

Minutes of the meeting of Adults and wellbeing scrutiny committee held at The Council Chamber - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Tuesday 5 March 2019 at 10.00 am

Present: Councillor Polly Andrews (chairperson)
Councillor John Stone (vice-chairperson)

Councillors: Mark Cooper, Pauline Crockett, Carole Gandy and David Summers

In attendance: Councillor Paul Rone (Cabinet Member)

Officers: Ben Baugh, John Coleman, Kate Coughtrie, Lee Davis, Laura Ferguson, Kayte Thompson-Dixon, Collette Watkins and Karen Wright

Councillor Jenny Hyde

This was the first meeting of the committee since the death of Councillor Jenny Hyde. The chairperson paid tribute to work of Councillor Hyde, especially in terms of corporate parenting and looked after children, and expressed sincere condolences to her family.

51. APOLOGIES FOR ABSENCE

No apologies for absence had been received.

52. NAMED SUBSTITUTES

No substitutes were present.

53. DECLARATIONS OF INTEREST

There were no declarations of interest.

54. MINUTES

Resolved:

That the minutes of the meetings held on 29 January and 4 February 2019 be approved and be signed by the chairperson.

55. QUESTIONS FROM MEMBERS OF THE PUBLIC

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

56. QUESTIONS FROM COUNCILLORS

No written questions had been received from councillors.

57. LEARNING DISABILITY STRATEGY IMPLEMENTATION PLAN UPDATE

The senior commissioning officer presented the learning disability strategy update (appendix 1 to the report), the key points included:

- a. The learning disability strategy was a ten-year, joint strategy of Herefordshire Council and NHS Herefordshire Clinical Commissioning Group (CCG).
- b. The strategy and implementation plan aligned to the four themes: where I live; what I do during the day; being healthy and safe; and having choice and control.
- c. The Learning Disability Partnership Board involved a broad range of partners, including service users and providers.
- d. A learning disability dashboard was being developed to capture key data and track progress across the health and social care system.
- e. The implementation plan actions were currently on track to be delivered within the identified timescales.
- f. Examples were given of developments in progress to meet the priorities, including:
 - Where I live: joining together with Worcestershire County Council to commission specialist provision.
 - What I do during the day: improving the opportunities for people into paid employment through a staged employment project.
 - Being healthy and safe: the Herefordshire and Worcestershire Sustainability Transformation Partnership aligned the national priorities, developed local delivery plans, shared best practice and provided governance.

In response to a question, the senior commissioning officer and Jade Brooks, the acting director of operations of the CCG, both emphasised the importance of national programmes and working collectively to reduce health inequalities. The chairperson noted the premature mortality profile of people with learning difficulties.

 - Having choice and control: embedding user engagement and promoting advocacy in all areas, with a number of initiatives to be launched during learning disability week (17 June).
- g. It was reported that there was significant work being undertaken to reposition services to deliver the strategy and the implementation plan would continue to be updated, with input from experts by experience.

The chairperson invited comments and questions from committee members, the principal points included:

1. Committee members welcomed the high quality of the report and the presentation.
2. Attention was drawn to the fact that all GP surgeries except one had improved systems to indicate on patient records when a person has a learning disability. Jade Brooks confirmed that all the GP surgeries were expected to implement this measure.

3. The senior commissioning officer advised the committee that the supported employment service focused on the individual, so opportunities in the localities and would be explored. She added that a piece of work was being undertaken with community transport providers with a view to working together more closely.
4. The chairperson noted that Herefordshire Council was a major employer and questioned what it was doing to encourage employment for people with a learning disability. The senior commissioning officer recognised that more could be done to make job roles and the recruitment process more accessible.
5. The senior commissioning officer said that the Learning Disability Partnership Board had undertaken work to promote bus passes and travel trainers were available to provide support.
6. The senior commissioning officer clarified that the development of the market position statement, and some other actions, had been deferred to ensure that the components were understood fully, and the right decisions could be made going forward.
7. The senior commissioning officer explained that, informed by an event for user groups and providers, there would be an ongoing user engagement cycle, including a 'you said this, we did that' element.
8. The council was working with around 600 people who were eligible for social care support but it was acknowledged that there was a broader cohort of people with a learning disability in the county.
9. Reflecting on what had been achieved in the relatively short time since the strategy had been approved (June 2018), the senior commissioning officer commented that it took time to move to a position to deliver outcomes but, in particular, it was satisfying to see people moving into their own homes.
10. The committee was advised that data was being gathered to understand who was living at home and the ages of parents / guardians in order to plan for the future and to support people to make early choices. The need to build trust and work collectively was emphasised.
11. It was noted that the Whitecross flats development blended in well with the wider estate and, using new models of support, there was real potential for the tenants to be more independent.
12. There were currently six people in out of county placements. It was noted that there was a need to understand those that were well placed and those that were misplaced.
13. The senior commissioning officer reported on work with the Autism Partnership Board on top tips to raise awareness and improve accessibility to health services. Jade Brooks commented that good practice had been articulated across primary care services, such as increasing appointment times and improving waiting environments, but some GP practices needed to do more.
14. A member noted that the children and young people scrutiny committee was due to receive a task and finish group report on special educational needs and disability provision shortly.

Professor Jane Melton, the director of engagement and integration of 2gether NHS Foundation Trust, commented on the benefits of involving people with learning disabilities in the development of strategies and implementation plans.

The director of public health noted that there was some excellent practice which should be communicated more widely.

The chairperson said that the committee welcomed the good start that had been made and looked forward to hearing about further progress in due course.

Resolved:

That progress with the implementation plan for the learning disability strategy be noted.

58. SUBSTANCE MISUSE SERVICE PERFORMANCE UPDATE

Alex Crawford, service manager for Addaction Herefordshire, gave a presentation on (appendix 1 to the report), the key points included:

- a. 100% completion of treatment outcome profiles (TOPs), used to monitor substance misuse and overall progress of clients.
- b. 100% completion of risk and recovery plans, used to assess risks that clients might present to themselves or others and to inform individual care plans.
- c. Re-presentation rates to treatment services following successful discharge remained low, demonstrating that treatment was effective and sustainable.
- d. The 'maintaining change' group provided support and skills development for clients for twelve weeks following successful completions. Arising from this, two independent peer led groups had formed to continue the work of this initiative in the community.
- e. Addaction Herefordshire had been awarded an 'overall good' rating from the Care Quality Commission (CQC) and clients had spoken positively about the service.
- f. There had been a 'slight dip' in opiate and non-opiate successful completions. This was due to tackling more complex service users who had been in treatment for an extended period of time; Herefordshire had a larger number of older opiate users in treatment for 6 years or more (43.2%) compared to the national average (32.4%).
- g. A recovery mentor, who had come through treatment, had been appointed recently and was helping to dispel myths and encourage people to engage with the service.
- h. Alcohol and non-opiate rates had improved, reflecting high levels of participation in the new group offering.
- i. To build upon the good rating and summary from the CQC, Addaction Herefordshire was working to streamline its assessment process and would run a pilot scheme to obtain feedback from clients.
- j. Attention was drawn to the CQC's positive comments about staff and their approach, the recovery-oriented care plans, the active involvement of clients in care planning, and how records and procedures demonstrated good practice in a number of areas.
- k. An overview was provided of the group provision and wide range of activities in Leominster, Ross and Ledbury, and Hereford.

- l. Funding had been received for a new lead role to provide a specialist service for veterans.
- m. An overview was also provided of the young persons' service which involved young people taking the lead and encouraging their peers to come forward and seek support.

The chairperson commented that Addaction Herefordshire had improved dramatically in three years. Alex Crawford acknowledged the initial difficulties but, with significant progress already made, there was excellent potential for people to make successful recovery journeys in Herefordshire.

In response to a question about interactions with partner agencies, the committee was advised that Addaction Herefordshire and 2gether NHS Foundation Trust were working holistically in the interests of clients with substance misuse and mental health issues. Professor Jane Melton added that colleagues in adults' and children's services had also commented on the positive working relationships.

The senior commissioning officer public health said that the aging population had to be taken into account, both nationally and locally, in terms of commissioning strategy going forward.

In response questions, Alex Crawford said that: Addaction Herefordshire did not have a dedicated outreach worker for rough sleepers currently but there had been contact with a support group and this could be explored further as part of future commissioning options; and the organisation had worked closely with street pastors in the past.

A committee member commended Addaction Herefordshire on the extent of the transformation that had been delivered and asked about the position in rural areas of the county. The senior commissioning officer public health agreed that the turnaround of this service was to be commended and provision in rural areas would be revisited as part of the commissioning strategy.

The vice-chairperson said that the update was most encouraging and, noting that group activities included art therapy, suggested that the achievements of clients could be showcased in local exhibitions, such as h.Art.

On behalf of the committee, the chairperson congratulated everyone involved in the quality and performance improvements. Committee members suggested that the communications team be invited to issue a press release about the service, including the positive outcomes of group provision and working with young people.

Resolved: That

- a. **The performance update be noted; and**
- b. **The ambition of including rural outreach in future commissioning strategy be endorsed.**

59. REPORT ON THE DELIVERY OF THE HOMELESSNESS REDUCTION ACT AND THE IMPACT OF MENTAL HEALTH AND UNIVERSAL CREDIT ON HOMELESSNESS

The head of prevention and support gave presentations on the Homelessness Reduction Act 2017 (appendix 1) and on Universal Credit, mental health and vulnerable people

(appendix 2). The key points of the presentations and questions arising are summarised below.

Homelessness Reduction Act 2017

- a. The key legislation was contained in the Housing Act 1996, the Homelessness Reduction Act 2017 (HRA) amended Part VII of this legislation and came into effect in April 2018.
- b. The HRA placed increased statutory duties on local housing authorities to prevent homelessness and, if that duty fails, to relieve homelessness, including: the provision of a personal housing plan for every client and undertaking reviews at each stage; the provision of temporary accommodation at the prevention stage for a minimum of 56 days; earlier intervention to prevent homelessness; a new relief duty to provide assistance when preventions fail prior to homelessness; a new 'duty to refer' on other public services working with people who were at risk of homelessness or were homeless, albeit this duty did not apply to the police; and increased rights for clients to seek reviews of the council's decisions.

In response to a question, the team leader housing solutions clarified that anyone who presented to a local authority who was at risk of homelessness would need to be provided with temporary accommodation and the local authority would have to meet the financial burden; previously a local connection had to be demonstrated.

- c. The duty to provide continued temporary accommodation protection for families had been extended from 28 days to 56 days, increasing the financial burden and placing pressures on the available temporary accommodation; the council had recently increased its provision from 41 to 45 places. This additional burden was also reflected in increased use of bed and breakfast accommodation in Herefordshire; there had been five successive months of double figure placements in the period before Christmas 2018. The housing solutions team were working with local landlords and with the housing strategy lead to secure additional accommodation and a wider range of housing types.

In response to questions, the team leader housing solutions advised: temporary accommodation provision was mainly in Hereford but there were units in Leominster and Ross, with some bed and breakfast accommodation was used in the market towns; and, if the authority had a statutory duty, 56 days was a minimum and clients would continue in temporary accommodation until suitable permanent accommodation could be found.

- d. The HRA had increased workload for the housing solutions teams, metrics included: the average allocation of cases had increased to over 20 per day; footfall into the service had increased by 59%; there had been 9884 presentations in the last twelve months; and the current caseload was 562 people.
- e. The rough sleeping outreach service currently identified 12 rough sleepers, mostly in Hereford but also in Ross and in other rural areas. The service continued to provide support to 50 people, who had been rough sleeping previously, to help them sustain the accommodation secured and to access other services and financial support. It was reported that there had been a successful bid for funding to support winter shelter provision and elements of the outreach service in 2019/20.

In response to questions about places for rough sleepers, it was reported that: on average eight rough sleepers used the St Peter's winter shelter per night but other people also accessed that service; some landlords would accept people who had

been rough sleeping subject to the outreach service being in place; and some people were referred to hostels or were accommodated out of county.

- f. Associated with the increased statutory duties, there were new reporting procedures to the Ministry of Housing, Communities and Local Government (MHCLG) for local authorities. It was anticipated that benchmark information may become available from June 2019.

In response to questions, the team leader housing solutions advised: the authority often became aware of people who were living in overcrowded accommodation or were 'sofa surfing' once they registered for social housing or through third parties; and the authority had specialist officers to support the accommodation needs of victims of domestic abuse.

Universal Credit

- g. Universal Credit replaced six previous benefits and had been implemented fully in Herefordshire from June 2018 for all new claimants.

In response to a question, the team leader housing solutions confirmed that recipients could still request the housing element to be paid directly to the landlord but this had to be supported by a business case.

- h. The risks for housing providers were outlined, such as delays in payment, and this had resulted in some risk adverse landlords refusing to take benefit claimants and registered social landlords requesting full affordability assessments and up-front rent payments.

In response to questions, it was reported that: the trailblazer authorities had identified that the HRA would result in additional demands and burdens; and the council had received additional funding, of £155k over three years, but there was no indication that this would continue beyond March 2020.

Mental health

- i. It was stated that people with poor mental health were more susceptible to factors that can lead homelessness such as poverty, disaffiliation and personal vulnerability; Herefordshire's draft homeless link health needs audit showed that 76% of respondents reported a mental health problem / behaviour condition.
- j. An overview was provided of the current specialist targeted provision for homeless people with mental health needs and provision in the development pipeline.

Vulnerable groups

- k. It was emphasised that vulnerable groups included a wide range of people. In particular, it was noted that an operational protocol had been developed for care leavers.

In response to questions, the committee was advised that: not everyone perceived by the public to be part of the street community was homeless; the outreach service had not been made aware that any of the current rough sleepers in Herefordshire had an armed forces background; and the Ministry of Defence did not notify the local authority of leavers who were at risk of homelessness. A committee member felt that the mental health needs of former armed services personnel and of farmers needed greater attention.

Jade Brooks made a number of points, including: the CCG and the local authority maintained a register of all those in secure hospital provision and were involved in discharge planning; she was disappointed with some of the terminology used and assumptions made in the slide on mental health; and, whilst there were significant mental ill-health issues in the county, many homeless people were receiving ongoing support from the assertive outreach team and further measures were being implemented to remove barriers to healthcare.

The head of prevention and support said that a critical point was that the provision of accommodation had to be sustainable, as losing accommodation not only had an impact on the tenants' prospects but also on the attitudes of landlords.

The team leader housing solutions said that, whilst the HRA had resulted in significant additional burden, a recent audit by the MHCLG had recognised the positive outcomes being achieved by the authority, including higher levels of prevention and reduced numbers of homelessness; the final report was awaited.

In response to a question, the team leader housing solutions said that the rough sleeping outreach service visited every market town regularly and discussed issues with local partners. The challenges for those people at risk of homelessness in rural areas were recognised and the team worked with landlords to extend provision until appropriate accommodation could be found. The head of prevention and support noted that there was a mismatch between demand and supply in terms of social housing in different parts of the county.

In response to a question from the chairperson about the potential cessation of the additional funding in March 2020, the head of prevention and support said that the service had to be structured appropriately and would continue to be proactive in seeking grant funding for different types of homelessness prevention.

The director of public health said that the complexity of this area of work should not be underestimated and that partner agencies needed to keep working together to address inequalities.

The chairperson welcomed the report and invited officers to provide a briefing paper on the benchmark information once it became available.

Resolved: That

- a. The report be noted; and**
- b. A briefing paper on benchmark information in relation to the prevention and relief of homelessness be circulated to committee members in due course.**

60. COMMITTEE WORK PROGRAMME

The chairperson introduced the item and the committee discussed the following items for potential inclusion in the work programme.

- a. A committee member suggested that the committee could examine the role of police community support officers in identifying and reducing vulnerability, and building community resilience.
- b. The chairperson proposed that the first item for the new council term should be the NHS Long Term Plan, system leadership, and integration.

- c. In response to a question from the chairperson about NHS England's report on Continuing Health Care (CHC), Jade Brooks confirmed that the report had just been received by the CCG, it would be shared with the director of adults and communities, and endorsed this being featured in the work programme.
- d. A committee member suggested that the issue of 'digital in the NHS' be included in the work programme.

The chairperson noted that it would be for the committee to finalise its work programme for 2019/20 in the new council term.

Resolved:

That the potential work programme items for 2019/20 be noted.

61. DATE OF NEXT MEETING

The provisional date of the next meeting was Monday 24 June 2019.

At the conclusion of the meeting, the chairperson and vice-chairperson thanked members and officers for their hard work in making this an effective scrutiny committee during the last four years.

The meeting ended at 12.40 pm

Chairperson