approaches could be explored in terms of unexpected and urgent crisis situations. The chairperson expressed support for single points of contact, with smooth escalation into the processes, to minimise the potential for confusion and to maintain engagement. It was also questioned whether

consideration had been given to providing training to existing community groups in terms of mapping the services that were available and how to access them.

The HCCR said that: a separate point of access for adult social care through 'the front door' would need to be maintained but efforts would continue to develop the routes for information and signposting within the council and further afield; there would be a re-presentation of the Talk Community concept to encompass WISH (Wellbeing Information and Signposting for Herefordshire) going forward, enabling greater alignment of various sources of information; the findings of the engagement demonstrated that people wanted trusted sources of information to be more clearly identified; the vaccination programme had helped to shed light on the distribution and overall numbers of carers with a significant caring role (estimated to be 9,000-11,000) and about the services and networks that they were in contact with; and the difficulties for people who were suddenly thrust into the role of caring were acknowledged and this would be reflected upon in the further development of the strategy.

Cat Hornsey commented that parent carers, who cared for children and young people from 0 to 25 years, needed to engage with children's and adults' social care, as well as education and health services. Therefore, points of access would need to be aware of the wide range of organisations involved.

The ADASCO noted the 'no wrong door' approach in terms of pathways for children and young people and commented on the potential for a similar innovation for carers. She added that, especially during the pandemic, the local system worked to consider the needs of both service users and carers.

The vice-chairperson thanked everyone that had worked on and contributed towards the draft strategy, said that the five priorities were excellent, and commended the ownership of the strategy by system partners. Attention was drawn to references in the draft strategy to carers experiences of the Department for Work and Pensions (DWP) and it was questioned whether there was an opportunity to work with the DWP to encourage a more holistic approach. In terms of improving the understanding of employers about employees' caring roles, it was also questioned whether there were opportunities to work with the council's partners, such as Balfour Beatty Living Places, and local business groups, including the Marches Local Enterprise Partnership. Clarification was sought on the use of colour shading in the draft action plan. The vice-chairperson drew attention to the fact that 17 out of 21 of the young carers that responded to the young carer survey in 2020 stated that they had free school meals and considered this to be worryingly high, and questioned whether the demographics of the 64 carers that responded to the public carers survey in 2021 might indicate that a high proportion of carers were in need of support themselves.

The HCCR responded on various points, including: respondents to the young carer survey were not necessarily representative of all young carers but it would not be surprising if there was a high level of free school meals eligibility, in view of the level of vulnerability that those carers and their families often experienced; it was the intention to stimulate partners to engage with the issues from an employer perspective and to offer challenge and support to employers who were interested in being more 'care aware'; as much of the DWP approach was managed at a national level, there were challenges but efforts would be made to engage with local managers to shape the offer

locally; and the colour coding in the draft action plan delineated each priority and did not reflect the status of each action.

The chairperson of the children and young people scrutiny committee commented on the difficulty in identifying the precise numbers of children and young people who were acting as carers, especially as some people may not want their circumstances to be identified as they may be concerned that this could have implications for the family unit. The HCCR explained that, during the life of the current strategy, there had been increased investment in services for young carers, with a focus on identifying them and then supporting them; an overview was provided of the key points of identification, including schools, GPs, and referrals from other services. He advised that there was a commitment to continuing at least the existing level of resourcing and explained that grants had been made available to voluntary organisations providing support and facilitating networking groups.

The vice-chairperson of the children and young people scrutiny committee noted that a carers service was delivered by Crossroads Together and questioned: the cost of the service; the services it provided; whether there had been a council or service user evaluation; and whether demand might change in the context of developments in terms of Talk Community, community brokers, linkages to voluntary organisations and charities, and the Integrated Care System. The HCCR reported that: the service was not designed to meet all of the needs of carers; it was focused on signposting advice, support around planning for emergencies and crisis, the provision of training opportunities, and other activities; it was organised on a locality basis; it did not undertake carer assessments; the value of the contract was in the region of £160k and it was close to halfway through the contract period; and an overview was provided of the performance monitoring arrangements. The HCCR acknowledged the need to reflect upon the changing environment in terms of the wider provision for carers.

Committee members were invited to ask questions and make comments, the principal points arising from the debate included:

- Some carers did not recognise themselves as carers and may not be aware of the support that was available, highlighting the need for the continued development of points of access and networking groups.

- The inclusion of the quotes from carers in the draft strategy was appreciated, including a key point ‘You cannot separate the cared for from the unpaid carer’.

- Attention was drawn to the section on ‘Who is the strategy for?’ and the boundary between being a good neighbour and being a carer was explored briefly.

  The HCCR said that the Census 2021 asked revised questions about unpaid care and the time commitment involved. It was noted that there were diverse roles which helped many helping people to remain independent.

- Reference was made to the last meeting on the ‘NHS White Paper: integration and innovation’ (minute 40) and the emerging Integrated Care System (ICS) and it was noted that the discussion had not mentioned carers. A committee member commented on the potential for an ‘integrated carers system’ given the recurring themes of points of access, sharing information and simplifying pathways. It was

considered that NHS Herefordshire and Worcestershire Clinical Commissioning Group should be asked to consider where unpaid carers fitted within integrated care.

The HCCR outlined the significant progress made under the current strategy, particularly by Wye Valley NHS Trust and in mental health services, in terms of identifying and working with carers. It was considered that the challenge around the ICS, and the role of those commissioning and developing health services, was valid and the new carers partnership board could act as a critical friend to the ICS process as it unfolded, alongside other developments such as the mental health community collaborative.

Mr Stead advised that the Herefordshire and Worcestershire Sustainability and Transformation Partnership had adopted a commitment to carers but it was not clear whether it was reflected formally in the ICS.

- A committee member said that some children and young people were not aware that they were carers, assuming that they were doing what they were supposed to do, and commented on the guilt that they could experience when the person that they cared for became sick or expressed anger and how this could affect the carer throughout their own life.

  Cat Hornsey added that many young carers often looked after siblings, as well as older family members.

- Returning to the point about people becoming carers in unexpected and urgent crisis situations, the chairperson commented on a personal experience of the pressures associated with gaining an understanding of systems and getting everything organised within in a short time span.

  The ADASCO acknowledged the significant changes that could arise for people finding themselves in such circumstances and recognised that there was a piece of work to be done around this; this would be highlighted to the clinical and practitioners' forum.

- Barbara Millman commented that many carers did not know which services were free and this might discourage them from wanting to have an assessment.

  The chairperson noted that the new strategy should go some way to get the communication right and to build trust.

- A committee member emphasised the need for employers to understand the issues and provide appropriate flexibility to employees with caring responsibilities.

- Cat Hornsey said that she had spoken to a number of parent carers and the majority were not aware of carers assessments, only a few had received them, and only one was for a child under 18. She also said that some parent carers were scared to seek help, as they were concerned that they might be judged as parents for the challenging behaviours of their children, and it was suggested that they needed understanding and support from other people in a similar situation.

The HCCR outlined the provision for carers assessments for adults in the Care Act 2014 and the parallel provisions for children and young people in the Children and Families Act 2014. He said that he would communicate the discussion on assessments to the children and families directorate. He also said that it would be expected of the services commissioned for carers that enquiries would be handled sensitively and appropriately, and consideration could be given to a campaign to promote awareness and encourage people to seek support, with signposting to relevant networks.

The chairperson of the children and young people scrutiny committee acknowledged the identified challenges for young carers and carers of children and young people, adding that the committee may wish to explore the issues further in its own work programme.

Mr Stead suggested that schools should be strongly encouraged to adopt policies which supported young carers, as they often had different needs and disadvantages.

Observations were invited from cabinet members, the main points included:

- The cabinet member - children and families: said that the 'Young Carers Report January 2021' outlined the work being undertaken with young carers and with schools; suggested that some form of joint scrutiny committee activity could be considered; and asked whether the carers partnership board would include a place for the young carer voice.

  In response to a question, the ADASCO provided further information on the Children and Families Act 2014 and the Care Act 2014, and the transitional process involved. The HCCR provided clarification around 'young adult carers' in this context. He also commented on the significant growth in the scope, nature and quality of the work being undertaken to support young carers during the life of the current strategy.

- The cabinet member – health and adult wellbeing: thanked participants for the discussion which had highlighted serious points for reflection; it was essential to consider individual needs and circumstances, and the ease of access to information; and it would be interesting to see the extent to which the Census 2021 would reveal further information about unpaid carers.

The attending experts by experience were invited to express any final points:

- Barbara Millman commented on conversations with people caring for adults with mental health needs who had identified problems in getting carers assessments. In response, the ADASCO explained the first stage of contact, involving a strengths-based conversation which may resolve queries or signpost people appropriately to meet the need being expressed. She added that there was generally no difficulty for carers to qualify for a carers assessment should they need and want one. Nevertheless, the point around the identified cohort would be explored further.

In response to questions from the chairperson, the ADASCO advised that the usual practice was to write a letter to articulate the help and support that had been provided and to invite people to come back if there was any change or there were any further needs. It was reported that an external team could be asked to review the process.

The HCCR said that it was important to recognise that carers were a diverse group of people, with different expectations and requirements in relation to assessment. It was reported that the Care Act created the right for someone to have a carers assessment if they wanted one but it did not create a right to receive a service or any particular support or resources as a result of that assessment. He added that work had been undertaken internally and in wider networks to develop people's understanding of the options and the possible outcomes.

The committee discussed draft recommendations and agreed the following resolution.

Resolved:

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;

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; and

j. Consideration be given to the identification of young carers and the specific needs of young carers in an educational setting.

49 COMMITTEE WORK PROGRAMME

The chairperson invited the committee to review the work programme, drawing attention to a number of updates to the meeting schedule and associated agenda items.

It was reported that the chairperson and vice-chairperson had recently discussed the possibility of undertaking a task and finish group on the health impact of the intensive poultry industry and, whilst the timing would be dependent on the availability of public health and intelligence unit officers to progress it, it was suggested that a scoping statement be prepared for consideration by the committee at a future meeting.

On the proposed deferral of the agenda item on the domestic abuse strategy, the head of community commissioning and resources explained that the Domestic Abuse Act would become law in April 2021 and, whilst national guidance was still in draft form, this would require the current strategy to be updated and new material to be added to reflect the requirements of the Act. In response to a question from a committee member, the head of community commissioning and resources briefly explained the appropriate referral pathways where it was suspected that someone was experiencing domestic abuse.

The committee agreed the following resolution.

Resolved:

That the committee work programme be confirmed, subject to following:

1. **That an additional meeting be held on Friday 30 April 2021, 9.30 am, to consider an item on mental health;**

2. **That the 10 May 2021 meeting be rescheduled to a date during the week commencing 17 May 2021;**

3. **That the item on Learning Disability Services be considered at the 21 June 2021 meeting and the item on Domestic Abuse Strategy be considered at a meeting in October 2021;**

4. **The schedule of recommendations and responses, as appended to the report, be noted; and**

5. **That a scoping statement for a task and finish group on the health impact of the intensive poultry industry be prepared for consideration by the committee.**

50 DATE OF NEXT MEETING

Friday 30 April 2021 at 9.30 am

The meeting ended at 4.45 pm

Chairperson

Questions from members of the public

Adults and wellbeing scrutiny committee, 29 March 2021

Question

From: Andrea Davis

Question for Herefordshire and Worcestershire Clinical Commissioning Group regarding NHS Continuing Healthcare (CHC)

On March 2nd 2020 at the Adults and wellbeing scrutiny committee, Herefordshire CCG could provide no credible explanation for the low rates of CHC awarded. This picture has not changed with 2019-20 (pre covid) Q2 Figures with Herefordshire 173rd of 191 CCGs. Herefordshire is 33.65 (59% of England number), England overall is 57.38 and Salford is 211.81, so you're more than 6.29 times more likely to get CHC there than in Herefordshire.

Question: Please provide a specific explanation of why that is the position in Herefordshire accounting for why the rates for CHC are so low.

The source data is available here:

https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-chc-fnc/

Response

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

Over the past two years, expenditure on Continuing Health Care (CHC) packages in Herefordshire has increased from £11,990,468 to £13,375,592.

There are several factors which contribute to CHC data variation, including differences between local commissioning arrangements in each CCG and Local Authority area. In Herefordshire, in addition to CHC fully funded care packages there are numerous integrated care packages jointly funded between the CCG and Herefordshire Council. Integrated care package data is not nationally captured or routinely consistently adopted by all CCGs and Local Authorities in England and is therefore not reflected in the reported figures.

Although NHS Herefordshire and Worcestershire CCG is not considered an outlier in terms of CHC eligibility figures by NHS England, this is an extremely complex area and there can sometimes be differing views. Where there are differences of opinion between Herefordshire Council and the CCG, there is a very clear process in place for reviewing the implementation of CHC practice.

Working in close partnership with Herefordshire Council, NHS Herefordshire and Worcestershire CCG remains committed to providing the very best outcomes for the population of Herefordshire.

Supplementary question

From: Andrea Davis

Given Herefordshire and Worcestershire CCG's assertion that CHC is an 'extremely complex area' and notwithstanding the lack of a comprehensive explanation on the CCG website, (which is normal recognised practice), please explain how the CCG comply with the National Framework requirement at paragraph 21, to promote awareness of NHS Continuing Healthcare, and to thereby ensure members of the public are fully informed of their right to a CHC checklist and assessment.

For clarification, those Roles and responsibilities of CCGs within the National Framework are:

21. CCGs are responsible and accountable for system leadership for NHS Continuing Healthcare within their local health and social care economy (refer to paragraphs 40-41), including:

f) ensuring delivery of, and compliance with, the National Framework for NHS Continuing Healthcare; **promoting awareness of NHS Continuing Healthcare.**

Response to the supplementary question

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

In alignment with the principles and guidance of the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care 2018, NHS Herefordshire and Worcestershire CCG cases are considered individually, on a case-by-case basis, according to each individual's needs.

Any members of the public who might be eligible for NHS Continuing Healthcare funding are provided with information to explain the process around application and assessment. This initial communication predominantly takes place through conversations with the Health or Social Care professional who submits the referral. NHS Herefordshire and Worcestershire CCG makes sure that there is ongoing communication with the patient or their representative during the process, including letters, patient information leaflets and direct communication from the CHC Nurse Co-ordinator.

The CCG has established a CHC Communications Group that meets monthly and which is attended by patient representatives, carer group representatives, Healthwatch, Local Authority officers, CHC managers, the CCG Patient Liaison Manager, and the CCG Communications Manager. This group is focused on all communication aspects of CHC, including wider promotion to members of the public. Most recently this group reviewed all patient information provided by letter and leaflet to ensure they were clear, understandable, and accessible.

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.

Herefordshire Council

Title of report:
Review of mental health provision in Herefordshire

Meeting: Adults and wellbeing scrutiny committee

Meeting date: Friday 30 April 2021

Report by: Senior commissioning officer

Classification

Open

Decision type

This is not an executive decision

Wards affected

All wards

Purpose

To consider reports and presentations on the provision of mental health services across Herefordshire. This will include updates on the progress of the current community mental health services transformation programme. This will also address the impact of Covid19 on the mental health of local people. And the contribution Talk Community can make to mental wellbeing in Herefordshire.

Recommendation(s)

That the committee:

(a) considers written and verbal reports on the progress of mental health transformation across Herefordshire as well as other projects and services linked to mental health and wellbeing; and

(b) determines any recommendations it wishes to make to the executive or to certain NHS bodies.

Further information on the subject of this report is available from
John Burgess, Senior commissioning officer, email: John.Burgess3@herefordshire.gov.ukl

Alternative options

1. There are no alternative options to be considered but this meeting offers an opportunity for members of the Herefordshire Council's adults and wellbeing scrutiny committee to be provided with up to date information on the current state of local mental health services.

Key considerations

2. Mental health services in Herefordshire and Worcestershire have been undergoing significant change throughout the past 12 months. These include local developments such as the moves to both a single NHS mental health provider trust and a single NHS Clinical Commissioning Group (CCG) covering Herefordshire and Worcestershire.

3. From April 2022, Herefordshire NHS services will be commissioned and delivered through an Integrated Care System (ICS) as part of a wider arrangement also covering Worcestershire. Within the wider ICS there will be a "mental health collaborative" arrangement, effectively providing for a mini ICS for mental health. This will involve many of the commissioning functions transferring from the CCG to the Health and Care Trust. There is a major project underway to implement the collaborative over the coming 12 months, and the council is a partner in this process. It is the government's intention that Integrated Care Systems will make it easier to access services and they are considered to provide essential context for the proposals in the health and social care white paper.

4. As one of 12 Early Implementer sites identified to transform adult community mental health services in line with a new national framework, Herefordshire and Worcestershire have received a significant investment of NHS funding. This is intended to improve existing mental health provision and enable the development of new specialist services. The implementation of the transformation programme was delayed by around six months by the Covid emergency but was restarted in October 2020 and local NHS partners were required to ensure newly configured services mobilised quickly. The key changes arising from the transformation programme include;

    - Community Mental Health Teams have been reconfigured as neighbourhood teams and access is being improved by the removal of unnecessary bureaucracy for general practitioners (GPs). Each of the Primary Care Network (PCN) areas will have a mental health team linked to it. Each GP surgery will have a number of allocated assessment slots into which they can make appointments for patients. In addition, where there is a need for a person to be seen immediately rather than waiting for a scheduled appointment, each GP surgery has a number of 'crisis' appointments they can refer patients to be seen sooner than the standard appointment time.

    - There is a focus within the transformation on provision of community based, non-clinical mental health support, designed to provide preventative benefit around emerging or moderate mental health need. Herefordshire Mind have been engaged to provide link workers aligned to with each of the Community Mental Health Teams. They will work with patients who have mild mental health problems, helping people to link back to community resources. The Link Workers will liaise with GP's Social Prescribers and Talk Community Hubs. It is envisaged that over

coming years, there will be further investment in preventative, community support, with opportunities for a wider number of organisations to contribute.

- The Complex Emotional Needs Service (CENS), is a new service for Herefordshire offering a range of talking therapies such as Dialectic Behavioural Therapy (DBT) at an individual and group level for people with complex emotional or personality disorders, who may struggle to cope during periods of heightened stress and anxiety, sometimes using self harm as a coping strategy.

- In addition to the CENS team there is also a new Enhanced Psychological Interventions Team offering a more limited or scaled down service of that offered by CENS, but working with patients who would struggle to engage with the more boundaried approach offered by CENS. Group therapies are offered such as an 'emotional skills group' and cognitive behavioural therapy (CBT). There is also a newly configured eating disorders service for adults. The community services transformation has led to significant recruitment by Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT), prompted by the creation of new roles and by the reconfiguration of existing teams and services. It is understood that the trust is still in the process of recruiting clinical and other personnel for services in Herefordshire.

5. Herefordshire Council along with Worcestershire County Council and the CCG have been reviewing arrangements for funding under Section 117 of the Mental Health Act 1983 (s117) which puts a duty on local health authorities (CCGs) and local authorities to provide support to people who have previously been detained in hospital. A new policy will be established to agree how the law will be implemented locally. A Standard Operating Procedure will set out how arrangements will be managed in practice and provide for a comprehensive register of people entitled to funding under s117 and regular review of aftercare plans and spending. The updated documents will enable the council and CCG to take a collaborative approach to meeting joint responsibilities and provide up to date information on how needs are met and funding spent. The revised arrangements will be considered for adoption by cabinet in July 2021.

6. 2020 to 2021 has been a period of great turbulence and disruption for the communities of Herefordshire, as it has for people throughout the UK and it is expected that there will be a significant impact on the mental wellbeing of local people. The periods of "lockdown" in particular have meant extended social isolation and lack of support for many people of all ages. Following initial reductions in demand for mental health services there has been widespread sign of escalating and increasing need. This includes anecdotal reporting of more frequent and serious self-harm and people with no history of mental ill health, suddenly finding themselves in crisis. Even before the Covid19 emergency, the flood emergencies in Herefordshire placed significant pressure on local communities and some vulnerable people. Wider economic changes following Covid19 and Brexit may also lead to hardship for people which has impact on their mental health.

7. Recent events have underlined the need for access to preventative mental health support in the community. The development of Talk Community has provided opportunities to identify mental health needs in the community and potentially find new ways of addressing these in a preventative way. Talk Community, in collaboration with Herefordshire Volunteer Organisations Support Service (HVOSS) and a number of

specialist voluntary organisations are working together to establish a community based mental health wellbeing offer. It is recognised that the effect of Covid 19 has impacted on communities in a number of ways including loneliness and isolation, unemployment and debt. The emerging Talk Community offer is likely to include the availability of Mental Health First Aid training, and networks which provide signposting, advice, mentoring and support, linking to specialist services where appropriate. The growing number of Talk Community Hubs will provide an excellent platform for increased support of mental health wellbeing in the community.

8. The council is responsible for providing assessments under the Mental Health Act 1983 for people in mental health crisis. This work is carried out by the council's Approved Mental Health Professionals (AMHP) team. There are ongoing challenges in the coordination of this work, often arising from the resourcing of associated NHS mental health services. These issues include:

- It has been proving increasingly difficult to find second doctors under section 12 of the Mental Health Act to enable statutory assessments to be completed. This is a national issue but increasingly challenging locally and it is difficult to recruit new s12 doctors. This causes delays for people in crisis and places pressure on council staff.

- The local place of safety for mental health assessments under s136, when people are detained by police, has faced additional demands during the past year. On occasions, capacity has been taken up by cases transferring from Worcestershire, increasing demands on the council's AMHP team and potentially blocking access for local people in crisis. The council is continuing to work with HWCCG and HWHCT to find long term solutions to these challenges.

Community impact

9. There are no direct implications for communities arising from this report. However, the promotion of good mental wellbeing and access to good quality mental health services contributes to the implementation of the County Plan, 2020-2024. In particular, mental health is a key element of the council's "community" ambition and also addresses the themes of vulnerability and connectivity.

10. Changes to community based mental health services in addition to the increased funding for mental health services via NHS England suggest that there should be an overall positive impact on Herefordshire's communities. Mental health services will be provided around each of the Primary Care Network areas, with GPs able to refer patients more quickly and with less bureaucracy. There will be closer links with VCS organisations and community groups including Talk Community Hubs. A key aim is to continue to expand awareness of mental health and self-care, and promote community asset growth.

11. The changes to mental health services contribute to the Corporate Delivery Plan 2019 - 20; 'Ensure that care and support is personalised, of good quality, that it addresses mental, physical, and other forms of wellbeing and is better joined-up around individual needs and those of their carers', and the County Plan 2020-2024 ambition 'to make wellbeing inevitable here in Herefordshire by putting physical and mental health at the heart of everything we do'.

12. There are no direct implications of this report for the council's role as corporate parent. However, some of the changes to services should go some way to resolving a number of challenges identified in the current Herefordshire Corporate Parenting Strategy under Priority 5 – 'All looked after children enjoy the best possible health'. For example the introduction of a Mental Health Support Team across all secondary schools to identify young people at risk of developing mental health problems, and reduce the level of self harming behaviour.

13. There are no specific implications for the council relating to health and safety arising from this report

Environmental impact

14. There will be no direct environmental impact as a result of the changes and developments to mental health services. However, there should be a positive impact for people in each Primary Care Network (PCN) area as the re-designed community mental health teams are now linked directly to each of the PCNs, able to offer direct assessment appointments and follow up treatments and interventions closer to the patient's home area. This will help reduce travel for people across the county.

Equality duty

15. 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.

16. 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. The changes to the way some mental health services are provided addresses the experience and opportunities of a significant population group who include large numbers of people sharing protected characteristics.

17. The council and the NHS Herefordshire and Worcestershire Clinical Commissioning Groups (CCG) are 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.

Resource implications

18. The changes and developments outlined in this report have no direct resource implications for Herefordshire Council. However, over time, the council will need to review the impact of various changes to NHS services for local residents including transformation of community services, the mental health collaborative as part of the wider ICS and the change to HWHCT delivering local services. These changes may provide opportunities in investing in local communities and the use of care and support resources in meeting individual needs. It may be that mental health needs increasing as a consequence of Covid19 and other major changes in society has longer term implications for council resources spent on mental health. Currently there is insufficient data available either nationally or locally to consider this issue in any detail.

19. The proposed revised arrangements for funding and reviewing aftercare and s117 of the Mental Health Act 1983 have no direct implications for council resources. However, they will improve the analysis and reporting of spending on aftercare, along with enhanced reviewing of needs and aftercare support, leading to more effective use of resources overall.

Legal implications

20. The council has legal and statutory duties under the Mental Health Act 1983. This report is to provide a review concerning mental health services in Herefordshire. There is no formal decision making needed as part of this report, but instead enables recommendations to be made concerning the current and future provision of mental health services in Herefordshire.

Risk management

21. No risks are identified specifically in relation to this covering report; scrutiny is a key element of accountable decision making and may make recommendations to certain NHS bodies with a view to strengthening mitigation of any risks associated with the proposed decisions. The committee may make reports and recommendations to certain NHS bodies and expect a response within 28 days.

Consultees

22. The council has not undertaken any specific recent consultation relating to mental health services. However, a wellbeing survey of Herefordshire's citizens has recently been completed on behalf of the council and will report in due course. The survey includes a number of questions relating to mental health and wellbeing. Also during 2021 and survey of young people and families will also address questions of mental health and wellbeing which may have relevance in illuminating some issues relating to adult mental health.

23. Since 2019, Herefordshire CCG, (now HWCCG) has undertaken consultation with the public and stakeholders including the council and its elected members about a proposed mental health strategy and the change-over of mental health service provision from 2gether Foundation NHS Trust to HWHCT in 2020. HWHCT has also conducted extensive engagement and consultation with the public, stakeholders and its own patients and service users. This has focused in particular on the transformation

of community mental health services. The trust has now established a mental health advisory group in Herefordshire, meeting monthly and including some council members and other stakeholders.

24. Herefordshire Mental Health Partnership Board comprises representatives from the NHS, council, voluntary and community organisations and people with lived experience. Meeting quarterly, it engages, researches and advises on a wide range of mental health issues affecting adults, including suicide prevention.

Appendices

Appendix A Presentation: Mental health services in Herefordshire

Appendix B Presentation: Talk Community

Background papers

None

Mental Health Services in Herefordshire

Jenny Dalloway - HWCCG

Dr Barnaby Major, David Thomas, Sue Harris - HWHCT

System changes

- CCG Merger to form Herefordshire and Worcestershire Clinical Commissioning Group 1st April 2020.
- Consolidation of resource to create single team responsible for commissioning mental health services for children and young people, adults and older people.
- Transfer of Herefordshire Mental Health and Learning Disability services from 2gether NHS Trust to Herefordshire and Worcestershire Health and Care NHS Trust 1st April 2020.
- Increased funding to support delivery of NHS Long Term Plan.
- Investment in Herefordshire 2020-21:
  - Specialist Services including Perinatal Service, Eating Disorder Service and Complex Emotional Needs Service
  - Community Services including Neighbourhood MH Teams, Crisis Café, Crisis Resolution Team, Admiral Nursing Service
  - Primary Care Services including Healthy Minds Service, Community Dementia Support

Impact of COVID 19

- COVID 19 Pandemic March 2020 with subsequent central management of NHS.
- 24/7 MH helpline implementation.
- Primary Care Mental Health workers withdrawn from GP practices.
- Some local or service-specific fluctuations in demand monitored and managed.
- Services have continued to operate throughout, making use of technology where appropriate.
- Almost all shielding staff now returned to work.
- Restoration of Services Task & Finish Group convened. Plan to survey staff and patients, to learn about their experience over the last year and their aspirations for the future.

Transformation of Community Mental Health Services

- National Early Implementer site – 1 of 12.
- Integration of Primary and Secondary Care Mental Health into Neighbourhood MH Teams aligned with PCNs.
- Significant new investment:
  - Establishment increase of c.30% WTE across Primary and Secondary Care.
  - Strengthened leadership for Herefordshire: Associate Director and Deputy Associate Director for Primary Care and Community Mental Health Services Service Delivery Unit both now in post and based in Belmont.
- Staffing issues (vacancy, sickness absence) have impacted on teams:
  - Plan remains for teams to work as part of practices.
  - Insufficient capacity to deploy back into practices at the current time.
  - Room capacity may also limit this.
- Outcomes for patients.

New developments

- Recovery College
- New triage and referral models being trialled with a small number of GP practices currently prior to wider roll-out.
- Refurbishment of Stonebow Unit to 100% single occupancy.
- Admiral Nursing Service based within NHS Dementia Services.
- Support for GP Practices for Physical Health checks and management of Mild Cognitive Impairment and Dementia within Care Homes

Planning for 2021-22

- Expansion of MH Liaison Service at Hereford County Hospital
- Continuation of 24/7 helpline
- Expansion of Crisis Café and Crisis Support Service
- Joint work with Herefordshire Council to increase availability of residential care within Herefordshire
- Developing a MH Provider Collaborative across both counties to manage resource allocation and performance, with service delivery in each county
- Provision of Maternal Mental Health Hub(s)

Appendix B

Adults and Wellbeing Scrutiny Committee

Talk Community

Vision Statement

Talk Community

Taking care of yourself, looking out for one another and taking pride in the place you live.

Talk Community Transformation Programme

- **Talk Community hubs**
  - 19 hubs now live (30 by end of July)

- **Talk Community integrated (super) hubs**
  - 2 locations identified and business case completed for June

- **Talk Community Debt/Financial Management Support**
  - 7 community organisations now funded to provide low level debt and financial management support

- ***Talk Community Mental Health***
  - ***Train community leaders in MH and MH first aid to raise awareness and identify low level needs***

- **Talk Community kitchen**
  - Hillside outreach live and open 7 days a week

Talk Community Transformation Programme

- **Talk Community engagement**
  - Summer campaign and launch on 19th April

- **Holiday Activity Fund/Free school meals and school holidays**
  - Easter holidays completed with some face to face and activity boxes for children eligible for FSM

- **Families in Hardship**
  - Information advice and signposting for families facing hardship due to impact of covid

- **Health and Wellbeing Survey**
  - Commenced in February report due in May

Talk Community operational delivery and emergency response

Overview:

- Health and wellbeing offer, linking clients into the community and supporting to reduce health inequalities through Healthy Lifestyle Trainer Service
- Information, advice and signposting to whole population through the Talk Community Directory (formally WISH)
- Community Development/Funding
- Council Front door/customer services
- Supporting and developing the third sector/HVOSS
- Information, advice and signposting
- TC Covid response
- TC flood response

Talk Community operational delivery and emergency response

Set the scene: On completing a social care assessment using video calling with a 94 year old and his 88 year old wife where the gentleman was extremely frail, this was raised and his wife explained:

When the lockdown happened last March we were unable to get out to get any food. We had to cope with what we had in the house. ***We were sharing a ready meal*** from the supermarket, as you know they are not very big. We ***both lost a considerable amount of weight*** and were beginning to get ***really worried as to how we would survive***. Then ***someone told us to ring the council***. We did so and ***they sent us an angel*** in the form of a volunteer. She would do our shopping for us and even though she didn't have a car she would trawl back from the supermarket on foot carrying all our shopping. She became a friend. She was an out of work teacher. Good for her but not for us she got a job teaching. ***And the council sent us another angel***. This one also doesn't drive but transports our shopping in her son's pushchair. We are so grateful for what they council has done to help.

ENGAGEMENT


TALK COMMUNITY
PICK YOUR OWN
GIVE ME A RING
SEWING BEE
COMMUNITY MEALS
FITNESS FOR ALL
GOOD NEIGHBOUR
JOG WITH ME
BOOK CLUB

INTRODUCTION

Talk Community is bringing Herefordshire together. We want our residents, businesses, community leaders and our Council to play their part in making Herefordshire a better place to live and work.

From little acts of kindness like looking out for your neighbours, volunteer-run community hubs across the county offering information and advice, and partnerships with the Police and the NHS – our communities truly are the beating heart of Herefordshire.

1. How can I help myself?

2. How can I help my community?

3. How can my community help me?

Campaign messages

Picking Up Iris's Milk Loaf

(The blue packet, not the red one)

Letting Sean Knock Off 20 Minutes Early

(So he can make his long overdue appointment with the chiropodist!)

Supporting our local community

(In Herefordshire, not Hertfordshire)

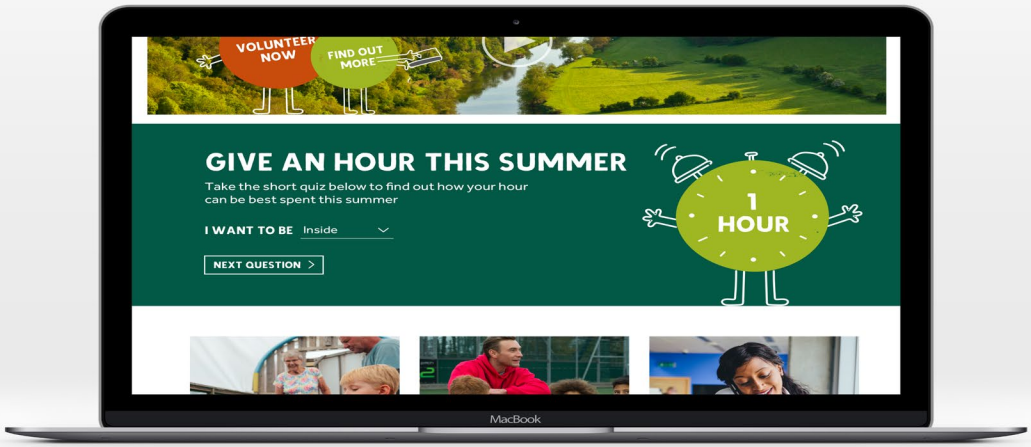
Making sure Sam stays healthy

(And no, playing with his Wii doesn't count)

I'm the only conversation Eric gets some days

(My friends joke he was better off before!)


TALK COMMUNITY
IF EVERYONE IN HEREFORDSHIRE GAVE 1 HOUR
THE COMMUNITY WOULD GAIN
192,800 HOURS THIS SUMMER
THAT'S 8033 DAYS
OR 22 YEARS!
GIVE AN HOUR THIS SUMMER
100 things you can do for your community in under an hour
1. Litterpick your street
2. Set up a street What'sApp group
3. Ask a neighbour if you can add some shopping onto your weekly run
4. Clean some graffiti
5. Take some secateures and trim back overgrown public paths near you
6. Ask if a neighbour needs a prescription picked up
7. Volunteer at a Talk Community Hub
8. Weed the road and pavement outside your house
9. Offer to look after a friend or neighbours children for an hour
10. Offer to give a neighbour a lift to town
11. Litterpick your street


VOLUNTEER NOW
FIND OUT MORE
GIVE AN HOUR THIS SUMMER
Take the short quiz below to find out how your hour can be best spent this summer
I WANT TO BE Inside
NEXT QUESTION
1 HOUR
MacBook

Herefordshire Council

Title of report: Committee work programme

Meeting: Adults and wellbeing scrutiny committee

Meeting date: Friday 30 April 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.

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), and 29 March 2021 (carers strategy).

5. This meeting, 30 April 2021, has been arranged as an additional meeting to consider an agenda item on mental health provision.

6. The adults and communities directorate has asked the committee to consider an agenda item on new arrangements for commissioned home care. This was scheduled for 10 May 2021 but it is now intended to hold this meeting during the week commencing 17 May 2021; the date will be dependent on the government's 'roadmap out of lockdown' and the possible return to physical rather than virtual committee meetings.

7. A scrutiny work programming session for 2021/22 will be held in the new municipal year.

8. Confirmed agenda items are as follows:

    To be confirmed, May 2021

    New arrangements for commissioned home care

    21 June 2021, 2.30 pm

    Learning disability strategy update

    To be confirmed, Autumn 2021

    Domestic abuse strategy

9. Committee business remaining to be scheduled during 2021/22 includes: emergency and urgent care; out of hospital care; and the Hillside Care Centre.

10. At the last meeting, the committee 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.

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

12. 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.

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 a least two members of the committee, other councillors (nominees to be sought from group leaders with un-affiliated members also invited to express their interest in sitting on the group) and may include, as appropriate, co-opted people with specialist knowledge or expertise to support the task. The committee will appoint the chairperson of a task and finish group.

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 31 March 2021, for the adults and communities directorate is attached (Appendix A).

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. 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 Forward plan of forthcoming decisions, extract as at 31 March 2021 for the adults and communities directorate

Background papers

None identified.

Appendix A

Forward plan of forthcoming decisions, extract as at 31 March 2021 for the adults and communities directorate

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
Complex needs framework To approve the joining of the Worcestershire complex needs framework.	Cabinet member health and adult wellbeing 30 April 2021	Laura Ferguson, Senior commissioning officer Laura.Ferguson@herefordshire.gov.uk Tel: 01432 383873 Cabinet member health and adult wellbeing	Adults and communities	15 February 2021 I50036859	**KEY** Open
Consider the options for delivery of a residential and respite service for adults with learning disability To agree the business case to deliver the residential and respite learning disabilities and complex needs service.	Cabinet member health and adult wellbeing 12 May 2021	Jas Kakkar, Head of care commissioning Jas.Kakkar@herefordshire.gov.uk Cabinet member health and adult wellbeing	Adults and communities	24 March 2021 I50037282	**KEY** Part exempt
New arrangements for commissioned home care To approve a new approach and model for commissioned home care services.	Cabinet 24 June 2021	Lucy Beckett, Ian Gardner, Senior commissioning officer lucy.beckett2@herefordshire.gov.uk, Ian.Gardner@herefordshire.gov.uk Tel: 01432 383079, Tel: 01432 383734 Cabinet member health and adult wellbeing	Adults and communities	3 March 2021 I50037076	**KEY** Open
Carers strategy To approve Herefordshire's approach to improving carers lives and experiences.	Cabinet 23 September 2021	Amy Whiles, Senior commissioning officer Amy.Whiles2@herefordshire.gov.uk Tel: 01432 261920 Cabinet member health and adult wellbeing	Adults and communities	2 March 2021 I50036926	**KEY** Open