

# Agenda

## Health Overview and Scrutiny Committee

**Thursday, 30 June 2016, 10.00 am**  
**County Hall, Worcester**

All County Councillors are invited to attend and participate

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ਪੰਜਾਬੀ। ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸਮਝਣ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਅਤੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੱਕ ਪਹੁੰਚ ਨਹੀਂ ਹੈ, ਜੋ ਇਸਦਾ ਤੁਹਾਡੇ ਲਈ ਅਨੁਵਾਦ ਕਰ ਸਕੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਦਦ ਲਈ 01905 765765 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

## DISCLOSING INTERESTS

There are now 2 types of interests:  
**'Disclosable pecuniary interests'** and **'other disclosable interests'**

### WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3<sup>rd</sup> party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

**NB Your DPIs include the interests of your spouse/partner as well as you**

### WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
  - you must **not participate** and you **must withdraw**.

**NB It is a criminal offence to participate in matters in which you have a DPI**

### WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:  
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

### WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

### DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

### DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
  - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

## Health Overview and Scrutiny Committee

### Thursday, 30 June 2016, 10.00 am, Council Chamber

#### Membership

##### Councillors:

Worcestershire County Council Mr A T Amos (Chairman), Mr W P Gretton,  
Mrs J L M A Griffiths, Mr P Grove, Ms P A Hill, Mr A P Miller,  
Mrs F M Oborski, Mrs M A Rayner and Mr G J Vickery

##### District Councils

Mr T Baker, Malvern Hills District Council  
Dr B T Cooper, Bromsgrove District Council  
Mrs A Hingley, Wyre Forest District Council  
Mrs F S Smith, Wychavon District Council  
Mrs N Wood-Ford, Redditch Borough Council  
Vacancy, Worcester City Council

#### Agenda

Item No	Subject	Page No
1	<b>Apologies and Welcome</b>	
2	<b>Declarations of Interest and of any Party Whip</b>	
3	<b>Public Participation</b> <i>Members of the public wishing to take part should notify the Head of Legal and Democratic Services in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 29 June 2016). Enquiries can be made through the telephone number/email address below.</i>	
4	<b>Confirmation of the Minutes of the Previous Meeting</b> Previously circulated	
5	<b>Public Health Ring-Fenced Grant - Update</b>	1 - 24
6	<b>Overview and Scrutiny Work Programme 2016/2017</b>	25 - 26
7	<b>Health Overview and Scrutiny Round-up</b>	27 - 30

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All the above reports and supporting information can be accessed via the Council's website at  
[http://www.worcestershire.gov.uk/info/20013/councillors\\_and\\_committees](http://www.worcestershire.gov.uk/info/20013/councillors_and_committees)

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **30 JUNE 2016**

## **PUBLIC HEALTH RING-FENCED GRANT – UPDATE**

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### **Summary**

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an update on services funded by the Public Health Ring-Fenced Grant (PHRFG), following central government's reduction of the grant to local authorities in June 2015. Public Health has been a responsibility of the County Council since 2013.
2. The item will include an update on funding reductions, impact of funding and how the Council is trying to mitigate any impact on services and service users.
3. The Interim Director of Public Health and the new Cabinet Member for Health and Well-being have been invited to the meeting.

### **Background**

4. The PHRFG was created under the Health and Social Care Act 2012, to support unitary and upper tier local authorities' new duties for improving the health and well-being of the local population. In Worcestershire, the initial PHRFG allocation in 2015/16 was £26.5 million. Additionally, in 2015 a further £3.3million was transferred from NHS England to fund 0-5 Years public health services for the remaining six months of the financial year.
5. In June 2015 central government announced in-year reductions to the Grant – of £1.9million for Worcestershire, equating to 6.2% of the total grant. This was unexpected and in-year reductions are particularly difficult to manage. Since then, further reductions have been announced over the longer term. A national consultation on removing the ring-fence from 2018/19 is expected in Autumn of 2016.
6. Acknowledging the difficulty of the situation and the inevitable impact to some current services, the Council's response was to review the whole of PHRFG spend, and to consider where savings could be achieved. An early decision was to continue with all services which have to be provided and to consider carefully which areas of discretionary services could be reduced. The agreed approach was to manage savings in a planned and measured way.
7. Cabinet approved initial proposals for savings in July 2015, on the basis that before any final decisions were taken, there would be a detailed review of spend on prevention services, to enable future spend to be targeted on service areas where effectiveness was best evidenced. It was also agreed that discussions with partners and providers of services would also take place.

8. On 25 November 2015, the Cabinet Member for Health and Wellbeing approved specific proposals for savings to the PHRFG, as delegated to do so by Cabinet. The report and summary of proposals is included at Appendix 1 and is available on the Council's website [here](#)

### **Role of Scrutiny - Services Affected**

9. In considering the role of Scrutiny in the Council's approach to managing the PHRFG reductions, the over-arching Scrutiny Board (Overview and Scrutiny Performance Board) agreed that the relevant Scrutiny Chairs should monitor the impact of PHRFG funding on services – lead Scrutiny Members for Health, Children and Families, Adult Social Care and Crime and Disorder subsequently met in November 2015 with the Director and Cabinet Member responsible for Public Health.
10. In relation to health services, at that time the Chair (Cllr Roberts), reported back to HOSC Members that he was reassured by Cabinet's proposal that none of the in-year funding reductions would be passed on to providers during the course of that year. He suggested that HOSC continue to monitor the situation, and an update be provided to the Committee within the year – which forms the basis for this agenda discussion.
11. The service areas which fall under the remit of health scrutiny, affected by savings proposals include a range of services, such as smoking cessation, sexual health and mental health reablement and employment support. HOSC Members will be aware of recent updates from commissioners and providers about changes proposed for mental health reablement support, on 9 December 2015 and 10 March 2016. The outcome from these discussions was broad support for the overall direction of the proposed changes, although some members had concerns about the increased role for the voluntary and community sector, and further updates have been arranged as plans develop.
12. It should be noted that the Overview and Scrutiny Performance Board recently determined that matters relating to children's health should also now be considered by HOSC in the first instance (rather than the Children and Families Overview and Scrutiny Panel), because of HOSC's statutory powers. Services affected include Prevention services for children and these have been discussed at the Children and Families Overview and Scrutiny Panel.

### **Purpose of Meeting**

13. Members are invited to consider and comment on the impact of the reduction to the Public Health Ring-Fenced Grant on services to date, and the Council's progress, with partners, to mitigate the impact. In doing so, HOSC members may want to reflect on:
  - What has been the feedback from discussions with partners and service providers and how this has influenced savings proposals?
  - How are changes to services being monitored, including feedback from the public?
  - How have funding changes affected services so far?

- What are the main challenges going forward?

14. Following the discussion, HOSC Members are asked to consider whether any further information is required and identify any specific elements for potential future scrutiny.

### **Supporting Information**

- Appendix 1 – Cabinet Member Decision Report 20 November 2015

### **Contact Points**

#### County Council Contact Points

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Email: [worcestershirehub@worcestershire.gov.uk](mailto:worcestershirehub@worcestershire.gov.uk)

#### Specific Contact Points for this Report

Emma James / Jo Weston, Overview and Scrutiny Officers: 01905 844964 / 844965

Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

### **Background Papers**

In the opinion of the Proper Officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

Agenda and Minutes of:

- Cabinet Member Decision on 20 November 2015, available on the website [here](#)
- Cabinet on 16 July 2015, available on the website [here](#)
- Health Overview and Scrutiny Committee on 10 March 2016 and 9 December 2015, available on the website [here](#)
- Overview and Scrutiny Performance Board on 28 January 2016 and 23 September 2015, available on the website [here](#)

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## **CABINET MEMBER DECISION 20 NOVEMBER 2015**

### **PUBLIC HEALTH RING-FENCED GRANT**

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#### **Relevant Cabinet Member**

Mr M J Hart

#### **Relevant Officer**

Director of Adult Services and Health

#### **Recommendation**

- 1. The Director of Adult Services and Health recommends that the Cabinet Member with Responsibility for Health and Well-being approves the proposals for savings to the Public Health Ring-Fenced Grant as set out in paragraphs 22 to 33.**

#### **Introduction**

2. In July 2015 the Council's Cabinet approved a range of initial proposals for savings and reinvestment of the public health ring-fenced grant (PHRFG). These are summarised in Appendix 1. Some of the services affected by these proposals were also affected by the March 2014 Cabinet decisions on prevention, early help and other support for adults and young people.

3. This was in the wake of a Treasury announcement on 11 June 2015 that the Government intended to reduce the national PHRFG by £200m in 2015/16, with this reduction passed on to local authorities.

4. Cabinet requested that the Director of Adult Services and Health initiate discussions with partners and providers of services, and undertake consultations and Equality Impact Screenings or full Equality Impact Assessments as necessary, and delegated a final decision for each service to the Cabinet Member with Responsibility for Health and Well-being in discussion with the Director of Adult Services and Health. The Council has subsequently had constructive discussions with partners and providers over the summer period, including a discussion at the Health and Well-being Board on 30 September 2015, and the proposals have evolved as a consequence.

5. An in-year reduction in the PHRFG of £1.9m, 6.2% of the total grant, has now been confirmed. **It is proposed that none of this is passed on to providers**, and that the Council would meet it from reserves. Further reductions in the PHRFG are anticipated over the lifetime of this Parliament. Providers have stressed that the earlier we make a decision about how these will be managed, the longer we will have for service redesign and the greater the chance of mitigating the impact of any savings. We have therefore prioritised giving certainty for partners and providers where possible in reaching decisions at this point.

6. The Council will continue to work with partners to make the required savings. This will include consideration of how funding sources can be aligned across organisations in order to integrate services and successfully manage demand whilst achieving efficiencies.

## Background

7. The PHRFG was created under the Health and Social Care Act 2012 to support unitary and upper tier local authorities' new duties for improving the health and well-being of the local population. In Worcestershire, our initial PHRFG allocation in 2015/16 was £26.5m. In addition to this, in October 2015 a further £3.3m was transferred from NHS England to fund 0-5 Years public health services for the remaining six months of the financial year.

8. A summary of current commitments against the PHRFG is included in Appendices 1 and 2. The PHRFG is committed in line with:

- The Council's **Corporate Plan 2013-17**
- The **Joint Health and Well-being Strategy** and associated plans, including Children and Young People's Plan
- The Council's **Care Act prevention policy**
- **Nationally mandated** and **discretionary specified** conditions for expenditure, and
- The **evidence base** for interventions that have proven successful in improving health and well-being and reducing health and social care demand.

9. The Treasury announced on 11 June 2015 that there would be a reduction nationally in the PHRFG of £200m in 2015/16. A Department of Health (DH) consultation paper in July presented four options for how the reduction could be applied across individual local authorities. The Government confirmed on 5 November 2015 that every local authority's allocation would be reduced by a flat rate of 6.2%. For Worcestershire this will amount to a reduction of £1.9m in year.

10. The Government has also indicated that public sector funding in non-protected areas of spending will be reduced by between 25% and 40% over the lifetime of this Parliament. The Council's Medium Term Financial Planning assumption is for a reduction in income of 29% by 2020. **The PHRFG is not a protected area of spending.** Therefore, we have assumed that our PHRFG will also be reduced by a total of 29% below target by 2020, noting that we are currently funded above target level. This would amount to a total reduction of £13.0m by 2020 as set out in Table 1.

**Table 1: reductions in PHRFG**

	Initial allocation – based on historical funding (£m)	Target allocation – based on latest formula (£m)	Revised allocation – following expected reduction (£m)	Reduction on initial allocation	Reduction on target allocation
2015/16	29.9 <sup>#</sup>	25.0	28.0	-6.2%	12.0%
2016/17	33.2*	28.4	27.8	-16.3%	-2.0%
2017/18	33.2*	28.4	25.2	-24.0%	-11.0%
2018/19	33.2*	28.4	22.8	-31.4%	-19.7%
2019/20	33.2*	28.4	20.1	-39.4%	-29.0%

<sup>#</sup> includes part year funding for 0-5 public health services, transferred to the Council from October 2015

\* includes full year funding for 0-5 public health services, transferred to the Council from October 2015

11. Whilst further reductions in the PHRFG have not yet been confirmed, providers have stressed that they need time to implement decisions. Therefore, the earlier we make a decision about future funding, the longer we will have for service redesign and the greater the chance of mitigating the impact of any savings. We have therefore prioritised giving certainty for partners and providers where possible in reaching decisions at this point.

12. Initial proposals for savings were approved by Cabinet in July 2015, with a request that the Director of Adult Services and Health initiate discussions with partners and providers of services, and undertake consultations and Equality Impact Screenings or full Equality Impact Assessments as necessary. A list of meetings held with partners and providers is included in Appendix 3 and there have been other discussions and correspondence. The Council has also referred back to comments received during the previous consultation on prevention, early help and other support for adults and young people in November 2013.

13. The main issues raised so far and the *Council's response* are listed below. A consistent theme was the anticipated reductions in funding across the public sector, the potential for a cumulative impact across the system, and therefore the importance of a joined up approach to financial planning.

### **Clinical Commissioning Groups (CCGs)**

14. The CCGs have raised a number of concerns:

- That the Council is planning to make greater savings than necessary.  
*The revised planning assumption is in line with the reductions expected in Government funding across the public sector excluding protected areas of expenditure such as the NHS. If the reduction in the PHRFG is not as great as expected then there will be an opportunity for review and reinvestment.*
- That the savings are inconsistent with the NHS ambition for “a radical upgrade in prevention and public health”.  
*The NHS Five Year Forward emphasise the importance of prevention to the sustainability of the NHS and Ministers have indicated that funding for prevention is included within the additional £8bn to be allocated to the NHS.*
- That the PHRFG includes funding for NHS services as a consequence of transfers from the former NHS Worcestershire.  
*The Council has maintained funding for these services (Primary Care Mental Health and Child Development Services) during 2013/14 – 2015/16. As the PHRFG and CCG allocations move towards their respective target funding positions, the PHRFG will have to be limited to funding the Council's public health responsibilities. Funding for NHS responsibilities, including responsibilities for prevention under the Five Year Forward View, will be included within the CCG baselines. The Council recognises that in 2015/16 the PHRFG remains above its target position and the CCGs collectively are below target. The revised proposals are therefore that the Council would maintain funding for these services until October 2016 as a minimum and consider whether it could maintain funding until the end of 2016/17. This would be in the context of emerging information about the scale of reductions in the PHRFG and alternative sources of funding such as the Better Care Fund (BCF).*

- That the savings might increase demand for NHS services.  
*This would be mitigated by use of reserves to delay the majority of the savings until 2016/17 or beyond in order to allow time for service redesign and recommissioning, which would aim to maintain outcomes for people and avoid a detrimental impact on other services wherever possible. We would continue to work with the CCGs to make best use of the BCF to ensure that the overall resources available are used to best effect.*
- That the impact of Health Checks, smoking cessation and Living Well services is limited and that these do not complement CCG commissioned services.  
*The proposals for these services have been revised as described below and in Appendix 1.*

## **District Councils**

15. The District Councils were most concerned about the potential reductions in funding for homelessness services and housing-related support for adults and young people. Their view is that this would lead to an increase in rough sleeping, with an adverse impact for the wider community and for the health of the individuals concerned, and an increase in services that would have to be funded by social care and other public services if adults and young people were no longer supported in accommodation. They are keen to do further work to establish the potential impact on health and social care. Their priorities would be to maintain funding for (in order of priority):

- i. homelessness services
- ii. housing support for young people, and
- iii. housing support for single adults who do not have other support available – e.g. adults with acquired brain injury.

They would be interested in joint commissioning and/or delegation of funding for some of these services in order to allow efficiencies and to support bids for alternative sources of income.

*The revised proposals include maintaining some funding for adults housing-related support and homeless services as detailed in paragraph 25. For Families and Young People housing-related support the revised proposal is to maintain funding until April 2017 and then discontinue funding as the new model of prevention services for children and young people becomes embedded including the new 0-19 integrated prevention service (see paragraph 33) and prevention services for those on the 'edge of care'.*

## **West Mercia Police**

16. Both the Office of the Police and Crime Commissioner (OPCC) for West Mercia and the Force were most concerned about the impact of potential reductions in funding for homeless, domestic abuse, and drug and alcohol services. They are expecting a significant reduction in central Government funding, which represents 55% of their total budget, and are keen to work with local authorities to join up services for crime prevention and victim support. One of their priorities would be to maintain funding for homeless services in order to give police officers an option other than arrest. This is in the context of a recent rise in antisocial behaviour associated with homelessness. In addition to this the pressures on policing in responding to domestic abuse reported offences has seen an increase of 90% in recent years, and the Domestic Abuse Helpline has seen an increase in the last 12 months of 40%. The connectivity between substance misuse, domestic abuse and homelessness

is well documented and any further reductions in these services will add to the capacity issues faced by the force. The OPCC and the Force open the invitation to explore shared outcomes, alignment of resources and joint commissioning to reduce duplication and transform service design.

*The Council is working with West Mercia Police to develop a new joint commissioning framework from April 2016. This would allow funding from both partners to be based on a shared understanding of needs and priorities and help align budgets and integrate services in order to successfully manage demands whilst achieving efficiencies. A peer review of community safety is underway which would ensure that strategic oversight of crime and disorder is robust across partners.*

*The revised proposals remain for savings to drug and alcohol services. This will be achieved by the service improvement work already underway and by working with partners to strengthen prevention, in order to avoid a detrimental impact on people or other agencies. They also include to maintain sufficient funding for domestic abuse services to retain contracts at their current value until they expire in 30 November 2016 as described in paragraph 24. In addition, they maintain some funding for adults housing-related support and homeless services as detailed in paragraph 25. For Families and Young People housing-related support the revised proposal is to maintain funding until April 2017 and then discontinue funding as the new model of prevention services for children and young people becomes embedded including the new 0-19 integrated prevention service (see paragraph 33) and prevention services for those on the 'edge of care'.*

## **Strategic Housing Providers**

17. Members of the Worcestershire Strategic Housing Partnership (WSHP - Strategic Housing Officers for Districts and Registered Social Landlords) were most concerned about the potential reductions in funding for homelessness services and housing-related support for adults and young people. The effects of these cuts are compounded by other challenges facing them – e.g. the imposition of rent reductions of 1% per annum for the next four years which may result in them focusing on core services rather than prevention. They do not believe that they would be able to find alternative funding for these services. The housing sector is increasingly reliant on income from housing benefit, which may not be secure. Without housing-related support they might not be able to accept some residents, which could lead to an increase in District Council housing waiting lists, ultimately leading to increased demand, and therefore costs, for health services and the Police. They would prefer an early decision and to be involved in discussions in order to be able to plan for the impact of any funding reductions and that this should be based upon a risk assessment. Furthermore, the WSHP has offered to play a lead role in redesigning services to help address, as far as is possible, the reductions in funding.

*The revised proposals include maintaining some funding for adults housing-related support and homeless services as detailed in paragraph 25. For Families and Young People housing-related support the revised proposal is to maintain funding until April 2017 and then discontinue funding as the new model of prevention services for children and young people becomes embedded including the new 0-19 integrated prevention service (see paragraph 33) and prevention services for those on the 'edge of care'.*

## **Voluntary and Community Sector (VCS)**

18. The VCS were particularly concerned about the cumulative impact of successive funding reductions across the public sector. This has implications for the sustainability of local organisations, their ability to provide a voice for those most marginalised in society,

and their capacity to provide essential prevention services which can help people to help themselves in the longer-term.

*Concerns about business viability are recognised. The Council has been supporting business development in the VCS (for example through the Changing Futures Fund) and will consider how it might continue to do so.*

## **Other Providers**

19. Other providers raised a number of concerns:

- That withdrawal of PHRFG funding for Childhood Development Centres without confirmation of alternative sources of funding creates uncertainty about the future of services
- That redesign of Primary Care Mental Health services could not proceed if PHRFG funding were not available and without confirmation of sources of alternative funding
- That a reduction in funding for drug and alcohol services early in the contract risks destabilising them
- That domestic abuse services would not be sustainable with a further reduction in funding, and
- That a reduction in funding for housing-related support would remove support for people at risk of offending/reoffending.

## **Review of Prevention Services**

20. The Council has recently completed an independent review of prevention services. This recommended that the Council:

- Strengthen organisational ownership of prevention and make it central to financial strategy
- Develop a more integrated approach to commissioning of prevention services
- Commission prevention services by outcomes – focusing on reducing demand for social care and improving health, and
- Target prevention services where appropriate to those groups most likely to benefit.

21. The review also made a number of specific recommendations in respect of some services, which will be used to inform commissioning of the services.

## **Revised Proposals**

22. Revised proposals for savings and reinvestment in the PHRFG have been developed in light of the issues raised above as well as the Council's review of prevention services and other emerging information. Details of revised proposals where changes have been made since July 2015 are listed below and a summary of all proposals is included in Appendix 1.

## **Targeted Prevention Services for Adults**

23. **Drug and alcohol services.** The revised proposal is for savings of 10% of the current budget in 2016/17 and a further 5% in 2017/18. Note that this would be a total reduction of only 10% in total against the current contract, since some savings were already achieved when the new provider was appointed in April 2015. This will be

achieved by the service improvement work already underway and by working with partners to strengthen prevention, in order to avoid a detrimental impact on people or other agencies. We will support the service improvement work by working with the provider to prioritise and redesign services and agree a revised contract. The Council would be flexible in these negotiations, including consideration of whether the payment by results element of the current contract should be continued. The Council would include an additional sum in the revised contract in lieu of funding for housing-related support for people with substance misuse problems, in recognition of the proposals for savings in these services – see paragraph 25. The provider would have the option of providing this support themselves or sub-contracting to another organisation. Investment in drug and alcohol services would be reviewed again before the end of the contract in April 2018, taking into account evidence of outcomes and impact on demand, particularly for adults' and children's social care.

24. **Domestic abuse services.** The revised proposal is to defer savings. This is in light of concerns raised by partners and providers that current services would not be sustainable with a further reduction in funding. The Council would therefore retain contracts at their current value until they expire in 30 November 2016 and then make savings as services are re-commissioned from 1 December 2016. Services would be recommissioned under the new joint commissioning framework with West Mercia Police and other partners. The specification for a new service would include a focus on reducing demand for children's social care, for which domestic abuse is a major risk factor.

25. **Adults housing-related support and homeless services.** The revised proposal is to maintain some funding as current contracts expire in April 2016. This is in light of concerns raised by partners and providers about the impact of a complete withdrawal of funding. Funding would be reinvested as described in Table 2.

**Table 2: revised proposals for adult housing-related support (HRS) and homeless services**

<b>Service user group</b>	<b>Further information</b>	<b>Current funding (£000)</b>	<b>Future funding (£000)</b>
People with acquired brain injury	Recommission a new service. This is because there is no other service dedicated to this group of people.	250	150 from 2016/17
People with a learning disability	95% of current users are already in receipt of social care so the HRS is a duplicate funding stream. All users will be reviewed to determine their assessed eligible needs and their personal budgets will be amended as necessary to ensure that their needs continue to be met in line with the Council's duties under the Care Act.	178	Remove from 2016/17
People with mental health problems	These individuals will continue to have access to dedicated NHS services as well as adult social care if eligible. In order to allow time for people to adjust to a reduction in HRS, funding would be phased out	221	150 in 2016/17; 75 in 2017/18; remove from

	over three years.		2017/18
People with substance misuse problems	Funding will be included in the revised contract for drug and alcohol services.	107	Remove from 2016/17
HRS for homeless people	Funding to be allocated to District Councils – notionally £50,000 each but up to the districts to agree how it is used across the county, based on advice from the Strategic Housing Partnership.	402	300 from 2016/17
Homeless services		95	

26. **Primary care mental health.** The proposal remains to maintain funding for these services until October 2016 as a minimum and then for the Council to consider whether it could maintain funding until the end of 2016/17. A decision would be made in the context of information about the future of the PHRFG, an examination of alternative sources of funding such as the BCF, and an impact assessment to understand the effect of a reduction in funding on the service and individuals.

### Universal Prevention Services for Adults

27. **Sexual health services.** The revised proposal is to increase savings to 12.5% of the current budget from October 2016. This will allow access to sexual health services to be sustained, whilst also maintaining funding for other services. Savings would be achieved through service redesign and commissioning, focusing on the mandated elements of services. The review of prevention services recommended that the Council strengthens the preventive element of these services and considers the role of these services in identifying child sexual exploitation, and ensures that access is available to highest risk groups.

28. **Health Checks.** The revised proposal is to focus efforts to increase uptake to higher risk individuals. It would ensure that those most likely to benefit can do so, although there would be a deterioration in our overall uptake Health Checks. This would allow savings of around one third against the current budget from 2017/18, which would allow funding for other services to be maintained. The approach is in line with the view of CCGs and the recommendations of the review of prevention services. It is also endorsed by Public Health England.

29. **Smoking cessation services.** The revised proposal is to maintain smoking cessation services for pregnant women, continue our work on tobacco control, and consult on discontinuing smoking cessation services for the general population. Smoking has declined dramatically in Worcestershire over the last few years, down to below 15% in the general population, and demand for these services is falling. Emerging evidence suggests that this trend is likely to continue in the face of the ban on smoking in public places, plain packaging legislation, and evidence about the safety of 'vaping' as an alternative to tobacco. These services are no longer a priority for the CCGs or the general public: during the Council's 2015 roadshows the services elicited a low level of support among non-smokers, ex-smokers and current smokers.

30. **The Living Well service.** The proposal remains to maintain funding, although this investment would be reviewed towards the end of the current contract in April 2018. The service specification was developed jointly with the CCGs, but in light of concerns raised by



CCGs about the impact of the service the Council would review how the service is operating and ensure that it is linked effectively to CCG commissioned services.

## **Prevention Services for Children**

31. **Child Development Services.** The proposal remains to maintain funding for these services until October 2016 as a minimum and then for the Council to consider whether it could maintain funding until the end of 2016/17. This would be in the context of the CCG accepting that they have a responsibility to fund the service at an acceptable level. A decision would be made with full information about the future of the PHRFG, an examination of alternative sources of funding such as the BCF, and details of any compensatory savings made by the CCG.

32. **Families and Young People housing-related support.** The revised proposal is to maintain funding until April 2017, and then discontinue funding as the new model of prevention services for children and young people becomes embedded - including the new 0-19 integrated prevention service (see paragraph 33) and prevention services for those on the 'edge of care'. This would allow for alternative sources of funding to be found if evidence suggests that services need to be sustained.

33. **Children's Early Help, Maternal services, 0-5 Children's public health services and School Nursing.** A recommendation has been put to Cabinet to commission a single 0-19 integrated prevention service from October 2016 as part of the wider re-focus of prevention services for children and young people. This would aim to improve health as well as prevent and reduce demand for children's social care and would be funded with £9.6m from the PHRFG. The specification would require full compliance with the relevant mandated standards, and developing the "Lead Professional" role undertaken by public health nursing staff co-ordinating services for children. This would be delivered within the proposed full year reduction in spend of 10%. The new service would be aligned with 'edge of care' services funded from the Council's base budget and take into account recommendations from the review of prevention services, which recommended that the Council:

- Focus the services on key outcomes
- Consider how the services can promote breast feeding
- Prioritise interventions under the Family Nurse Partnership model
- Provide more information and advice for young families with signposting to support available in the community, and
- Consider the role of services in identifying and addressing risk factors for children's social care.

## **Risks**

34. The reduction in the PHRFG and the consequent savings required from services generate three main risks:

- i. That ongoing improvement in health and reductions in health inequalities might be jeopardised. The Council intends to mitigate this through service redesign and recommissioning, focusing on greatest need, and by strengthening other approaches to prevention: supporting healthy policy making, providing information and advice, encouraging and enabling communities, and effective gatekeeping.

- ii. That reduced investment in prevention might lead to a rise in demand for health, social care and other public services. This would be mitigated by deferring the majority of savings until 2016/17 or beyond to give partners the opportunity to consider alternative sources of funding and to allow time for service redesign and recommissioning, including jointly or in alignment with partners.
- iii. That a reduction in income might destabilise providers. This would be mitigated by deferring the majority of savings until 2016/17 or beyond to give providers the opportunity to consider alternative sources of income and to allow time for service redesign and recommissioning, including jointly with partners.

## Legal Implications

35. These revised proposals would allow the Council to continue to meet its legal duties for prevention under the Health and Social Care Act 2012 as well as Section 2 of the Care Act 2014, and in addition its duties under Section 17 of the Crime and Disorder Act 1998, and the Children's Act. All planned expenditure would be within the conditions of the PHRFG.

## Financial Implications

36. These proposals would allow savings of £0.8m in 2015/16, a further £2.7m in 2016/17, and a further £3.8m 2017/18. There would be an overall overspend of £3.5m over three years, which would have to be met by use of reserves. This cumulative saving of £7.3m falls short of the £13.0m estimated to be required by 2019/20. **Therefore, if the reductions in the PHRFG are as expected then proposals for further savings of £5.7m will need to be developed. Conversely, if the reduction in the PHRFG is not as great as expected then there will be the opportunity for review and reinvestment.**

## Equality and Diversity Implications

37. Equality Impact screening has been completed which has identified that full Equality Impact Assessments (EIAs) would be required in respect of the following services:

- Housing-related support for adults: this has been completed
- Sexual health: the EIA would be completed as part of the commissioning process
- Smoking cessation: the EIA would be completed during the consultation, and
- Single 0-19 integrated prevention service: the EIA would be completed as part of the commissioning process.

## Supporting Information

- Appendix 1: Summary of initial and revised proposals
- Appendix 2: Financial impact of initial and revised proposals
- Appendix 3: List of discussions held about the initial proposals

## Contact Points

### County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email: [worcestershirehub@worcestershire.gov.uk](mailto:worcestershirehub@worcestershire.gov.uk)

Specific Contact Points for this report

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**Background Papers**

In the opinion of the proper officer (in this case the Director of Adult Services and Health) the following are the background papers relating to the subject matter of this report:

Agenda and background papers for the meetings of the Cabinet held on 6 March 2014 and 16 July 2015

Agenda papers for the meeting of the Health and Well-being Board held on 30 September 2015

**Cabinet Member Decision**

**20 November 2015**

**Public Health Ring Fenced Grant**

**Appendix 1: Summary of initial and revised proposals**

<b>SERVICE</b>	<b>Initial proposal July 2015</b>	<b>Issues raised partners and providers</b>	<b>Recommendations from review of prevention services</b>	<b>Other information</b>	<b>Revised proposal November 2015</b>
<b>Older people's recovery services</b>					
Integrated Community Equipment Service (ICES)	Maintain funding	Supported by CCGs	N/A	N/A	Maintain funding
Discharge liaison nurses	Maintain funding	Supported by CCGs	N/A	N/A	Maintain funding
<b>Targeted prevention services for adults</b>					
Community Safety Projects	Reduce funding by 75% in 2015/16 and a further 25% in 2016/17		N/A	Funding not currently committed	Reduce funding by 75% in 2015/16 and a further 25% in 2016/17
Drug and alcohol services - main contracts	Reduce funding by 10% from October 2016	Concerns raised by CCGs about impact on NHS services	Explore the impact of these services on demand for social care	Service improvement work already being undertaken	Reduce budget by 10% from April 2016 and a further 5% from April 2017
Domestic abuse services	Reduce funding by 10% from April 2016	Concerns about the sustainability of services with a further reduction in funding	N/A		Maintain sufficient funding to cover current contractual commitments. Recommission services from November 2016.
Reablement and support to employment - mental health	Maintain funding		N/A	N/A	Maintain funding

Primary care mental health	Discontinue funding from October 2016 as these are NHS services	Concerns raised by CCGs that the funding is not yet in NHS baselines			Maintain funding until October 2016 as a minimum, and consider whether funding could be maintained until the end of 2016/17
Reablement and support to employment - learning disabilities	Maintain funding		N/A	N/A	Maintain funding
Adults housing related support and homeless services	Phase out funding for from April 2016 as current contracts come to an end	Concerns that this might lead to an increase in rough sleeping, referrals to social care and antisocial behaviour	N/A	Some of the adults are already in receipt of social care and will be reassessed to ensure that their assessed eligible needs continue to be met	Maintain some funding for homeless services and housing related support for priority groups of single adults
Housing adaptations & repairs	Maintain funding	Supported by District Councils	N/A	N/A	Maintain funding
Support to access information & advice	Reduce funding by 10% from April 2016 with savings made by service redesign and recommissioning		N/A	N/A	Reduce funding by 10% from April 2016 with savings made by service redesign and recommissioning
Advocacy	Reduce funding by 10% from April 2016 with savings made by service redesign and recommissioning		N/A	N/A	Reduce funding by 10% from April 2016 with savings made by service redesign and recommissioning
Support for carers	Maintain funding		N/A	N/A	Maintain funding
Support for sensory impairment	Maintain funding		N/A	N/A	Maintain funding

Social Impact Bond	Maintain funding	Supported by CCGs	N/A	N/A	Maintain funding
Falls prevention	Maintain funding	Supported by CCGs	N/A	N/A	Maintain funding
Digital inclusion	One off funding for 2015/16 only		N/A	N/A	One off funding for 2015/16 only
<b>Universal prevention services for adults</b>					
Sexual Health - main contract	Reduce funding by 10% from October 2016 with savings made by service redesign and recommissioning		Consider the role of these services in identifying child sexual exploitation, and ensure that access is available to highest risk groups		Reduce funding by 12.5% from October 2016 with savings to be made by service redesign and recommissioning
Sexual Health - primary care					
Prescribing Costs - Contraception					
Health Checks	Maintain funding as this is a mandated service	CCGs raised issues about service value and specification	Consider focusing on higher risk individuals and explore follow up for people with lifestyle risk factors		Target uptake of this service to higher risk individuals
Smoking cessation services	Target services on communities and groups with poor health outcomes	Not supported by CCGs or GPs	Target services on higher risk groups		Consult on discontinuing services except for smoking cessation for pregnant women
Prescribing Costs - smoking					
Living Well	Maintain funding	CCGs raised issues about service value and specification	N/A		Maintain funding for duration of current contract and ensure linked to CCG commissioned services
Health improvement projects	Reduce by £1m in 2015/16 and a further £200k in		N/A		Reduce by £1m in 2015/16 and a further £200k in 2016/17

	2016/17				
<b>Prevention services for children</b>					
Child Development Services	Discontinue funding from October 2016 as these are NHS services	Concerns raised by CCGs that the funding is not yet in NHS baselines	N/A		Maintain funding until October 2016 as a minimum, and consider whether funding could be maintained until the end of 2016/17
Families & Young People housing related support	Phase out funding from April 2016 as current contracts come to an end	Concerns that this might lead to an increase in rough sleeping, referrals to social care and antisocial behaviour	N/A		Maintain funding until April 2017 and then discontinue
Children's early help	Additional funding of £336k in 2015/16, a further £664k in 2016/17, and a further £500 in 2017/18 to recommission a single integrated 0-5 service	Not supported by CCGs	<ul style="list-style-type: none"> <li>• Focus the services on key outcomes</li> <li>• Consider how the services can promote breast feeding</li> <li>• Prioritise interventions under the Family Nurse Partnership model</li> <li>• Provide more information and advice for young families with signposting to support available in the community;</li> <li>• Consider the role</li> </ul>	Duplication across these services currently	Additional funding of £336k in 2015/16, and a further £1164k in 2016/17 in lieu of base budget to recommission a single 0-19 integrated prevention service
Maternal services	Reduce funding by 10% from October 2016 and recommission as part of a single integrated 0-5 service				Reduce funding by 10% from October 2016 and recommission as part of a single 0-19 integrated prevention service
0-5 Children's public health services					
School Nursing	Reduce funding by 10% from October 2016 and work with provider to redesign	Concerns raised by CCGs about impact on NHS services			

	the service		of services in identifying and addressing risk factors for children's social care		
Fluoridation	Maintain funding		N/A	N/A	Maintain funding
<b>Strategic Functions</b>					
Public health team	Reduce funding by 10% from April 2016		N/A	N/A	Reduce funding by 10% from April 2016 and a further 10% from April 2017
Health intelligence					
Medicines management					
Emergency planning	Reduce funding by £50k in 2015/16		N/A	N/A	Reduce funding by £50k in 2015/16
Quality Assurance	Maintain funding		N/A	N/A	Maintain funding
Directorate					
Finance & Business Support					
Corporate recharges					
Children's Safeguarding Board	Discontinue funding in 2015/16		N/A	N/A	Discontinue funding in 2015/16



**Cabinet Member Decision  
20 November 2015  
Public Health Ring Fenced Grant  
Appendix 2: Current commitments**

<b>SERVICE</b>	<b>Budget for 2015/16 based on initial PHRFG allocation</b>
<b>Older people's recovery services</b>	
Integrated Community Equipment Service (ICES)	230
Discharge liaison nurses	146
<b>Older people's recovery services - total</b>	<b>376</b>
<b>Targeted prevention services for adults</b>	
Community Safety Projects	100
Drug and alcohol services - main contracts	4,324
Domestic abuse services	463
Reablement and support to employment - mental health	364
Primary care mental health	960
Reablement and support to employment - learning disabilities	199
Adults housing related support & homelessness	1,253
Housing adaptations & repairs	460
Support to access information & advice*	479
Advocacy	264
Support for carers*	709
Support for sensory impairment	164
Social Impact Bond	135
Falls prevention	435
Digital inclusion	300
<b>Targeted prevention services for adults - sub total</b>	<b>10,609</b>
<b>Universal prevention services for adults</b>	
Sexual Health - main contract	4,200
Sexual Health - primary care	427
Prescribing Costs - Contraception	330
Health Checks	750
Smoking cessation services	800

Prescribing Costs - smoking	500
Living Well	450
Health improvement projects	1,331
<b>Universal prevention services for adults - sub total</b>	<b>8,788</b>
<b>Prevention services for children</b>	
Child Development Services	997
Families & Young People housing related support	497
Children's early help	
Maternal services	280
0-5 Children's public health services (6 months funding)	3,342
School Nursing	2,034
Fluoridation	150
<b>Prevention services for children - sub total</b>	<b>7,300</b>
<b>Strategic Functions</b>	
Public health team	1,676
Health intelligence	70
Medicines management	71
Emergency planning	228
Quality Assurance	271
Directorate	67
Finance & Business Support	62
Corporate recharges	266
Children's Safeguarding Board	86
<b>Strategic Functions Sub Total</b>	<b>2,797</b>
<b>TOTAL</b>	<b>29,870</b>
<b>PHRFG ALLOCATION</b>	<b>29,870</b>

- £92K moved from Support to access information and advice and carers' budget as this is Support to access information and advice specifically for carers

**Cabinet Member Decision****20 November 2015****Public Health Ring Fenced Grant****Appendix 3: List of meetings held about the initial proposals**

<b>Date</b>	<b>Discussion with</b>
<b>6 July</b>	<b>Drug and alcohol strategic group (includes membership from the Police, probation and CCGs)</b>
<b>14 July</b>	<b>Worcestershire Safer Communities Board (includes membership from the Police, probation, fire &amp; rescue, CCGs and VCS)</b>
<b>13 July</b>	<b>CCGs (ICEOG)</b>
<b>14 July</b>	<b>Housing related support providers notified</b>
<b>15 July</b>	<b>Support to access information and advice meeting – CCGs, Healthwatch Worcestershire, VCS</b>
<b>17 July</b>	<b>Chief Housing Officers meeting</b>
<b>24 July</b>	<b>Worcestershire Acute Hospitals NHS Trust Interim Chief Operating Officer</b>
<b>5 August</b>	<b>West Mercia Women's Aid /Home Group performance monitoring meeting</b>
<b>6 August</b>	<b>CCG Accountable Officers and Clinical Leads</b>
<b>17 August</b>	<b>CCGs (ICEOG)</b>
<b>10 September</b>	<b>District Council Chief Executives</b>
<b>10 September</b>	<b>Deputy Police &amp; Crime Commissioner and Deputy Chief Constable on behalf of West Mercia Police</b>
<b>10 September</b>	<b>Health Improvement Group</b>
<b>16 September</b>	<b>Strategic Housing Group (includes District Councils and Registered Social Landlords)</b>
<b>30 September</b>	<b>Health and Well-being Board</b>

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**HEALTH OVERVIEW AND SCRUTINY COMMITTEE**  
**30 JUNE 2016**

**OVERVIEW & SCRUTINY WORK PROGRAMME 2016/2017**

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**Summary**

1. The Overview and Scrutiny Performance Board (OSPB) has agreed a suggested 2016/17 Work Programme, which was approved by Council on 12 May 2016.
2. The Health Overview and Scrutiny Committee is asked to note the work programme.

**Background**

3. The work programme was developed following a wide public consultation exercise and over 3000 topic suggestions were received.
4. Scoring of these suggestions was undertaken and OSPB Members were invited to comment on the shortlist before the OSPB Chair and Vice Chair agreed a final set of topics for inclusion in the work programme.
5. For the Health Overview and Scrutiny Committee, the following list was submitted to Council:

<b>Health Overview and Scrutiny Committee:</b>	
1.	<p><b>Issues carried forward from 2015/16</b></p> <ul style="list-style-type: none"> <li>• Future of Acute Hospital Services in Worcestershire</li> <li>• Administration/Patient Records – to be included as part of GP appointments</li> <li>• Training/Recruitment of clinicians</li> <li>• Process relating to the closure of St Johns Dental Practice (to be part of wider NHS England review of dental practice capacity in Worcestershire)</li> </ul>
2.	<p><b>Is Mental Health provision in Worcestershire fit for purpose?</b></p> <ul style="list-style-type: none"> <li>• What treatments are provided?</li> <li>• Is local need identified and addressed?</li> <li>• What alternatives to medication are provided?</li> </ul>
3.	<p><b>Health Accountability: CCGs, GPs and Health &amp; Wellbeing Board</b></p> <ul style="list-style-type: none"> <li>• How is the CCGs held to account?</li> <li>• How are GPs in the County held to account?</li> <li>• How is the Health &amp; Wellbeing Board held to account?</li> <li>• What is the role of HOSC in holding these bodies to account?</li> </ul>
4.	<p><b>Maternity, Neonatal and Gynaecology Services</b></p> <ul style="list-style-type: none"> <li>• Review of 'temporary' change in service provision</li> </ul>

	<ul style="list-style-type: none"> <li>• Direction of travel</li> <li>• Is proposed service fit for purpose?</li> </ul>
5.	<b>Public Health</b> <ul style="list-style-type: none"> <li>• What role can Public Health play in preventing and managing demand for social care and health services?</li> </ul>
6.	<ul style="list-style-type: none"> <li>• <b>Substantial Variation considerations</b></li> <li>• <b>Quality Accounts</b></li> </ul>

### **Purpose of the Meeting**

6. Following the discussion, the Health Overview and Scrutiny Committee is asked to note the work programme.

### **Contact Points**

#### County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email: [worcestershirehub@worcestershire.gov.uk](mailto:worcestershirehub@worcestershire.gov.uk)

#### Specific Contact Points for this report

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965

Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

### **Background Papers**

In the opinion of the Proper Officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

Agenda and Minutes of:

- Council on 12 May 2016 – available [here](#)

All Agendas and Minutes are available on the Council's website [here](#)

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **30 JUNE 2016**

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE ROUND-UP**

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### **Summary**

1. To receive a round-up of information on:
  - County Council activities in relation to health
  - District Council activities in relation to health
  - NHS Board meetings
  - Consultations in Worcestershire
  - Urgent health issues in Worcestershire; and
  - Items for future meetings of the Health Overview and Scrutiny Committee

### **Background**

2. In order to ensure that Members of the Health Overview and Scrutiny Committee (HOSC) are fully informed about issues relating to health scrutiny in Worcestershire, communication will be essential. To assist in this, an item will be placed on the agenda for each meeting of the HOSC to consider consultations, County Council activities, District Council activities, urgent health issues arising in Worcestershire and future agenda items. Regard for the Council's statutory requirements in relation to access to information will be critical.

### **County Council Activities in Relation to Health**

3. A range of County Council services can impact upon and also be impacted upon by health services. Recognising that the health-related work of the County Council will be of interest to the District Councillors on the Health Overview and Scrutiny Committee, an oral update on such activities, and on other matters the Chairman has been involved in, will be provided at each meeting by the Committee Chairman at each meeting of the HOSC.

### **District Council Activities in Relation to Health**

4. The statutory power of health scrutiny, including the power to require an officer of a local NHS body to attend before the Council, rests with the County Council. However, it is recognised that a number of District Councils within Worcestershire are undertaking work in relation to local health issues, under their duty to promote the economic, social or environmental well-being of their area.
5. Recognising that the work of the District Councils will be of value and interest to the wider HOSC, an oral update will be provided on such activities by District Councillors at each meeting of the HOSC.

## **NHS Board Meetings**

6. To help HOSC Members to keep up to date and maintain their knowledge of health issues around the County, it was agreed that a 'Lead Member' would be identified for each of the local NHS bodies to attend their Board Meetings and then provide an oral update at each meeting of the Scrutiny Committee.

## **Consultations in Worcestershire**

7. The HOSC has a duty to respond to local Health Trusts' consultations on any proposed substantial changes to local health services. An oral update will be provided at each meeting of the HOSC on both developments relating to consultations previously undertaken and forthcoming consultations.

## **Urgent Health Issues in Worcestershire**

8. Worcestershire County Council's constitution makes provision for urgent items to be considered. Standing Order 12.2 specifies that the Chairman of the HOSC "may bring before the meeting and cause to be considered an item of business not specified in the summons or agenda where the Chairman is of the opinion, by reason of special circumstances (which shall be specified in the minutes) that the item should be considered at the meeting as a matter of urgency".

9. Additionally, Standing Order 9.4.2 allows for the Chairman of the HOSC at any time to call a special meeting of the Health Overview and Scrutiny Committee. Standing Order 9.4.3 allows for at least one quarter of the members of the HOSC to requisition a special meeting of the HOSC. Such a requisition must be in writing, be signed by each of the Councillors concerned, identify the business to be considered and be delivered to the Director of Commercial and Change. In accordance with Access to Information Rules, the Council must give five clear days' notice of any meeting.

## **Items for Future Meetings**

10. It is necessary that the HOSC's ability to react to emerging health issues in a timely manner and the public's expectation of this is balanced against Worcestershire County Council's statutory duty to ensure that meetings and issues to be considered are open and transparent and meet legislative requirements. This agenda item must not be used to raise non-urgent issues. Any such issues should be raised with the Scrutiny Unit at least two weeks in advance of a scheduled meeting of the HOSC.

## **Contact Points**

### County Council Contact Points

Worcestershire County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email: [worcestershirehub@worcestershire.gov.uk](mailto:worcestershirehub@worcestershire.gov.uk)

### Specific Contact Points for this Report

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## Background Papers

In the opinion of the Proper Officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Worcestershire County Council Procedural Standing Orders, May 2015 [which can be accessed on the Council's website here](#)

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