

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

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

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	<p>(f) Consideration is given to working with bereaved families and friends to gather soft data and intelligence to strengthen our knowledge of risks and factors that lead to suicide or attempted suicides.</p> <p>(g) Due consideration be given to the LGBT+ communities in relation to assessing the support and interventions provided in supporting individuals and groups at risk.</p> <p>(h) The new GP and patient relationship is changing and there is a need to work with the new Primary Care Networks on suicide prevention.</p>	<p>Whilst this may be very difficult to do retrospectively, it will become more practicable and appropriate once real time reporting of suicides is operational. New operating arrangements can include an invitation to bereaved families to share their experiences at the appropriate time.</p> <p>This will be considered in relation to opportunities to work with local and national groups to identify people at risk and take learning from any initiatives elsewhere. It should be noted that whether someone was LGBTQ+ cannot be identified from suicide data.</p> <p>Engagement is already taking place with PCNs around suicide prevention. It is also proposed that the Director for Adults and Communities raise with PCN Clinical Directors the implications of primary care changes in this area.</p>
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<b>23 November 2020</b>		
Item	Recommendations	Executive responses
<p>Briefing on the Herefordshire Market Position Statement 2020-2025 for adults and communities</p>	<p>That the committee welcomes the development of the Market Position Statement and recommends:</p> <p>a. That a written briefing note be provided to the committee on progress in twelve months' time, including how service users have been engaged in the development and design of specific care and support services.</p> <p>b. That the importance of the social value elements be made more prominent in the document.</p> <p>c. The document be refreshed to reflect the current positions in terms of the new arrangements for mental health services and the adopted dementia strategy.</p> <p>d. Learning disability services be included under commissioning intention 3.</p>	<p>Agreed, an annual review summary will be written for the executive</p> <p>Agreed and will include</p> <p>Agreed to update</p> <p>Agreed to include</p>

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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. That a written briefing note be provided on NHS Continuing Healthcare, including the development of a related algorithm and the progress made on retrospective cases.	<p>Agreed as detailed in the actions below:</p> <p>Part A) Agree to provide a briefing note on the plan for people with complex health and social needs. This work includes consideration of a new approach with CCG in identifying individuals with health and care needs requiring single or joint agency commissioning and funding. This work is not yet ready to be taken forward as a proposal to CCG.</p> <p>Part B) With regard to the CHC position and the previous requests from scrutiny to be kept informed on CHC outcomes for Herefordshire citizens, the LA will request an analysis of the CHC and joint funded position in Herefordshire from the CCG. Herefordshire Council will also contribute a report to support the understanding of the committee.</p>
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

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13 January 2021		
Item	Recommendations	Executive responses
2021/22 budget setting	<p>The adults and wellbeing scrutiny committee recognises the extraordinary pressures for the council, and for the adults and communities directorate in particular, and acknowledges the significant work that has been undertaken and is ongoing in preparing the budget for 2021/22.</p> <p>The committee recommends that:</p> <ol style="list-style-type: none"> <li>1. A plain English narrative be prepared to explain the adult social care precept.</li> <li>2. Clarifications be provided in subsequent budget meetings in terms of the reductions in the council tax base (paragraph 6), the money expected from central government (paragraph 7), how the measures identified in the Market Position Statement might help to address budget pressures (paragraph 8), and the level of public health grant (paragraph 10).</li> <li>3. That the operational changes and proposals in terms of Learning Disability services, including the impacts on service users, be presented to the committee at the May 2021 meeting.</li> <li>4. That opportunities be considered to inform service users about charging changes in advance and to stage increases incrementally.</li> </ol>	<p>This has now been commissioned.</p> <p>Noted, additional data provided in this paper and at the additional adults and wellbeing scrutiny meeting on 26th January 2021</p> <p>Noted</p> <p>Residents who will be impacted at the time the decision is made will be contacted and notified of the changes to next year's charging practices in line with statutory and local policy requirements.</p> <p>Application of the changes could not be staged incrementally for three principle reasons. These are:</p> <ul style="list-style-type: none"> <li>• due to the binary nature of the decision (either the practice changes or it does not)</li> <li>• for the purposes of meeting equality standards, changes must apply to all residents at the same time (wider equality standards are picked up through the means tested process)</li> <li>• the savings target would be missed due to not applying on a full year basis</li> </ul>

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	<p>5. That details of the alternative savings proposals for £330k be circulated to councillors as soon as possible, with a report presented to a future meeting of the committee.</p> <p>6. That consideration be given to additional modelling around potential economic scenarios, including the cessation of the furlough scheme, and the consequential impacts such as the erosion of the council tax base, reduction in other income streams, and on the delivery of services.</p>	<p>Meeting of Adults and Wellbeing Scrutiny committee scheduled for 26th January 2021</p> <p>This is captured in the MTFS</p>
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<b>26 January 2021</b>		
Item	Recommendation	
21/22 budget saving proposal amendment	That the amended budget saving as proposed be accepted.	

<b>24 March 2021</b>		
Item	Recommendation	Responses of NHS Herefordshire and Worcestershire Clinical Commissioning Group
NHS White Paper: integration and innovation	a. It be recommended to the emerging Integrated Care System that proposals be developed, for consideration and agreement by the local authorities, in terms of the 'duty to collaborate', both at the place-based level and in terms of joint scrutiny involving the local authorities, to ensure that modes of communication and engagement are defined clearly.	Noted and agreed. Herefordshire Council has membership of the existing ICS Executive Forum and ICS Partnership Board, where ongoing proposals will be developed. The Council will also be invited to be a member of the new NHS ICS Board and the ICS Health and Care Partnership. Finally, the Council is already a member of the Herefordshire Place Partnership.
	b. That scrutiny maintains a distinct function within the duty to collaborate and that acceptable parameters be agreed, including ongoing information sharing.	Agreed and welcomed.
	c. That clarification be provided about the power of scrutiny committees to make referrals to the Secretary of State and, if it is potentially at risk, that the system be encouraged to lobby for the retention of this power and for enhanced local accountability generally.	It is anticipated that further clarifications will be made as the White Paper passes through to Legislation.

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	d. That the developing Herefordshire and Worcestershire Integrated Care System (ICS) governance arrangements (including the relationships with and degree of autonomy of the Health and Wellbeing Boards, the arrangements for the different ICS boards, and how the voice of public / service users will be heard) and funding mechanisms be presented to the scrutiny committee during 2021/22.	Agreed and we welcome the opportunity to return to a future scrutiny committee to present on progress.
	e. That the intentions to explore the wider determinants of health and wellbeing and local population health needs, to consider opportunities for the integration and alignment of services, and to work collaboratively on tackling health inequalities at a local level, be supported.	Agreed and we welcome the opportunity to work with Herefordshire Council to ensure that joint working to address the wider determinants of health and to reduce health inequalities are as strong as possible.
	f. That consideration be given to the experience for residents who live on geographic and / or system boundaries, especially in terms of seamless data sharing between relevant bodies.	This recommendation is noted and will be addressed as part of our ICS Digital Strategy and through the development of the Integrated Health and Wellbeing Record.

<b>29 March 2021</b>		
Item	Recommendation	Responses [to be agreed by the executive]
Carers strategy	That the draft strategy be supported, particularly the level of consultation undertaken and planned, and the following be recommended to the executive:	
	a. That the need for coordination on appropriate solutions, for both the person being cared for and for the carer, be highlighted in the strategy.	
	b. That consideration be given to specific approaches in terms of urgent crisis situations.	
	c. That attention be given to single points of contact, including trusted sources of information and linkages to services that support carers.	
	d. That the strategy be shared with the council's partners and local business groups to raise awareness of the issues for carers who are also employees.	

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	e. That consideration be given to working with the Department for Work and Pensions (DWP) to raise awareness of carer specific needs.	
	f. That the use of colour in the action plan be reviewed to make it clear that these do not relate to red, amber, green ratings.	
	g. In view of the changed circumstances and the new strategy, that consideration be given to the carers support service to ensure that the service remains fit for purpose.	
	h. That system partners be invited to consider improving the experiences for carers in an integrated way across the system, with specific consideration given to carers as part of the emerging Integrated Care System.	
	i. The adults and communities directorate and the children and families directorate jointly review practices and processes to ensure consistency and support across all ages, including the advice and guidance provided on assessments.	
	j. Consideration be given to the identification of young carers and the specific needs of young carers in an educational setting.	

<b>30 April 2021</b>		
Item	Recommendation	Responses [to be sought from the relevant bodies]
Review of mental health provision in Herefordshire	a. A spotlight review on the progress with the transformation of community mental health services be undertaken in nine to twelve months, including progress addressing the identified Section 12 and Section 136 issues.	
	b. Herefordshire and Worcestershire Health and Care Trust be asked to provide further details regarding the refurbishment of the Stonebow Unit.	
	c. The adults and communities directorate be asked to provide a briefing note on emerging project work on the mental health needs of people with multiple complex vulnerability.	

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	d. The results of the health and wellbeing survey be circulated to all councillors when available.	
	e. The Talk Community programme be invited to consider additional linkages and signposting opportunities to environmental and activity groups, particularly in relation to access to nature and the facilitation of groups to support social prescribing.	
	f. Consideration be given to engaging further with the agriculture community on mutually beneficial arrangements with other communities in terms access to nature and its therapeutic benefits.	