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

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

23 November 2020		
Item	Recommendations	Responses
Briefing on the Herefordshire Market Position Statement 2020-2025 for adults and communities	That the committee welcomes the development of the Market Position Statement and recommends:	Executive responses agreed by Cabinet on 25 February 2021:
	a. That a written briefing note be provided to the committee on progress in twelve months' time, including how service users have been engaged in the development and design of specific care and support services.	Agreed, an annual review summary will be written for the executive
	b. That the importance of the social value elements be made more prominent in the document.	Agreed and will include
	c. The document be refreshed to reflect the current positions in terms of the new arrangements for mental health services and the adopted dementia strategy.	Agreed to update
	d. Learning disability services be included under commissioning intention 3.	Agreed to include

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

13 January 2021		
Item	Recommendations	Responses
2021/22 budget setting	The adults and wellbeing scrutiny committee recognises the extraordinary pressures for the council, and for the adults and communities directorate in particular, and acknowledges the significant work that has been undertaken and is ongoing in preparing the budget for 2021/22.	Executive responses agreed by Cabinet on 28 January 2021:
	The committee recommends that:	
	A plain English narrative be prepared to explain the adult social care precept.	This has now been commissioned
	2. Clarifications be provided in subsequent budget meetings in terms of the reductions in the council tax base (paragraph 6), the money expected from central government (paragraph 7), how the measures identified in the Market Position Statement might help to address budget pressures (paragraph 8), and the level of public health grant (paragraph 10).	Noted, additional data provided in this paper and at the additional adults and wellbeing scrutiny meeting on 26th January 2021
	3. That the operational changes and proposals in terms of Learning Disability services, including the impacts on service users, be presented to the committee at the May 2021 meeting.	Noted
	4. That opportunities be considered to inform service users about charging changes in advance and to stage increases incrementally.	Residents who will be impacted at the time the decision is made will be contacted and notified of the changes to next year's charging practices in line with statutory and local policy requirements.
		Application of the changes could not be staged incrementally for three principle reasons. These are:
		 due to the binary nature of the decision (either the practice changes or it does not)
		for the purposes of meeting equality standards, changes must apply to all residents at the same time (wider equality standards are picked up through the means tested process)
		 the savings target would be missed due to not applying on a full year basis

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

26 January 2021		
Item	Recommendation	
21/22 budget saving proposal amendment	That the amended budget saving as proposed be accepted.	