Herefordshire Council

Agenda

Adults and Wellbeing Scrutiny Committee

Date:	**Monday 7 March 2022**
Time:	**2.30 pm**
Place:	**Herefordshire Council Offices, Plough Lane, Hereford HR4 0LE**
Notes:	Please note the time, date and venue of the meeting. For any further information please contact: **Joanna Morley, Democratic Services** Tel: 01432 260239 Email: governancesupportteam@herefordshire.gov.uk

If you would like help to understand this document, or would like it in another format, please call Joanna Morley, Democratic Services on 01432 260239 or e-mail governancesupportteam@herefordshire.gov.uk in advance of the meeting.

Agenda for the meeting of the Adults and Wellbeing Scrutiny Committee

Membership

Chairperson	**Councillor Elissa Swinglehurst**
Vice-chairperson	**Councillor Trish Marsh**
	Councillor Carole Gandy
	Councillor Tim Price
	Councillor David Summers
	Councillor Kevin Tillett

Agenda

Pages

1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

2. NAMED SUBSTITUTES (IF ANY)

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

3. DECLARATIONS OF INTEREST

To receive any declarations of interests in respect of schedule 1, schedule 2 or other interests from members of the Committee in respect of items on the agenda.

4. MINUTES 9 - 12

To approve the minutes of the meeting held on 10 January 2022.

5. QUESTIONS FROM MEMBERS OF THE PUBLIC

To receive any written questions from members of the public.

Deadline for receipt of questions is 5.00pm on Tuesday 2 March 2022.

Accepted questions and answers will be published as a supplement prior to the meeting. Please submit questions to: councillorservices@herefordshire.gov.uk
Further information and guidance is available at www.herefordshire.gov.uk/getinvolved

6. QUESTIONS FROM MEMBERS OF THE COUNCIL

To receive any written questions from members of the Council.

Deadline for receipt of questions is 5.00pm on Tuesday 1 March 2022. Accepted questions and answers will be published as a supplement prior to the meeting. Please submit questions to councillorservices@herefordshire.gov.uk

7. EXCLUSION OF PUBLIC AND PRESS

To consider whether the public and press should be excluded from the meeting in accordance with the Access to Information Procedure Rules set out in the Constitution pursuant to Schedule 12A of the Local Government Act 1972 as amended:

2. *Information which is likely to reveal the identity of an individual – due to small numbers in the data reported in the appendix to the following item.*
3.

8.	**SUBSTANCE USE SERVICES IN HEREFORDSHIRE** To provide members of the Committee with an overview of substance use services in Herefordshire and the work of the new service provider, Turning Point.	13 - 18
9.	**GP ACCESS** For the Committee to consider and comment on the measures being taken to improve patients' access to GP services.	19 - 40
10.	**CONTINUING HEALTHCARE** To update the Committee on NHS Continuing Healthcare.	41 - 48
11.	**CARE AND SUPPORT CHARGING POLICY** For the Adults and Wellbeing Scrutiny Committee to consider and comment on the Care and Support Charging Policy.	49 - 102
12.	**WORK PROGRAMME REVIEW** To review the attached work programme for 2021/22 and the responses to recommendations previously made by the Committee.	103 - 126
13.	**DATE OF NEXT MEETING** The date of the next meeting of the Committee is to be confirmed.	

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 the Adults and Wellbeing Scrutiny Committee held virtually on Monday 10 January 2022 at 2.30 pm

Committee Members Present:	**Councillor Elissa Swinglehurst (Chairperson)** **Councillor Trish Marsh (Vice-chairperson)** Councillor Carole Gandy Councillor Tim Price Councillor David Summers Councillor Kevin Tillet
Officers:	Paul Smith – Acting Director Adults and Communities Andrew Lovegrove – Chief Finance Officer and Section 151 Officer Kate Coughtrie – Head of Law and Business Partner (Adults) Joanna Morley – Democratic Services Officer (Clerk) Jen Preece – Democratic Services Officer (Technical Support)
In attendance:	Councillor Pauline Crockett, Cabinet Member – Health and Adult Wellbeing Councillor Liz Harvey, Cabinet Member – Finance, Corporate Services and Planning Councillor David Hitchiner, Leader of the Council Christine Price, Healthwatch

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The Chair opened the meeting and explained that the meeting was being held virtually in response to the Government's direction to work from home wherever possible. Although there was an absence of legislation authorising remote decision making, Scrutiny committees were not decision making bodies and therefore by holding the meeting virtually could still debate the issues publicly and make recommendations to Council.

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35 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Harrington on behalf of the Independents for Herefordshire as he had been unable to find a substitute for Councillor Seldon

36 NAMED SUBSTITUTES (IF ANY)

There were no named substitutes.

37 DECLARATIONS OF INTEREST

No declarations of interest were made.

38 MINUTES

Resolved: That the minutes of the meeting held on 1 November 2021 be approved as a correct record and be signed by the Chairperson.

39 QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

40 QUESTIONS FROM COUNCILLORS

No questions had been received from Councillors.

41 2022/23 BUDGET SETTING

The Chief Finance Officer introduced the report the purpose of which was to seek the views of the Adults and Wellbeing Scrutiny Committee on the budget proposals for 2022/23 as they related to the remit of the Committee.

During the debate the following key points were raised:

- Councillors were disappointed that there was not more detail within the report as this made it difficult to scrutinise effectively. Councillors asked that there be a more consistent approach to producing budget reports as comparisons were made with the Children and Young People Budget Scrutiny agenda pack which contained a more detailed breakdown of costs. The Chief Finance Officer highlighted that it was always a challenge to work out what level of detail to include but was happy to provide the Committee with further information.
- The mitigation measures outlined on page 24 of the agenda pack had been acted upon and would be live from 1 April.
- The paper outlining the proposals for all ages commissioning (birth to end of life) was being produced and would be circulated to Cabinet and made available for all other Members. Officers were absolutely confident that this was the right approach for the Council to take as there would be a negligible variance in costs but many more potential efficiencies that could be exploited.
- The Independent Living Service (ILS) had been subject to an extensive internal review, heavily supported by Verto, to look at how a redesign of the service could improve outcomes. The long overdue but modest investment would pay dividends by increasing the productivity of DFG (Disabled Facilities Grant) assessments and targeting resources to reduce waiting times for customers who required those services.
- The £718k of savings that had been identified would not result in cutting any services but was instead about better use and management of resources, more integrated and collaborative work with NHS partners, and use of Talk Community.
- The projection graph shown on page 30 of the agenda pack highlighted that without the changes to the services that had been implemented, including triage and the Talk Community initiative, there would have been an additional 300 service recipients. These people were now being channelled through more appropriate routes and being cared for in a better way.
- Councillors felt that despite them supporting the Talk Community initiative and the hubs that had been set up, residents were failing to engage with it and there needed to be better communication of the services that it could offer. This was especially so

in view of the importance attached to utilising the service to better meet demand and ultimately reduce costs.

- The Portfolio Holder for Health and the Director for Public Health were working with Talk Community and through the Health and Wellbeing Board to find ways to address such issues as fuel poverty and economic inactivity; this included a debt management service and working closely with HBOS and the voluntary sector to promote their schemes. This integrated way of working would help to reduce pressure on Council services and the NHS.
- The investment that the NHS was making in the Home First scheme, via the Better Care Fund was the first major investment made by the NHS exclusively in a social care service and was a huge step forward and yet another indication of better integration.
- There was recognition that art and culture was an important contributor to health and wellbeing, and the move of libraries, museums and leisure centres in to the community and wellbeing directorate was indicative of this. A capital programme of £21m to enhance the libraries and museums in Herefordshire was just about to start and would transform the offer in this sector. There were also opportunities for the third/voluntary sector, with the support of the Council, to greatly increase funding in this area.
- The Council was running a pilot scheme with Aspire called 'Just Checking' which was about using technology to allow those with learning disabilities to live more independent lives.
- The Director for Adult and Communities confirmed that, following an extensive recommissioning exercise, the Council's new Homecare contract was now up and running.
- Within the budget for Home First there was monies for increased use of technology to support those living in their own home including a call monitoring system, a scheduling system and a call management system.
- The Chair requested that the Homeshare scheme be further explored by the Council. Homeshare matched someone who needed help to live independently in their own home (house-holder) with someone who had a housing need (homesharer). In return for low cost accommodation the homesharer would provide a minimum of 10 hours of support per week to the householder. The Director for Adult and Communities offered to undertake some research into this scheme and report back to the Committee later in the year.
- The Council had invested heavy in the Business Intelligence Team to look at how they could enhance data availability. The Social Care Reform Act that would come into effect in 2024-5 required Councils to effectively treat self-funding people in the same way as Council funded clients; gathering better intelligence on this group would help the Council in the future when these self-funders started to commission services from the Council.
- Discharge to Assess was not a care issue but a system issue and investment by the NHS in Home First was recognition of this and a move to a more integrated system and a more collaborative way of working.
- The Council had a discretionary Housing Grant scheme which covered such things as rent arrears and the cost of moving but could also be extended in some instances to cover the cost of white goods. Anyone who needed assistance in this area was encouraged to get in touch.

The recommendations below were proposed and seconded and carried unanimously.

RESOLVED:

The Committee recommended that:

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1. A breakdown of the base budget and how much is being spent in each area be provided to the Committee. It was further expected that in future there should be consistency in the level of detail contained within the reports produced for each scrutiny committee.

2. Given the importance assigned to Talk Community to manage demand, an element of its budget be skewed towards better communication of its services and access to hubs so that there is more visibility and engagement with the Community.

3. The Director of Adult Services investigates the Homeshare programme and its possible benefits and reports back to the Committee.

4. The Director of Adult Services provides the Committee with more information on the levels of satisfaction with the service generally and also a response to the points raised by Care Leavers in the budget consultation.

5. The costs involved with a move to All Ages Commissioning, specifically mental health services, be provided to the Committee.

The meeting ended at 4.05pm **Chairperson**

Herefordshire Council

Title of report: Substance Use Services In Herefordshire

Meeting: **Adults and Wellbeing Scrutiny Committee**

Meeting date: **Monday 7 March 2022**

Report by: **Public health specialist**

Classification

This report is open but an appendix is exempt by virtue of the paragraph(s) of the Access to Information Procedure Rules set out in the constitution pursuant to Schedule 12A of the Local Government Act 1972, as amended:

2 Information which is likely to reveal the identity of an individual – due to small numbers in the data reported in the appendix.

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

To provide members of the Committee with an overview of substance use services in Herefordshire and the work of the new service provider, Turning Point.

Recommendation(s)

That:

a) The Committee is asked to note the contents of this report.

Alternative options

1. There are no alternative options as this is an update report.

Key considerations

2. The integrated drug and alcohol recovery service is run on behalf of Herefordshire council by Turning Point, in partnership with Healthwatch Herefordshire and alongside other recovery organisations, and has replaced the previous provider service, We Are With You. Whilst Turning Point is a new provider to Herefordshire, the organisation has been delivering substance use services throughout the UK for over 50 years. The new service contract, which will run to 31st March 2025, included the transfer of employees and all service users and continues to be an integrated service for both adults and young people seeking support with drug and alcohol addiction.

3. The service has focussed on performance outcomes with significant improvements being made. They have recently reported moving into the third quartile for the alcohol/non-opiate cohort, and trajectories for all other cohorts continue to head in the same positive direction, with a plan which should shortly also move all cohorts into the third quartile. While successful outcomes are a significant achievement, beyond this performance measure they represent people moving out of treatment and moving on with their lives without the significant impact of alcohol or drug addiction.

4. Recruitment for the service has been a challenge, which reflects the national picture for health and social care services, however Turning Point has successfully recruited several new staff into the service who will support the overall development and improvement of delivery.

5. Turning Point has established links with both primary and secondary care. The service will be strengthening various work streams, specifically alcohol pathways; working with primary care to increase early identification of harmful alcohol use and with secondary care to improve the access to community services and work in partnership with complex service users. This is a multi-agency piece of work: Wye Valley Trust now has in place a multi-disciplinary alcohol care team (MDT), with Turning Point as a key partner. Strong links have also been established with mental health services with weekly attendance at team meetings to discuss complex cases.

6. There are plans to purchase a Mobile Outreach Vehicle (MOV) to enhance the offer of harm reduction advice, needle exchange, naloxone, and other outreach support to service users across the county with a focus on providing an 'out there everywhere' offer for people in more remote areas or with limited options to travel to Turning Point hubs.

7. The further development of a young people's service includes the creation of a new brand identity and will offer an emotional wellbeing approach to young people (including young adults). The young people's service will explore greater awareness of treatment options for young people through promotion in schools in youth centres/youth clubs, offering a simple and fast referral/assessment process and access to interventions in a convenient location. The service will utilise social media to further increase awareness, promote harm reduction messages and provide advice to support young people in their decision making. This dedicated service for under-25s offers safe, confidential and non-judgemental support to make positive changes through a range of services, including: training and awareness sessions and short-term sessions in one-to-one or small groups and structured treatment plans.

8. Individuals wanting to access support can refer themselves or alternatively be referred by a GP, or other health professional. Referrals can be made by visiting the Herefordshire Recovery Service Network website or calling **0300 555 0747**

9. This financial year additional funding has been provided nationally to local authorities to address harm reduction and criminal activity in drug users. This will be used locally to increase resource within the service to provide focussed work to reduce harm in our homeless population, specifically aiming to reduce drug related deaths as well as introducing further interventions targeted to those involved in the criminal justice system.

10. Following the release of the new government drug strategy,

From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

it has been confirmed that this funding will continue.

Community impact

11. The substance use recovery service is a county-wide service.

12. This specialist service has been shaped and designed by the needs of the local community, and the voices of people with drug and alcohol issues and their carers and families, following consultation exercises carried out by the council in 2019.

13. The new service is working to national and local policies and guidance, including the new national strategy which sets out three core priorities: to break drug supply chains, deliver a world-class treatment and recovery system and achieve a shift in demand for recreational drugs, From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

Environmental Impact

14. A key principle for the service is to ensure ease of access across the county, providing an 'out there, everywhere' offer. The main premises are located in Hereford, with hubs in Leominster, Ross-on-Wye and Ledbury. The provider will be offering a mobile service to enhance the offer of the harm reduction advice, needle exchange, naloxone, and other outreach support to service users and this vehicle will also be used to support delivery of medication for people isolating or otherwise unable to access local pharmacies, as well promote the service through events. The environmental impact of this will be monitored against service uptake and will be managed and reported through the ongoing contract management.

15. Herefordshire Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors we share a strong commitment to improving our environmental sustainability, achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.

Equality duty

16. 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.

17. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Our providers will be made aware of their contractual requirements in regards to equality legislation.

18. This service supports individuals many of whom will share a protected characteristic (eg. mental health/disability) and will support the Council in discharging its duty by advancing equality of opportunity for this cohort.

Resource implications

19. The value of the Council's contract with Turning Point is £1,560,570 per annum and the contract is to run for 3 years, at this point.

Legal implications

20. Section 6 of the Crime and Disorder Act 1998 places a duty on the local authority to implement a strategy for combating the misuse of drugs, alcohol and other substances in the local authority's area. The local authority has a general duty under section 3(1)_ Local Government Act 1999 to make arrangements to secure continuous improvement in the way its functions are exercised, such improvement includes effective service delivery, value for money and ensuring the project outcome is achieved.

21. The purpose of the report ensures that the local authority complies with its statutory duties.

Risk management

22. There are no risks associated with the recommendations of this report.

23. The service provider is required to produce a risk register which is managed at service level and through performance monitoring arrangements, with directorate or corporate risks escalated as appropriate.

Consultees

24. The service was informed and designed by the needs of the local community and with engagement with service users and their families and carers, following consultations carried out by the council, including with stakeholders and political groups in 2019.

Appendices

EXEMPT Appendix 1. Report from Turning Point: 'Substance Use Services in Herefordshire – an overview'.

Background papers

None

Herefordshire Council

Title of report: GP Access

Meeting: Adults and Wellbeing Scrutiny Committee

Meeting date: 7 March 2022

Report by: Charmaine Hawker – H&W CCG Associate Director, Primary Care
Dr Mike Hearne – Managing Director, Taurus Healthcare Ltd & GP Fownhope Medical Practice
Dr Jonathan Leach – OBE, NHS England Medical Director for COVID-19 Immunisation, NHS England Associate Medical Director for Armed Forces & Veterans Health and General Practitioner Davenal House Surgery Bromsgrove

Classification
Open

Decision type
This is not an executive decision

Wards affected
All Wards

Purpose
For the Adults and Wellbeing Scrutiny Committee to consider the attached paper and to determine any recommendations it wishes to make.

Recommendation(s)

That the Committee:

a) considers and comments on the measures being taken to improve patients' access to GP services.

b) Determines any recommendations it wishes to make to the CCG and/or to the Executive

Alternative options

It is a function of the committee to review and scrutinise any matter relating to the planning, provision and operation of the health service within its area. The committee also has the function to make recommendations to a responsible NHS body on any NHS matter it has reviewed or scrutinised, and to make reports or recommendations to the executive with respect to the

discharge of any functions which are the responsibility of the executive. As such, there are no alternative options.

Key considerations

The Adults and Wellbeing Scrutiny Committee has statutory health scrutiny powers including the review and scrutiny of any matter relating to the planning provision and operation of health services (not reserved to the children and young people scrutiny committee) affecting the area and to make reports and recommendations on these matters.

A full report relating to General Practice and primary care access in Herefordshire is attached.

Community impact

This scrutiny activity contributes to the corporate plan – county plan 2020-24 ambition 'strengthen communities to ensure everyone lives well and safely together'.

Within the NHS, there has been increasing emphasis on the need to understand and respond to the views of patients and the public about health and health services. Responding positively to health scrutiny is one way for the NHS to be accountable to local communities.

Environmental Impact

The work of the scrutiny committee will have minimal environmental impacts, although consideration has been made to minimise waste and resource use in line with the council's Environmental Policy.

The Committee should be mindful of the potential environmental impacts of any recommendations it may put forward, and responses to such recommendations and any decisions arising from these should also consider the environmental impact

Equality duty

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.

d) 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

There are no resource implications associated with the recommendation. The resource implications of any recommendations made by the committee will need to be considered by the responsible NHS body or the executive in response to those recommendations or subsequent decisions.

Legal implications

Section 9FA of and Schedule A1 to the Local Government Act 2000, Regulations 5 and 11 of the Local Authorities (committee system) (England) Regulations 2012 and Regulation 30 of the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 make provision for local scrutiny functions to review and scrutinise matters relating to the planning, provision and operation of the health service in the area.

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.

Consultees

Councillors and members of the public are able to influence the scrutiny work programme by suggesting a topic for scrutiny or by asking a question at a public meeting. For further details please see the 'get involved' section of the council's website:

www.herefordshire.gov.uk/getinvolved

Appendices:

Appendix A – Briefing paper from the CCG

Background papers:

None identified

Please include a glossary of terms, abbreviations and acronyms used in this report.

NHS
Herefordshire and Worcestershire
Clinical Commissioning Group

Adults & Wellbeing Scrutiny Committee

Monday, 7 March 2022

Primary Care (GP) Access

1. Summary

1.1. The Health Overview and Scrutiny Committee (HOSC) has requested a report on the measures being taken to improve patients' access to GP services. This will include how the residents of Herefordshire are able to access appointments with GPs following the COVID-19 pandemic including how services are monitored to ensure equity of access across the County.

1.2. The Committee will be able to gain an understanding of how access to GP appointments have changed following the Pandemic (including the timeliness, availability, and types of appointments), the success of changes made/new ways of working, the challenges faced by GPs and residents and how residents' views are being considered.

1.3. Senior representatives will be present from NHS Herefordshire and Worcestershire Clinical Commissioning Group, which commissions primary care, together with Taurus Healthcare Limited, the General Practice Federation for Herefordshire who provide the infrastructure for Herefordshire General practice leadership team.

2. Current GP Operating Model

2.1. The way in which General Practice has been mandated to operate throughout the pandemic has been determined by NHS England/Improvement (NHSE/I). At the start of the COVID-19 Pandemic NHSE/I mandated a Standard Operating Procedure (SOP) for General Practice (in the context of Covid-19) which was a total triage model with minimal onsite access for patients, to comply with pre-determined infection control procedures. In addition, Primary Care Networks (PCNs) came together to operate as hubs according to the clinical need of patients requiring face-to-face appointments and their infection status. Practices were required to operate in accordance with this SOP to protect both patients and staff.

2.2. In order for general practice to respond quickly and consistently, the leaders across general practice formed the 'Herefordshire general practice leadership team', consisting of PCN clinical directors, LMC officer, CCG and executives from the federation Taurus. This enables practices to work at scale where it makes sense, providing consistent guidance throughout the pandemic, working closely with all Herefordshire partners. It continues to provide this leadership function, and supports the delivery of 24/7 general practice to ensure patients receive high quality care at the right place in the right time, by the right person.

2.3. The SOP has continued to be reviewed throughout the pandemic with the most recent updates published on 17 January 2022 which requires practices to be covid secure, which can include the offer of a blend of remote and face-to-face, appointments with digital triage where possible. This revised guidance reaffirms the measures needed to protect staff and patients, specifically universal use of face masks for staff and face masks/coverings for all patients/visitors in health and care settings, and additional transmission-based precautions for COVID-19 and other respiratory infection patients. This guidance supports efficient delivery of NHS services to meet

wider patient needs, via the return to pre-COVID-19 social distancing and standard Infection Prevention and Control (IPC) measures for patients who do not have infectious respiratory diseases. In addition, it is a contractual requirement that all practices offer a range of digital appointment types including video and online consultations.

2.4. Until further notice, the existing COVID-19 Infection Prevention and Control (IPC) guidance continues to apply in healthcare settings. In an initial COVID-19 Response on 19 July 2021, the Cabinet Office confirmed that: "Health and care settings will continue to maintain appropriate infection prevention and control processes as necessary, and this will be continually reviewed…". All Primary Care contractors have therefore been mandated to follow this guidance, including the use of face coverings in NHS settings. This includes suggested ways to minimise contact in waiting areas. This guidance is unchanged in the updated IPC guidance.

2.5. The digitalisation of General Practice to enable remote working and a move to a hub ensured that all practices in Herefordshire remained open during the various waves to date. This did not happen universally throughout the country. Hub working is likely to increase as a resilience measure for sustainable General Practice, to maximise a limited and changing workforce and offer patients more choice of type of appointment and when this is available, for example, outside core hours with a non-GP clinician.

2.6. This has been further exacerbated by the escalated Covid Immunisation Programme between October and December 2021, the number of competing priorities which practices are responding to is creating pressure and challenges for many of them. This is no different to any other part of the NHS at the current time.

2.7. The nationally agreed priorities for General Practice up to the 31 March 2022 are:

i. Continued delivery of general practice services, which includes timely ongoing access for urgent care with clinical prioritisation, the ongoing management of long-term conditions, suspected cancer, routine vaccination and screening, annual health checks for vulnerable patients, and tackling the backlog of deferred care events.

ii. Management of symptomatic COVID-19 patients in the community, as part of the local system approach, including supporting monitoring and access to therapeutics where clinically appropriate.

iii. Ongoing delivery of the COVID-19 vaccination programme.

iv. Ongoing delivery of the PCN contracts where practices are delivering services across a network of practices and with partners.

3. COVID-19 Vaccination Programme

3.1. In Herefordshire and Worcestershire 77.4% (78.6% for Herefordshire) of the population have received a covid-19 vaccination. The Herefordshire and Worcestershire system being the highest in the West Midlands for overall uptake. In total 632,207 (159,510 Herefordshire) patients have received their first dose, 596,463 (150,606 Herefordshire) their second dose, and 85.6% (86% Herefordshire) of the eligible population have had their booster. NHS Herefordshire and Worcestershire CCG has been highlighted as a top achiever in the country, often achieving the highest or in the top 3 in the country for delivering targets against cohort patient groups. Overall, we are the second highest achieving CCG in the country. This trajectory is illustrated in Appendix 1, Graph 1f.

3.2. The vaccination programme has recently been expanded to include the 12 to 17-year-old cohort (12,517 population size for Herefordshire), and 5 to 11-year old at risk cohort (509 for Herefordshire).

3.3. Access was further supported by a Taurus run vaccine call centre that facilitated queries on vaccination, booking people into vaccine appointments, and contacting clinically vulnerable patients who required additional doses. This increased capacity to practices for non-vaccine matters.

4. National and Local Monitoring of Access

4.1. General Practice Appointment Data (GPAD) has been collated nationally since December 2018. This is published monthly by NHS Digital. This is the main indicator used by NHSE/I to monitor activity. NHS Herefordshire and Worcestershire CCG analyse this data to benchmark local appointment data against national/neighbouring CCG levels, and to review trends month-on-month. Data is reported to and monitored by the Primary Care Quality and Risk Sub-Committee which reports to the Primary Care Commissioning Committee.

4.2. The latest data available (December 2021) is presented in Appendix 1, Graphs 1a to 1f.

4.3. Headlines:

i. 401,139 appointments – 6% more appointments than December 2020. This figure excludes 224,423 appointments used to administer the COVID-19 vaccine (see Appendix 1, Graph 1f). If included, activity is 43% above 2020 levels and 42% above 2019 levels.

ii. Primary Care General Practice is working at higher than pre-pandemic levels - currently 10% up compared to December 2019. Total annual figures for 2019 versus 2021 shows an appointment increase of 7%, excluding Covid-19 immunisation numbers.

iii. Primary Care appointment recovery rates compared to 2019 year have been the highest in the region for 4 months out of the past 6 months. (see Appendix 1, Graph 1b)

iv. Average daily appointment numbers are 19,102. This averages out to 239 per day per practice, higher than the national rate of 185 (note that practice list sizes vary considerably but the figure is used to compare to national rates).

v. As a comparative measure, the number of appointments are equivalent to 0.49 per head of population per month, which is consistently the highest in the Region all year and compares well to a national rate of 0.41.

vi. 53% of primary care appointments were with a GP, compared to the national rate of 50% (see Appendix 1, Graph 1c).

vii. 57% of appointments were face to face, this is 230,577 appointments in December, and has ranged from 50% to 62% per month over the past year. This is generally about 2% to 5% lower than national levels, however this is equivalent to an annual average of 0.29 face to face appointments per head of population, compared to the national average of 0.26 (see Appendix 1, Graph 1d).

viii. 56% of patients booking an appointment are seen within 1 day, compared to the national rate of 55% (see Appendix 1, Graph 1e).

ix. Online and video appointments account for 16,720 (local data sources used as national reporting is vastly underestimated). This is now 4% of all appointments, from a baseline of 0% in January 2020.

x. NHS 111 direct booking has been increasing over the past year and now all of our practices have been configured to enable direct booking. Our conversion rate (number of patients contacting NHS 111, who are appropriate for a Primary Care appointment, and found a suitable appointment) is 41% (NHSE snapshot audit data November 2021), the highest rate in the Region. This increased again to 43% in December. However, 111 requests only represent <1% of appointments.

5. Winter Access Fund

5.1. On 14th October 2021 NHSE issued 'Our Plan for Improving Access for Patients and Supporting General Practice'. This initiative has funded additional activity to bring all GP practices' appointment activity back to pre-pandemic levels, and to support the system over the winter period. **Coronavirus » Our plan for improving access for patients and supporting general practice(england.nhs.uk)** As part of the Winter access fund investment, Herefordshire will

increase capacity with a view to adding an additional 24,096 appointments into the system from January to March 2022. As at January 2022 Herefordshire had delivered 1,495 appointments towards this initiative, (data is still being collected). This will be achieved by a number of initiatives:

i. Workforce is key to this programme and a Clinical Locum Pool has been established to boost GP capacity.

ii. Delivering at scale, the County will benefit from additional Social Prescribers, Pharmacists, First Contact Physiotherapists and Speciality Nursing Teams to offer patients more clinical appointments.

iii. Additional 'Super Saturday' clinics have delivered 1,305 appointments.

iv. There are plans for more intensive support using a 'virtual hub' model. This will allow a GP to offer an additional 36 appointments per day to support local practices.

v. Data quality initiatives will provide hands on support to GP practices to reconfigure their appointment systems and ensure that activity is fully captured.

vi. The county will also be part of the CCG Voice Over Internet Protocol (VOIP) telephony project to level up all telephone digital infrastructure across the county. During 2021 there were 7 GP practices in Herefordshire that changed telephone systems to improve patient access. The Winter Access Fund will allow a further 11 practices to up-date their telephone provision. This will cut costs and reduce workload across the practice with a telephone system that integrates with major clinical systems and supports extended access and new forms of consultation. It will help practices manage demand and capacity.

5.2. To complement the above, we are also working with individual practices with a suite of additional resources, with a view to increasing appointment activity. This targeted approach allows us to maximise capacity in the system, ensuring local patients are not disadvantaged by local pressures.

5.3. Due to the Covid-19 vaccination campaign which was prioritised for December, and allowed the CCG to be the second highest achiever in the country, large numbers of Primary Care staff were diverted to the booster programme. As a result the Winter Access programme was slower to start than expected. However, all Schemes are now in progress and activity will be end-loaded to enable achievement of planned targets.

5.4. The diagram in Appendix 5 summarises the Winter Access Fund for Herefordshire and Worcestershire.

6. Public feedback and engagement including National Patient Survey findings

6.1. The CCG is aware of some issues or perception with access particularly around the summer-of 2021, noted from complaints or local feedback during COVID-19. The pandemic has highlighted inequalities that may/may not have already existed and has increased some barriers faced by marginalised groups. There may be disproportionate numbers of cohorts that are prone to face inequalities eg the elderly or those on lower income/rural poverty which may compound access issues.

6.2. As a result, the CCG has reviewed several reports by organisations such as Healthwatch and The Patients Association, together with a NHSE/I Midlands Access Survey report. During 2020 the CCG undertook further engagement exercises (sometimes with other organisations such as Healthwatch) to confirm any findings identified in national reports and highlight areas for improvement or where our patients could be supported. This included a number of local patient feedback exercises where we focused on patient groups, such as those with Cancer or Learning Disabilities and Autism, or where patients were digitally excluded. The recent Patient Association Report (January 2022) indicates that Nationally patients are still finding it difficult to

get a GP appointment, and that the offer is remote or essentially telephone access. Based on appointment data as described previously, we believe that in Herefordshire patients are able to access appointments albeit in a different way or with a different professional than they may be accustomed to. Remote access is as result of formal triage and used when clinically appropriate. We await the National Patient survey results to review the feedback.

6.3. At that time, these information sources were also correlated with the National Patient Survey findings. We continue to achieve highly on the National Patient Survey in all the key areas. The findings compared to the previous year, and national comparisons are noted in **Appendix 3**.

6.4. This has given us over 13 sources of information to take account of patients' views, ensure accessibility is not compromised at practice level and to help some marginalised groups who have been disproportionately affected. As a result, we have undertaken the following actions:

i. A website audit to ensure consistency of message and that practices advertise they are open as usual and describe a range of access options.

ii. Telephone audits have resulted in a number of practices that have been contacted following the audit and placed on the NHSE/I Improving Access Programme. Further practices are receiving new telephone systems in line with a planned digital update programme and Winter Access Funding.

iii. All survey results have been triangulated to give a clear steer on areas of concern, particularly inequalities. Improvements will be directed through the Digital Group.

iv. A Digital Inclusion Advisory Group (DIAG) has been set up with key stakeholders and patient advocates to look at practical initiatives to reduce inequalities because of digital exclusion. This has resulted in a digital inclusion programme being developed, vaccine equity programmes, and improvements in digital communications, ie consistency of message, better website information and use of digital boards.

v. The CCG has carried out further feedback initiatives; digital live events and feedback sought from hard-to-reach groups eg LD and autism

vi. Two videos have been developed one for Herefordshire, and one for Worcestershire, for patients to understand the roles that each profession undertakes in GP practice, and who may be more appropriate to care for various patient conditions (instead of resorting to a GP appointment as first line).

7. Workforce Capacity

7.1. A focus for the CCG over the past 5 years has been a recognition of the need to increase the Primary Care workforce to meet the demand and long-term challenges facing General Practice. Despite the challenges we continue to meet current capacity demands and are working towards managing future demand.

7.2. Overall GP numbers increased to a high of 583 GPs (in June 2020) from a baseline of 549 in 2015. Current headcount is 577 GPs in Herefordshire and Worcestershire. However, WTE has dropped slightly from 456 in 2015 to 432 in 2021. (see Appendix 2, tables 2a and 2b). Of note, is the increase in other clinical staff groups that would offset the GP workforce, in a changing skill mix. This shows an increase of 296 individuals in 2015 to 428 at the end of 2021 (see Appendix 2, tables 2e and 2f).

7.3. However, in anticipation of the age profile of the GPs working in Herefordshire and Worcestershire the programme for training, and then retaining GP Registrars has increased (see Appendix 2 table 2c and 2d). Since 2015, numbers of Registrars have increased by 55 WTE to 129. From a headcount of 61 in 2015 to 128 currently.

i. Since General Practice workforce data records began in 2015, we have seen the age profiles of GPs slightly change.

ii. During 2015, 50% of the GP workforce were over 45 years of age.

iii. As at December 2021, 39% of GP workforce were over 45 years of age.

iv. There have been a number of GP retirements, but with the initiatives we have developed to support recruitment and retention, we have seen growth in the workforce and retention of the future workforce pipeline.

v. With a view to this we have a comprehensive range of packages and support to improve recruitment, but more importantly aid retention of our current workforce (See Appendix 2, Table a).

vi. It should be recognised that the workforce profile is changing in General Practice and that the GP workforce initiatives are run in parallel to the recruitment of alternative clinicians and health professionals to increase appointment options.

8. General Practice Communications Plan

8.1. As with much of the NHS, General Practice across the country is facing huge demand for its services, with even more pressure because of the COVID-19 Pandemic and the COVID-19 Immunisation booster campaign.

8.2. Public perception is that GP practices are not open, that GPs themselves are not seeing patients, and that GPs and practices should be 'returning' to pre-pandemic way of working. This has resulted in frustration and a negative narrative often resulting in hostility and abuse of practice staff.

8.3. In addition, a Digital Access survey conducted by the CCG in October 2021 shows a low level of understanding of how people can get help through different ways, for example 55% of respondents said they would access their practice online but hadn't seen it promoted.

8.4. A communication campaign has been developed to support patient education. It aims to raise awareness and educate patients and public on how they can access the care needed through General Practice and how they can use these services to support them in managing their health and the health of those they care for better. The campaign is dovetailing with the COVID immunisation campaign and is being profiled as part of the Winter Access Fund initiatives.

8.5. The campaign has three main aims:

i. Raising awareness of the multidisciplinary teams that now make up General Practice (the different roles and what each does).

ii. Informing people on how to access help in different ways without having to ring their practice, eg GP online, NHS 111 appointments, pharmacy, and the NHS App.

iii. Encouraging and supporting people to take ownership and make decisions about the care they need (personalised care/self-referral), ie seeing a GP may not always be the best option, and sometimes First Contact Physiotherapy, Improving Access to Psychology Therapy (IAPT), Social Prescribers and Pharmacists can be appropriate alternatives.

8.6. The campaign's key messages are:

i. General Practice/Primary Care has changed and is working differently.

ii. Practices have many different professionals working alongside GPs to look after the health and wellbeing of their patients.

iii. Much of your health needs can be supported by professionals other than a GP.

iv. There are new ways to access the help you need.

8.7. The campaign's tactics will be supplemented with a mix of regular online, digital, and public relations, including:

i. Next Cascading through health and care staff, patient groups, PPGs, voluntary sector, local authority distribution lists and newsletters.

ii. Publicity through press releases and local spokespeople.

iii. Development of GP toolkits (assets for practices and guidance on communicating with patients).

iv. System-wide social media channel promotion.

v. Digital screens and websites.

8.8. The campaigns commenced in November 2021 and are still ongoing.

8.9. Media and advertising includes:

i. Bus signs: running from 6-19 December these were on 14 routes in Worcester and Ross on Wye areas.

ii. BT phone boxes – throughout December and January – Hereford City 5 locations.

iii. Commencing from 22 November bi-weekly newspaper advertisements were scheduled in the Hereford Times, Ledbury Reporter, Ross Gazette and Malvern Gazette.

8.10. Digital:

i. **Radio:** Free Radio aired from 6 December 2022.

ii. **Digital:** Screens at Herefordshire Council customer services, and parish councils.

iii. **Video:** Developed Multi-Disciplinary Team (MDT) videos & 'how to access urgent care'.

iv. **Printed/digital materials:** Pull up banners, leaflets, posters, website and social media content/banners.

8.11. The intention is that this campaign will continue with a focus on access including a focus on the NHS App, online consultations and a pharmacy campaign to promote pharmacy teams and how they can support patients.

8.12. We know from increasing patient and practice concerns that more can be done to help patients understand the changes in general practice and how, for example, they can get the most out of a remote consultation. Healthwatch and Patient Groups across the country are also producing videos to support this aim.

9. Resilience

The CCG has designed a 'real time' workforce reporting tool, which allows the CCG to understand the scale of problems and report capacity issues to the system along with other providers. Practices reporting difficulties are contacted and supported to ensure patient access is not adversely affected and practices are not at risk of closure. This includes them utilising mutual aid, and to offer support to the practice during the period until the workforce has returned to normal levels. This is monitored daily.

10. Challenges

i. Current appointment activity continues to increase.

ii. Restoration backlog activity being undertaken, alongside the national COVID-19 vaccination and Influenza Programmes, noting we only have the same skills and workforce available to deliver both.

iii. Restoration backlog in secondary care leads to more activity in general practice to manage such patients.

iv. The National Covid Immunisation booster campaign has diverted resource away from routine non-urgent primary care services, which will impact on the catch up later on in the year.

v. Maintaining a total triage model, while enabling more face-to-face appointments.

vi. Maintaining/increasing online and digital appointments in line with national direction, balanced with patient choice (particularly with regards to face-to-face appointments).

vii. Concern should a new variant emerge which impacts on the primary care workforce.

11. Moving Forward/Opportunities

11.1. Access to GP surgeries has changed since March 2020. While reverting to pre-COVID-19 levels, the opportunities of working in a COVID-19 environment has fast tracked many developments that were planned that should now be capitalised on. While the infection control procedures will remain for the medium-term, we will continue to maintain a range of access methods that support us working towards the priorities of the NHS Long Term Plan, namely:

i. Sustainable General Practice, working collectively within PCNs and through them with partners across health and care and the voluntary and community sector.

ii. Ensure consistent, equitable, high-quality services to patients and the public.

iii. Continued investment in General Practice through local and national funding streams aligned to PCNs.

iv. Digital solutions to support the future model of care.

v. Access to 24/7 general practice where OOH, evening and daytime delivery works as one to supports care at the right care at the right time, so patients can continue to receive continuity of care particularly with complex care.

11.2. By working in this way, we will continue to deliver the NHS Oversight Framework metrics for patient access and outcomes which are:

i. All general practices to be delivering at, or above, pre-pandemic appointment levels, including through consolidating and maximising the use of digital consultation methods and technology.

ii. Delivering safe, high-quality care.

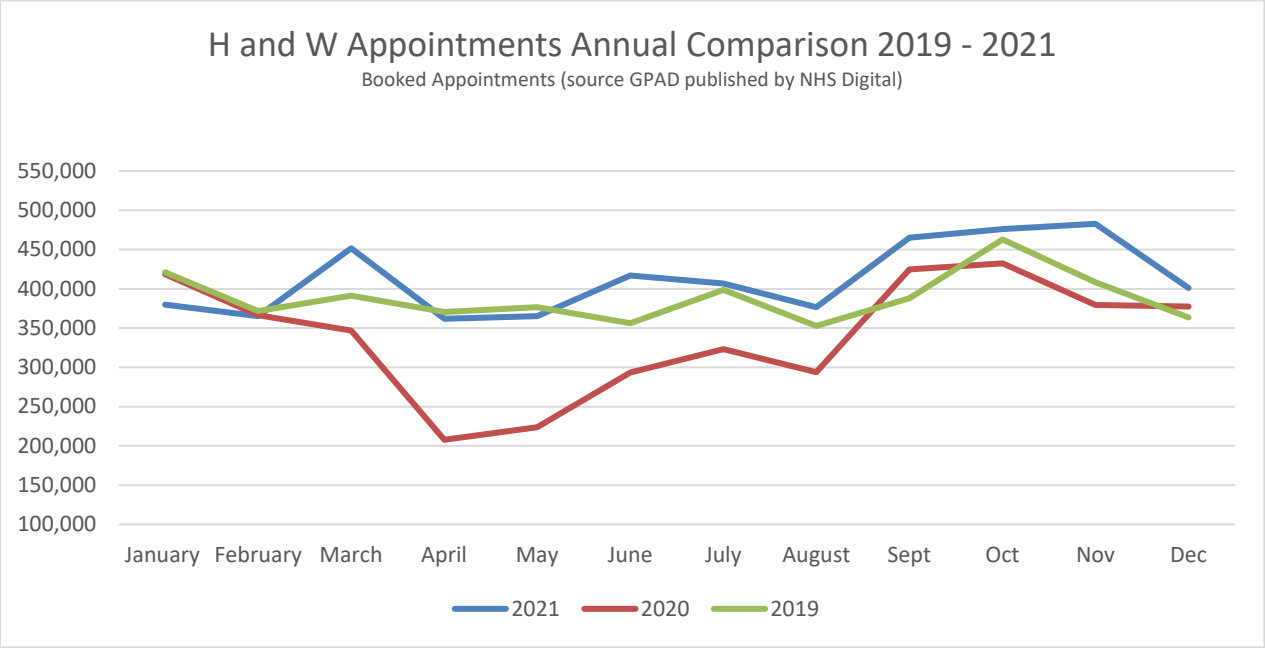
12. Conclusion

12.1. 90% of all contact with the NHS is with General Practice. Given the backlogs created by COVID-19 plus the national mandate on delivering the flu and COVID-19 vaccination programmes, work has exponentially increased leading to stress, illness, and resignations from General Practice. The quality of General Practice in Herefordshire has always been high as evidenced by national metrics. Public dissatisfaction has fluctuated at different points throughout the pandemic and there is no one solution to address these concerns voiced by practices or patients. The CCG is committed to working with partners, practices, and patients to ensure that there are no practice closures, quality patient services are sustained, and the General Practice workforce is increased.

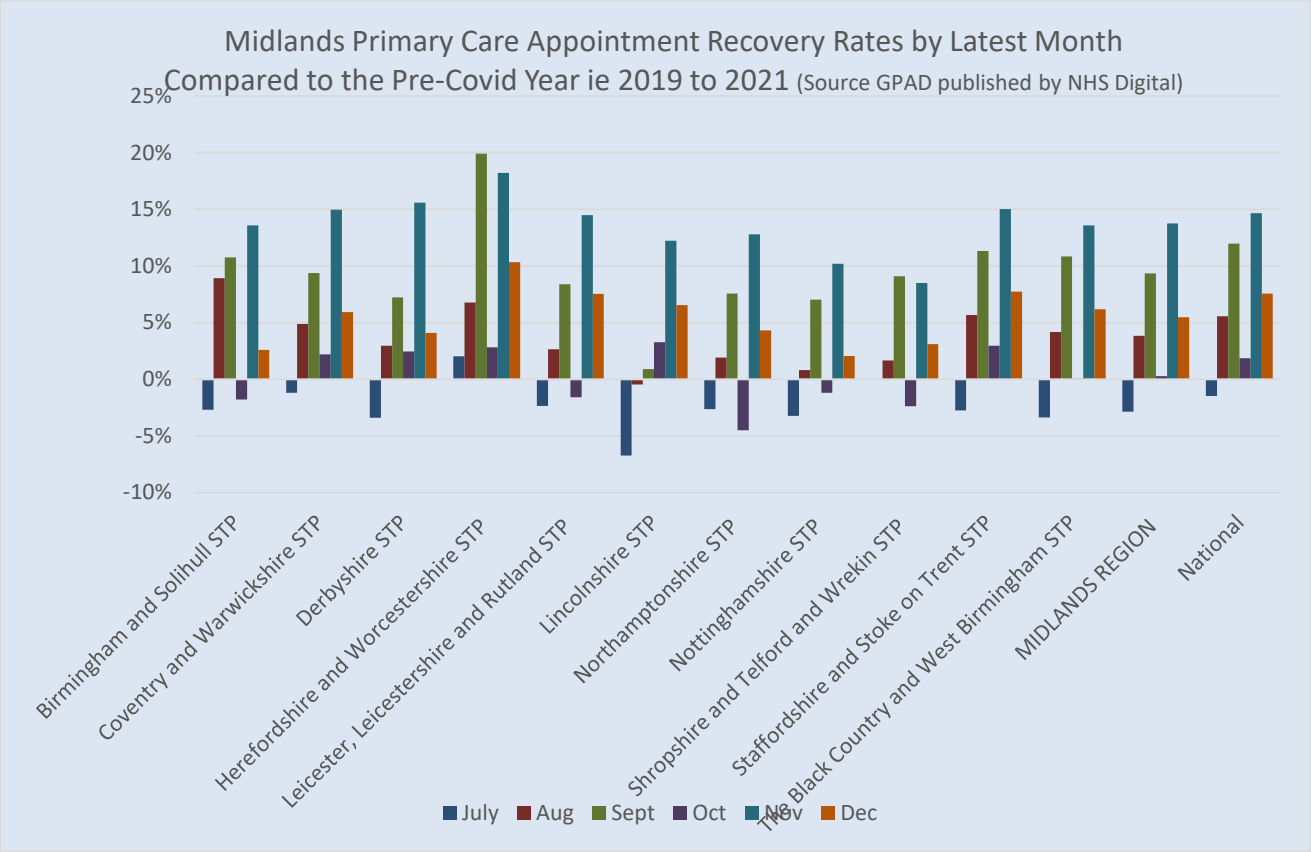
Supporting Information

Appendix 1 – GP Appointment Data
Appendix 2 – Workforce Data
Appendix 3 – Recruitment and Retention
Appendix 4 – H&W CCG Achievement in the National Patient Survey 2021
Appendix 5 – Summary of the Winter Access Fund (Plan on a Page)

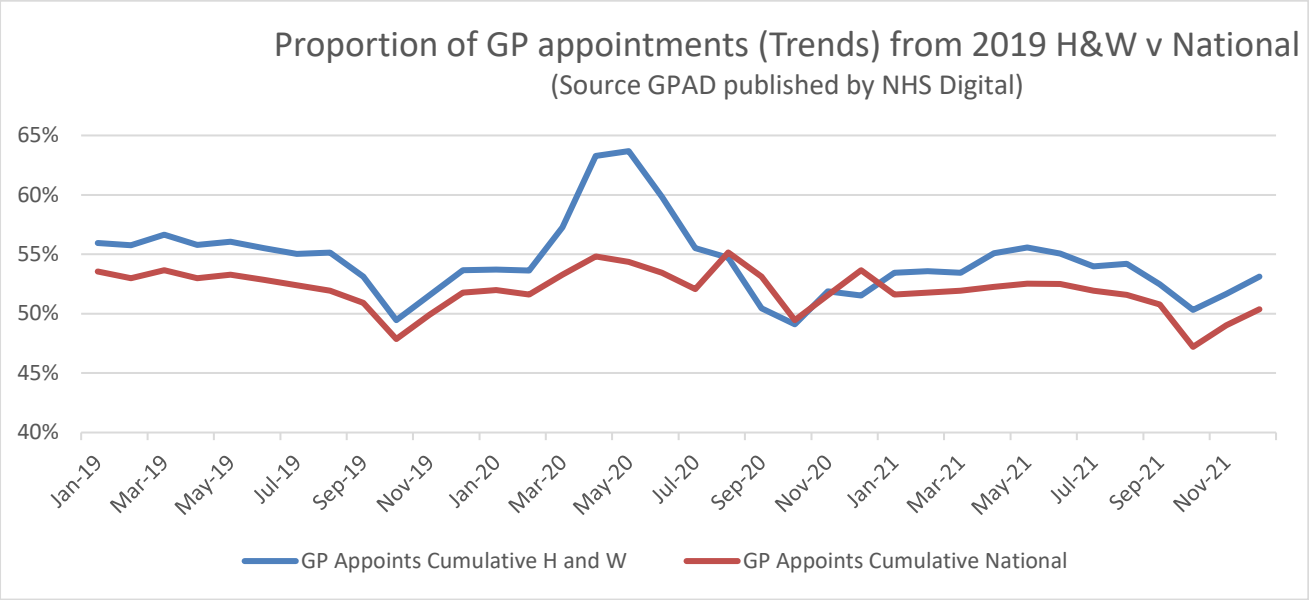
Graph 1a Appointment Numbers and Trends



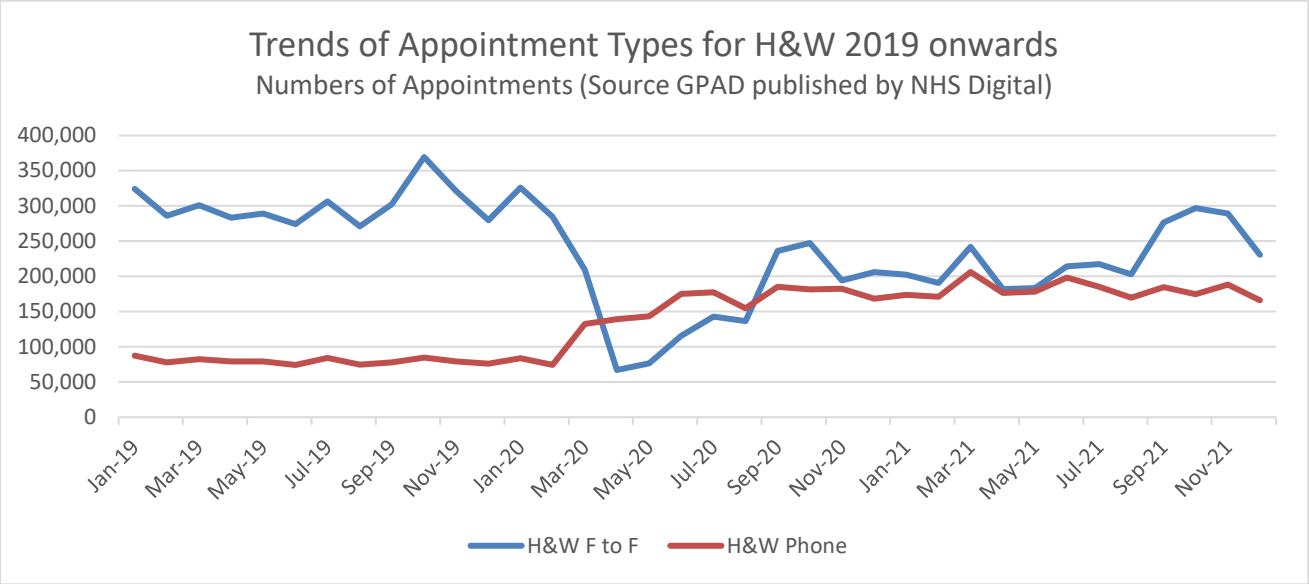
Graph 1b – H&W High Recovery Rates Compared to other CCGs (latest 6 months shown)



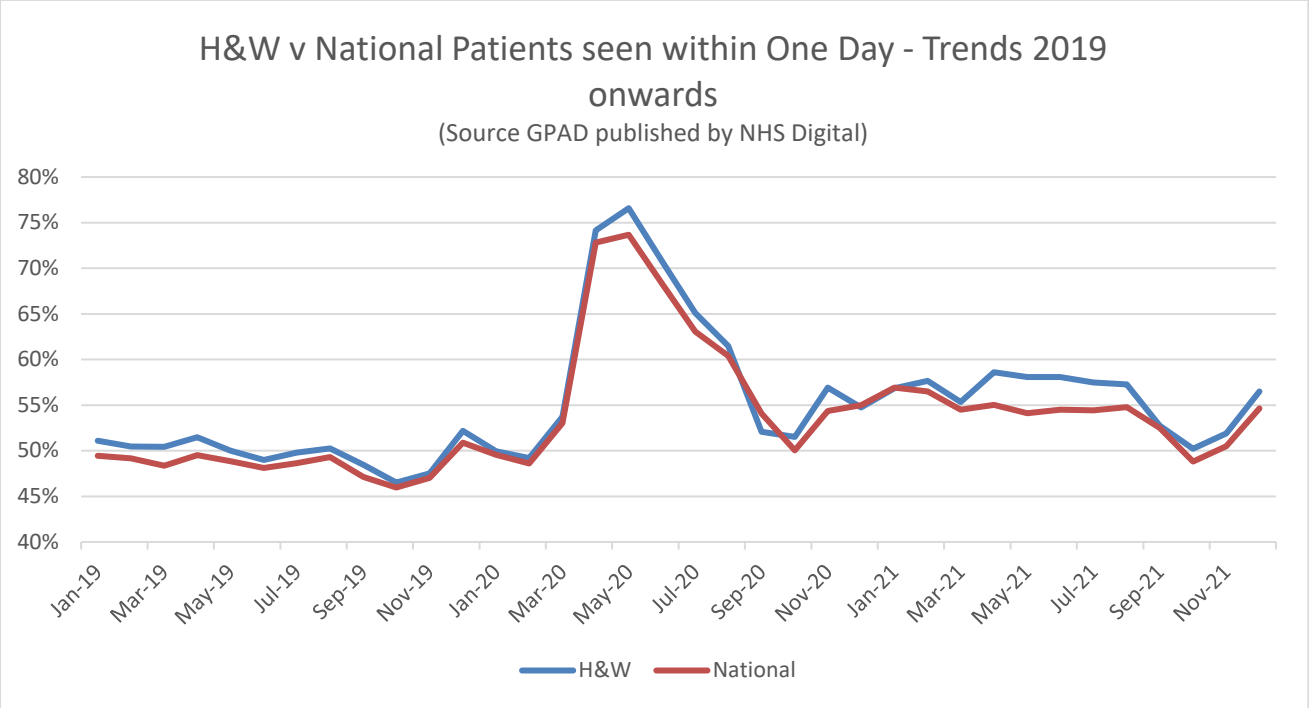
Graph 1c – GP Appointment Rates



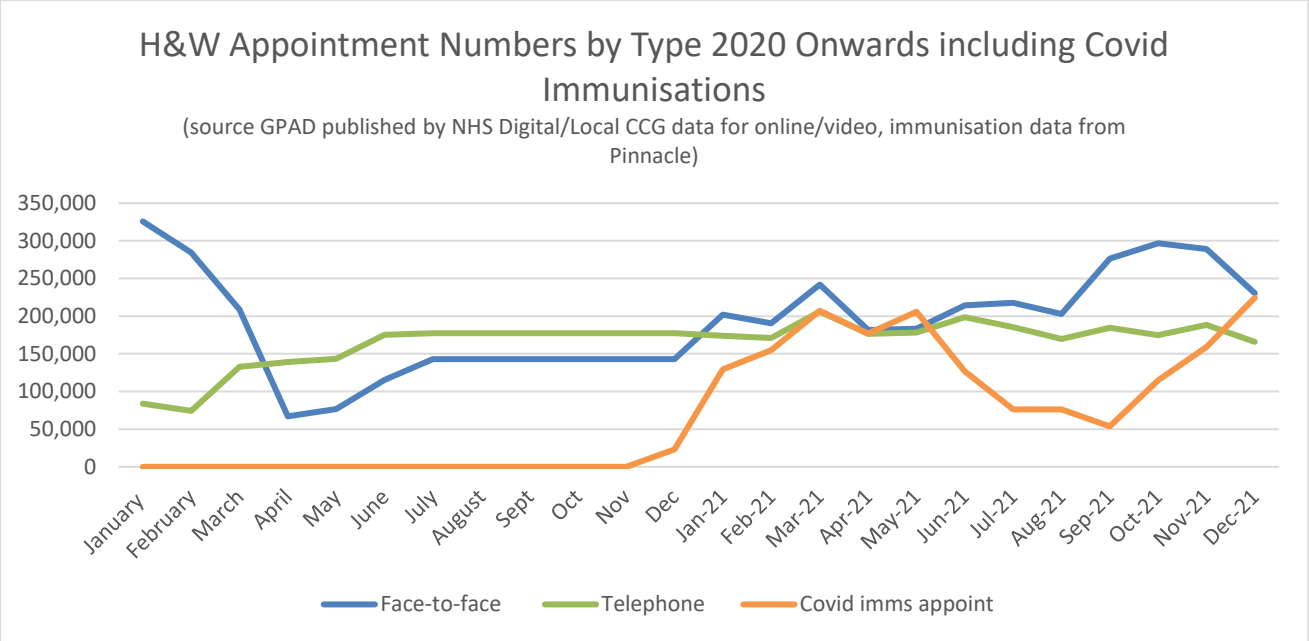
Graph 1d – Face to Face and Telephone Appointments



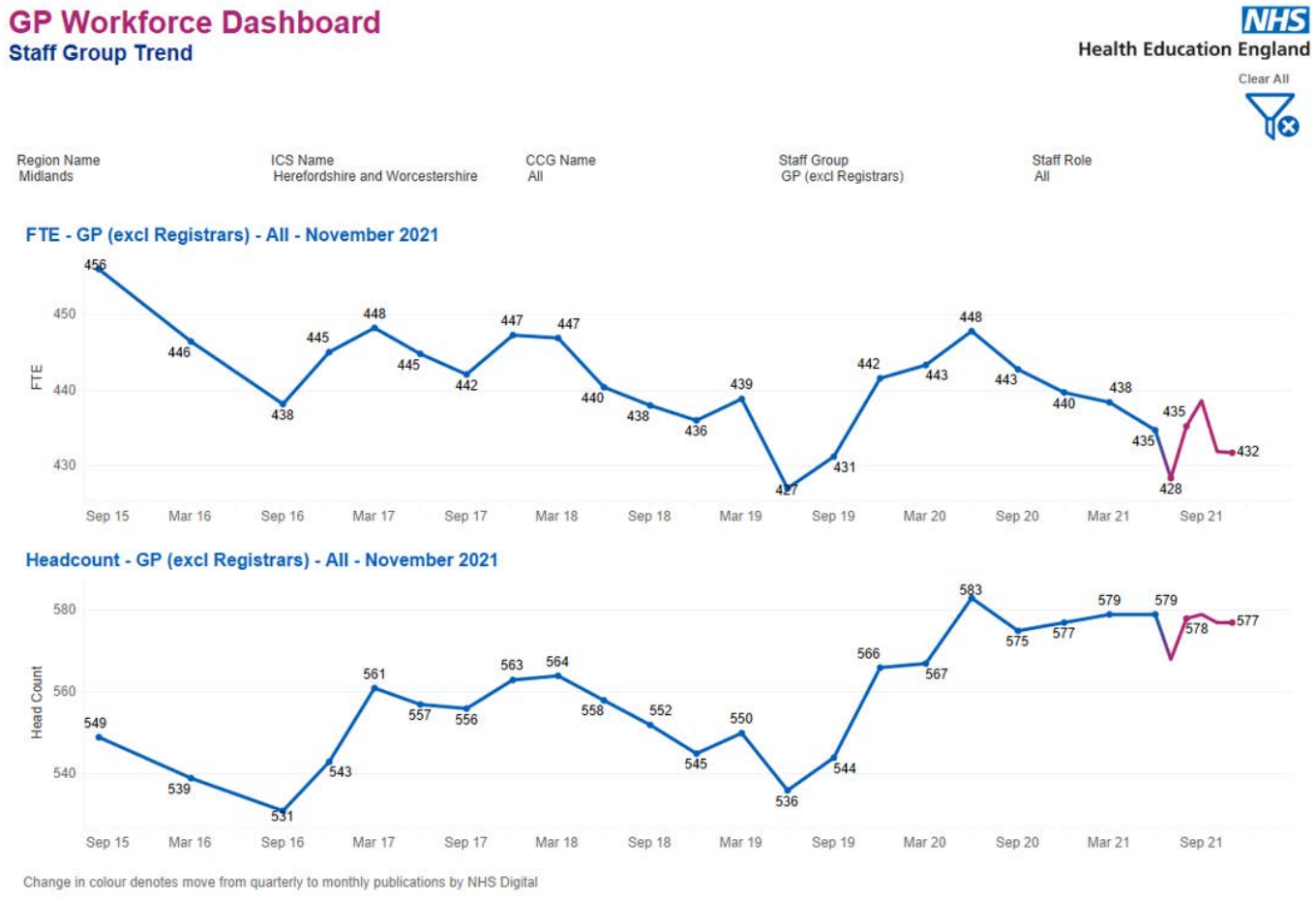
Graph 1e – Patients Seen with 1 day



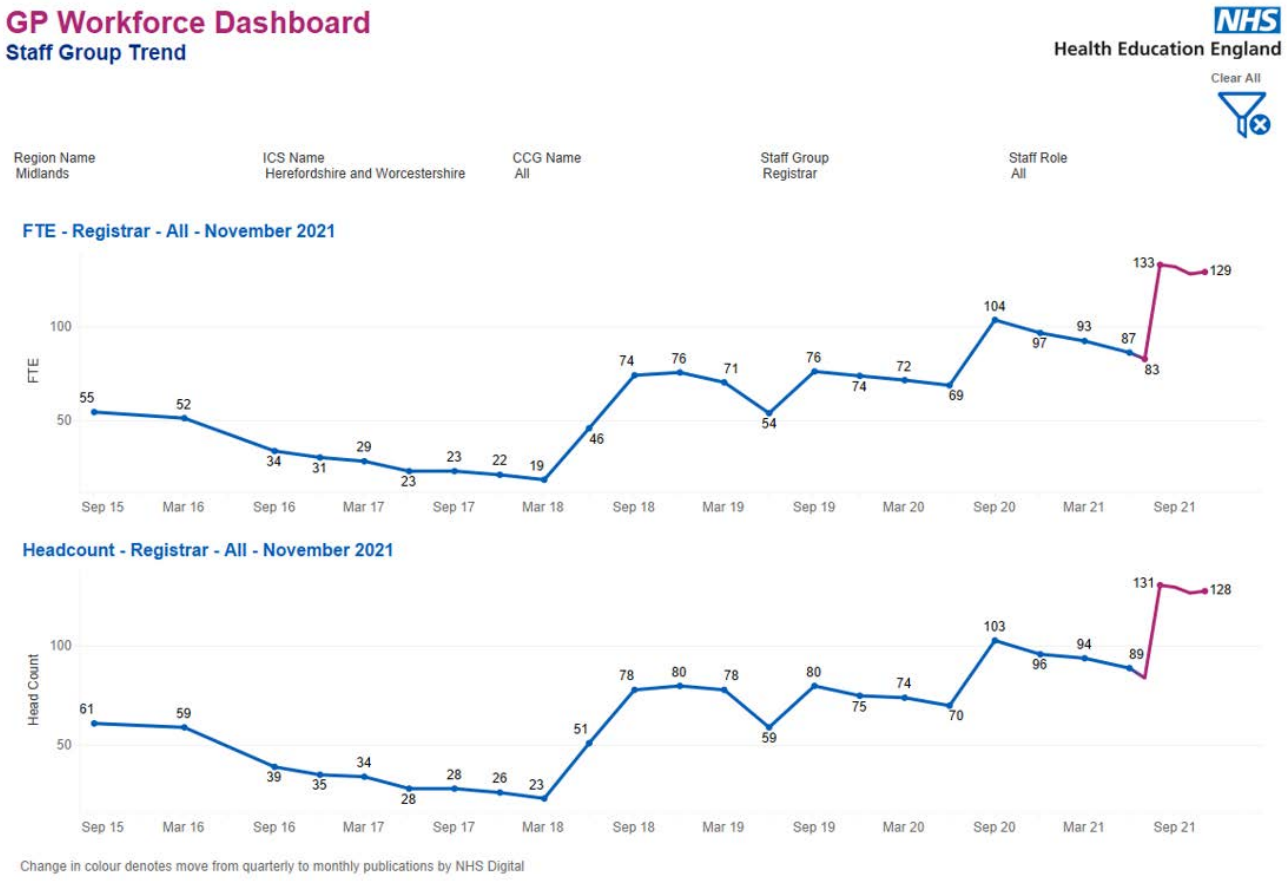
Graph 1f – Main Appointment Types Including Covid Immunisations



Graph 2a and 2b – GP Workforce (to November 21)



Graph 2c and 2d – Registrar Workforce



Graph 2e and 2f – Clinical Staff Providing Direct Patient Care

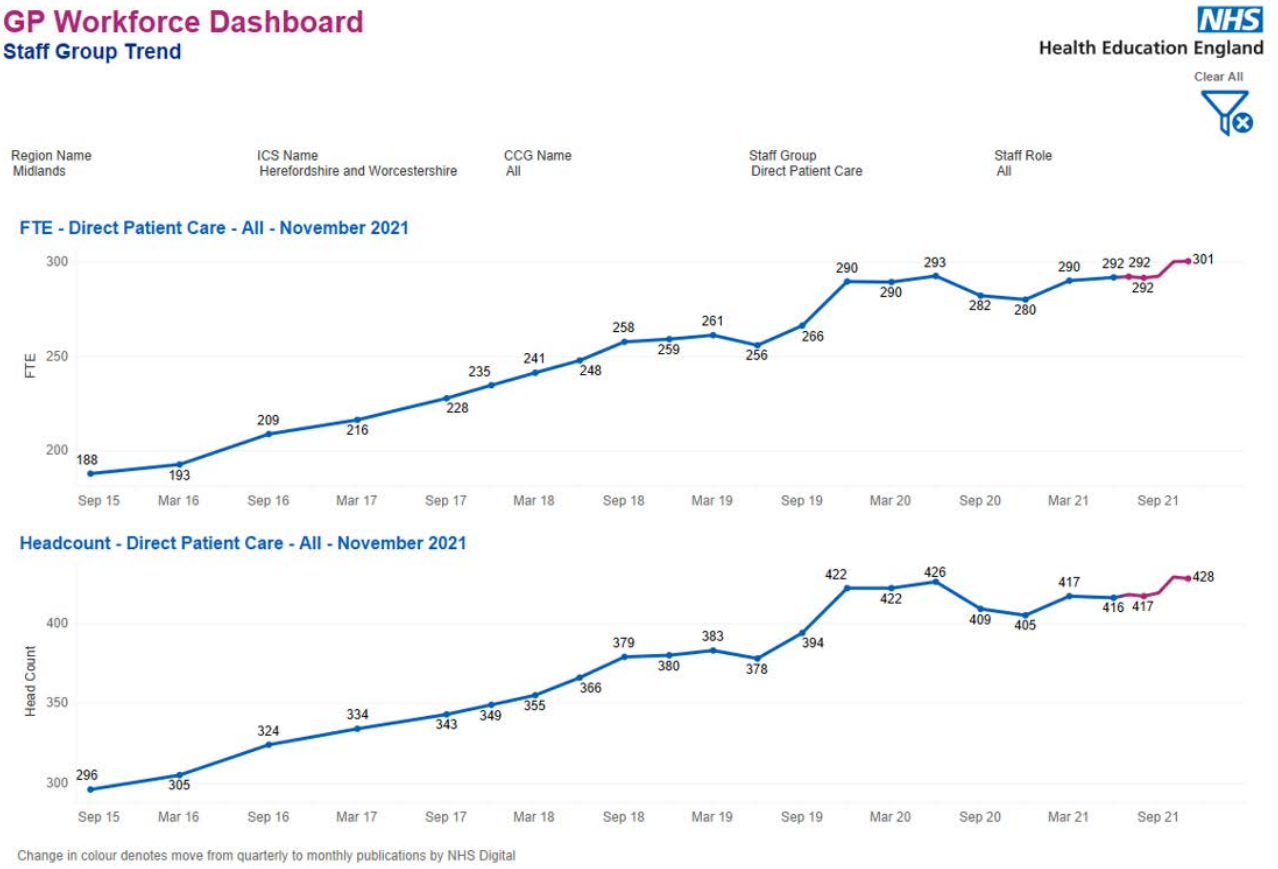


Table a - Support for Recruitment and Retention

Available to all GPs (including locums) GP Workforce Clinical Lead – Single Point of Access for GP Retention/GP Mentoring/Portfolio Role Grants/GP Medical Education Academy/Training Hub for Education – Events and Jobs/Supported Welcome Back to Work/Flexible GP Pools/GP Workforce.

Early Career GPs ST1 to 5 years post CCT	Mid-career GPs >5 years post CCT	Late Career GPs within 10 years of retirement
• Fellowships programme for newly qualified GPs • Next Generation GP programme • Mentoring • Virtual Peer Support • Quality Improvement training • Partnership development • Clinician Welcome Pack • First 5 network – on various channels	• Phoenix GP programme • Balint Groups/Networking/Air and Share/Virtual Peer Support • Quality Improvement training • Mentoring and Mentor opportunities • Partnership development and Leadership Opportunities • GP trainer • GP appraiser • Join GP Support Team	• Mentor opportunities • GP appreciation events • Late Career options sessions • Teaching opportunities • National GP retainer scheme • Retirement options discussion • GP appraiser • Join GP Support Team

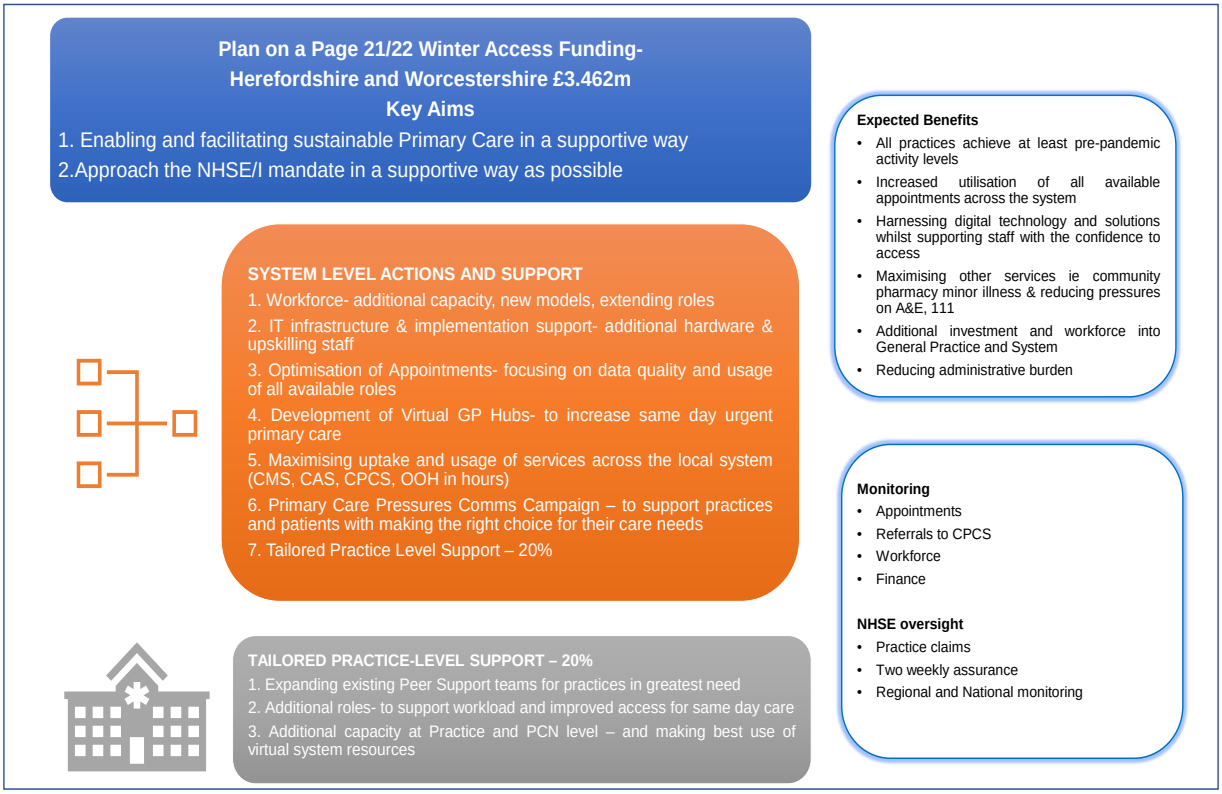
Wellbeing and other initiatives:

- Recruited a Primary Care Wellbeing Programme Support Officer to support the delivery of the pilot until March 2022 and an existing staff member has taken on additional working hours to create a Wellbeing Team.
- Engaged with all Primary Care Contractors through their professional networks and committees, which included sharing wellbeing surveys, informal interviews and established a Wellbeing Advisory Group which oversees delivery of the pilot, with representatives from across the Primary Care contractor groups and NHS England.
- The Shinymind App has been extended to across all Primary Care contractors, with users now exceeding 700.
- The Primary Care Wellbeing Team have worked with Integrated Care System (ICS) colleagues to offer training and support to all frontline staff to recognise different aspects of difficult situations that they may encounter and to be able to understand and be aware of the different methods of resolving such situations on a face-to-face basis or over the telephone. A total of 56 sessions and over 600 places have been made available for free.
- The Primary Care Staff Ethnically Diverse Network has now expanded to include all primary care contractors, with champions in the process of being recruited.
- Mentoring for Community Pharmacy has been established, based on the learning and success of the local General Practice mentoring scheme.

- The Training Hub have provided additional licences for users to access online leadership development and training for all primary care contractors.
- Based on the success of the targeted wellbeing sessions provided to general practice during the pandemic, and the staff survey feedback, interactive wellbeing sessions have been provided virtually to all primary care contractors.
- Contractors have been encouraged to have Health and Wellbeing conversations and attend relevant free training to support their teams.
- Primary Care Networks are delivering small local projects to support staff wellbeing, with 4 of the 11 PCNs commencing this support in the last month.
- The Primary Care Wellbeing Team have developed an open page on Teamnet (https://bit.ly/HWWellbeingPilot) for all contractors to outline the offers available as part of the pilot, along with regular communications to distribution lists via email (the preferred method of contact) and have also used social media.
- Employee Assistance Programme - that gives employees 24-hour access to confidential support, professional advice and short-term counselling to help them deal with personal and work-related problems that are impacting their physical and mental well-being at work.
- Exploring other opportunities recognising the current strategic importance of looking after the workforce alongside the current pressures eg:
  i. Wellbeing conversation tool kit and stress risk assessment tools.
  ii. Enhanced Occupational Health offers for stress and burnout.
  iii. On-line health and wellbeing health checks and reports.
  iv. Promotion of links to other services and support eg Mental Health Hub, Local Authority wellbeing programme, third sector initiatives etc.

2021 Patient Survey **% Good**	**2020 Result for H&W**	**H&W 2021**	**National**	**2021 v 2020 H&W**
Overall experience	87%	87%	83%	
Getting through on the phone	70%	75%	68%	
Ease of online services	80%	78%	75%	
Choice of appointment	62%	70%	69%	
Satisfaction with appointment offered (type)	77%	84%	82%	
Overall experience of making an appointment	71%	75%	71%	
Given time for appointment	90%	93%	91%	
Satisfaction with appointment (times)	67%	70%	67%	
In hours (when they are not happy with the appointment and do not take it) do they go to A&E	*9%*	*3%*	*8%*	
When the GP is closed do, they go to A&E	*35%*	*26%*	*26%*	

Appendix 5 – Summary of the Winter Access Fund (Plan on a Page)



AGENDA ITEM 10
To update the Committee

Herefordshire and Worcestershire
Clinical Commissioning Group

Herefordshire Council

Continuing Healthcare- Briefing paper Response to Herefordshire Council Adults and Wellbeing Scrutiny Committee

Date February 15th, 2022

Report author	Jane Lodwig –Associate Director of Quality and Nursing
Recommendation	To receive this updated briefing paper
Purpose	Assurance ☒ Decision ☐ Approval ☐ Information/noting ☒

Executive Summary

This briefing paper is to update Herefordshire Council (HC) Adults and Wellbeing Scrutiny Committee regarding NHS Continuing Healthcare. Delivery of CHC is a statutory requirement for Herefordshire and Worcestershire CCG (HWCCG), working in partnership with WCC (Worcestershire County Council) and Herefordshire Council (HC). This report focuses on the delivery in Herefordshire but does include national data including Worcestershire. The CCG is required to report to NHSE as a system as HWCCG so the cluster data included is all HWCCG data.

1. Introduction

The Adults and Wellbeing Scrutiny Committee previously requested (March 2020, March 2021 and August 2021) that assurance was provided by Herefordshire and Worcestershire CCG in relation to NHS Continuing Healthcare and in response to several areas of enquiry. Whilst there has been a report (March 2021) and a presentation (August 2021) to Scrutiny Panel, there were still some outstanding issues and it is hoped that this report will address these.

Please note that the outstanding issue with regards to the future of the Minor Injuries Unit (MIU) will be addressed separately to this report by the CCG.

This report has been completed in liaison with Herefordshire Council, in recognition that a new approach and partnership working was required to provide assurance that Herefordshire citizens have appropriate access to CHC funding.

2. NHS Continuing Healthcare Data

a. *To provide a rationale, with data (in numbers), as to why Herefordshire is not achieving the expected levels of NHS Continuing Healthcare when compared with other clinical commissioning group and local authority comparator areas.*

The cluster groups designed by Deloitte for NHS England identify CCGs with similar populations and demographics. Historically as an individual CCG, Herefordshire CCG was placed in benchmarking Cluster 2. From 1st April 2020, HWCCG are now been grouped in cluster 4. Herefordshire has always performed, and continues to perform, within the expected range for NHSE benchmarking- whether in cluster 4 or cluster 2. The cluster groups are decided by NHSE and are a way of benchmarking CHC with comparable CCGs. As HWCCG is one system from an NHSE perspective, it isn't possible to extract the benchmarking data for Herefordshire only but this provides a level of assurance that HWCCG as a whole is performing well and there are no concerns identified.

Checklists: Table 1

Positive Referrals			
	2019/20	**2020/21**	**2021/22 (Qtr 1-3)**
Hereford data only	264	200	251

2019/20 is pre-merger. 2020/21 data should be reviewed in the context that not every Covid-funded case had a checklist. 2021/22 is for Q1-Q3 only The CCG received an average of 30 Herefordshire checklists per month. Checklist numbers have risen since 2018.

Eligibility: Table 2

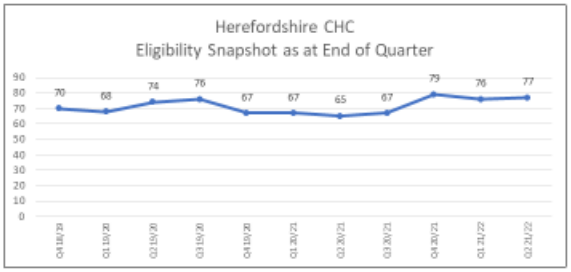
CHC Eligibility Snapshot

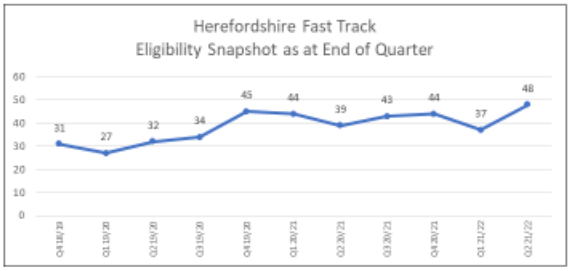
Snapshot data – number of open cases on the specified date as per Funded Care Report.

Decline in CHC eligible cases in 2020 coincides with an increase in Fast Track eligible cases.

Increase in Fast Track is in line with the national picture.

Total funded patients across Fast Track and CHC has increased from 101 to 125 from 31/03/19 to 30/09/21.

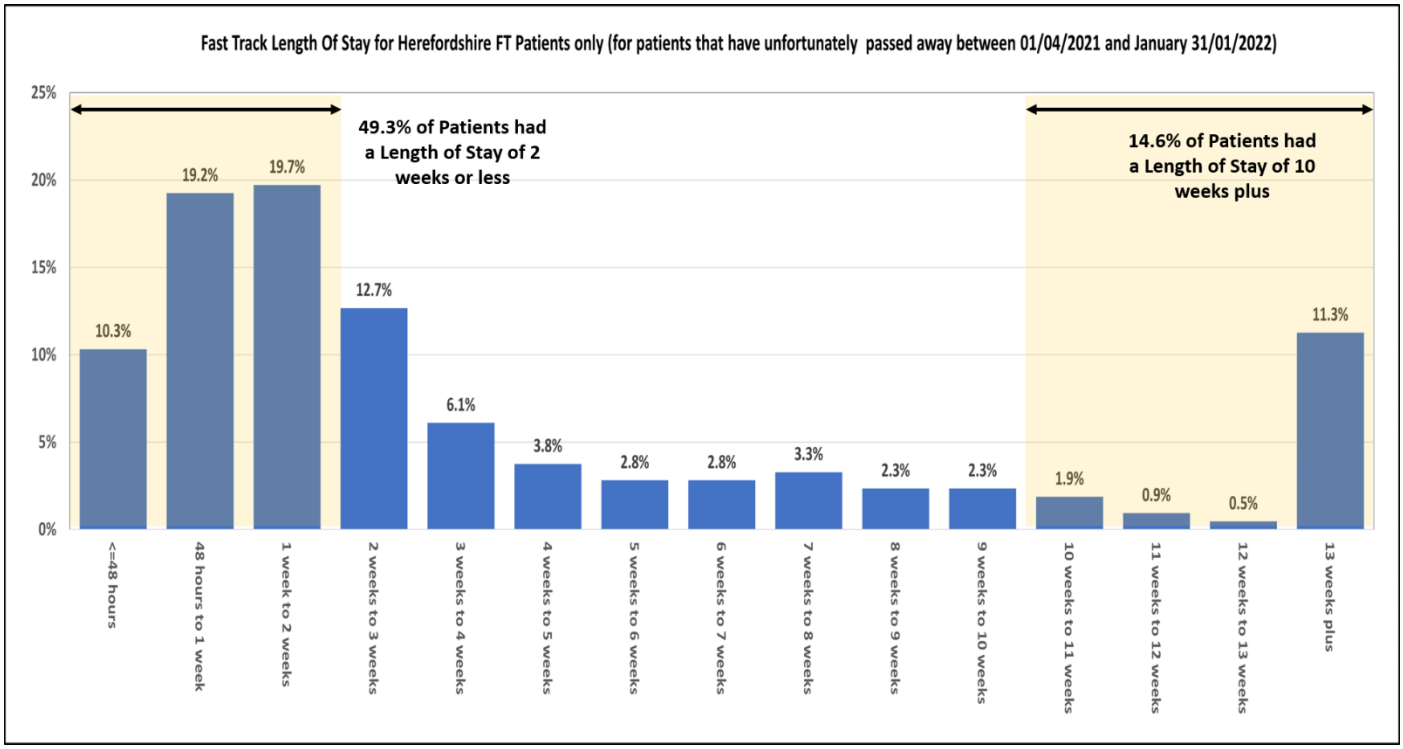




Due to the Covid pandemic, NHS CHC work was deferred between 19 March and 31 August 2020 which meant there was a significant reduction in checklists and no CHC assessment processes (eligibility or reviews). CHC was replaced by an interim arrangement to support individuals who required discharge from hospital. Routine NHS CHC referrals recommenced from 1 September 2020 and, over the following 12 months, the backlogs of routine referrals were addressed and completed.

The table below demonstrates that Fast track referrals are appropriate.

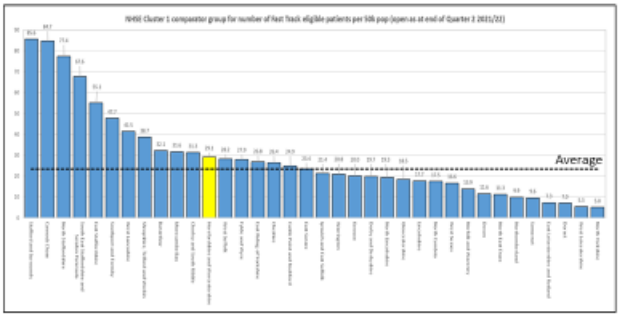
Table 3 (Fast track outcomes)



NHSE Cluster Group per 50k Population: FT & CHC Eligible patients

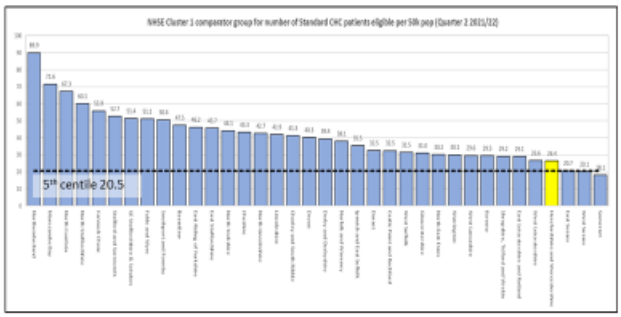
Number of Fast Track Eligible patients per 50k population, as at the end of Quarter 2 2021/22.

The 5th centile is 6.6 and 95th centile 79.2, H&WCCG is within the expected range at 29.1.



Number of CHC eligible patients per 50k population across Herefordshire and Worcestershire CCG.

The 5th centile is 20.5, H&WCCG is within the expected range at 26.4.



Fast track: Table 4

Fast Track Referrals

Fast Track referrals by the top 6 referral sources.

Referrals received from the Community Nursing Team have been steadily increasing.

Referral conversion rate remains at 99% (% of newly eligible cases of total referrals concluded).

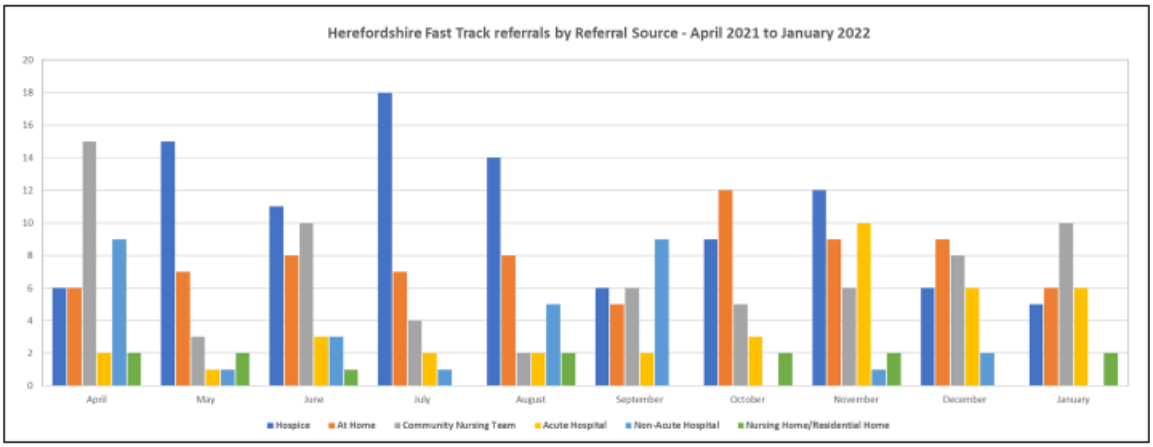


Table 5:

NHSE Cluster Groups per 50k Population: Fast Track Referrals Received HWCCG

At 46.7 H&WCCG are towards the higher end of the expected range. Ongoing audit of Fast Track referrals to ensure appropriateness.

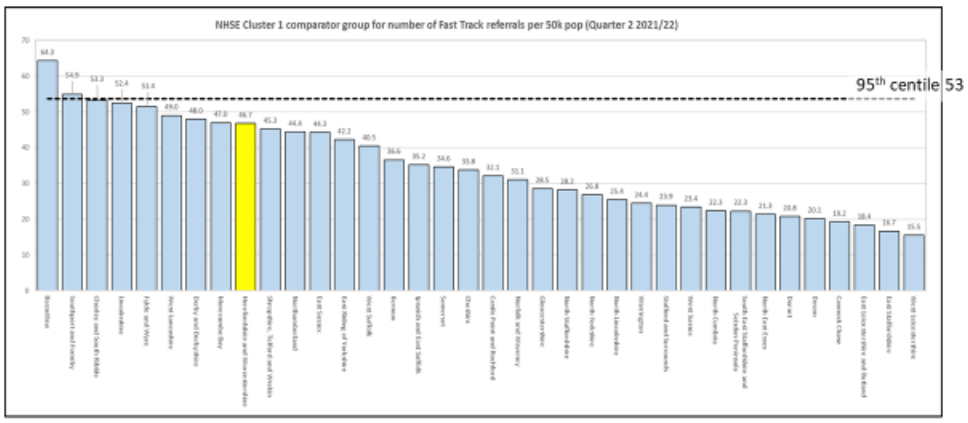


Table 6:

NHSE Cluster Group per 50k Population: CHC and Fast Track Eligibility combined

At 48.1 H&WCCG are towards the higher end of the expected range.

Total CHC Eligibility puts H&WCCG at the higher end of the cluster group, compared to individual CHC and Fast Track eligibility.

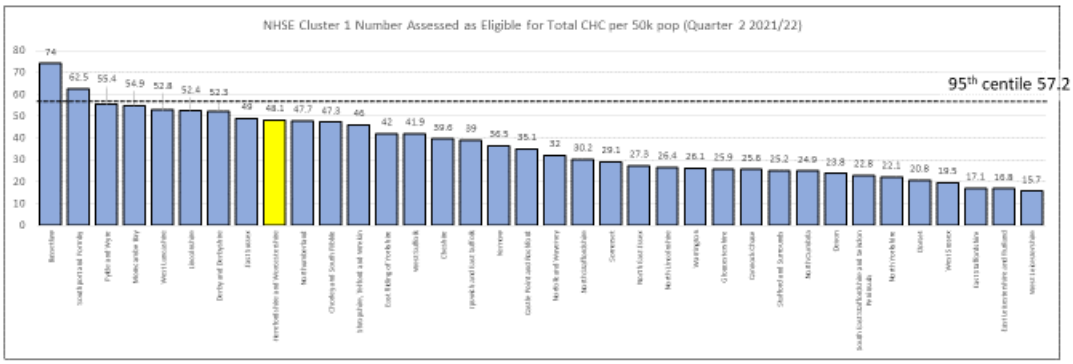


Table 7: the outturn is adjusted for comparison purposes, and, where applicable, the expenditure reflects adjustments for S117 packages, Covid related costs and QIPP savings.

HEREFORDSHIRE CHC SPEND 2018/19 to 2021/22

	2018/19	2019/20	2020/21	2021/22
	£000	£000	£000	£000
Adult CHC	9,626	10,888	13,667	15,947
Children's CHC	608	1,116	1,652	1,392
Adjusted Annual Spend for Comparison Purposes	**10,234**	**12,004**	**15,320**	**17,339**

b) *To follow up the request from the adults and wellbeing scrutiny committee on the commitment to provide responses to the recommendation set out in the jointly commissioned Parry report.*

The actions in response to issues raised in the Parry Report (June 2018) were jointly agreed by Herefordshire Council and Herefordshire CCG following the publication of the report. HWCCG are a very different organisation from the time when the Parry report was commissioned. In addition, the data behind this report is no longer comparable with current benchmarking. Current data and benchmarking, significant evidence of partnership working and progress demonstrates just how far we have come as a system and how we are striving to meet the needs of the people of Herefordshire. Many of the actions from the Parry report are embedded into everyday service delivery and the CCG and HC continue to work together to deliver joint programmes of work. We have ambitious programmes of work planned within CHC, End of Life and Palliative Care, Children's Continuing Care and Hospital Discharge- all of which are collaborative and involve partners from all agencies. These programmes of work are managed through the Partnership Board. This work will lay the foundation for our joint working as the CCG plans to move into an Integrated Care System in July 2022.

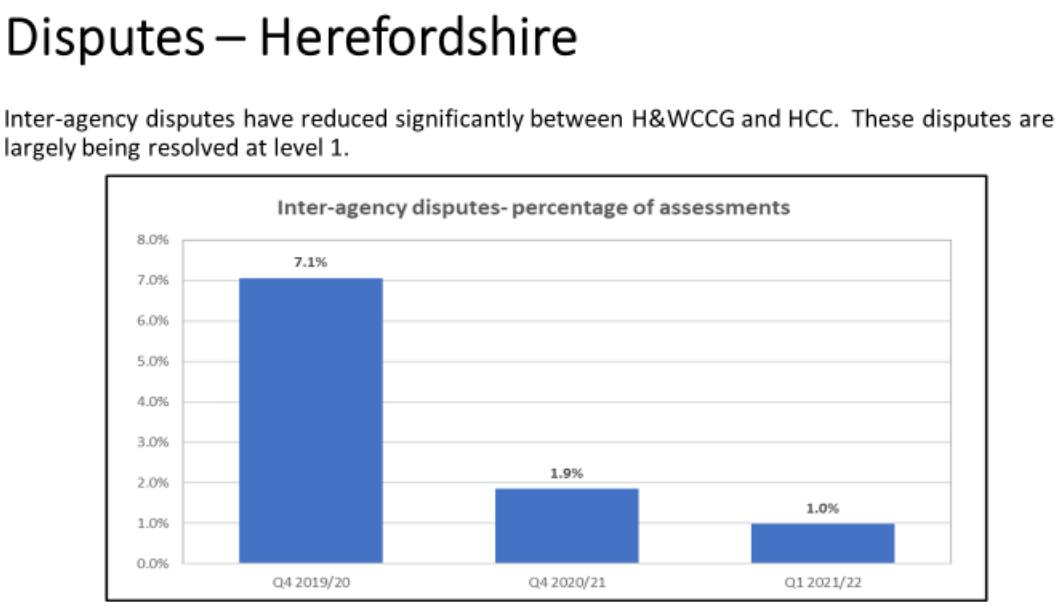
c) *To provide details on the numbers of NHS Continuing Healthcare appeals and the number of successful appeals before and since 2016.*

Herefordshire Appeals

Pre-merger data is not available as Disputes were being externally managed. Since CCG merger in April 2020: 48 appeals have been closed, of those 7 were fully eligible for the appeal period and 7 were partially eligible for the review period. There are 18 Hereford current appeals with a plan in place to appropriately review and finalise all of these before July.

Table 8:
Identifies the number of CHC Appeals which have been completed by NHS England through the Independent Review Process (IRP) and the outcome of these appeals. These are a clear indication of the consistency and appropriateness of decision making with only 2 cases being overturned in 4 years by NHS England.

	2017/2018		2018/2019		2019/2020		2020/2021	
Type	Eligible	Not Eligible	Eligible	Not Eligible	Eligible	Not Eligible	Eligible	Not Eligible
No of cases	1	3	0	2	1	3	0	1



d) To explain how the various discharge pathways can pick up the patients where NHS Continuing Healthcare is deemed, or not deemed, to apply and how further assessments of NHS Continuing Healthcare are triggered.

CHC assessment is always triggered through a CHC Checklist, in line with the NHS CHC National Framework following the identification of a potential need for NHS CHC. Checklist screening should take place at the right time and location for the individual and be undertaken by a professional individual who has been trained to do so (usually representatives from the Local Authority, Community Nursing teams, Hospice teams, Discharge teams, Mental Health teams and/or on admission to a nursing home, where the

nursing home has notified the CCG of an admission, by CHC Nurse Assessors or at the request of an individual or their representative)

Once a positive checklist is received the CHC team has 28 days in which to assess and communicate CHC eligibility. The assessment is scheduled by the scheduling team to include a nurse assessor and LA representative and the individual or their representative and staff from their current care setting.

During Covid patients in hospital were discharged from hospital onto pathways 1,2 and 3 and these pathways were fully funded up to a period of 6 weeks. These arrangements were amended in 2021 (4 weeks) and are due to end from April 1st 2022.

The process in place is as follows:

Pathway 1 – Individuals will receive support to recover at home and are supported at home by health/social care or commissioned services.

Where it is clear an individual has potential CHC needs a checklist will be completed by the LA/ Community Nursing service either at discharge or the soonest possible point afterwards so that the CHC assessment process can commence.

Where an individual is living in the community but may require NHS CHC, the checklist referral will need to be made by the community nursing teams, LA's and or other clinical teams at the soonest point after discharge so that the CHC assessment process can commence.

Pathway 2- People will require rehabilitation or short-term care in a 24 -hour bedded care setting or community hospital.

Where the individual is stepped down into a community hospital but has a potential need for CHC funding once their long term needs are known, the CHC checklist will be completed in the community hospital setting and a full assessment will take place where a positive checklist is indicated. Where an individual meets the criteria for CHC, the CHC team will co-ordinate and commission an appropriate placement. Where the individual is placed in a LA commissioned bed the time frame required for checklist and DST is the same as pathway 1.

Pathway 3- People will require ongoing 24-hour nursing care and long-term care may be required (nursing home).

Where individuals transfer into a Discharge to Assess nursing home setting and have a potential need for CHC funding, a CHC checklist will be completed during week 1 of the transfer and a CHC assessment will be arranged. Any delays will be funded by either the LA or CCG depending on the cause of the delay. Where there is a disputed CHC eligibility decision, the placement will be funded on a 50/50 without prejudice basis.

Community Based Care

Where it is clear that individuals living in their own accommodation may have continuing healthcare needs, the checklist referral needs to be made by the Community Nursing Teams, LA's and or other clinical teams involved in that persons care for example, Parkinson's Nurse, other Nurse specialist).

On Admission to a Nursing Home

Once an individual is admitted to a nursing home, the nursing home will normally notify the CCG of that patient's admission. Once notification has been received the CHC Team will check whether a CHC assessment or checklist? has taken place prior to the admission. If CHC has not been considered, then a checklist should be undertaken in line with the current framework before FNC eligibility is awarded.

e) *Where there are changes to services that are likely to impact on the wider system, that partners are engaged in conversations at the earliest opportunity.*

The CCG and HC continue to work in partnership across all elements of CHC- through the Partnership Board, comprehensive CHC Stakeholder review and all of the daily operational discussions and meetings which are part of our normal practises. We will continue to work together to develop local services and to monitor and evaluate those services in response to challenges and changes.

- CHC partnership board: now well established and overseeing the transformation of the CHC programme. Attended by representatives from HC, HWCCG and WCC with effective partnership working, improved working relations and a commitment to continue to work together on the improvement journey ahead.
- Stakeholder group: Has commenced work on the planned comprehensive end-to-end review of CHC from referral consent right through the process and including audit and training. Stakeholders include HC, HWCCG, WCC, hospital and community partners from both Herefordshire and Worcestershire.
- Operational group – development/ production of the whole customer journey standard operating procedures.
- Staff training: Some system wide training has commenced with a view to develop a sustainable programme of training for CHC which involves all partners.
- H&WCCG has restructured and recruited to strengthen CHC practice.
- Herefordshire Council has strengthened the recording and reporting process enabling improved follow through of cases. The development of a new team to respond to hospital discharge flow including CHC cases are all new steps which will support joined up working with the CCG.

3. Conclusion and Recommendations

Herefordshire Council (HC) & Herefordshire & Worcestershire Clinical Commissioning Group (H&W CCG) would like to thank the Adults & Wellbeing Scrutiny Committee for its support in taking forward developments for Continuing Healthcare within Herefordshire.

Building on the momentum of Scrutiny's challenge, as well as the positive relationships and working practices that have been formed over recent months, HC & HWCCG are keen to take forward CHC work within the county positively & practically.

Herefordshire Council

Title of report: Care and Support Charging Policy

Meeting: **Adults and Wellbeing Scrutiny Committee**

Meeting date: **Monday 7 March 2022**

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

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

For the Adults and Wellbeing Scrutiny Committee to consider and comment on the proposed changes to the care and support charging policy.

Recommendation(s)

That:
That the Committee:

a) Considers and comments on the proposed changes to the care and support charging policy

b) Considers any recommendations it wishes to make to the Executive

Alternative options

1. Continue with the current policy. This could leave the majority of service users with insufficient disposable income for living costs, it fails to address inequitable application of discretionary income disregards and the complex approach to charging for short stays in a care home.

Further information on the subject of this report is available from
lucy.beckett2@herefordshire.gov.uk, Lee.Davis@herefordshire.gov.uk,
Rachel.Watkins@herefordshire.gov.uk

2. Allow an additional percentage of disposable income to be retained. This is rejected on the basis that the policy provides a minimum income guarantee (MIG) that is above the levels set in the care and support (assessment of resources) regulations 2014 and currently published by the Department for Health and Social Care (DHSC). It also ensures that after paying for care people are left with sufficient income to meet any household expenses (such as council tax and rent) and disability related expenses, and provides an income guarantee that is 25% above the income guarantee in Department for Work and Pensions income related benefits. If 90% of disposable income was included in the financial means-test in addition to the proposed MIG, this would benefit all charge payers but cost the council an additional £498,000 per annum.

3. Apply an income disregard to all enhanced disability benefits equivalent to the disregarded amount for Disability Living Allowance and Attendance Allowance benefits (currently £29.60 a week, increasing to £30.55 from 11 April 2022). This would ensure that the treatment of income from disability benefits is equitable but will result in a loss of budgeted income circa £661,000 based on the current cohort of service users.

Key considerations

1. The care and support charging policy was last reviewed in 2016. A Key Cabinet Member decision was taken on 30 March 2016.

2. The amount of financial support a person may get is based on individual circumstances. A financial assessment or means-test works is undertaken to work out how much people pay for care. Some people don't have to pay anything because of the type of service they receive, or because the financial assessment shows they can't afford to.

3. There are different rules for charging for care depending on whether a person is receiving care in a care home, or in their own home or other setting. Central government decides how councils must charge for care in a care home, and each council must have its own policy for charging in other settings, but must still follow the regulations and guidance set by government.

4. Currently around 78% of people in Herefordshire who receive council funded care and support in the community or at home pay towards it, around 22% do not have to pay following a financial assessment.

5. Statutory guidance states local authorities may choose to disregard additional sources of income, set maximum charges, or charge a person a percentage of their disposable income for people receiving care in the community, but this should not lead to two people with similar needs, and receiving similar types of care and support, being charged differently".

6. Herefordshire's current care and support charging policy disregards disability benefit income paid for night time care when the council only provides care during the day, it sets maximum service charges for home care based on the lower urban rate paid to care providers regardless of whether the service user lives in an urban or rural area, and takes 100% of disposable income into account.

7. The care and support(assessment of resources) regulations 2014 state a person must be left with a minimum income guarantee (MIG) after paying charges for care to pay for daily living costs. The Department for Health and Social Care (DHSC) publishes this amount every year. Current figures can be found here. At the time of drafting this report the amounts for 2022/23 have not yet been published.

8. Statutory guidance requires local authorities to consult people with care and support needs when deciding how to exercise discretion. In doing this, local authorities should consider how to protect a person's income. The government considers that it is inconsistent with promoting independent living to assume, without further consideration, that all of a person's income above the minimum income guarantee (MIG) is available to be taken in charges.

9. A full review of the policy has been undertaken to ensure it continues to be compliant with the Care Act 2014 regulations and statutory guidance, and to make sure we are taking a fair and consistent approach to charging for care, where everyone pays the appropriate amount for the services they receive, based on their needs and their ability to pay.

10. A benchmarking exercise has also been undertaken to see how Herefordshire's approach to charging compares to other areas in the region. The results can be found at appendix 1. These show that the majority of local authorities currently apply the MIG rates set by the DHSC, and those that do not use means tested benefits with a 25% buffer. None apply an overall maximum charge, and the majority take 100% of disposable income into account.

11. Four proposals to change the policy approach to charging are recommended and have been consulted upon. Details of the consultation can be found here. It is recommended that the fifth proposal is not taken forward as this would affect a very small minority of charge payers. Analysis of the consultation responses is set out at appendix 2 and full details of each proposal and recommendation can be found at appendix 3.

    A summary of each recommendation is presented below:

11.1 Recommendation 1: Increase the minimum income guarantee amount (MIG) a person is left with after paying for care in line with national means-tested benefits with an additional 25% buffer. The MIG is set in Care Act regulations that came into effect in April 2015. It was originally based on Department for Work and Pensions (DWP) pension credit and income support benefit rates with an additional 25% buffer. However as it has been frozen by DHSC since it became law the buffer has eroded to 13.8% for pension age people and 22.8% for working age people. This recommendation restores the buffer to 25% for 2022/23 and future years.

11.2 Recommendation 2: Set the minimum income guarantee amount (MIG) for working age people under 25 to the same level as the MIG for working age people aged 25 and over. The Care Act regulations set a lower minimum income guarantee for working age people under 25. Currently this is £19 per week less the MIG for those aged 25 and over. This recommendation provides the same level of income protection for all working age people receiving social care services.

11.3 Recommendation 3: Remove the discretionary income disregard applied to Disability Living Allowance and Attendance Allowance paid at the high rate and replace it with an allowance for any disability related expenses paid for private care. The care and support statutory guidance allows local authorities to take all disability benefit income paid for care into account when setting care charges, provided that an allowance for disability related costs is made, this includes payments for private care. Currently Herefordshire's policy disregards the value of any disability benefits paid for night time care if the council is only providing social care support during the day. This disregard (currently £29.60 a week) is applied regardless of whether the person pays for night time care. However, as most people of working age with disabilities now receive personal independence payment and this benefit doesn't differentiate between day and

night time needs, this disregard is not applied. Removing this discretionary disregard will ensure that people in receipt of disability benefits of all ages will be treated equitably, but those that don't pay for night time care may pay more. Approximately 300 people could be affected adversely from this proposal.

11.4 Recommendation 4 : Charge for short stays in a care home (sometimes called respite care) for up to 8 weeks over a year under the same rules as paying for care and support in own home, or in the community. Central government decides how councils must charge for care provided in a care home, but the care and support statutory guidance gives local authorities discretion to charge people for short stays in care home under the same rules as charging for care in their own home or in the community. This recommendation makes charging for short stays simpler to administer, provides a consistent approach to charging, and removes uncertainty about charges applied for part of a week, which will subsequently reduce invoice disputes.

12. If all of the proposals outlined in this report went ahead we expect 73% of people who are currently paying for care and support at home or in the community will have a reduction in charges, 8% of those people will no longer have to pay for care, and 27% may have an average increase in charges of circa £6 a week based on current circumstances.

13. Currently around 22% of people receiving care and support at home or in the community don't pay towards it following a financial assessment, 24% of these people may have to pay towards their care and support as a result of these proposals. These people will have a full financial review of their circumstances to establish their charges.

14. The current policy to not set an overall maximum charge for care will remain, but the policy will be updated to make clear the reasons for taking this approach, i.e. currently only 0.35% of charge payers pay a weekly charge for care at home or in the community which is on average £16 a week higher than the usual cost the council pays for residential care in a care home. Furthermore as the council is receiving more requests from self-funders to arrange care and support for them at home, setting a maximum charge would result in them receiving subsided services.

15. When a financial assessment is undertaken for people receiving care and support services, any council tax liability they have after applying council tax reduction scheme entitlement is taken into account as a household expense when calculating how much they should contribute towards their care. It is important that any payments made to council tax payers resulting from the central government response to support households with rising energy costs are disregarded so the charging policy will be updated to ensure households receive the full benefit from this.

16. Following the decision the council will be writing to all people currently receiving care and support services, or their financial representative or advocate, who will be affected. The letters will inform them of the amount they should contribute as well as how the charge has been calculated, and how they can ask for a review of their assessment if their circumstances have changed. The letters will also explain their right to appeal against the charges, how they can make an appeal, and request the information in a different format.

17. The impact of these proposals will be monitored through the directorate management team on a monthly basis, including any trends in appeals and service charge debt.

Community impact

18. Currently around 78% of Herefordshire people who receive council funded care and support at home or in the community are paying towards it, and 22% do not have to pay following a financial assessment.

19. In the last financial year Herefordshire Council spent just over £29million providing care and support to almost 1,900 people in their own home or in the community, including people who had direct payments to buy their own care, and it charged just over £4.1million in service user contributions towards that cost.

20. In 2019 there were an estimated 84,000 households in Herefordshire, 16.5% of which were in fuel poverty (13,900); a higher proportion than in England as a whole (13.4%). The majority of households affected by fuel poverty live in rural areas.

21. A report by BRE conducted on behalf of Herefordshire council in 2019 found that higher concentrations of private sector households in fuel poverty are found in the more rural parts of Herefordshire. There are noticeably lower concentrations around urban areas, particularly around the outskirts of Hereford.

22. Financial assessments to establish care charges take into consideration any excessive fuel costs due to someone having a disability, and an allowance is made for any costs that are above average. Currently only 7% of charge payers have an allowance for excessive fuel costs that are above average.

23. It is recognised that a small number of services users (28) may face increased charges of approximately £23 per week as a result of these proposals. These individuals will be offered a full review of their financial assessment to ensure charges reflect their current circumstances and any disability related and household costs they have.

Environmental Impact

24. Herefordshire Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors we share a strong commitment to improving our environmental sustainability, achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.

25. The consultation documentation was restricted to a single page letter sent by post inviting service users to complete the consultation on-line, with an offer to talk through proposals by phone. This saved sending out lots of paper to each household. Paper copies of the survey were posted to those that requested one. 69% were completed on-line.

26. If approved, the recommended policy changes will be applied at the same time service users are informed of their annual re-assessments to save multiple letters being sent.

Equality duty

27. 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.

28. The Equality Act 2010 established a positive obligation on local authorities to promote equality and to reduce discrimination in relation to any of the nine 'protected characteristics' (age; disability; gender reassignment; pregnancy and maternity; marriage and civil partnership; race; religion or belief; sex; and sexual orientation). In particular, the council must have 'due regard' to the public sector equality duty when taking any decisions on service changes.

29. Where a decision is likely to result in detrimental impact on any group with a protected characteristic it must be justified objectively. This means that attempts to mitigate the harm need to be explored. If the harm cannot be avoided, the decision maker must balance this detrimental impact against the strength of legitimate public need to pursue the service change.

30. An equality impact assessment (EIA) has been undertaken and some potential negative impacts have been identified due to regulations. Details of these, including actions being taken to mitigate the possible impact can be found at appendix 4. These will be monitored three months post implementation and reported to directorate management.

Resource implications

31. The costs and impact of the recommendations as shown below are based on the current cohort of service users and their current circumstances with an assumption that benefit and pension income from 11 April 2022 will be inflated by the same percentage as the minimum income guarantee (MIG).

32. Increasing the minimum income guarantee (MIG) in accordance with recommendation 1 will increase community wellbeing directorate costs by £975,000. The minimum income rates for 2022/23 can be found at appendix 7 and the financial impact on charge payers is available at appendix 8.

33. Additional increases to the MIG for working age people under 25 in accordance with recommendation 2 will cost the community wellbeing directorate an additional £68,000. The financial impact on charge payers can be found at appendix 8.

34. It is estimated that removing the discretionary income disregard from disability related benefits paid for night time care and replacing with disability related expenses paid for private care will generate a saving of £510,000.

35. The combined financial impact on charge payers of the above can be found at appendix 8.

36. The changes to the approach for charging for short stays in care homes will cost the community wellbeing directorate an additional £63,000.

37. The overall financial implications for the proposed changes is a budget pressure for the community wellbeing directorate of £596,000 (which has been included within the budget approved by Full Council on 11 February 2022).

Revenue budget implications	2022/23
Increasing the MIG in accordance with recommendation 1	975,000
Additional increases to the MIG for working age people under 25 – recommendation 2	68,000
Removing the discretionary income disregard – recommendation 3	(510,000)
Changes to charging for short stays – recommendation 4	63,000
TOTAL	596,000

Legal implications

38. The Care Act 2014, provides a legal framework which allows the Council to charge for Adult Social Care, namely Section 14 of the Care Act provides Local Authorities with the power to ask adults to make a contribution for the cost of their social care. Section 17 of the Care Act allows Local Authorities to carry out a financial assessment to determine the amount a customer can afford to contribute towards the care services they receive.

39. Any policy must also take into account the Care and Support Regulation and Care and Support Guidance and Annexes issued under the Care Act 2014. Part 2 of the 2014 Regulations governs the power of local authorities to charge for care and support, and identifies services which cannot be charged for.

40. The role of the Scrutiny Committee, in accordance with Article 6 of the Constitution, is to oversee and scrutinise the work of the council as a whole. Section 4 sets out the power that the committee has, which with regards to this report, relates to the directorate budget and policy framework

Risk management

41. The costs and impact of these recommendations is based on the current cohort of service users with an assumption that there will be a 3.1% inflationary increase to benefit and pension income from 11 April 2022 with an equivalent increase to the minimum income guarantee (MIG) from the same date. As the cohort of service users, and their financial circumstances will change over time this could result in uncertainty as to the impact on charges which will be kept under review and addressed accordingly.

42. The Department for Health and Social Care hasn't published the MIG rates for 2022/23 but central government has indicated that an inflationary increase will be applied to the current MIG levels that have been frozen since 2016. If the DHSC publishes MIG rates that are higher than the proposed rates, the rates set by DHSC must be applied and will have an adverse effect on the community wellbeing directorate budget for 2022/23.

43. As the financial means test to establish care charges takes into account council tax and rent paid net of any benefits, the charges for 2022/23 cannot be concluded until people's council tax and rent increases have been applied for 2022/23. This information is usually available towards the middle of March. Any delay in receiving this information will have an adverse impact on the ability to re-assess care charges and notify service users by 11 April 2022 when the changes outlined in this report come into effect.

44. Regular budget control meetings give assurance on the robustness of budget control and monitoring, highlight key risks and identify any mitigation to reduce the impact of pressures on the council's overall position.

45. Failure to consult in a genuine and meaningful way on proposed policy changes could result in the council being subject to judicial review.

Risk / opportunity	Mitigation
Financial: DHSC publish MIG rates at a different level than expected.	Timely budget monitoring and control and appropriate action.
Reputational: There may be adverse responses from those facing increases in charges resulting in negative publicity	Make sure individuals are informed of their right to request a review and appeal charges. Where charges are increasing significantly invite them to have a full review of their financial assessment.
Legal: Failure to consult in a genuine and meaningful way could result in a judicial review.	Engagement has been conducted using a variety of methods to ensure people are fully informed of the proposals and given the opportunity to ask questions and give their views
Legal: Risk of judicial review under equality legislation.	An equality impact assessment to identify any negative impacts and mitigation has been undertaken.

46. Working on the assumption that the recommendation(s) will be approved, the reputational and financial risks will be managed at a service and directorate level, the legal risks will be managed at a corporate level.

Consultees

47. Initial engagement was undertaken over a two week period by seeking views on the current approach to charging with a selection of service users of mixed ages and disabilities, along with family members, carers, and key workers from local organisations who support service users day-to-day over a 2 week period. A summary of key comments and themes can be found at Appendix 6.

48. All current service users received letters inviting them to take part in a consultation on the proposed charges that ran from 15 December to 10 February 2022. The letters included contact details for a help-line and email account that people could use to ask questions, request a meeting with their community group, or request the consultation questionnaire in a different format.

49. Over 61 responded to the questionnaire (69% on-line, 31% by paper) and 66 people made contact by phone or email (21 service users, 45 family members or representatives). A summary of responses and key themes can be found at Appendix 5.

50. A Political Party Consultation has been drafted and commenced on 21 February 2022.

51. Feedback will be given to consultees through the consultation page on the council website and a link to this information will be sent out with letters notifying service users of their charges for 2022/23.

Appendices

Appendix 1 Regional benchmarking
Appendix 2 Consultation report
Appendix 3 Recommendations
Appendix 4 Equality Impact Assessment
Appendix 5 Consultation summary
Appendix 6 Engagement responses
Appendix 7 Minimum Income Guarantee rates 2022/23
Appendix 8 Impact on weekly charges

Background papers

None

Report Reviewers Used for appraising this report:

Please note this section must be completed before the report can be published		
Governance	Joanna Morley	Date 21/02/2022
Finance	Kim Wratten	Date 24/02/2022
Legal	Sam Evans	Date 24/02/2022
Communications	Luenne Featherstone	Date 21/02/2022
Equality Duty	Carol Trachonitis	Date 21/02/2022
Procurement	Lee Robertson	Date 21/02/2022
Risk	Paul Harris	Date 23/02/2022

Approved by	Paul Smith	Date 24/02/2022

Herefordshire Council

Care and Support Charging - Regional benchmarking February 2022

Appendix 1

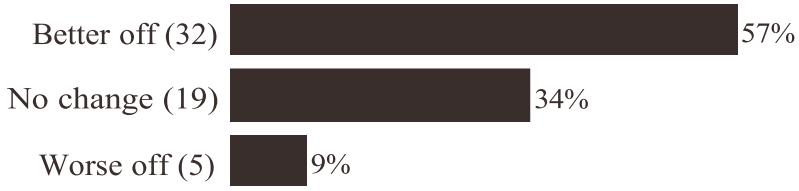
	Herefordshire comparison with regional local authorities	Herefordshire Council	A	B	C	D	E	F
		-						No
1	**Do you currently set Minimum Income Guarantee amounts in line with DHSC LA Circular?**	Yes	Yes	Yes	Yes	No	Yes	No
1A	**If Yes are you proposing to continue using the amounts set in DHSC LA Circular for 2022/23?**	No	Yes	Yes	Yes	No	Yes	
1B	**If No please describe the basis for 2022/23 MIG calculation**	2022/23 Income Support/Pension Credit + 25% buffer				2022/23 ESA (Support Group + EDP)/Pension Credit + 25%	N/A	MIG is set at DHSC LA Circular figure + 25%
2	**Do you make an adjustment for couples?**	Yes		Yes	Yes	Yes	No	Yes
2A	**If Yes how is this calculated?**	we check if the joint income is less than the DWP minimum income guarantee for other means-tested benefits including allowable premiums and we allow the shortfall	we check if the non-service user partner has an income equivalent of the MIG and can allow a shortfall	we check if the income for the partner is less than the DWP minimum income guarantee for other means-tested benefits including allowable premiums and we allow the shortfall from the partner's financial assessment		We take half of couples basic allowances, compare to partners income, and if income is lower, we allow a couple low income disregard for the difference	N/A	Joint income is taken into account and MIG is set for a basic couple at £208.91 (couples PA + Disability premium + 25%) this may vary dependant on carer/EDP/Pensioners)
3	**How do you assess DRE (individual assessment / Standard amount)**	individual Assessment	Individual assessment	standard amount	Individual assessment	standard amount	Individual assessment	Individual assessment
3A	**If standard amount please confirm amount**	N/A		£10,£15 or £25, can appeal for individual amount if they think more than £25		£23.50	N/A	
4	**Do you have a minimum charge (Y/N)**	Yes	Yes	No	Yes	Yes	No	Yes
4A	**If Yes please add amount**	£2 per week	£1.00 per week		£1 per week	50p per week	N/A	£3 per week
5	**Do you have a maximum charge (Y/N)**	No	No	No	No	No	No	No
5A	**If Yes please add amount**						N/A	
6	**What % of disposable income do you take into account for charging purposes?**	100%	100.00%	100.00%	47.00%	100.00%	100.00%	100.00%
7	**Do you have a local policy for applying income disregards?**	Yes		No	Yes	Yes	No	Yes
7A	**If Yes please state what disregards are applied.**	Income disregard for AA and DLA equal to difference between day and night rate when high rate in payment and only day services funded.	AA & DLA high rate disregarded to reflect night time element	Policy is same as care act	Income disregard for AA and DLA equal to difference between day and night rate when high rate in payment and only day services funded.	Income disregard for AA, PIP and DLA equal to difference between day and night rate when high rate in payment and only day services funded.		Income disregard for AA and DLA equal to difference between day and night rate when high rate in payment and only day services funded.
8	**Do you currently set Capital limits and tariff income in line with DHSC stat guidance?**	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8A	**If No please describe the basis for setting Capital limits and tariff income**	N/A						
9	**Do you charge on a full cost recovery basis? i.e. service charges match actual cost paid to provider**	No	No	No	Yes	Yes	No	Yes
9A	**If No, describe basis for setting service charges**	Yes except for home care. We pay providers urban/rural rates based on location but charge service users the lower urban rate. We propose charging self-funders either rate that applies from April 2022.	HC, transport and Day care not actual cost. Other services e.g. DP's based on actual cost				Residential charged at Provider rate with the exception of some internal and block funded Providers charged at a fixed rate. Non-residential are charged at a fixed rate.	
10	**How do you charge for short stays in a care home based on Res or Non-Res rules**	Res	Res	Non-Res	Non-Res	Res	Non-Res	Res

This report was generated on 11/02/22. Overall 61 respondents completed this questionnaire. The report has been filtered to show the responses for 'All Respondents'.

The following charts are restricted to the top 12 codes. Lists are restricted to the most recent 100 rows.

Proposal 1 – Increase the minimum income guarantee amount (MIG) a person is left with after paying for care in line with national means-tested benefits with an additional 25% buffer.

Do you think this proposal is likely to make you?



Do you have any comments or suggestions about proposal 1?

I have no real idea. If this will "reduce how much people pay towards care and support charges" why is there a circle to be ticked for worse off or no change? I suspect it will negatively us!
n/a
no
No
This is the first letter I have received
no
No
Benefits are there to help people who cannot work due to their health condition.
With escalating energy and food costs any increase in the MIG would be useful
Seems like a good change for many people.
We think this would definitely be a good idea. We are struggling to afford basics on such a low income.

I am sorry but much of the questions ask, don't seem to apply to me. I live alone with little help, but with the help of others to help me to take a bath twice a week. I am just managing maybe later on i may need more help. Thank you.

Thought about this question. is there a separate policy for care home charging and is that available? how will i know if comments will make a difference to the final policy or is just a tick box exercise? presuming that everybody will have previous knowledge of the MIG what does buffer mean in this context? Q1a) these questions make it seem only those who will be affected can comment? (1 person i have spoken to did not think it was for them to comment and read no further).

probably best option

no

for financial year April 2020 - 21 the council did not increase the DP funding but did not increase client contributions. This was fair. For financial year 21-22 the council did not increase DP but did increase client contributions. this was unfair.

can you make it clear how much the MIG + 25% better is instead of using percentage of benefit/income

Proposal 2 - Set the minimum income guarantee amount (MIG) for working age people under 25 to the same level as the MIG for working age people aged 25 and over

Do you think this proposal is likely to make you?

Do you have any comments or suggestions about proposal 2?

n/a

no

This doesn't affect me

I think this is very fair - it still costs the same to live whether or not you are over 25 or under 25 - so the MIG should be the same.

Yes. please do this, Younger people do not have lower costs and in fact my disabled son who is 21 has higher costs as clothing, food etc cost more due to his size. I think this discriminates against younger people.

This should affect any payments to disabled people leaving them with less payments or payments to over 75 years.

I don't need all the careers I am getting now if I can get my tablets in bags I can manage I do all my own house work myself. I don't need Carers 3 times a day. Do you think its fair for them to charge half hour for issuing 1 tablet dinner time and 3 tablets at night.

this immediately begs the question "what about people over or under working age?"

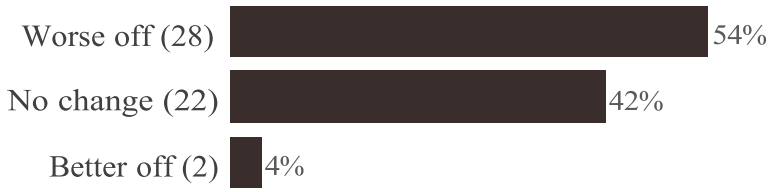
could help my grandson in the future

no

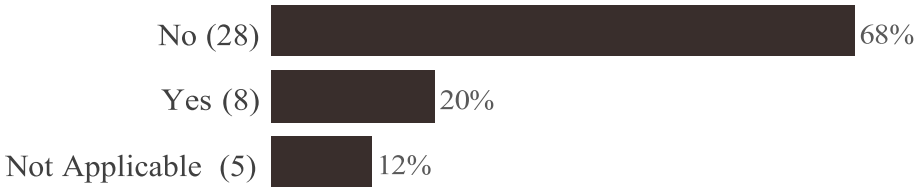
i am of pension age and therefore increasing the MIG for 18-25 year olds will not affect me

Proposal 3 - Remove the discretionary income disregard for Disability Living Allowance and Attendance Allowance paid at the high rate and replace it with an allowance for any disability related expenses paid for private care.

Do you think this proposal is likely to make you?



Do you currently pay for any private care in addition to what you pay the council?



Do you have any comments or suggestions about proposal 3?

As a full-time carer I do all the nighttime care for her which is very beneficial to her well being. This proposal appears to reduce the financial incentive to continue doing this.

n/a

no

As a social care professional, i am very aware of the considerable'hidden' charges those with disability have to meet. Frankly,to impose further restrictions on their base income would mean financial penury for some and for others, an inability to access services needed, they may decide to try to do without care in order to avoid additional costs. This represents a false economy because they are then likely to develop myriad difficulties.

other bills to pay

I don't think my disability is anything to do with the council

I need more care than I am being given by the council and so it is important that I am allowed to have some of my income to be used for paying for the extra care I need privately.

just mannage to make ends meet, and with heating costs going up we are concerned.

Seems like a lot more paperwork with having to provide proof of additional care costs, the paperwork needed already is very difficult given my health.

I find these questions difficult to understand. presumably the LA in this case choses to take the whole of the care element of those benefits into account as disposable income and that those without night time care needs provided by the LA will get 29.60 of their care element disregarded. Does it then mean that a person with LA provided care needs will not keep any of their care allowance? If this is not made clear how will you know if a person will be better off or worse off? also, it would seem that the more disabled you are the more you will be charged so is this equitable, surely it would be fairer to only take half a person's care component irrespective of night time provision.

doesn't apply to me don't need night time care

I do not understand, I asked for easy read version but this is what you sent.

how can you know what the eligibility criteria is

Proposal 4 - Charge for short stays in a care home (sometimes called respite care) for up to 8 weeks over a year under the same rules as paying for care and support in own home, or in the community.

Do you think this proposal is likely to make you?

Do you have any comments or suggestions about proposal 4?

I have not used this service yet.

n/a

no

Never been in respite so unable to respond to answers

We don't currently access respite, i'm sole carer with limited support from formal care, 1.45 hours per day. As i work full time, this support is essential and in addition, some respite would be very desirable as i never have an evening or weekend'break. Costs up to now have prohibited having access to such a service. Equitable charging may enable respite and thus reduce the onus on me which,in its current guise,is unsustainable.

N/a

Do you have any comments or suggestions about proposal 4?

No comments

This is difficult to understand if you are not currently or have never used this type of service.

Sounds fair.

Any payments for 8 weeks in all case should be met by the council (young or old)

There's nothing wrong with the council charging its the money I have to pay for the little work the carers have to do for me. That's not saying there anything wrong with the carers, the lovely in the half hour they charge for 5 minutes work.

fairly easy to understand but only those who have respite care could answer this question as it is as it says "you" instead of "them"

does this mean we will be charged the hourly rate for at home care, but for 24 hours or has long as we are there at a care home. don't really understand this.

complicated to calculate. I do not have short stays.

currently we have no respite care in a care home so for us there will be no change. however if in the future we choose this respite we would be better off with this proposal

Proposal 5 - Charge people with capital assets over £23,250 the full cost for home care services

Do you think this proposal is likely to make you?

For self-funders only – if your charges increase because you live in a rural area, would you still be likely to ask the council to manage this service for you?

Do you have any comments or suggestions about proposal 5?

I can see that it costs more to provide care to those living in rural areas, but I dont think it would be a good thing to charge them more as a consequence of the location that they live in. I feel this is along way from the councils value of treating people equally and fairly. It would be better that this additional cost should be equally divided between us all.

n/a

no

Care providers need to be paid equitable rates that reflect costs. If the burden for the cost is shifted to private funders, this will invariably mean providers will withdraw from the LA framework and seek to meet a private market. This in turn will compromise the already not always good care offered for LA arranged provision will further deteriorate. Care costs need to reflect market rates to make the sector sustainable.

Presume capital assets excludes the value of the home.

Leominster carers

Because Herefordshire is such a rural county allowance should be made for services provided to people who live rurally.

I would not as the Council to 'manage' anything; they could not be trusted.

If "capital assets" include your home, I think this is an awful idea that will force many people out of their homes.

I have not where near this money

Again it should say "them" so it is open to anyone to comment on. not equitable to still only charge an urban rate overall whatever the previous practice happened to be. Apart from that there should be an alternative option of paying a "one-off" rate for the initial arrangement and then let people manage their own care with the agency from then on without paying the admin fee.

my care is arranged by HFD council and have savings but pay for all my care needs.

we currently have no assets above 23250 but if we did, i think tis proposal is likely to make us worse off.

We know that it isn’t easy to understand how your personal circumstances might affect how much you pay for care, especially if your circumstances change and you need long term care in a care home. We welcome your feedback on the information we currently provide about charging and financial assessments, so please let us know if there is anything we can add or change to make things easier to understand.

I think you need to be much more honest and clear about the fact that this is both an exercise to make the system fairer but also to manage the overall cost to the Council. These proposals do not simplify an already very complex system of charging that is very difficult for the ordinary citizen to understand.

Happy with the service

I found the team at Charging to be well informed and they were able to clearly explain what would be charged and why. in addition, they were able to advise me about financial help i was not previously aware of.

terminology could be written in a much simpler way. some of the context is very complicated to understand.

It's useful in this to see allowable disability expenses as this wasn't clear.

No

I am completing this survey on behalf of an elderly relative for whom l have Lasting Power of Attorney. It has not been easy to understand or fully know the repercussions of this survey. Of course it is important that people pay the correct amount towards their care and l think Herefordshire Council do a very good job.

It would have helped enormously to have received a copy of this charging policy at the very outset of our contact with the Council.

It is always difficult to understand council legal jargon - having an easy read option would help.

When care is for people in the Community, why do they get charged by the people they go to.If they are sick due to their condition they get charge full amount because they have not given a weeks notice, I think this scandalous.

How you expect Carers to understand the current arrangements for care funding and how these proposals affect the current circumstances is beyond me. To someone with a modicum of intelligence it's 'as clear as mud' !!

I am completing this on behalf of persons who are incapable of doing so. A calculation to demonstrate the charges applicable after the proposed changes as compared to the current situation would make things much easier, none of those who would be worse off would be likely to support the proposals which are almost certainly going to be introduced anyway.

We know that it isn’t easy to understand how your personal circumstances might affect how much you pay for care, especially if your circumstances change and you need long term care in

a care home. We welcome your feedback on the information we currently provide about charging and financial assessments, so please let us know if there is anything we can add or change to make things easier to understand.

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Make it clearer what is deemed "capital assets".

I think that the information provided with the financial assessment is difficult to understand.

receiving council care in supported living

don't know how much i would have to pay if i did go into a care home, as don't have savings only pip and esp paid to me.

end the secrecy about what can be disregarded as disability related expenditure & what cannot. it prevents us making informed choices. You change the rules between one financial assessment to the next. this is unfair. publish changes annually so that we know where we are before being assessed. Give us enough detailed info for us to check if our client contributions is correct. tell us whether a service/item is disregarded in full or only a percentage. I was told HFDs council does not fund lifestyle choices but assessor refused to define them. give us enough up to date info to make informed choices re our own finances.

Do you have any other comments you would like to make about how we charge for care and support?

I am a full-time carer for my wife. Our own experience of how the system works is that after our financial assessment we were paying approximately 570 every 4 weeks for my wife's care. As I learnt from the carers I was able to do more for her and we gradually reduced the amount of visits we had. Good for her well being and helpful to the over stretched carers. However, despite gradually reducing the number of visits and the length of time on on each one, because of the guarantee that our charges would not go up, they also didn't go down. It's a bit difficult to explain but in our circumstances there was no financial incentive to try to become more independent. We might just as well have continued with the full set of visits.

i took early retirement so that i could care and support my father who has dementia. The attendance allowance he has does not cover the cost of the carers who go in daily.

no

I currently work full time and as my caring needs increase, i will inevitably have to reduce my working hours. This is already in planning as needs are rapidly increasing. This means a qualified care professional will have to withdraw from an already strained sector and will lead to some financial hardships. Any increase in care costs will mean further hardship as we would have to withdraw and meet all care needs personally, i would then be unable to sustain employment and this in turn would lead to my needing support from the public purse. I can only reiterate, costs need to be equitable and appropriately funded as a priority for local authorities.

The MIG doesn't differentiate between people who have to maintain their home and those renting that have that cost fully allowed for but the landlord covers major building costs. This makes it difficult to make adaptations to bathrooms etc and can't be assessed for DSG as they don't take into account the care costs and therefore homeowners with a pension are disadvantaged.

No

Do you have any other comments you would like to make about how we charge for care and support?

It takes far too long to process a new application. 6 months! During this time is not surprising that a 90yr old first time service users care needs and situation changes.

I know it is difficult for the council making ends meet and that social care takes up a lot of your income. My parents are always happy to have their council tax raised to help you keep those in need safe and well.

It would be an idea a have a breakdown for the Charge amount that the person has to pay.

It's highly unlikely your proposals are going to benefit those in care in their own home (or in care in the home of a family member). I suspect it's the Council that will benefit financially. to those in care with assets over c. 23k the Council is a 'waste of space'.

We have found the team who did the financial assessment to be very helpful and understanding of our situation. It is difficult to be thrown into new circumstances of care but they have eased it as much as they could

the current way I have been paying the minimal amount for home care to the council who has been paying for most of the care has been a real blessing

The current system I think works well.

Whilst we understand that people have to pay it is very unfair that any benefit increased go straight to yourselves whilst everything else is going up in price - unfair on people who live on very small income.

Nothing wrong with council charging.

As this document refers to changes to your charging policy i think that the whole policy should be available for comment as i understand that there is a big difference between how you charge non working people and those who work. often disabled people can't work or get a job because of their disability but at present would not appear to be taken into consideration.

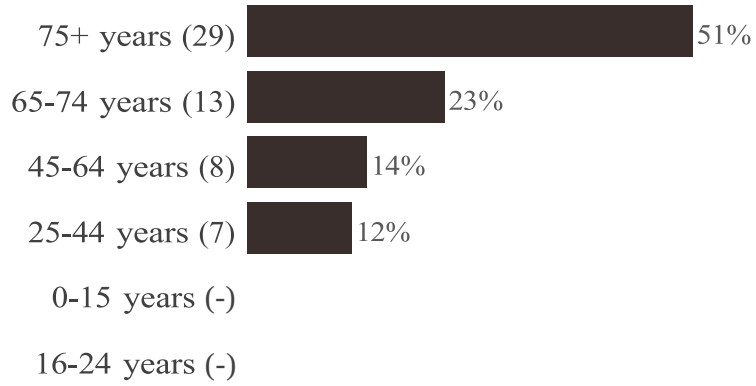
My relative has no assets and all the groups don't appear to apply. find it all very difficult to understand on her behalf.

All service charges to be disregarded as D.R.E - we are legally obliged to pay them. be realistic about heating costs. financial assessors should not make personal remarks/judgements about service users. make assumptions. treat assessments as a game with the SU as an opponent to get better of. For DP recipients using care agencies allow top up charges to be disregarded as D.R.E even if only part. allow boiler/ central heating insurance to be disregarded as a D.R.E

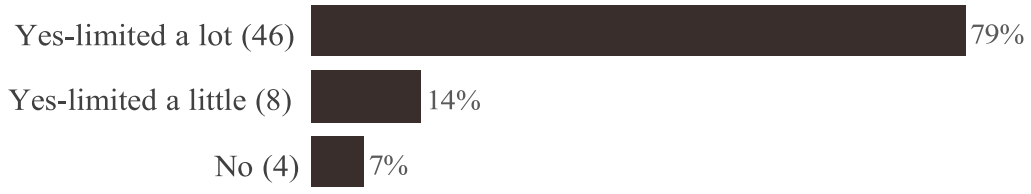
I understand that all the cost of care is rising - but i would ask that it is adjusted fairly. cost of care in a care home - weekly cost will no doubt rise. cost of care provided by home care - cost of care will rise. attendance allowed will decrease. cost of living in your own homes rises as electricity, council tax etc rise.

What is your gender?

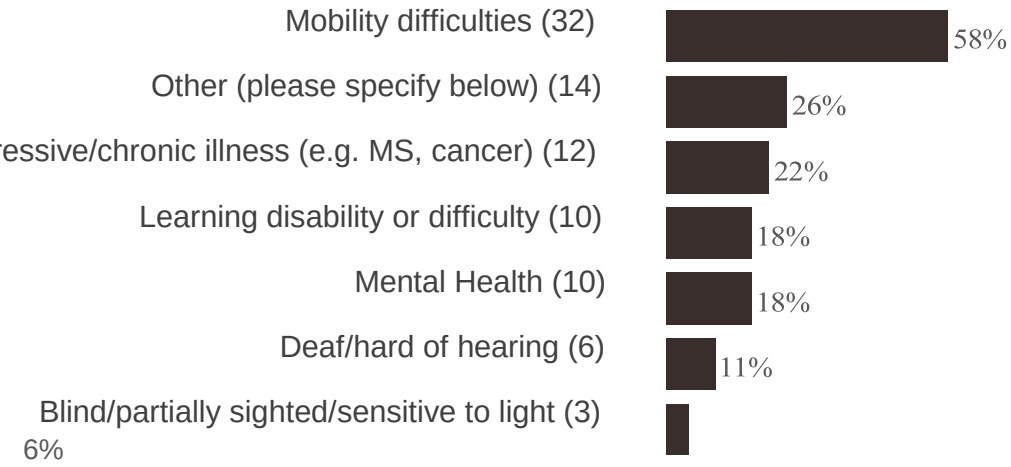
What is your age band?



Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?



If yes please specify (tick all that apply)



Other (please specify)

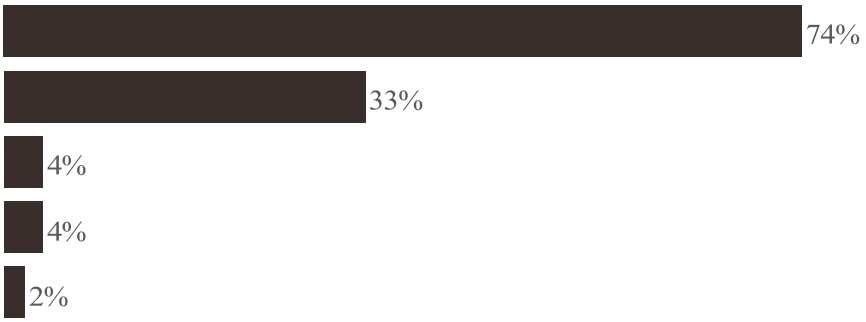
Your tick boxes dont work, you can only select one of the list yest I need to select more.
dementia
Learning disability, speech and language disability
Vascular Dementia
Dementia with severe mobility problems
Alzheimer's Dementia
Dementia

Other (please specify)

deaf/parkinsons/mobility/
Cognitive impairment
Mental health mobility difficulties
The above is only allowing me to tick one box !! My relative is deaf and completely immobile, doubly incontinent and completely dependant on care. She is of sound mind and adamant that she wishes to stay in her own home.
Progressive, mental and mobility
Your box Q11 doesn't allow more than one to be ticked - LD, MH and autism

Left hemiplegia
Unable to walk make drinks, cook food, use toilet on my own
stroke and mobility issues
Epilepsy
Balance is very bad
CROHNS DISEASE
very limited speech and fed through tube due to stroke
Autistic with associated co morbial condition
Vascular parkinsonism

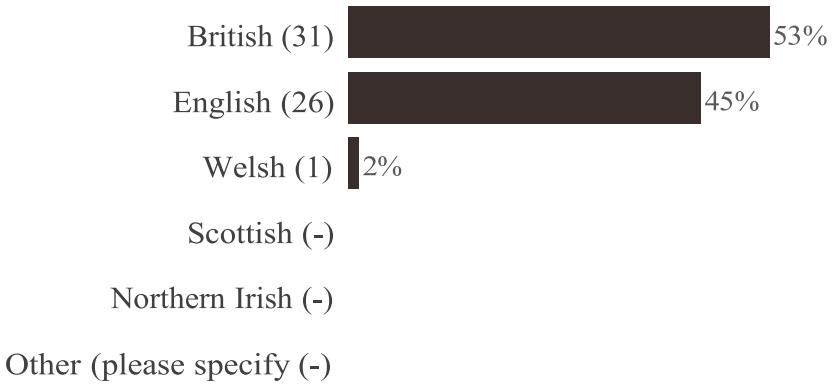
Are you responding as: (tick all that apply)



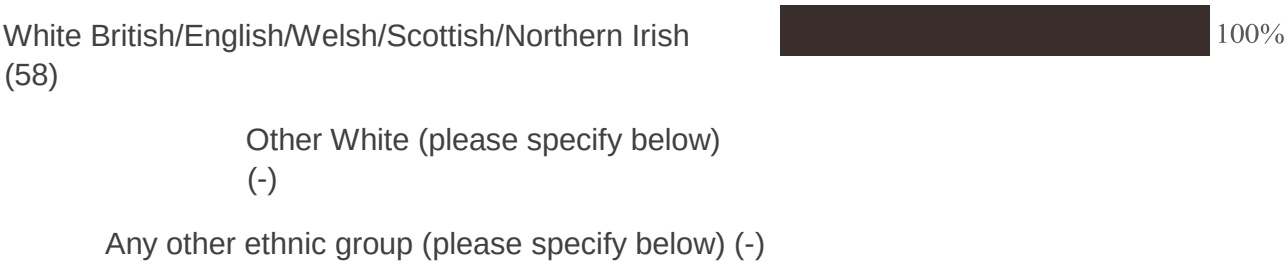
A provider of services (please specify the name of organisation)

Altogether care
Agincare
AGINCARE
SIL Services
Mobile Care

How would you describe your national identity? (Tick as many as apply)



How would you describe your ethnic group? (Please tick one box only)



Do you feel that you were treated differently (positively or negatively) because of who you are? (e.g. your age, gender, disability or ethnicity)

If yes, please specify:

Age
Sometimes people don't understand that I am autistic and have learning difficulties and can respond negatively - but at other times when people do realise they are very kind.
I provide care to my aged parent who lives f/t in my family home and has assets > 23k. The survey and examples are of no use to me whatsoever and unfathomable !
I feel that there is a definite difference to how i can access care now i am over 65

Topline Report

The following results are from 61 respondents for the online questionnaire. The percentages are based on respondents to each question/statement.

Proposal 1 – Increase the minimum income guarantee amount (MIG) a person is left with after paying for care in line with national means-tested benefits with an additional 25% buffer.

What happens now
We use the MIG amount that is set by central government when calculating charges for care in the home or in the community. Every year when the Department for Health and Social Care publishes these amounts we use them to recalculate charges. We usually do this at the same time when the Department for Work and Pensions uplifts benefit and pensions income.

What the Care Act says
Because a person who receives care and support outside a care home will need to pay their daily living costs such as rent, food and utilities, the charging rules must ensure they have enough money to meet these costs. After charging, a person must be left with the minimum income guarantee (MIG) as set out in the Care and Support (Charging and Assessment of Resources) Regulation 2014. Local authorities should consider whether it is appropriate to set a maximum percentage of disposable income (over and above the guaranteed minimum income) which may be taken into account in charges.

What we propose to do
We propose to increase the MIG amount for people of working age and pension age in line with income support or pension credit levels, with an additional 25% buffer.

What effect this might have
This will reduce how much people pay towards care and support charges.

Here is an example to show how you may be affected, please go to:
https://www.herefordshire.gov.uk/downloads/file/23251/example-care-and-support-chargescalculations-2021

Q1a Do you think this proposal is likely to make you?

32 (57%) Better off
5 (9%) Worse off
19 (34%) No change

Q1b Do you have any comments or suggestions about proposal 1?
17 comments
Proposal 2 – Set the minimum income guarantee amount (MIG) for working age people under 25 to the same level as the MIG for working age people aged 25 and over

What happens now
We use the MIG amount that is set by central government when calculating charges for care in the home or in the community. There are different rates for working age people who are aged

under 25, and 25 or over. Every year when the Department for Health and Social Care publishes these amounts we use them to recalculate charges. We usually do this at the same time when the Department for Work and Pensions uplifts benefit and pensions income.

What the Care Act says
Because a person who receives care and support outside a care home will need to pay their daily living costs such as rent, food and utilities, the charging rules must ensure they have enough money to meet these costs. After charging, a person must be left with the minimum income guarantee (MIG) as set out in the Care and Support (Charging and Assessment of Resources) Regulation 2014. Local authorities should consider whether it is appropriate to set a maximum percentage of disposable income (over and above the guaranteed minimum income) which may be taken into account in charges.

What we propose to do
We propose to increase the MIG amount for all people of working age to income support levels for people aged 25 or over, with an additional 25% buffer.

What effect this might have
All working age people will be left with same minimum income after paying for care.

Here is an example to show how you may be affected, please go to:
https://www.herefordshire.gov.uk/downloads/file/23251/example-care-and-support-chargescalculations-2021

Q2a Do you think this proposal is likely to make you?

3 (6%) Better off
3 (6%) Worse off
48 (89%) No change

Q2b Do you have any comments or suggestions about proposal 2?
11 comments
Proposal 3 – Remove the discretionary income disregard for Disability Living Allowance and Attendance Allowance paid at the high rate and replace it with an allowance for any disability related expenses paid for private care.

What happens now
People in receipt of DLA and AA benefits paid at a higher rate because they have night time care needs but only receive council funded care and support during the daytime have £29.60 per week of their income disregarded. This is the amount of additional benefit they get due to having night time care needs

What the Care Act says
Local authorities may choose to disregard additional sources of income, set maximum charges, or charge a person a percentage of their disposable income. Where a person receives benefits to meet their disability needs that do not meet the eligibility criteria for local authority care and support, the charging arrangements should ensure that they keep enough money to cover the cost of meeting these disability-related costs.

What we propose to do
Remove the income disregard for people receiving DLA and AA, but include the cost of any private care to meet needs as a disability related expense.

What effect this might have
People who don't have any disability related expenses to meet their care needs will pay more.

Here is an example to show how you may be affected, please go to:
https://www.herefordshire.gov.uk/downloads/file/23251/example-care-and-support-chargescalculations-2021

Q3a Do you think this proposal is likely to make you?

2 (4%) Better off
28 (54%) Worse off
22 (42%) No change

Q3b Do you currently pay for any private care in addition to what you pay the council?

8 (20%) Yes
28 (68%) No
5 (12%) Not Applicable

Q3c Do you have any comments or suggestions about proposal 3?
13 comments
Proposal 4 – Charge for short stays in a care home (sometimes called respite care) for up to 8 weeks over a year under the same rules as paying for care and support in own home, or in the community.

What happens now
If a person is entitled to council funded social care support for a short stay in a care home, the amount they pay towards the cost is worked out using different rules to what they pay towards any care or support they get in their own home. This is difficult to calculate and not easy to understand when people stay in a care home for a few days during the same week they receive home care services, or if they have a direct payment to spend on care in their own and short stays in a care
home

What the Care Act says
Where a person is a short-term resident a local authority may choose to assess and charge them based on the rules for care or support arranged other than in a care home for a period not exceeding 8 weeks.

What we propose to do
Charge for short stays in care home, not exceeding 8 weeks, using the same rules as charging for care in own home, or in the community.

What effect this might have

People will be charged the same amount making it easier to understand, some people may pay less.
Here is an example to show how you may be affected, please go to:
https://www.herefordshire.gov.uk/downloads/file/23251/example-care-and-support-chargescalculations-2021

Q4a Do you think this proposal is likely to make you?

5 (9%) Better off
5 (9%) Worse off
44 (81%) No change

Q4b Do you have any comments or suggestions about proposal 4?
15 comments
Proposal 5 – Charge people with capital assets over £23,250 the full cost for home care services.

What happens now?
We currently charge for all home care services using the urban rate paid to home care providers. This is because when the charging policy came into effect there was only one rate paid to providers for home care services. Home care providers are now paid based on urban or rural rates to reflect the increased costs in rural areas, but service user charges are based on a maximum charge in line with the urban rate. If a person with capital assets above £23,250 asks the council to arrange care at home for them, we charge them an administration fee in addition to the cost for the service provided.

What the Care Act says
Where the person has resources above the financial limits the local authority may charge the person for the full cost of their care and support. It may be appropriate for local authorities to charge a flat rate fee for arranging care.

What we propose to do
Apply charges for people with capital assets above £23,250 based on the full cost paid to the care provider, and continue to charge additional administration fees for arranging care and support and managing the contract.

What effect this might have
People who self-fund their care and ask the council to arrange care for them at home will pay more if the council pay the home care provider a rural rate. People can continue to arrange their own care and support without this support from the council.

Here is an example to show how you may be affected, please go to:
https://www.herefordshire.gov.uk/downloads/file/23251/example-care-and-support-chargescalculations-2021

Q5a Do you think this proposal is likely to make you?

0 (0%) Better off
8 (15%) Worse off

47 (85%) No change

Q5b For self-funders only – if your charges increase because you live in a rural area, would you still be likely to ask the council to manage this service for you?

0 (0%) Yes

1 (4%) No

27 (96%) Not Applicable

Q5c Do you have any comments or suggestions about proposal 5?
13 comments

Q6 We know that it isn't easy to understand how your personal circumstances might affect how much you pay for care, especially if your circumstances change and you need long term care in a care home. We welcome your feedback on the information we currently provide about charging and financial assessments, so please let us know if there is anything we can add or change to make things easier to understand.
19 comments

Q7 Do you have any other comments you would like to make about how we charge for care and support?
19 comments

About you

The following information helps us to ensure that our services are accessible to all. It will only be used for the purpose of statistical monitoring, treated as confidential and not used to identify you. You are under no obligation to complete any question in this section of the survey if you do not wish to.

Q8 What is your gender?

22 (39%) Male
35 (61%) Female

Q9 What is your age band?

0 (0%) 0-15 years
0 (0%) 16-24 years
7 (12%) 25-44 years

8 (14%) 45-64 years

13 (23%) 65-74 years
29 (51%) 75+ years

Q10 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

8 (14%)

Yes-limited

a little 46

(79%) Yes-

limited a lot

4 (7%) No

Q11 If yes please specify (tick all that apply)

6 (11%) Deaf/hard of hearing
3 (5%) Blind/partially sighted/sensitive to light

10 (18%) Learning disability or difficulty

10 (18%) Mental Health
12 (22%) Progressive/chronic illness (e.g. MS, cancer)

32 (58%) Mobility difficulties
14 (25%) Other (please specify below)

Q11a Other (please specify)

22 comments
Q12 Are you responding as: (tick all that apply)

42 (74%) Someone receiving support from Adult Social Care a family carer/informal carer
19 (33%) A family member or friend of someone receiving support from Adult Social Care a Herefordshire Council employee

0 (0%) A trade union representative

2 (4%) A member of the general public
2 (4%) A provider of services (please specify the name of organisation below)
1 (2%) A representative from a voluntary sector organisation (please specify the name of organisation below)

Q12a A provider of services (please specify the name of organisation)

5 comments

Q12b A representative from a voluntary sector organisation (please specify the name of organisation)

0 comments

Q13 How would you describe your national identity? (Tick as many as apply)

31 (53%) British
26 (45%) English
0 (0%) Scottish
1 (2%) Welsh
0 (0%) Northern Irish
0 (0%) Other (please specify

Q14 How would you describe your ethnic group? (Please tick one box only)

58 (100%) White British/English/Welsh/Scottish/Northern Irish
0 (0%) Other White (please specify below)
0 (0%) Any other ethnic group (please specify below)

Q14a Other White (please specify)

0 comments

Q14b Any other ethnic group (please specify)

0 comments

Q15 Do you feel that you were treated differently (positively or negatively) because of who you are? (e.g.
your age, gender, disability or ethnicity)

6 (11%) Yes
48 (89%) No

Q15a If yes, please specify:

4 comments

Thank you for completing the questionnaire

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Appendix 3

Recommendations

Proposal	Recommendation
Proposal 1: Increase the minimum income guarantee amount (MIG) a person is left with after paying for care in line with national means-tested benefits with an additional 25% buffer.	The MIG is set in Care Act regulations that came into effect in April 2015. It was originally based on Department for Work and Pensions (DWP) pension credit and income support benefit rates with an additional 25% buffer. However as it has been frozen by DHSC since it became law the buffer has eroded to 13.8% for pension age people and 22.8% for working age people. This recommendation restores the buffer to 25% for 2022/23 and future years.
Proposal 2: Set the minimum income guarantee amount (MIG) for working age people under 25 to the same level as the MIG for working age people aged 25 and over.	The Care Act regulations set a lower minimum income guarantee for working age people under 25. Currently this is £19 per week less than the MIG for those aged 25 and over. This recommendation provides the same level of income protection for all working age people receiving social care services.
Proposal 3: Remove the discretionary income disregard applied to Disability Living Allowance and Attendance Allowance paid at the high rate and replace it with an allowance for any disability related expenses paid for private care.	The care and support statutory guidance allows local authorities to take all disability benefit income paid for care into account when setting care charges, provided that an allowance for disability related costs is made, this includes payments for private care. Currently Herefordshire's policy disregards the value of any disability benefits paid for night time care if the council is only providing social care support during the day. This disregard (currently £29.60 a week) is applied regardless of whether the person pays for night time care. However, as most people of working age with disabilities now receive personal independence payment and this benefit doesn't differentiate between day and night time needs, this disregard is not applied. Removing this discretionary disregard will ensure that people in receipt disability benefits of all ages will be treated equitably, but those that don't pay for night time care may pay more. Approximately 300 people could be affected adversely from this proposal.

Proposal 4 : Charge for short stays in a care home (sometimes called respite care) for up to 8 weeks over a year under the same rules as paying for care and support in own home, or in the community.	Central government decides how councils must charge for care provided in a care home, but the care and support statutory guidance gives local authorities discretion to charge people for short stays in a care home under the same rules as charging for care in their own home or in the community. This recommendation makes charging for short stays simpler to administer, provides a consistent approach to charging, and removes uncertainty about charges applied for part of a week, which will subsequently reduce invoice disputes.

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Appendix 4

Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

1. Name of Service Area/Directorate

Name of Head of Service for area being assessed	Lee Davis
Directorate	Community Wellbeing

	Name	**Job Title**
Individual(s) completing this assessment	Susie Binns	Team Manager
	Vanessa Robinson	Team Leader
	Suzanne Farmer	Financial Administration & Quality Assurance Officer
Date assessment completed	16/02/2022	

2. What is being assessed

Activity being assessed (e.g. policy, procedure, document, service redesign, strategy etc.)	Proposed Care and Support Charging Policy			
What is the aim, purpose and/or intended outcomes of this activity?	The aim of the policy is to produce a consistent and fair framework for charging and financial assessments for all service users that receive care and support services, following an assessment of their individual needs and their individual financial circumstances.			
Name of lead for activity	Susie Binns			
Who will be affected by the development and implementation of this activity?	x ❑ x	Service Users Patients Carers Visitors	x ❑ ❑	Staff Communities Other _____
Is this:	x Review of an existing Policy ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (name sources, e.g. demographic information for services/staff groups affected, complaints etc.	• Care and Support Statutory Guidance • Data Analysis of current charges • LGSCO decisions on council charging policies where LA's are not clear and transparent with how disability related expenses or areas of discretion are considered within their policies. • County Plan 2020-2024 • Understanding Herefordshire Report • Feedback from engagement questionnaire • Feedback from Consultation The initial areas for review included:			

	• The level of income protection afforded by Herefordshire's policy above the Minimum Income Guarantee (MIG) for some people with high care needs and people of pension age. • The first stage of the review was to carry out data analysis to identify the impact of the charging policy on working age people in receipt of disability benefits. The work we have done thus far has shown us that: • People in receipt of standard Personal Independence Payments (PIP) on average have a maximum charge that is 6.35% lower than those receiving enhanced PIP. People receiving Disability Living Allowance (DLA) at the high rate pay on average 20% less than those in receipt of DLA at the medium or low rate and PIP recipients. • 50% of people aged under 25 in receipt of high rate disability benefits do not have to pay a contribution, the average charge for those that pay is comparable with the average charge for all working age adults in receipt of high rate disability benefits, but they are left with a minimum income guarantee that is £19.00 per week lower than those aged 25 and over. • Only 1.5% of people receiving social care have earned income which is fully disregarded in accordance with government regulations. None of these people are paying a financial contribution towards their care. Initial analysis of disability related expenses (DRE) and household expenses identifies that 99.88% of all charge payers receive DRE allowances and 86.94% receive allowances for household costs. Further detailed analysis of disability related expenses for people of all ages paying towards council funded care show that average costs vary by client group; Learning disabilities £13.97 per week Mental health £7.66 per week Physical disabilities £30.55 per week. This EIA considers the proposed care and support charging policy identifying any areas of inequality identified through consultation with service users, family representatives, and organisations that support or represent service users.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Initial engagement was undertaken by seeking views on the current policy with a selection of service users of mixed ages and disabilities, along with family members, carers and key workers from local organisations who support our service users day-to-day over a 2 week period. They were asked the following questions: • **Do you think you, or the people you support are treated fairly?** ▪ 33 % of respondents felt that people were being treated unfairly ▪ 27 % of respondents felt that people were being treated fairly. ▪ 27 % Of respondents did not comment ▪ 13 % of respondents did not give a clear response in answer to this question **Key messages**

	▪ Everybody's needs are so different ▪ Financial assessment is a daunting process and service users see a disparity between the differing amounts individuals are asked to pay towards care and support costs ▪ Many service users consider day opportunities to be "their job". ▪ Vulnerable people should be looked after they are left with so little. • **Do you think our current financial assessments consider each individuals' personal circumstances and requirements appropriately?** ▪ 40 % of respondents felt that people were not being considered appropriately ▪ 27 % of respondents did not comment. ▪ 27 % of respondents were undecided or did not give clear response in answer to this question ▪ 6 % of respondents felt that each individuals' personal circumstances and requirements are currently being considered. **Key messages** ▪ People with disabilities have higher and unseen costs which can impact on quality of their life if not met. ▪ Disability Related Expenditures require clearer guidelines with examples ▪ Unfair that service users having to contribute to care costs when the have worked and saved all their lives • **What changes should we make and why?** ▪ 53 % of respondents commented on this question ▪ 47 % of respondents did not comment **Key messages** • Allow more income to remain with service users to allow for better quality of life • Consider extra Disability Related Expenditure in cases of service users with severe disabilities. A consultation with current service users and organisations that represent or support them was undertaken from 15 December 2021 to 10 February 2022. Views were sought on 5 proposed policy changes. Details of the consultation can be found here **The Results and key messages are provided below**  Consultation Responses Summary. All the views and feedback from service users, parents/carers, staff and key stakeholders have been taken into consideration when completing this assessment.
Internal consultation	Engagement with staff that undertake financial assessments for care charges, social care professionals, and directorate leadership.

3. The impact of this activity

Please consider the potential impact of this activity (during development and implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	✓ ✓		 ✓ ✓	People of all ages will be left with more disposable income than the minimum income guarantee (MIG) set by the DHSC The minimum income guarantee for people of working age no longer differentiates between ages and provide people aged under 25 with more disposable income. People of pension age in receipt of Disability Living Allowance and Attendance Allowance that are currently benefiting from a discretionary income disregard may pay more towards their care costs if they don't pay for night time care. However after applying an increase to the minimum guarantee they are left with, the average increase is likely to be £4.32 per week People of working age in receipt of Disability Living Allowance that are currently benefiting from a discretionary income disregard may pay more towards their care costs if they don't pay for night time care. After applying an increase to the minimum guarantee they are left with, the average increase is likely to be £23.13 per week
Disability		 ✓	✓ ✓	People with conditions such as mental health issues or learning disabilities do not generally have the same level of disability related expenses as those with physical disabilities face. That combined with a lower MIG (if not in receipt of enhanced disability premiums) can result in higher assessed client contributions than a person of similar age with physical disabilities It is recognised that those with sensory impairments or with specific communication needs may have difficulties accessing the policy, although other formats can be provided on request. People in receipt of high rate disability benefits will be treated the same as the full amount of their disability benefit income will be taken into account in accordance with the statutory guidance. Allowances will be made for any disability related expenses they have.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Gender Reassignment		✓		No areas of inequality were identified
Marriage & Civil Partnerships		✓		No areas of inequality were identified
Pregnancy & Maternity		✓		No areas of inequality were identified
Race (including Travelling Communities and people of other nationalities)		✓		Whilst the policy itself is unlikely to impact on grounds of race, it is recognised that some nationalities may have difficulty understanding the policy due to limited English language skills. Communication needs are noted by staff and copies of the policy can made available in other languages on request.
Religion & Belief		✓		No areas of inequality were identified
Sex	✓			Application of a couple adjustment under the current charging policy and guidance ensures women with reduced pensions are left with income in line with minimum income amounts.
Sexual Orientation		✓		No areas of inequality were identified
Other Vulnerable and Disadvantaged Groups (e.g. carers, care leavers, homeless, social/ economic deprivation, etc.)	✓ ✓	✓		Service charges for home care will be based on the same rate for all council commissioned services regardless of whether a person receiving care lives in an urban or rural area or self-funds their care. Carers receive adult social care funded support free of charge. The Care Act regulations require earned income to be disregarded in full resulting in the 1.5% of people receiving social care funding not having to contribute towards their care.
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)			✓	Severely disabled people in receipt of high rate disability benefits who are unable to work contribute disproportionally more of their income toward social care charges than those with earned income.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified

What actions will you take to mitigate any potential negative impacts?

Potential negative impact	Actions required to reduce/ eliminate negative impact	Who will lead on action?	Timeframe
Service users with physical disabilities on average have higher disability related expenses included in assessments to those with learning disability or mental health needs.	Provide more detailed guidance and examples of disability related expenses, beyond those already provided in the statutory guidance to ensure all people include all eligible allowances.	Lee Davis/ Susie Binns	11/04/2022
People of pension age in receipt of high rate disability benefits affected by the removal of the income disregard may pay more in charges.	When they are notified of the increased charge invite them to request a review of their financial assessment to ensure all of their eligible expenses are taken into account and they will be informed of their right to appeal charges.	Lee Davis/ Susie Binns	11/04/2022
People of working age in receipt of high rate disability benefits affected by the removal of the income disregard may pay significantly more in charges.	They will be invited to have a full face to face review of their financial assessment to ensure all of their eligible expenses are taken into account and they will be informed of their right to appeal charges,	Lee Davis/ Susie Binns	11/04/2022
People with sensory impairments or with specific communication needs may have difficulties accessing the policy	Ensure the policy meets accessibility standards when published on the website and work with service users or groups that represent them to improve access to the policy and guidance	Lee Davis/ Susie Binns	11/04/2022
Severely disabled people in receipt of high rate disability benefits who are unable to work contribute disproportionally more of their income toward social care charges than those with earned income	It is a requirement of the Care Act 2014 regulations to disregard all earned income.		

4. Monitoring and review

How will you monitor these actions?	Through the charging policy review project plan and directorate management reporting
When will you review this EIA? (eg in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	Within 3 months post implementation of the policy.

5. Equality Statement

- All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics.
- Herefordshire Council will challenge discrimination, promote equality, respect human rights, and design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.
- All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carers etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	*Susie Binns*
Date signed	21/02/2022

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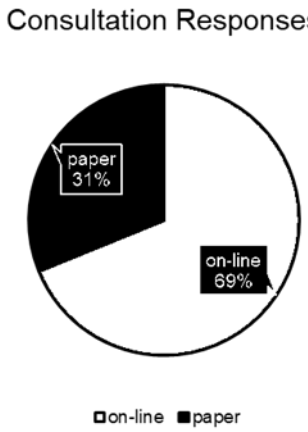
Appendix 5

Consultation:

The Consultation ran from 15 December 2021 to 10 February 2022

All current service users sent letters with contact details for helpline, email, and links to the on-line consultation page

Overall 61 respondents completed this questionnaire



- 4 of these responses were from provider organisations

66 people made contact by phone or email
(21 service users, 45 financial reps)

- 4 people made more than 1 contact
- 5 people didn't feel inclined to submit comments on consultation after the impact of the proposals explained
- 33 calls were from people requesting a paper questionnaire
- 44 paper questionnaires sent out.
- 1 request for large print
- 5 requests for easy read version

1 face to face meeting with provider organisation
2 MS Team meetings with representatives from Making it Real Board.

Common themes through contact through helpline and email

- People not fully understanding that the examples given on website may not apply to them but were to demonstrate the proposals.
- People not understanding that only some of the proposals may apply to them.
- People very happy with call-backs and being provided with individual explanations of the proposals and how they would affect the individual service user.

- Twice the number of Appointee/ Financial reps/Family/Carers contacted the Helpline/Email than Service Users.
- People did not feel inclined to comment on any proposals which did not affect them

Captured comments from Call-backs and Emails

- “Happy with current Charges”
- “No computer or access to the internet”
- Helpline respondents stated they were very pleased with the fast and efficient call-back service, often within an hour of initial contact.
- Helpline respondents who did not leave a voice message were surprised and pleased to receive a call-back.
- Opportunity to send large print to meet need of 1 service user
- 5 people did not feel inclined to submit comments on consultation when they had the impact of the proposals explained to them or the service user they represent. These individuals were offered paper forms to attempt to encourage comments.
- 1 wife of a service user –English not first language.
- Genuine and serious enquires from people wishing to understand the proposals. Some people had taken time to look at the website and requested call-backs to “double check” their understanding of the impact of the proposals on them or the person they represented.
- Gave some people an opportunity to have the financial assessment process including disability related expenses explained to them again.

Other key points

- No requests received to take up offer to attend service user’s community groups to discuss and explain the proposals.
- 1 respondent enquired about a public meeting.
- Only 1 respondent requested a specific example Financial Assessment calculation for a person aged over 25 with 24 hr support.
- People were very pleased to have the personal contact and information. To the point that it became a common theme.
- Able to signpost people to relevant teams to resolve non consultation issues being raised.
- 2 service users used the opportunity to contact to discuss issues with the care agencies not provided the services specified in support plans.

Other outcomes from the Consultation

- Contact with partner Organisations creating relationships to build on for future partnership working. Specifically where they support service users with understanding financial assessments. E.G. Cart shed Community Farm, Mencap and ECHO.
- Building on relationships with Making It Real Board. Invited to Herefordshire Disability United meeting to work on financial documents for the new charging policy following the end of the consultation.

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Appendix 6

Summary of responses to Engagement Questionnaire

15 responses were received either by completing and returning the questionnaire or submitting comments by email.

27 % (4) responses did not comment on questions 1-4 of the questionnaire

Q1. Do you think you, or the people you support, are treated fairly?

- 33 % of respondents felt that people were being treated unfairly
- 27 % of respondents felt that people were being treated fairly.
- 27 % Of respondents did not comment
- 13 % of respondents did not give a clear response in answer to this question

Summary of key comments and themes for Q1.

- Everybody's needs are so different.
- Financial assessment is a daunting process and service users see a disparity between the differing amounts individuals are asked to pay towards care and support costs.
- Many service users consider day opportunities to be "their job".
- More thoughtful and timely communication with people
- Vulnerable service users should be left with funding to make a difference to their daily lives and ability to prioritise social activities to improve quality of life.
- Vulnerable people should be looked after they are left with so little.
- Better support from social work team to advise on what's available for service users
- Social workers to remain allocated to service users who have issues with trust or changes

Q2. Do you think our current financial assessments consider each individuals' personal circumstances and requirements appropriately?

- 40 % of respondents felt that people were not being considered appropriately
- 27 % of respondents did not comment.
- 27 % of respondents were undecided or did not give clear response in answer to this question
- 6 % of respondents felt that each individuals' personal circumstances and requirements are currently being considered appropriately.

Summary of key comments and themes for Q2.

- Social Care cost should be free like NHS
- People with disabilities have higher and unseen costs which can impact on quality of their life if not met.
- Disability Related Expenditures require clearer guidelines with examples as people would like clarity and to have comparisons on how other service users are assessed for care charges.

- Unfair that service users having to contribute to care costs when the have worked and saved all their lives

Q3. What changes should we make and why?

- 53 % of respondents commented on this question
- 47 % of respondents did not comment

Summary of key comments and themes for Q3.

- Social Care referrals take too long also a need for more regular care plan reviews. Better communication and more details of what's available to a service user which an allocated Social Worker can provide.
- Clarity of Adult Social Care processes with timely responses. An easy read of the full ASC assessment process.
- Allow more income to remain with service users to allow for better quality of life
- Consider extra Disability Related Expenditure in cases of service users with severe disabilities.

Q4. Is there anything else you would like us to consider?

- 53 % of respondents commented on this question
- 47 % of respondents did not comment.

Summary of key comments and themes for Q4.

To consider

- training or support or user friendly guidance for people to be able to manage their finances, a more workable system for pre pay financial services that people need to use to pay providers.
- The true cost of caring and supporting a vulnerable person.
- Debt repayment and all outgoings. Many people not being able to pay the contribution to care costs because of other debts or because of other necessary outgoings, so have ended up not being able to attend or fallen in social care debt which has impacted on their Mental Health.
- financial assessment to be done in timely manner to allow smooth transfer to a service without accruing debt in the waiting period

Other comments provided by respondents

- 33 % of respondents provided other comments.
- 67 % of respondents did not provide other comment.

Summary of other comments made

- Thank you for help that has been given, it is appreciated.
- The process feels a bit like approaching the council with a begging bowl!
- Better communication with agencies and parents as to what is available. You have to know what you want as it's not very often that you are aware of what's available. (ASC)
- We feel unable to comment as we are not involved in the financial assessments. We have no evidence that would indicate people feel unfairly treated.
- I can only assume they (other vulnerable service users) are contributing far more towards their care costs than they can afford, or actually should be. Who is fighting their corner?

Herefordshire Council

Appendix 7

Minimum Income Guarantee 2022/23

- Income support or Pension Credit allowances and premiums with an additional 25% buffer
- The minimum income guarantee for a person living with a partner is based on half the couple rate.

	Level of "minimum income guarantee" for a person who is single (or living alone)	**Level of minimum income guarantee for a person living with a partner**
Age 18 or over and up to qualifying Pension Age 66	£96.25 per week	£75.66 per week
Age 18 or over and up to qualifying Pension Age 66 and entitled to a Disability Premium	£141.50 per week	£107.91 per week
Age 18 or over and up to qualifying Pension Age at 66 entitled to Disability Premium and Enhanced Disability Premium	£163.69 per week	£123.75 per week
Reached or over qualifying age for Pension Age 66 and over.	£228.25 per week	£174.19 per week
Eligible for a Carers Premium	An additional £48.56 per week	An additional £48.56 per week
Responsible for a child who lives in the same household	An additional £88.50 per child per week	An additional £88.50 per child per week
Couples Adjustment due to low income partner	Not applicable	Calculated on an individual basis *

Herefordshire Council

Appendix 8

Impact on weekly charges

1. Reduction in charges resulting from increasing the Minimum Income Guarantee

Client Group	No	Average reduction charge	Weekly income impact	Annual income impact
Under 25's	54	£6.65	£359.36	£18,6876.72
Age 25+	471	£6.25	£2,945.73	£153,177.96
Pension age	605	£25.52	£15,440.74	£802,918.48
Total Cost				**£974,783.16**

2. Reduction in charges resulting from increasing the MIG for people aged under 25

Client Group	No	Average reduction charge	Weekly income impact	Annual income impact
Total Cost	**54**	**£24.17**	**£1,305.40**	**£67,880.80**

3. Increase in charges resulting from removal of discretionary income disregard

Client Group	No	Average increased charge	Weekly income impact	Annual income impact
Total Savings	**331**	**-£29.60**	**-£9,797.60**	**-£509,475.20**

Overall impact of increased charges resulting from combining 1, 2, and 3 above

Client Group	No	Average weekly increased charge
Under pension age	28	-£23.13
Pension age	280	-£4.32
ALL	308	-£6.03

Herefordshire Council

Title of report: Work programme review and tracking of recommendations

Meeting: Adults and Wellbeing Scrutiny Committee

Meeting date: Monday 7 March 2022

Report by: Democratic Services Officer

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

To review progress against previous recommendation, review the work programme for 2021/22 and agree any necessary updates.

Recommendation(s)

That the Committee:

a) Notes the updated recommendation tracker in appendix 1;
b) Reviews the work programme at appendix 2 and discusses any additional items of business or topics for inclusion in the work programme.

Alternative options

1. It is for the Committee to determine its work programme to reflect the priorities facing Herefordshire. The committee needs to be selective and ensure that the work programme is focused, realistic and deliverable within existing resources. The Committee needs to develop a manageable work programme to ensure that scrutiny is focused, effective and produces clear outcomes. Topics selected on the work programme should reflect issues of current importance facing adults and wellbeing services at Herefordshire Council.

Further information on the subject of this report is available from
Sarah Buffrey, Tel: 01432 260176, email: sarah.buffrey@herefordshire.gov.ukl

Key considerations

Tracking of resolutions made by the committee which require a response or action

2. A schedule of recommendations previously made by the Committee which require a response or action is appended to this report as appendix 1.

   Key changes since the last meeting include the following recommendations:

   Domestic Abuse Strategy:

   a. The report be checked for typographical errors, clarity and appropriate use of language including use of victim/survivor alongside strengths based approach
   b. Greater emphasis be placed on specific issues relating to rurality
   c. Links to Talk Community be improved within the Strategy for example drawing on exisiting networks and the benefits of holistic support packages and imporved promotion of support within communities
   d. Social media and remote abuse be included within the definitions of abuse.

   2022/23 Budget

   a. A breakdown of the base budget and how much is being spent in each area be provided to the Committee. It was further expected that in future there should be consistency in the level of detail contained within the reports produced for each scrutiny committee.
   b. Given the importance assigned to Talk Community to manage demand, an element of its budget be skewed towards better communication of its services and access to hubs so that there is more visibility and engagement with the Community.
   c. The Director of Adult Services investigates the Homeshare programme and its possible benefits and reports back to the Committee.
   d. The Director of Adult Services provides the Committee with more information on the levels of satisfaction with the service generally and also a response to the points raised by Care Leavers in the budget consultation.
   e. The costs involved with a move to All Ages Commissioning, specifically mental health services, be provided to the Committee.

Forward Plan

3. The Constitution states that scrutiny committees should consider the Forward Plan as the chief source of information regarding forthcoming key decisions. Forthcoming decisions of the children and families directorate will be highlighted by the clerk to the committee as part of the work programming item at each committee meeting.

Suggestion for scrutiny from members of the public

4. Suggestions for scrutiny are invited from members of the public through the council's website, accessible through the link below. There have been no suggestions for scrutiny received from members of the public since the previous meeting of the committee.

   https://www.herefordshire.gov.uk/info/200148/your_council/61/get_involved/4

Work Programme

5. The work programme needs to focus on the key issues of concern and be manageable allowing for urgent items or matters that have been called-in. The work programme will be reviewed at each meeting of the committee and may be amended as required.

6. The latest agreed work programme for 2021-2022 is attached at appendix 2.

7. Should committee members become aware of any issue they think should be considered by the committee they are invited to discuss the matter with the Chairperson, Vice Chairperson and the Statutory Scrutiny Officer.

Constitutional Matters

Task and Finish Groups

8. 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 but the review is likely to be attended by all members of the committee and chaired by the chairperson.

9. The scrutiny committee will approve the scope of the activity to be undertaken by a task and finish group, 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 2 members of the committee, other councillors 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.

10. The Committee is asked to determine matters relating to the convening of a task and finish group including the scope of the review to be undertaken, the chairperson, membership, timeframe, desired outcomes, what will not be included in the review and whether to co-opt any non-voting members to the group. Such co-optees could consist of individuals with valuable skills and experience that would assist a task and finish group to undertake a review (see co-option below).

11. A task and finish group on the health impact of the intensive poultry industry has been set up following approval of a scoping document by the Committee at their meeting on 1 September. Members of the group are Councillors Norman, Shaw, Summers and Marsh and they have held two meetings to date. The group expect to be able to report back to the Committee with their findings at the first meeting of the new municipal year.

Co-option

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

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

Community impact

14. 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

15. Whilst this is an update on the work programme and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the council's Environmental Policy.

Equality duty

16. 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.

17. 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. As this report concerns the administrative function of the children and young people scrutiny committee, it is unlikely that it will have an impact on our equality duty.

Resource implications

18. 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 can be subject to an assessment to support appropriate processes.

19. The councillors' allowance scheme contains provision for co-opted and other non-elected members to claim travel, subsistence and dependant carer's allowances on the same basis as members of the council. If the committee agrees that co-optees should be included in an inquiry they will be entitled to claim allowances.

Legal implications

20. The Council is required to deliver a scrutiny function. The development of a work programme which is focused and reflects those priorities facing Herefordshire will assist the committee and the council to deliver a scrutiny function.

21. The Scrutiny Rules in Part 4 Section 5 of the Council's Constitution provide for the setting of a work programme, the reporting of recommendations to the Executive and the establishment of task and finish groups, as below.

22. Paragraph 4.5.28 of the constitution explains that the scrutiny committee is responsible for setting its own work programme. In setting its work programme a scrutiny committee shall have regard to the resources (including officer time) available.

23. Under section 4.5.10 of the Constitution 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. 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. It will be a matter for the task and finish group to determine lines of questioning, witnesses (from the council or wider community) and evidence requirements.

24. Under section 4.5.19 of the constitution task and finish groups will report their findings/outcomes/recommendations to the relevant scrutiny committee who will decide if the findings/outcomes/recommendations should be reported to the cabinet or elsewhere.

Risk management

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

Consultees

25. The work programme is reviewed at every committee meeting. Additional formal or informal work programming sessions may be arranged as necessary during the year. The work programme may also be reviewed during business planning meetings between the chairperson, vice-chairperson and statutory scrutiny officer.

Appendices

Appendix 1 – Recommendation tracker
Appendix 2 – Work Programme 2021/22

Background papers

None identified

Adults and Wellbeing Scrutiny Committee, schedule of recommendations and responses 2021-22

2 June 2021		
Item	Recommendation	Responses [agreed by the executive 24 June 2021]
New arrangements for commissioned home care	a. That consideration be given to assisting self-funders pro-actively through the service specification.	Accepted - The service specification will include that the framework will be used to purchase home care on behalf of self-funders.
	b. That consideration be given to the information, advice and support available to clients, including self-funders, linked to the ongoing work with Healthwatch, Talk Community, the Making It Real Board, and the transformation of community mental health services.	Accepted - Further work to support self-funders will be undertaken with organisations above to produce a self-funders action plan.
	c. That creative approaches to supported living, including home share, be reviewed as part of the emerging Supported Living Framework.	Accepted – This will be addressed as part of review of supported living services.
	d. That commitments be secured from providers to participate in and to support technology enabled living developments, and innovations to improve environmental performance.	Accepted – These recommendations will be included in the service specification.
	e. That provision in rural areas be explored with providers on both sides of the border to avoid any potential gaps in provision.	Accepted – The framework will place a contractual requirement on providers to deliver home care in rural area. Senior Commissioning Officer will continue working with counterparts in neighbouring authorities.
	f. That opportunities to work collaboratively on workforce recruitment and retention issues be considered with a view to: i. recruiting within communities to deliver services locally, especially to support clients in rural areas and to minimise unnecessary travel; ii. encouraging people to take up or restart a career in the sector, including through the refresh of the care sector website;	Continue discussions between the Council and Herefordshire and Worcestershire CCG regarding the provision of health related care tasks to include training as appropriate. Rebranding / relaunching of care hero campaign to include a comprehensive recruitment and retention campaign.

	iii. developing the range of health and care functions being delivered to maximise the value from each visit, to make every contact count, and to enhance career pathways through the upskilling of the workforce.	
	g. That a briefing note be provided to the committee in twelve months to evaluate progress, including any consequential impacts on market resilience and on the lived experience of service users in terms of the continuity and enhancement of care.	Accepted – Report for scrutiny committee in 12 months from the beginning of the new framework.
	h. That the executive be invited to write to the Secretary of State to seek clarification about the government's plans for social care reform.	Accepted – the leader writes on behalf of Herefordshire social care sector to seek clarification about the government's plans for social care reform.

21 June 2021		
Item	Recommendation	Responses
Learning Disability Strategy update	a. Herefordshire Council and NHS partners urgently progress becoming exemplar employers of people with learning disabilities (ref LD2.09)	Noted
	b. the council take advantage of employment opportunities emerging during the recovery from coronavirus, such as in the hospitality industry and utilising increased working from home	Noted
	c. Include in the dashboard, benchmarking against local and national comparators to give a clearer picture of the council's performance	Noted
	d. Include in the dashboard figures on the numbers of complaints and appeals to illustrate the impact of savings plans on service users	Noted
	e. That the bill of rights be widely promoted	Noted
	f. A briefing note be provided to the committee on continuity of contact with social workers for regular service users	Outstanding
	g. A briefing note be provided on providers.	Outstanding

6 September 2021		
Item	Recommendation	Responses
Briefing Paper on Out of Hospital Care	a. that the Council and CCG work together to provide a more substantive report to the committee at a time when a greater level of detail on progress can be reported. b. that those recommendations previously agreed by scrutiny from 2018 and 2020, and identified in the report, are properly considered by relevant bodies and responses provided. c. that detail concerning the number and age of outstanding CHC dispute cases in Herefordshire are provided to the committee. d. that an update on the status of the NHS England review into CHC eligibility is provided to the committee	A report is scheduled for the March meeting when CHC have progressed further actions and the new policy is signed off and being actioned (it is currently with respective legal departments before going into a final governance stage)

1 November 2021		
Item	Recommendation	Responses
Draft Domestic Abuse Strategy 2019-2024	a. The report be checked for typographical errors, clarity and appropriate use of language including use of victim/survivor alongside strengths based approach. b. Greater emphasis be placed on specific issues relating to rurality. c. Links to talk community be improved within the Strategy for example drawing on existing networks and the benefits of holistic support packages and improved promotion of support within communities. d. Social media and remote abuse be included within the definitions of abuse. e. The Strategy should start with the assumption that the victim of abuse should be able to stay in their own home, where this is possible.	

	f. The collection, presentation and contextualisation of data in the report be reviewed and improved. g. Work with educational settings be reviewed and strengthened. h. Approaches to rehabilitation of perpetrators be considered.	

10 January 2022		
Item	Recommendation	Responses
2022/23 Budget Setting	a. A breakdown of the base budget and how much is being spent in each area be provided to the Committee. It was further expected that in future there should be consistency in the level of detail contained within the reports produced for each scrutiny committee. b. Given the importance assigned to Talk Community to manage demand, an element of its budget be skewed towards better communication of its services and access to hubs so that there is more visibility and engagement with the Community. c. The Director of Adult Services investigates the Homeshare programme and its possible benefits and reports back to the Committee. d. The Director of Adult Services provides the Committee with more information on the levels of satisfaction with the service generally and also a response to the points raised by Care Leavers in the budget consultation. e. The costs involved with a move to All Ages Commissioning, specifically mental health services, be provided to the Committee.	Completed and noted

Adults and wellbeing scrutiny committee

Approved work programme

2021/22

Summary of agenda items

Monday 21 June 2021, 2.30 pm
Learning disability strategy update

Monday, 6 September 2021, 2.30 pm
Out of hospital care (including Continuing Healthcare, discharge pathway and self-funders)

Monday, 1 November 2021, 2.30 pm
Domestic abuse strategy update

Monday, 10 January 2022, 2.30 pm
Budget setting 2022/23

Monday, 7 March 2022, 2.30 pm
CHC, GP Access, Turning Point and Care and Support Charging Policy

To be confirmed, June 2022
Spotlight review on the progress with the transformation of community mental health services

Agenda items

Monday 21 June 2021, 2.30 pm			Circulate to reviewers: 19 May 2021 Release report deadline: 8 June 2021 Publication deadline: 11 June 2021 Questions deadline: 15 June 2021
Item:	**Origin**	**Lead officer(s):**	**Current position:**
Learning disability strategy update	Work programming 20 November 2020 and AWSC 13 January 2021 requested 'That the operational changes and proposals in terms of Learning Disability services, including the impacts on service users, be presented to the committee'	Laura Ferguson, Senior commissioning officer; Laura Tyler, Headof care commissioning	Agenda published for 21 June 2021

Agenda items

Monday 6 September 2021, 2.30 pm			Circulate to reviewers: 4 August 2021 Release report deadline: 23 August 2021 Publication deadline: 26 August 2021 Questions deadline: 31 August 2021
Item:	**Origin:**	**Lead officer(s):**	**Current position:**
Out of hospital care (including Continuing Healthcare, discharge pathway and self-funders)	AWSC considered agenda items on NHS CHC on 20 September 2018 and 2 March 2020. AWSC has received questions from the public, including on 29 March 2021 and 2 June 2021 and a paper from a member of the public which was circulated on 17 June 2021.	Mandy Appleby, Assistant director adult social care operations; NHS Herefordshire and Worcestershire Clinical Commissioning Group	After AWSC 29 March 2021, NHS Herefordshire and Worcestershire Clinical Commissioning Group provided a briefing note which included recommendations for further scrutiny activity.

Agenda items

Monday, 1 November 2021, 2.30 pm			Circulate to reviewers: 30 September 2021 Release report deadline: 19 October 2021 Publication deadline: 22 October 2021 Questions deadline: 26 October 2021
Item:	**Origin:**	**Lead officer(s):**	**Current position:**
Domestic abuse strategy update	AWSC 29 January 2019 considered the Domestic abuse strategy 2019-22 and requested an update on progress with implementation to be included in the work programme.	Danielle Mussell, Senior commissioning officer	AWSC 29 March 2021 noted the new Domestic Abuse Act which includes a requirement to refresh the existing strategy, with this likely to be published by October 2021. Work programming 16 June 2021 requested an earlier seminar / workshop from an all ages perspective.

Agenda items

Monday, 10 January 2022, 2.30 pm			Circulate to reviewers: 7 December 2021 Release report deadline: 24 December 2021 Publication deadline: 31 December 2021 Questions deadline: 4 January 2022
Item:	**Origin:**	**Lead officer(s):**	**Current position:**
Budget setting 2022/23	Annual item to seek the views of AWSC on the budget proposals as they relate to the remit of the committee.	Andrew Lovegrove, Chief finance officer; Josie Rushgrove, Head of corporate finance	

Agenda items

Monday, 7 March 2022, 2.30 pm			Circulate to reviewers: 3 February 2022 Release report deadline: 22 February 2022 Publication deadline: 25 February 2022 Questions deadline: 1 March 2022
Item:	**Origin:**	**Lead officer(s):**	**Current position:**
Substance Use in Herefordshire	Member request	Lindsay MacCahardy	Scheduled
Continuing Healthcare	Follow-up report	Mandy Appleby	Scheduled
GP Access	Member request	NHS/PCN	Scheduled
Care and Support Charging Policy	Consultation with Scrutiny required	Rachel Watkins	Scheduled

Agenda items

[to be confirmed] June 2022			Circulate to reviewers: tbc Release report deadline: tbc Publication deadline: tbc Questions deadline: tbc
Item:	**Origin:**	**Lead officer(s):**	**Current position:**
Spotlight review on the progress with the transformation of community mental health services	AWSC 30 April 2021 recommended: 'A spotlight review on the progress with the transformation of community mental health services be undertaken in nine to twelve months, including progress addressing the identified Section 12 and Section 136 issues'	Ewen Archibald, Head of community commissioning and resources; Herefordshire and Worcestershire Health and Care NHS Trust	
Task and Finish Group Report on the Impact of Intensive Poultry Units on Health and Wellbeing		Frances Howie Marc Willimont	

To be scheduled (1/2)

Potential agenda items			
Item:	**Origin:**	**Lead officer(s):**	**Current position:**
Emergency and urgent care	Work programming 20 November 2020 suggested combining: Minor Injuries Units, community services redesign, West Midlands Ambulance Service performance, NHS 111	To be confirmed	Work programming 16 June 2021 indicated that members may prefer to deal with elements separately.
Health and wellbeing board	Suggested by the chairperson and noted at work programming 16 June 2021.	To be confirmed	Work programming 16 June 2021 noted that the timing could be influenced by the emerging ICS developments (see below)
Integrated Care System (ICS) governance and funding	AWSC 24 March 2021 requested an item on ICS governance arrangements and funding mechanisms.	Director of adults and communities; NHS Herefordshire and Worcestershire Clinical Commissioning Group	Work programming 16 June 2021 noted that the timing could be subject to the decisions on legislation to be made by Government and Parliament.

To be scheduled (2/2)

Potential agenda items			
Item:	**Origin:**	**Lead officer(s):**	**Current position:**
Access to health and care for Herefordshire residents living on the border with Wales	Work programming 16 June 2021	To be confirmed	To be scheduled.
Social prescribing	Following AWSC 30 April 2021, the chairperson suggested that the realities of social prescribing could be explored.	To be confirmed	To be scheduled.
Wider determinants of health (potentially including housing and climate emergency)	Work programming 16 June 2021	To be confirmed	Could be an area for joint scrutiny activity following re-thinking governance proposals for a revised scrutiny structure.
Service user communication	Requested by councillors and added to long list of potential items by chairperson 13 Aug	To be confirmed	The ICS and the new proposed Integrated Care Record may present an opportunity to address this issue across the system. To consider prevision of written briefing ahead of any future scrutiny activity.

Workshops / seminars

Topic:	Origin:	Lead officer(s):	Current position:
Domestic abuse (all ages perspective)	Work programming 16 June 2021	Danielle Mussell, Senior commissioning officer	To be requested.
Recruitment and retention	AWSC 23 November 2020 recommended that a briefing note be provided and an all-member workshop be considered.	Mandy Appleby, Assistant director adult social care operations; Lorna Simpson, Employee relations business partner; Paul Smith, Assistant director all ages commissioning	Agreed by Cabinet 25 February 2021
Talk Community	Work programming 20 November 2020 suggested an all-member seminar	Amy Pitt, Assistant director Talk Community programme	The assistant director welcomes the suggestion for later in the year.

Task and finish groups

Topic:	Origin:	Lead officer(s):	Current position:
GP access	Work programming 16 June 2021	To be confirmed	Scoping statement to be progressed.
Health impact of the intensive poultry industry	AWSC 29 March 2021 requested that a scoping statement be prepared	Becky Howell-Jones, Acting director of public health	Scoping statement approved. Group membership to be confirmed.

Briefing notes (1/2)

Topic:	Target date:	Lead officer(s):	Current position:
Community wellbeing survey	July 2021	Amy Pitt, Assistant director Talk Community programme	Requested by AWSC 30 April 2021
Hillside centre	To be identified	Mandy Appleby, Assistant director social care operations; Paul Smith, Assistant director all ages commissioning	To be requested, arising from work programming 16 June 2021
Legislative framework	To be identified	Adults and communities directorate / Legal services	To be requested, arising from work programming 16 June 2021
Multiple complex vulnerability	To be identified	Ewen Archibald, Head of community commissioning and resources	Requested by AWSC 30 April 2021
West Mercia Ambulance Service performance	To be identified	To be identified	To be requested, arising from work programming 16 June 2021
Vaccinations for key workers	To be identified	Mandy Appleby, Assistant director social care operations; Paul Smith, Assistant director all ages commissioning	To be requested, arising from work programming 16 June 2021

Briefing notes (2/2)

Topic:	Target date:	Lead officer(s):	Current position:
Market Position Statement update	31 January 2022	Paul Smith, Assistant director all ages commissioning	Agreed by Cabinet 25 February 2021
Commissioned home care update	1 June 2022	Laura Tyler, Head of care commissioning	Requested by AWSC 2 June 2021
Continuity of contact with social workers for regular service users	To be identified	Laura Tyler, Head of care commissioning	Requested by AWSC 21 June 2021 arising from discussion of Learning Disability Strategy update
Learning Disability Strategy providers	To be identified	Laura Tyler, Head of care commissioning	Requested by AWSC 21 June 2021 arising from discussion of Learning Disability Strategy update