

Agenda

Health and Well-Being Board

Tuesday, 22 May 2018, 2.00 pm
County Hall, Worcester

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Agenda produced and published by Simon Mallinson, Head of Legal and Democratic Services, County Hall, Spetchley Road, Worcester WR5 2NP

To obtain further information or a copy of this agenda contact Kate Griffiths, Committee Officer on Worcester (01905) 846630 email: KGriffiths@worcestershires.gov.uk

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Health and Well-Being Board

Tuesday, 22 May 2018, 2.00 pm, Council Chamber, County Hall

Membership

Full Members (Voting):

Mr J H Smith (Chairman)	Cabinet Member with Responsibility for Health and Well-being
Dr C Ellson (Vice Chairman)	South Worcestershire CCG
Ms J Alner	NHS England
Dr R Davies	Redditch and Bromsgrove CCG
Catherine Driscoll	Director of Children, Families and Communities
Mr A I Hardman	Cabinet Member with Responsibility For Adult Social Care
Mr M J Hart	Cabinet Member with Responsibility for Education and Skills
Dr Frances Howie	Director of Public Health
Dr A Kelly	South Worcestershire CCG
Dr C Marley	Wyre Forest CCG
Peter Pinfield	Healthwatch, Worcestershire
Mr A C Roberts	Cabinet Member with Responsibility for Children and Families
Paul Robinson	Chief Executive, WCC
Simon Trickett	Redditch & Bromsgrove & wyre Forest Clinical Commissioning Group
Avril Wilson	Interim Director of Adult Services

Associate Members

Kevin Dicks	District Local Housing Authorities
Cllr. Gerry O'Donnell	South Worcestershire District Councils
Cllr Margaret Sherrey	North Worcestershire District Councils
Mr J Sutton	Voluntary and Community Sector
Chief Supt. M Travis	Westmercia Police

Agenda

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Health and Well-Being Board

**Tuesday, 27 February 2018, Council Chamber, County Hall -
2.00 pm**

Minutes

Present:

Mr J H Smith (Chairman), Kevin Dicks, Mr A I Hardman, Mr M J Hart, Dr Frances Howie, Dr C Marley, Jo Melling, Gerry O'Donnell, Peter Pinfield, Mr A C Roberts, Jonathan Sutton, Simon Trickett, Sarah Wilkins and Avril Wilson

Also attended:

Liz Altay (Public Health Consultant), Matthew Fung (Public Health Consultant), Rod Reynolds and Helen Roberts (Safer Roads Partnership)
Tim Rice (Senior Public Health Practitioner) and Kate Griffiths (Committee Officer)

474 Apologies and Substitutes

Apologies were received from Catherine Driscoll and Jo-Anne Alner.
Sarah Wilkins attended for Catherine and Jo Melling attended for Jo-anne.

475 Declarations of Interest

None

476 Public Participation

None

477 Confirmation of Minutes

The minutes of the last meeting held on 5 December 2017 were agreed to be a correct record of the meeting and were signed by the Chairman.

478 Quality of Acute Hospital Services

Michelle McKay sent her apologies. Simon Trickett explained that Michelle's report and presentation which had been included in the agenda showed the result of the latest feedback following the CQC core service reviews; urgent and emergency care and medical care; carried out in November 2017.

All areas inspected had improved, but the overall rating of the hospital had not changed as only four of twenty two core services had been inspected. If two service areas were rated as inadequate the overall rating had to remain as inadequate. Inspections were on-going and there was determination to continue the improvement that had begun, although it was recognised that there was still a long way to go.

In the discussion the following points were made:

- There had been a national directive to cancel all non-urgent operations, but the rate of cancellations in Worcestershire had been one of the lowest in the country; this was partly due to the fact that Worcestershire had learnt how to prepare for winter from previous difficult times and had not booked so many operations for early January and also that they managed to make good use of the Kidderminster and Redditch sites. There were signs of improvement in waiting times so that the backlog of operations was now one of the least in the West Midlands
- The public may have been struggling to see what improvements had been made; this could be due to the temporary and interim appointments in the Leadership team in the last few years but now the Leadership team was more stable with permanent appointments who were committed to supporting staff while at the same time being appropriately challenging
- There was some outstanding practice which could be highlighted such as mental health care and the holistic care on Evergreen Ward
- It was admitted that the necessary 'change in culture' was complicated to explain. In the past the hospital had operated as a series of silos with each department working separately. Under the new culture all departments needed to work together to make the system as a whole more efficient,
- It was felt that prior to the new Chairman and Chief Executive being appointed there had been a normalisation and defensiveness of poor practice but now the judgement had been accepted and the need for change was recognised which allowed the defensiveness to be dropped.

RESOLVED that the Health and Well-being Board noted the contents of the report regarding the quality of Acute Hospital services at Worcestershire Acute Hospitals NHS Trust.

479 Sustainability and Transformation Plan Update

Frances Howie explained that the Sustainability and Transformation Partnership had produced a Statement of Commitment concerning collaborative working and integrated care across the system. Previously the language used had been 'accountable care,' it had now changed to 'integrated care'. The statement was a commitment to the principles and benefits of working

together and would be taken to the Board meetings of all the organisations who were STP partners.

Jo Melling said that NHS England supported the statements and wished to work differently as a regulator in order to support systems better.

During the discussion the following points were made:

- The Cabinet Member for Adult Services felt that the County Council were broadly supportive of the step forward in integration but wanted the STP to maintain flexibility which it needed to be sustainable and to allow for the differences in the Herefordshire and Worcestershire systems
- Finances were still a concern. It was accepted that all partners had budgetary constraints and that collective responsibility was needed to address them, but there did not seem to be any clarity over how this would happen and the public still had little idea of what the changes would mean for them
- It was agreed that the financial gap was enormous due to demographic growth and infrastructure which could not be afforded. Therefore the infrastructure costs needed to be reduced and better use needed to be made of staff and resources
- The Board asked what role the district councils, housing authorities and voluntary sector could play in the STP and how they could contribute more. They felt excluded but were actually necessary for the prevention agenda. It was noted that until now there had been helpful joint working around drawing up the overarching plan, but that specific co-production was needed as this shapes operational change
- Integration of partners was important for children too and that message may have been implicit in the statement but was not mentioned explicitly
- The structural integration between social care and the NHS did not exist in Worcestershire like it did in places such as Manchester but Worcestershire was very good at operational integration. Worcestershire was also becoming good at single line management and working in neighbourhood teams
- Worcestershire had in the past based all its commissioning on contracts but now services were becoming more based on a local area and it was this set up which would allow district councils to become involved and have an impact. It was felt that the locality emphasis suited care delivered through the three conversation model and community assets added resilience

480 Road Safety Team

- Board Members pointed out that 'Prevention' was not explicitly mentioned in the statements but were assured that this had a high profile in the STP Plan
- There was some concern that the Herefordshire and Worcestershire footprint was not large enough to deliver expert care in some service areas. The STP Board had already considered that there should be a link to other areas such as Coventry and Warwickshire to provide some services.

RESOLVED that the Health and Well-being Board:

- 1. Noted the Statement of Collaborative Working which had been drawn up through the Sustainability and Transformation Partnership (STP) Board for discussion at Board level across the two Counties, and**
- 2. Confirmed commitment to adopting these principles in the next phase of collaborative work towards an Integrated Care System.**

Following work done on the Joint Strategic Needs Assessment the Health and Well-being Board felt that accidents on the roads was an area where they little information. As a result Rod Reynolds and Helen Roberts from the Safer Roads Partnership had been invited to the meeting.

Rod Reynolds explained that the people killed and seriously injured on the roads was a tragedy for those involved and also had a huge impact on the services involved in terms of cost and staffing issues. The Safer Roads Partnership looked at where, why and what was happening on the roads and what partners could do together to address the issues.

The Warwickshire and West Mercia Road Safety Teams worked in partnership as The Road Safety Partnership. Funding had been reduced in 2010/11 but a cost recovery scheme through speed awareness training allowed the Partnership to continue.

Helen Roberts, Partnership Business Analyst, presented figures on the risk and impact of those killed and seriously injured (KSI) on the roads. There had been a big increase in those killed on the roads in Worcestershire.

Of the district areas, Wychavon saw the highest numbers of KSI accidents while Bromsgrove has the highest number of deaths by road accidents. As well as the high emotional cost, accidents in Worcestershire cost £114

million. All accidents were recorded by causation factors according to the Officer who attended at the time. These causes were split into 5 groups, with speed and poor driving recorded as the main reasons for accidents.

The SRP also recognised an increase in risky behavior – 56% feel that speed cameras save lives while 48% feel they are used to make money. A higher number of people than in previous years felt that they knew how much alcohol was too much and there was an increase in the feeling that people felt that accidents were things which happened to other people.

Various educational campaigns had been run to try to address those risky behaviours. The road Safety Teams also carried out speed enforcement.

In the ensuing discussion the following points were made:

- The accident figures took into account the increased housing development and were based on how many vehicle miles were travelled each year and how much that was increasing. The figures were numbers of KSIs rather than a rate compared to the overall number of road users and it was noted that this reduced their meaningful analysis, but was the only available data
- The SRP looked at various factors such as the economy, rates of employment, weather and planned events and then policing was arranged appropriately
- A higher proportion of non-Worcestershire residents were caught speeding than Worcestershire residents; but Worcestershire residents were caught up in any resulting accidents
- It was confirmed that Worcestershire's increase in the number of deaths on the road was quite high, in fact in 2016 Worcestershire was nearly the worst in the country (42 out of 43) for the number of people killed or seriously injured per vehicle mile and since then the numbers have increased
- In Bromsgrove the high number of deaths was not due to the motorway. In fact the number of people killed or seriously injured was highest in 30mph areas
- Some accidents were due to road use by older people and also medications which interfered with people's ability to drive
- Only recently have the police been able to test for

drugs on the roadside and it was an emerging issue. Campaigns would be targeted in future to reflect drug use and it was noted that community pharmacies were a good partner in campaigns aimed at older people and prescribed drugs

- There had been no significant decrease in the numbers of drink drive fatalities following campaigns. Board Members wondered if the campaign needed to be changed. The SRP felt that the Grey Area campaign stating that the only safe level of alcohol was none and social media campaigns which were getting people to ask 'why did I do that' were successful
- A question from outside the Board asked about what actions could be taken when motoring affects people in their own homes and people become scared about what was happening on the roads. If Road Safety Officers feel that people are behaving in an anti-social way they would refer them to the police
- Rod Reynolds thanked the County Council for its support.

RESOLVED that the Health and Well-being Board thanked Rod Reynolds and Helen Roberts for highlighting the issues concerning road safety and would want to include road safety data in future JSNA work.

**481 Pharmaceutical
Needs
Assessment**

The Health and Social Care Act 2012 gave Health and Well-being Boards statutory responsibility for developing and updating Pharmaceutical Needs Assessments (PNA). The PNA was first published in April 2015 so a refresh would be required by April 2018.

It was acknowledged that the PNA presented an opportunity to explore how pharmaceutical services could further help to deliver the priorities of the HWB. A working group was formed with representatives from public health, the CCGs, the local Medical Committee and Healthwatch. The PNA documentation was then consulted on between October and December 2017 and it was concluded that pharmacies were well placed to deliver the outcomes desired by the Health and Well-being Strategy. There were no significant gaps or needs in pharmaceutical provision and everyone in Worcestershire could get to a pharmacy within 15 minutes.

15 recommendations came out of the refresh. They supported the STP as well as the HWB strategy.

482 Children and Young People's Plan

Board members supported the idea that pharmacies should be optimised and GPs reported that they were trying to make more use of them. It was suggested that pharmacies could carry out health MOTs as they used to.

Board members were pleased that Healthwatch as well as a wide range of stakeholders had been involved in refreshing the PNA.

Frances Howie explained that the PNA would be taken through the STP Prevention Board and the Pharmaceutical Committee would be involved to ensure the recommendations were operationalised.

RESOLVED that the Health and Well-being Board:

- a) Noted the content of the 2018 pharmaceutical needs assessment;**
- b) Accepted the proposed recommendations, and**
- c) Agreed that progress on the actions be reviewed annually by the Health and Well-being Board.**

Sarah Wilkins, Interim Assistant Director of Children's Services gave an update on the Children and Young People's Plan (CYPP). Since it has been approved by the Board, the CYPP has had quite a high profile at County Hall and had good Partner engagement.

The Governance structure of the Plan had developed since it has been signed off and the Connecting Families Strategic Group – a Sub Group of the HWB – was working on implementing the Social Care Improvement Plan, The Education Strategy, the SEND Strategy and the Early Help Strategy. The Connecting Families Strategic Sub- Group of the HWB was looking at KPIs in order to see where the key improvements were required. However it had been identified that some local events and activities were not being picked up because only the higher level plans were being recorded. Work was also on-going with Adverse Childhood Events (ACEs) and Signs of Safety.

Going forward the sub group was looking at developing KPIs and also whether its terms of reference needed to be updated.

In the discussion the following main points were made:

- They were not yet at the point of capturing wider local effort but it would be best if that was fed back

- through the Health Improvement Group
- Although there was particular responsibility for and focus on vulnerable children in Worcestershire, the County Council needed to remember that outcomes needed to be maximised for all children in the county
 - The Childrens' and Family subgroup specifically focussed on KPIs concerned with the strategies but other groups did look at wider issues for example The HWB Strategy was an all-age strategy, the Health Improvement Group looked at District Activities and the Health Protection Group looked at public health. When the KPIs had been defined they should return to the HWB for clarity
 - The Cabinet Member with responsibility for children's services said that the situation in Children's services was improving and he had confidence in the top team that they could continue to make improvements. They were being supported by the Councillors who had agreed an £10.5million increase for safeguarding and vulnerable children in the recently approved budget.

Two questions were asked, one from a member of the public and one from a Councillor from outside the Board. Written answers were promised for these questions.

RESOLVED that the Health and Well-being Board:

- a) Noted the update on the Children and Young People's plan, and**
- b) Agreed that quarterly updates should be brought to the Health and Well-being Board from the CYP Sub-group.**

483 Suicide Prevention Plan

Suicide prevention had previously been included in the Mental health and well-being plan but was not included in the current version so a separate Suicide Prevention Plan had been developed, which was in line with national requirements.

Every week one person died in Worcestershire as a result of suicide. Suicide was preventable so this plan was an evidence and system approach to prevention. The plan would work to reduce the rate of suicides and offer better support for those affected by it.

The plan would be led by a multi-agency steering group; data would be collated then a plan would be shaped. The steering group would report annually to the Health Improvement Group. It was a four year plan which would

work to reduce the stigma of suicide as well as increasing training across the system.

RESOLVED that the Health and Well-being Board:

- a) **Noted and approved the Worcestershire Suicide Prevention Plan; and**
- b) **Confirmed a system commitment to suicide prevention and that each organisation would contribute to the plan's delivery.**

484 Director of Public Health Report

Deferred to the next meeting.

485 Memorandum of Understanding for Housing

Tim Rice explained that the Housing Task and Finish Group had looked at the National Memorandum of Understanding (MoU) on housing, health and social care and wanted to improve Worcestershire's position and partnership working.

Currently, review work was being completed on OT work and housing services was contributing to that work. Now teams were based at Neighbourhood level there was more co-operation between district councils and housing providers. The Better Care Fund also required co-operation with housing providers, especially around the use of the Disabled Facilities Grant.

There was an opportunity for District Housing providers to become more involved in commissioning opportunities as well as the STP. The CLG Committee for Housing and Older People made recommendations which mirrored the issues in the report but also reported that housing was not routinely being integrated with health and social care but efforts should be made for this to happen.

In the following discussion it was clarified that:

- Work on the Care Leavers Protocol and housing was being done but was not part of the MoU which concentrated on housing and older people
- Board members felt it was good that health, social care and housing should be considered together
- The MoU had a narrow remit and was led by the national memorandum. Issues such as health and homelessness were dealt with by the Homeless Health Charter and work around that area was being led by the Strategic Housing Partnership and the District Councils
- The representative from housing hoped that there

could be a development session on housing which could invite representatives from the Registered Social Landlords; he felt more could be done around health and housing

- It was pointed out that two strategic changes needed to be considered at the development session – firstly that the funding supporting housing would be changing after the summer and secondly the Homelessness Reduction Act would be brought in on 4 August.

RESOLVED that the Health and Well-being Board:

- a) Noted the contents of the report and the progress made to date on joint agency work on the housing and health Memorandum of Understanding;**
- b) Supported the view that current and future commissioning arrangements and opportunities should support the ambition of the MoU;**
- c) Agreed to incorporate Local Housing Authorities into relevant BCF planning;**
- d) Should encourage housing to be embedded into the development work relating to the new CCG Neighbourhood teams and the Adult Social Care Three Conversation model; and**
- e) Agreed to hold a Board Development session on housing on 24 April and embed the MoU principles and practise, specifically relating to 3-5 above, following which the Board would agree the next steps for the MoU Task and Finish Group and/ or project managed groups to progress this work.**

486 Future Meeting Dates

Dates for 2018

Public meetings (All at 2pm)

- 22 May 2018
- 25 September 2018
- 13 November 2018

Private Development meetings (All at 2pm)

- 27 March 2018
- 24 April 2018
- 19 June 2018
- 17 July 2018
- 23 October 2018
- 4 December 2018

The meeting ended at 4.30 pm

Chairman

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HEALTH AND WELL-BEING BOARD
22 MAY 2018**Implementing "Improving Health and Care through the home: A National Memorandum of Understanding" in Worcestershire**

Board Sponsors

Avril Wilson: Director of Adult Services WCC

Frances Howie: Director of Public Health WCC

Kevin Dicks: Chair Worcestershire Strategic Housing Partnership

Author Tim Rice

Senior Public health Practitioner

(Please click below
then on down arrow)**Priorities**

Mental health & well-being

Yes

Being Active

No

Reducing harm from Alcohol

No

Other

Housing, health and
social care**Safeguarding**

Impact on Safeguarding Children

Yes

If yes please give details

To support disabled children to remain independent at home.

Impact on Safeguarding Adults

Yes

If yes please give details

To support older and disabled people maintain their independence at home

Item for Decision, Consideration or Information

Decision

Recommendation

1. The Health and Well-being Board is asked to:
 - a) Confirm its commitment to supporting the delivery of the principles of "Improving Health and care through the home: A Memorandum of Understanding (Feb 2018)",
 - b) Agree to the implementation and monitoring of the initial actions at 9, 10 and 11 below, in conjunction with the Worcestershire Strategic Housing Partnership and to develop an action plan with timescales from the initial evidence and resources workshops,
 - c) To receive bi-annual reports setting out progress against the MoU Indicators of Success through an action plan, the first report being provided to the September Board.

Background

2. The Board held a development session on 24 April 2018 at which it considered a range of briefings on the importance of housing in meeting the objectives of the Board and its partners, with a focus upon the approach set out in the 2018 National Memorandum of Understanding – "Improving health through the home" (the MoU). (attached).
3. There followed a wide ranging group discussion, including invited District Council and Housing Association Chief Executives, which highlighted strong agreement about the positive opportunities that could be achieved for local residents by further developing the role of housing in support of health and social care objectives. The notes from the development session are attached for information.
4. It was recognised that there is already some very good practice and co-operation in Worcestershire and the national MoU document highlights Worcestershire as a place where collaboration and systems leadership is having an impact. Early relationships between the new Neighbourhood Teams and Local Housing Authorities and Housing Associations were proving to be very positive.
5. Significant opportunities were highlighted to improve strategic and operational collaboration across what is a complex system, including better understanding the needs of residents into the future, making the best use of existing resources such as the Better Care Fund, including more co-commissioning and supporting shared learning and knowledge amongst front line professionals.
6. The scope of the MoU work is upon maintaining the independence of older and disabled residents (including children), reducing hospital admissions and assisting with effective hospital discharge. The new 2018 MoU also includes homelessness for the first time and this is specifically addressed in more detail by the Worcestershire Strategic Housing Partnership (WSHP) who are co-ordinating countywide partnership approaches to reducing homelessness amongst both adults and children. The Board also monitors the Homeless Health Charter work to which it is a signatory.
7. By reaffirming its commitment to supporting the delivery of the MoU's principles and working alongside the Worcestershire Strategic Housing Partnership, the Board will expect to see increasing evidence and outcomes relating to the seven key indicators of success outlined in the MoU. It is proposed that the Board agrees to support partnership activity and workstreams that are aligned to those MoU indicators of success and this activity is set out below. The key indicators of success are:
Better Strategic Planning; Better understanding of the preventative role of housing; greater collaborative care; Better use of resources; Improved signposting; More shared learning; Wider sector engagement.
8. It is proposed that the Director of Adult Services (DAS) and the Director of Public Health (DPH), working with the chair of the WSHP, commence work on the following key areas and develop more detailed plans as required, with formal update reports twice a year or as necessary to the Board.

9. **Evidence and needs:** The DPH scopes the current JSNA and other housing and related needs based assessments to consider what needs assessments and information are currently available across the system and how this could be enhanced to improve understanding of resident's future needs, to assist in the planning of resources and services.

10. **Resources and commissioning:** The DAS leads workshops to consider which key services operate in the wider system, which commissioned services (including those funded through the Better Care Fund), could be in scope for review and where improved co-operation can take place to avoid duplication and identify possible support opportunities.

11. **Strategic planning and governance** This is ongoing as highlighted by MoU work developments, but there will now be a requirement on all statutory agencies to identify how they are implementing the MoU and practically working together with partners. This will be demonstrated by progress in a range of current and future activity. It could include, support for and active participation in the WSHP and its plans, the development of co-operation with housing in the Neighbourhood teams, the STP signing up to the MoU principles, the community occupational health review, supporting social prescribing, affordable warmth activity, the role out of Making Every Contact Count (MECC), implementing the Worcestershire Loneliness plan, digital inclusion activity, extra care housing developments and planning and new homes policies. Further consideration will be given to any wider governance relationships including the STP, Integrated Care System developments and the Worcestershire Alliance Board role.

12. **Action planning:** It will be necessary to develop a plan to set out the key actions and timeframes to progress this work. Other actions in support of MoU principles will be taking place through other governance routes but will be referenced as necessary in reporting back to the Board. Initially the evidence and needs and resources and commissioning work will commence with initial meetings of key stakeholders in June. This will then allow more detailed consideration of the action planning process which will be reported back to the Board.

Legal, Financial and HR Implications

13. N/A

Privacy Impact Assessment

14. N/A

Equality and Diversity Implications

15. Not relevant at this point

Contact Points

County Council Contact Points
County Council: 01905 763763
Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Tim Rice
Senior Public Health Practitioner
Tel: 01905 843107
Email: trice@worcestershire.gov.uk

Supporting Information

- Improving Health and Care through the home: A national Memorandum of Understanding (Feb 2018) (on-line)
- HWB Development session notes 24/4/18 (on-line)

Background Papers

Charter for Homeless Health

**HEALTH AND WELL-BEING BOARD
22 MAY 2018****ALL AGE AUTISM STRATEGY FOR WORCESTERSHIRE -
UPDATE**

Board Sponsor

Avril Wilson, Director of Adult Services

Author

Louise Berry, Commissioning Manager and Frances Kelsey, Lead Commissioner

Priorities

Mental health & well-being	Yes
Being Active	No
Reducing harm from Alcohol	No
Other (specify below)	

Safeguarding

Impact on Safeguarding Children	Yes
Impact on Safeguarding Adults	Yes

The work of the Autism Strategic Partnership Group is carried out under the auspices of the Worcestershire Safeguarding Board and is in full compliance with the required standards.

Item for Decision, Consideration or Information

Consideration

Recommendation

- 1. The Health and Well-being Board is asked to note progress made on Worcestershire's All-Age Autism Strategy since the last update in July 2017 and that a refresh of the strategy will be completed during 2018.**

Background

2. The All-Age Autism Strategy (Appendix 1) was approved by the Health & Wellbeing Board on 12 May 2015.
3. Autism is a lifelong developmental disability that affects how people perceive the world and interact with others. Autistic people see, hear and feel the world differently from other people. If you are autistic, you are autistic for life; autism is not an illness or disease and cannot be 'cured'. Often people feel being autistic is a fundamental aspect of their identity.
4. Autism is a spectrum condition which includes Asperger's Syndrome. All autistic people share certain difficulties, but being autistic will affect them in different ways.

Some autistic people also have learning disabilities, mental health issues or other conditions which mean people need different levels of support. All people on the autistic spectrum learn and develop. With the right sort of support, all can be helped to achieve positive outcomes.

5. People with Asperger's Syndrome are of average or above average intelligence. They do not usually have learning disabilities. They have fewer problems with speech but may still have difficulties with understanding and processing language.

6. The Worcestershire Strategy, based on the vision within the National Autism Strategy – "Fulfilling and Rewarding Lives", envisages that all children, young people and adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. The Strategy adopts a life-long approach and is based on diagnosis and support.

7. It focuses on the requirement of all partners to develop a pathway of services for people with autism as they move from being children to adults. The Strategy is based on the commitment in Worcestershire's Health and Well Being Strategy to ensure fair access to health services, clear and concise information in order that Worcestershire residents are healthier, live longer and have a better quality of life. The Strategy also takes into account relevant national legislation and guidance, including the statutory guidance for local authorities and NHS organisations to support implementation of the national Autism Strategy 2015.

8. The All-Age Autism Strategy for Worcestershire aims to:

- set out objectives and outcomes for autism services and support within the county;
- provide a framework of monitoring and evidence of quality of service;
- outline an action plan of how work will be taken forward in the next three years in key priority areas;
- illustrate a shared understanding of the needs of people with autistic spectrum conditions;
- ensure that all staff and agencies working this sector are aware of Worcestershire's Safeguarding policies and procedures;
- provide strategic direction for education, health and social care organisations;
- ensure compliance with national guidance.

9. People with Autistic Spectrum Conditions are known to be at risk of poor mental health and poorer health outcomes generally. The Strategy works to mitigate health and quality of life inequalities.

10. Since returning to the Health & Wellbeing Board in July 2017, when the Board was updated on progress, further development of the Action Plan has taken place as outlined in Appendix 2.

11. Since that update, the Autism Strategic Partnership Group has continued its focus on widening representation, particularly in relation to children, young people and transition. The Worcestershire Strategy for Children and Young People with Special Educational Needs and Disabilities (SEND) was approved at the Health and Wellbeing Board on 5 December 2017 and includes among its priorities a Person-Centred Approach, Early Intervention and Preparation for Adulthood.

12. Employment has also remained a key focus for the Autism Strategic Partnership Group. During the year, an event was held to engage with employers to explore, showcase and inform employers about the benefits of having people with autism working in their organisations, and to consider what reasonable adjustments may be needed to help someone thrive in their employment. The event was well attended and received positive feedback.

13. The Directorate of Adult Services Commissioning Unit is now employing a person on the Autistic Spectrum to administer the Autism Strategic Partnership Group and its sub-groups. This is a paid training placement for a year initially.

14. Funding of services for people with Asperger's is a responsibility of the CCG and significant work has been done to ensure best use of the resources available. From 1 April 2018, the CCG is commissioning the adults service directly to ensure a direct relationship between funding sources and service provision and allow the CCG to allocate resources accordingly. From a children's perspective, the Neuro Developmental (ND) pathway (Umbrella pathway) is the route for assessment which may lead to diagnosis. Following a significant increase in referrals to the Umbrella Pathway in 2017/18 a review was undertaken and measures implemented to ensure that only appropriate referrals are made and accepted to the Pathway. Activity and outcomes continue to be monitored.

15. There is a national requirement to submit a Self-Assessment return which monitors progress against set areas of service development and delivery. This was completed successfully in 2017 and will be updated in autumn 2018.

16. The Worcestershire All-Age Autism Strategy runs from 2015-2018. An update of the strategy will therefore be undertaken during 2018, to commence a new strategy from 2019. This update will take into consideration the Government's recent 'Think Autism' governance refresh.

17. Worcestershire County Council has lead responsibility for the delivery of the Autism Strategy. Elaine Carolan, Strategic Commissioner, is the named lead.

18. The Council is also an active member of the West Midlands Autism Leads Network.

Legal, Financial and HR Implications

19. All actions are within existing budgets. All legal implications are based on the Autism Act 2009. There are no additional HR implications.

Privacy Impact Assessment

20. Not applicable.

Equality and Diversity Implications

21. The Strategy was launched in compliance with the Autism Act 2009. Since the launch there are no further implications or need for screening. The refresh of the strategy will include a refresh of equality and diversity implications

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Elaine Carolan, Strategic Commissioner

Tel. 01905 843197

Email: ecarolan@worcestershire.gov.uk

Frances Kelsey, Lead Commissioner

Tel: 01905 846624

Email: fkelsey@worcestershire.gov.uk

Louise Berry, Commissioning Manager

Tel: 01905 845896

Email: lberry@worcestershire.gov.uk

Supporting Information

- Appendix 1 – Worcestershire All-Age Autism Strategy (on-line)
- Appendix 2 – Action Plan Update

Appendix 1: All-Age Autism Strategy for Worcestershire: Action Plan Update

Priority	We said we would	What we have done 2016 to 2017	Update 2018
The pathway for diagnosis and support	We will ensure that all children, young people and adults can have a diagnosis if they need it.	<p><u>Adults service</u></p> <p>Renewed Asperger's contract for 2016/17 & 2017/18, with funding levels increased.</p> <p>Health commissioners and the NHS Provider are engaging with education colleagues to develop a pathway where key partners understand their roles and responsibilities, NICE guidance is being followed, and parents and carers can receive clear information on what to expect.</p> <p>The Wellbeing Hub commissioned from WHCT by the CCG is universally available to the population and provides support for lower level issues and self-referral into the Worcestershire Healthy Minds Service.</p>	<p><u>Adults service</u></p> <p>Extra funding was allocated for 2017/18 in order to clear the waiting list and a plan agreed with the service provider to achieve this. These targets have been achieved.</p> <p>During the year there were:</p> <ul style="list-style-type: none"> • 209 appropriate referrals (234 in total) • 135 Initial Assessments offered (114 attended) • 110 diagnosis appointments offered • 42 clients were offered one to one psychology support • 93 people now waiting for Diagnosis (81% conversion from Initial Assessment) <p>Waiting times for assessment are around 25 months.</p> <p>It was agreed in late 2017 that the service would no longer be commissioned by Worcestershire County Council. As from 1st April 2018, the service is commissioned by the CCGs to ensure a direct relationship between the funding sources and service provision to allow the CCGs to allocate resources accordingly.</p> <p>A new service specification and revised pathway have been developed and there was a published call by the CCGs for expressions of interest from potential providers to deliver the service from April 2018. The new contract is now in place with increased investment of £200,000 p.a. for 2 years.</p> <p>The pathway is as follows:</p> <ul style="list-style-type: none"> • Initial triage • Support plan with clear outcomes • Diagnosis if lower level support has not helped <u>and</u> there is a significant social disability <u>and</u> is clinically indicated. <p>The provider has agreed to provide additional capacity to continue to reduce waiting times for both Initial and Diagnostic Assessments. Once the backlog is cleared, it is</p>

Priority	We said we would	What we have done 2016 to 2017	Update 2018
		<p data-bbox="618 676 835 703"><u>Children's Service</u></p> <p data-bbox="618 738 1093 1074">From a children's perspective, in terms of diagnosis, the Neuro developmental (ND) pathway (Umbrella pathway) is the route for assessment which may lead to diagnosis. Currently, this pathway is being reviewed due to health commissioners becoming aware of long waiting times through feedback from families, and through feedback from the West Midlands Quality Review Service (WMQRS) CAMHS Peer review.</p> <p data-bbox="618 1109 1088 1197">Referral to the pathway can be made by a range of professionals and is to be broadened to include SENCOs.</p> <p data-bbox="618 1232 1093 1378">Processes have been reviewed in order to ensure an equitable and consistent county wide assessment pathway with regular meetings of professionals to review referrals, plan assessments and</p>	<p data-bbox="1126 244 2141 336">expected that there will be a reduction in Diagnostic Assessments, with greater emphasis being placed on support plans and working with generic support services to make reasonable adjustments for people with Autistic Spectrum Disorders.</p> <p data-bbox="1126 371 2107 518">Commissioners are working in partnership with Public Health to commission an Integrated Wellbeing Service from April 2019. The full scope of this project is being confirmed but will include the Wellbeing Hub provided by WHCT, the Social Prescribing pilots within the Neighbourhood Teams, the Worcestershire Advice Network and Living Well Service.</p> <p data-bbox="1126 553 2130 641">The aim is to enhance social prescribing and wellbeing support available, and improve access for people needing reasonable adjustments such as those living with dementia or with an autistic spectrum disorder.</p> <p data-bbox="1126 676 1344 703"><u>Children's Service</u></p> <p data-bbox="1126 738 2114 885">Following a steep and sudden increase in referrals to the Umbrella Pathway in 2017/18 a review was undertaken and measures implemented ensure that only appropriate referrals are made and accepted to the Pathway. A report on this was provided to OSPB on 28th February 2018. Activity and outcomes will continue to be monitored.</p>

Priority	We said we would	What we have done 2016 to 2017	Update 2018
		<p>agree diagnoses.</p> <p>New information leaflets developed, with parents consulted on these prior to publication.</p>	
Awareness raising and training	We will build on existing training already available for professionals working with children, young people and adults across all partner organisations	<p>We have developed a training pack Appendix 2 - Think Autism Spectrum Training, which follows a pathway of four levels:</p> <p>Level 1 Basic Awareness Level 2 Ability to apply basic principles daily Level 3 Ability to assess needs and adapt approaches in a more complex way Level 4 Highly specialised knowledge with understanding of policy</p> <p>In terms of training to teachers and others, this is available locally from Babcock Prime, which is an Autism Education Trust (AET) programme partner and as such delivers a range of face to face training programmes for all professionals working in early years, school and post 16 settings to help them meet the needs of children and young people on the autism spectrum.</p> <p>The AET materials are aimed at the educational setting but are adaptable for other audiences. They have also been delivered to social workers, staff in children's homes, parents, kinship and adopters, with very positive</p>	<p>Training and support for parent carers has been identified as a need from the various conversations held with parent carers and professionals. Additional conversations have been held to start thinking about what the exact needs are and what potential training and support models there are available. A paper was presented to the Integrated Commissioning Group in January 2018 and it was agreed that more work needed to be done by Public Health within their Needs Assessment to identify what need is out there and establish the evidence-based training and support that could be provided.</p> <p>Alongside this, Parenting and Family Support Providers in all districts have set up parent carer support groups for parents of children with special educational needs and South Worcestershire are looking at getting an add-on to their Solihull Approach parenting programmes that are specific to supporting parents of a child with autism. Community Capacity workers have also carried out a lot of work to gather information about what support is available in their local areas which is used to further support families.</p> <p>More information has been added to Your Life Your Choice about what to do if you think your child might have autism, as well as signposting out to useful websites for further information. New pages have also been created with information about support groups for parent carers (online and physical groups) and groups and activities for children and young people with special educational needs and/or disabilities. This information will continue to be updated and improved alongside the refresh of the Local Offer. This refresh will include user testing during May 2018 to launch a refreshed Local Offer in June 2018.</p> <p>A temporary member of staff has also been providing support to contact organisations that support children and young people with autism and their families to get them registered as a provider on Your Life Your Choice. As well as organisations specific to autism, this also includes information such as autism friendly sessions at cinemas, supermarkets and leisure centres.</p>

Priority	We said we would	What we have done 2016 to 2017	Update 2018
		<p>feedback received and opportunities are being explored to offer training to others including those working with young people in the criminal justice system.</p> <p>Babcock Prime's Autism/ Complex Communication Needs team can also offer tailored support and advice to schools and settings, to help learners with autism or complex communication needs to achieve their full potential.</p> <p>A Learning Passport has been developed and training is available for staff and partner organisations.</p>	<p>The newly established parent carer forum, Families in Partnership is working alongside the County Council in all of this activity.</p> <p>During 2017/18 the following training was delivered:</p> <ul style="list-style-type: none"> • Children's Services: 6 courses with 79 attendees • Adult Services: 5 courses with 90 attendees • Fostering Service: 1 course with 18 attendees <p>During 2018/19, it is planned to deliver 6 child focused and 6 adult focused training sessions. The course objectives have been reviewed and updated.</p>
Securing successful and seamless transitions	We will continue to develop arrangements for young people transitioning into adulthood to ensure that nobody is left without support in this crucial time.	<p>In terms of transition under an Education, Health and Care Plan (for 0-25 years of age), Clinical Commissioning Groups have a statutory duty to ensure that health needs are met. After the age of 18, the community paediatrician will hand over to an adult specialist consultant or the GP. The sub group is developing a process around the EHCP process and ensuring that transition to adulthood begins when a young person is in year 9 at school.</p> <p>The annual review paperwork will alert schools that from year 9 they need to think about health issues and transition to adulthood, so that health professionals can begin a smooth transition to adulthood early on.</p>	<p>Preparation for Adulthood has been identified as a work stream of the Special Educational Needs and Disabilities strategy (approved at Health and Wellbeing Board December 2017). This sets out the aim of a whole life approach, which starts at birth, aiming to improve the personal transition experience and journey to adulthood for children and young people with SEND and their families.</p> <p>Actions include ensuring that children with SEND and their families have access to the right information, guidance and support, at the right time in their lives, to support their journey through childhood and into adulthood and facilitating clear and effective access to quality services through the period of transition.</p> <p>A monthly panel has been convened to consider the young people transitioning from Children's Services into Adult Services in order to consider their needs and whether there are any eligibility criteria under the Care Act 2014.</p> <p>There are agreed protocols for young people entitled to Continuing Health Care provision and for young people accessing CAMHS and who need to continue to access adult mental health services when they are 18.</p>

Priority	We said we would	What we have done 2016 to 2017	Update 2018
		<p>Children's Social Care works closely with the Young Adults Team to proactively manage transition to adulthood.</p> <p>If a young person has autism alongside another condition, then the thresholds are met and the transition is seamless.</p> <p>There is no formal transition process for young people who only have autism. Input from the relevant Children's Services team will be available if there are other presenting needs, i.e. safeguarding or parental support issues.</p>	<p>With the introduction of the Three Conversations Model within Adult Social Care, any issues for young people who do not meet the thresholds for the Young Adults Team would be picked up by the relevant locality team.</p>
Improving access to education and employment	<p>Ongoing awareness training for schools, colleges and employers.</p> <p>Schools, colleges and employers are represented on the Autism Strategy Partnership Group to help shape support in their respective host organisations.</p>	<p>The Terms of Reference of the Having a Job Sub Group of the Learning Disability Partnership have been extended so that employment opportunities for those people who have ASD are now a priority. The Autism Strategic Partnership Group (ASPG) now has representation on Having a Job Sub Group including a service user.</p> <p>The Training & Employment Sub-Group of the ASPG was launched in January 2017 as a response to the Green Paper "Work, health and disability: Improving lives". It has become clear that we need to focus specifically on employment opportunities for people on the spectrum whilst continuing to co-ordinate with the Having a Job Sub-Group of the Learning Disability</p>	<p>It had been previously proposed to hold an employers' event in the spring of 2018 to explore and showcase different options and opportunities for the employment of individuals with autistic spectrum conditions to enlighten employers about the benefits of having neuro-diverse people working in their organisations and what reasonable adjustments may be involved to help people on the autistic spectrum to maintain and thrive in their employment.</p> <p>The event was held on 19th March 2018 with the programme being developed by the Training & Employment Sub-Group. The event was sponsored by Fortis Living and over 80 people attended the morning from a wide range of organisations and businesses.</p> <p>The market place displays were well attended and good networking opportunities exploited.</p> <p>Positive feedback has been received and the Training & Employment Sub-Group will continue to focus its efforts in the coming year to look at other ways of positively engaging with potential employers.</p> <p>The WCC Commissioning Unit in Adult Services has employed a person on the</p>

Priority	We said we would	What we have done 2016 to 2017	Update 2018
		<p>Partnership Board when communicating with DWP, Job Centre Plus and other relevant government agencies.</p> <p>The Employment Partnerships Officer and the Commissioning Manager with responsibility for autism are working together to ensure that capacity is available to offer work opportunities for service users on the spectrum.</p>	<p>spectrum to administer the Autism Partnership Group and sub-groups. This is a paid training placement for a year in the first instance.</p> <p>The proposed European Social Fund bid was not pursued. The terms and conditions of the proposal were considered and it was felt that it did not offer the level of bespoke employment support required by the people that the Council wished to support.</p>
<p>Independent Living – Improving access to universal, health, social care and housing services</p>	<p>We will work with our partners to ensure that their planning reflects the aims and aspirations of this strategy.</p>	<p>A Needs Assessment was completed in 2017 which identifies how many units of accommodation for people with complex autism we believe are required in Worcestershire. This is approximately 22. (This does not include the development at Upper Ford Lodge in Droitwich).</p> <p>We have developed 4 cluster flat schemes and there are 3 more in development, including a development in Stourport which is specifically for people with autism.</p> <p>We also have exact numbers of people who need specialist accommodation in the next 3-4 years through working with the Young Adults Team.</p> <p>People at the lower end of the spectrum are being supported to access the cluster flats being developed for people with learning and other disabilities.</p>	<p>It is anticipated that the 8 flat development at Upper Ford Lodge will be complete in Spring 2019.</p> <p>Commissioners are currently negotiating with a number of providers to identify appropriate sites for further specialist housing. This includes WCC sites which are currently identified for disposal.</p> <p>The flats in Stourport are now open and being filled.</p> <p>Additional specialist housing for people with disabilities, including autism, who meet the eligibility criteria, is under development in Bromsgrove and Worcester.</p> <p>During year 1 of the Our Way Advocacy contract for housing matching, 42 people have been supported and housing found for 11 of those people (not all of whom will be on the autistic spectrum).</p>

Priority	We said we would	What we have done 2016 to 2017	Update 2018
		<p>Our Way Advocacy has recently been successful in obtaining funding for a housing matching and advice worker, who is now in post. The post-holder will facilitate and support people to find housemates. This is for people who are both eligible and non-eligible for statutory services.</p>	
Local Planning	<p>We will work with all partners to ensure that we gather data about children, young people and adults, which is accurate and available.</p>	<p>The data in 2017 was as follows:</p> <ul style="list-style-type: none"> • 105 adults with Autism known to WCC (recorded on Frameworki). • 91 cases where the service user has been allocated to a Social Care Team. • 86 people with Autism and social care eligibility and Learning Disabilities (based on Learning Disability SALT primary support reason). • 1 person with Autism and social care eligibility and Mental Health (based on Learning Disability SALT primary support reason). • 16.4 days – average wait between referral and assessment (taken from the date need for assessment was identified and recorded to the start of the assessment – usually a Combined Needs Assessment). <p>Commissioners are working with Worcestershire Health and Care NHS Trust to record all children on the umbrella pathway through CareNotes.</p>	<p>In Adult Services, there are currently:</p> <ul style="list-style-type: none"> • 114 adults with Autism known to WCC (recorded on Frameworki) • 96 cases where the service user has been allocated to a Social Care Team. • 2 people with Autism and social care eligibility and Mental Health (based on Learning Disability SALT primary support reason). • 37 days – average wait between referral and assessment (taken from date need for assessment was identified and recorded. Over the past year, this is usually through a Combined Needs Assessment although some Three Conversation work has started to be recorded). <p>A population profile for children with SEND has been completed and will be uploaded to the Joint Strategic Needs Assessment area of the County Council's website.</p> <p>A SEND Strategy has been written and was endorsed by the Health & Wellbeing Board in December 2017.</p> <p>The Autism Strategy is due to be refreshed during 2018 and JSNA data will be used will be used to project future demand on services.</p>

Priority	We said we would	What we have done 2016 to 2017	Update 2018
		<p>The number of children who are referred to the pathway, diagnosed/not diagnosed is monitored on a monthly basis.</p>	
<p>Listening to children, young people, adults and their carers</p>	<p>We will review the composition of the Autism Strategic Partnership Group (ASPG).</p>	<p>We have reviewed the membership of the ASPG and through engagement with local community groups and organisations we have added and renewed relevant partners. Through our co-production with specialist groups in the voluntary sector we are specifically targeting those minority groups outlined in the action plan to ensure inclusion of all members of the community who maybe on the spectrum.</p>	<p>The Autism Partnership Board and associated sub-groups (Asperger's Sub-Group and Training & Employment Sub-Group) continue to meet regularly. New members have been recruited throughout the year in order to widen the range of partners and knowledge.</p> <p>Progress in relation to the last Self-Assessment Framework (SAF) was reported in the previous update. It is expected that a further SAF will be requested in Autumn 2018. If a formal SAF is not requested, DAS will undertake its own progress update.</p> <p>Engagement activity was carried out throughout the Spring/Summer 2017 to gather the views of children and young people and their parent carers. This included holding events as well as going out to support groups and summer play schemes to gather views on what's working well and what could be improved. The County Council is working very closely to support the newly established parent carer forum, Families in Partnership, and is involving the forum in activity taking place.</p> <p>It has been identified that more needs to be done to engage with children and young people and this is included in a priority work stream for Children's Social Care. This includes the introduction of an interactive app known as MoMo ("Mind of My Own"). This will provide young people with an instant, relevant and accessible way to express their views, wishes and feelings, and Social Care with a smart way to record and collate them in order that issues, needs and trends can be identified and responded to.</p> <p>Advocacy support is also available to children and young people with disabilities who access short break provision and this support is used as appropriate in consultation activity.</p>
<p>Supporting community based</p>	<p>We will engage with more community groups and</p>	<p>The ASPG has a permanent agenda item on Your Life, Your Choice (YLYC). We have addressed access issues for</p>	<p>There are a number of community support groups and organisations which operate in Worcestershire.</p>

Priority	We said we would	What we have done 2016 to 2017	Update 2018
organisations and groups	organisations to be able to ensure their services are included in the Local Offer and the Your Life, Your Choice websites.	<p>service users with autism spectrum conditions and worked with the YLYC team to ensure that local organisations who offer services for children, young people and adult on the spectrum are able to register on the site.</p> <p>People on the spectrum were invited to attend a workshop in January 2017 to assist with redesign of YLYC to ensure that it is as user-friendly as possible for people on the autism spectrum. Following the workshop, as part of YLYC redesign, specialist pages have been set up to ensure that the feedback from people on the spectrum influenced the way site will be navigated so that it is accessible to people on the spectrum.</p> <p>Parenting and Family Support providers have teams to develop community capacity which includes supporting community based groups across the county.</p>	<p>Autism West Midlands (AWM) delivers two activity clubs each month at the Youth House in Kidderminster. The morning session is for children aged 6-11 years and the afternoon session is for those aged 12-18. Each session offers a range of activities, usually on a particular theme. If young people are new to the club or reluctant to try a new activity, the staff team work with them and may model activities alongside them or by hand-over techniques if needed.</p> <p>Children and young people are able to participate on their own terms but they are always encouraged to step outside of their comfort zone, experience new things and develop new skills.</p> <p>A quiet room is available for those who wish to be away from the noise of others and the outside space is used to provide physical activities. For adults with autism, there are a range of support services which includes community based supported living and the Aspire employment support service.</p> <p>The community supported living service provides specialist support that enables individuals to maintain independence, develop relationships and learn new skills within their community. Support is tailored to meet individual needs and aspirations by trained, experienced staff.</p> <p>Aspire provides access to work support for people with autism who are in paid employment. An Autism & Employment Specialist Assessment is undertaken which supports people to identify areas of need and makes recommendations around coping strategies, further support and reasonable adjustments that can be made to enable individuals to maintain their employment.</p> <p>Autism Specialist Mentoring is also offered to help people with a wide range of issues including: helping a person to learn more about their autism; discuss any difficulties being experienced at work and possible solutions; developing social skills for the workplace; work to build positive relationships with colleagues; support colleagues to understand autism and how to support; supporting to implement any reasonable adjustments which may be beneficial.</p> <p>ASPIE promotes the intelligence of adults who live with the complexities of Asperger's, part of the autistic spectrum and a hidden disability.</p>

Priority	We said we would	What we have done 2016 to 2017	Update 2018
			<p>Based in Worcester, ASPIE provides a safe place and relaxed opportunity for adults with Asperger's to meet, socialise and do things together with like-minded others.</p> <p>ASPIE, unique in its construction and design, is now 6 years old and in this time has improved the quality of life of its growing membership of Asperger adults increasing their confidence and self-esteem through varied self-led activities, courses and consultations overseen by a dedicated team. As a result members find friendship and motivation to remain in or return to education and employment and enjoy leisure and cultural pursuits in the community that others take for granted.</p> <p>The National Autistic Society Worcestershire Branch has been supporting the 'Companions Group' in Bromsgrove on a weekly basis for many years. This is a club for adults with autism and their parents which has a varied programme of activities including games, discussions and quizzes. Outings are frequently held and include visits to such places as ten pin bowling and Dudley Zoo. Over the past year, the group has been asked to act as a forum for their views with organisations including British Gas and Healthwatch.</p> <p>Work is ongoing across the county building volunteer-led support groups for parents and activities for children on a postcode basis. NAS Worcestershire is working with school SENDCO's and parents are being invited to meet and discuss that they would like NAS Worcestershire to provide.</p> <p>The Autism Strategic Partnership Group was notified in March 2018 that the Rainbow organisation was closing with immediate effect. Other local support groups are already reporting the impact this is having on their groups (e.g. National Autistic Society and Aspie).</p> <p>Your Ideas based in Redditch has developed a specialism in engaging and supporting young people with ASD through its Support Across the Spectrum project. The organisation is commissioned to provide positive activities for young people and has a range of provision including a gaming club run by older young people on the spectrum for their young peers. Your Ideas has recently announced success in obtaining £320,000 over five years from the Big Lottery to maintain and expand this project.</p>

**HEALTH AND WELL-BEING BOARD
22 MAY 2018****HEALTHWATCH WORCESTERSHIRE AUTISM SPECTRUM
CONDITIONS REPORT**

Board Sponsor

Peter Pinfield, Chairman, Healthwatch Worcestershire

Author

Morag Edmondson, Engagement Officer, Healthwatch Worcestershire

Priorities

Mental health & well-being	Yes
Being Active	No
Reducing harm from Alcohol	No
Other (specify below)	

Safeguarding

Impact on Safeguarding Children Yes

Impact on Safeguarding Adults Yes

Item for Decision, Consideration or Information

Consideration

Recommendation

- 1. The Health and Well-being Board is asked to consider Healthwatch Worcestershire's Autism Spectrum Conditions Report – March 2018 and the recommendations made in relation to the priorities within the Worcestershire All Age Autism Strategy.**

Background

2. Autism Spectrum Conditions was identified as a Healthwatch Worcestershire (HWW) Business Priority following feedback received through previous engagement and from local groups and organisations supporting and representing people with Autism and their carers'.
3. Over the last year HWW have been finding out what people with Autism and their carers think about accessing health services, information, support and diagnosis. 150 people completed surveys and 70 spoke to HWW as part of engagement. Levels of awareness and understanding of Autism Spectrum

Conditions within health services in Worcestershire was identified by requesting feedback from GP practices, Worcestershire Acute Hospital Trust, Worcestershire Health and Care Trust, West Midlands Ambulance Service and Care UK. Please see Appendix 2 for further information about background and methodology of work undertaken.

4. Healthwatch Worcestershire Autism Spectrum Condition Report was published in March 2018. A summary of the report can be found in Appendix 1 and a link to the full report in Background Papers.

5. The report makes recommendations about further action needed in the implementation of priorities set out in Worcestershire's All Age Autism Strategy. See Appendix 3 – Conclusions and Recommendations. A summary of findings is below in paragraphs 6 to 8.

6. Diagnosis, Information and Support: Findings suggest that in some cases people had experienced long waits for a diagnosis and did not feel they had received sufficient information while waiting and at the point of diagnosis. The majority of people with Autism Spectrum Conditions and carers did not feel that they receive the support they need in relation to their Autism or caring role. In particular a need for appropriate mental health support was identified. People reported that they would like more information about services and support available to them and increased access to local support groups.

7. Understanding and Awareness of Autism Spectrum Conditions: Findings show that there is a variation in awareness of Autism across health services in Worcestershire. There is a need to increase awareness by gaining commitment from partners to the vision within the All Age Autism Strategy, by promoting and encouraging training for staff and identifying Autism Champions.

8. Access to Health Services: Findings showed the difficulties that people with Autism can experience when visiting the Doctors and Hospitals. Examples were given by people with Autism and their carers and also by health services of adjustments that can be made when making appointments, waiting to be seen and communicating with staff. Recommendations also include the importance of staff awareness of Autism and the use of clear language. In addition, introducing a flagging system to ensure appropriate adjustments can be made.

9. The report has been circulated to the Autism Strategic Partnership Board, Worcestershire County Council, Health Overview and Scrutiny Panel, Children and Families Overview and Scrutiny Panel, Clinical Commissioning Groups, Worcestershire Acute Hospital Trust, Worcestershire Health and Care Trust, Care Quality Commission and Healthwatch England.

10. HWW requested a response to the recommendations set out in the report from Worcestershire County Council, the Worcestershire Clinical Commissioning Groups, Worcestershire Acute Hospital Trust and Worcestershire Health and Care Trust.

11. A response to the recommendations from Worcestershire County Council can be found in Appendix 4.

12. A response on behalf of the Worcestershire Clinical Commissioning Groups can be found in Appendix 5.

Legal, Financial and HR Implications

13. Legal implications based on the Autism Act 2009.

Privacy Impact Assessment

14. Not applicable

Equality and Diversity Implications

15. Not applicable

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Morag Edmondson, Engagement Officer, Healthwatch Worcestershire

Tel: 01386 550264

Email: medmondson@healthwatchworcestershire.co.uk

Supporting Information

- Appendix 1 – Summary – HWW Autism Spectrum Conditions Report
- Appendix 2 - Introduction – HWW Autism Spectrum Conditions Report (on-line)
- Appendix 3 – Conclusions and Recommendations – HWW Autism Spectrum Conditions Report (on-Line)
- Appendix 4 – Worcestershire County Council Response to Recommendations (on-line)
- Appendix 5 – Clinical Commissioning Groups Response(On-line)

Background Papers

The following are the background papers relating to the subject matter of this report:

- Appendix 6 – HWW Autism Spectrum Conditions Report – March 2018 Full report (on Healthwatch Worcestershire website)
- Worcestershire's All Age Autism Strategy 2015 – 2018 (on-line)

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Summary Report

Autism Spectrum Conditions

March 2018

Our Work

Healthwatch Worcestershire has been finding out what people with Autism Spectrum Conditions and their carers think about accessing health services, information, support and diagnosis.

150 people completed our surveys and we spoke to 70 people as part of our engagement.



We have also been looking at levels of awareness and understanding of Autism Spectrum Conditions within health services across Worcestershire, including GP practices and hospitals.

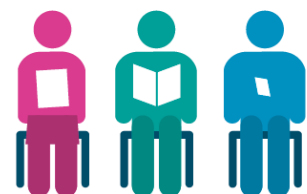
We asked about the training available for staff and ways in which they support and make adjustments for patients with Autism.

Access to Health Services

People told us about the difficulties they can experience when visiting the doctors and hospitals. They gave us lots of examples of things that would help them when making appointments, waiting to be seen and communicating with Doctors and Nurses.

We have made suggestions for GP practices and hospitals about ways they can make adjustments for patients with Autism, including a flagging system to make sure they know who might need extra support.

WAITING ROOM



Awareness of Autism Spectrum Conditions

Our findings show that there is variation in the awareness and understanding of Autism across health services in Worcestershire.

There is a need to increase awareness by encouraging and promoting training and identifying Autism Champions.

Information

Feedback suggests that there is a need for comprehensive and up to date information about services and support available for people with Autism Spectrum Conditions and their carers. This needs to be available in a central location and promoted in a variety of ways including online and via social media.



People also told us they would like more information to help them understand Autism Spectrum Conditions and strategies for support.

Support



On the whole people did not feel they receive the support they need in relation to their Autism Spectrum Condition or their caring role. A need for more appropriate mental health support was identified.

People valued support they received from support and social groups and feel there is a need to increase access to these across Worcestershire.

Diagnosis

Feedback suggests that in some cases children, young people and adults have experienced long waits for an Autism Spectrum Condition diagnosis. Many felt they did not receive enough information about the process for diagnosis, understanding the diagnosis or support available following diagnosis.



Worcestershire's All Age Autism Strategy



The All Age Autism Strategy was agreed in 2015. It is the plan for Autism support and services in Worcestershire, to make sure they meet national requirements and guidelines.

We have used the feedback we have been given to make recommendations about how services can be improved, in relation to the priorities set out in the All Age Autism Strategy.

We have asked those responsible for running health and care services for a response to our recommendations and how the actions will be implemented.

The full Autism Spectrum Conditions Report is available on our website:
www.healthwatchworcestershire.co.uk

We always want to hear your views. You can email us on:
info@healthwatchworcestershire.co.uk or ring us on 01386 550264.



HEALTH AND WELL-BEING BOARD
22 MAY 2018**CARERS STRATEGY 2015-2020 – YEAR 3 UPDATE**

Board Sponsor

Avril Wilson, Director of Adult Services

Author

Elaine Carolan, Strategic Commissioner

Priorities

Mental health & well-being

(Please click below
then on down arrow)

Yes

Being Active

No

Reducing harm from Alcohol

No

Other (specify below)

Safeguarding

Impact on Safeguarding Children

Yes

If yes please give details

Impact on Safeguarding Adults

Yes

If yes please give details

Item for Decision, Consideration or Information

Consideration

Recommendation

- 1. The Health and Well-being Board is asked to note the update on the third year of the Carers' Strategy and consider if there are any further comments to make regarding the next two years of the Strategy.**

Background

2. The Carers at the Heart of Worcestershire's Families and Communities Strategy was approved by the Health & Well Being Board on 12 May 2015 and an update was presented in May 2016 and July 2017.
3. Appendix 1 to this report gives an in-depth overview of the work undertaken during 2017/18 (year 3 of the Strategy) towards achieving the aims of the all-age Worcestershire Carers Strategy 2015-2020. The Worcestershire Carers Strategy 2015-2020 is available on-line as Appendix 2 to this report for information.

Legal, Financial and HR Implications

4. All actions are within existing budgets. All legal implications are based on the Care Act 2014. There are no additional HR implications.

Privacy Impact Assessment

5. Not applicable

Equality and Diversity Implications

6. Not applicable

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Elaine Carolan, Strategic Commissioner Adult Services

Tel: 01905 843197

Email: ECarolan@Worcestershire.gov.uk

Supporting Information

- Appendix 1: Worcestershire Carers Strategy Update Report
- Appendix 2: Worcestershire Carers Strategy 2015-2020 (on-line)

Worcestershire Carers Strategy 2015-2020

'Carers at the Heart of Worcestershire's Families and Communities'

Report May 2017 to April 2018 (Year 3)

Introduction

Unpaid carers perform a unique role in our society and increasingly, most of us are likely to assume responsibility for helping to care or support someone close to us at some point in our lives. We become carers when our caring responsibilities exceed normal expectations for a relationship due to the illness or chronic condition of someone close to us. Many people enjoy or derive great satisfaction from their carer role and may acquire new skills and friendships, but carers often unknowingly place their own physical, mental and financial wellbeing at risk of harm without appropriate support.

Without unpaid carers, Health and Social Care could not cope with demand for care, so there may be an assumption by professionals of a duty or obligation put on family and friends to provide care. This can lead to carers feeling guilty or confused and further isolated from friends, family and support. The Census 2011, British Household survey 2009 and GP Patient Surveys have consistently shown high levels of carers reporting poor health outcomes. The Census found carers across English regions are between 2 and 3 times more likely to be in bad health if they are providing 50 hours or more unpaid care per week than if they provide no unpaid care. Poverty is an issue that disproportionately affects carers and their families. Carers are less likely to be in full time employment, more likely to have left work or retired to care and suffered the consequences in terms of reduced income and pension rights. 1 in 10 adults, including young adult carers, will have a caring role and many have poorer mental and physical health, as a result of caring without receiving timely information and help:

- 61% report a negative impact on mental and physical health
- 46% have faced depression
- 39% are struggling financially
- 43% of carers have given up work to care

(Carers UK, State of Caring Report, 2017)

These numbers are all projected to increase, as the population ages and more people live longer with ill health. The reliance and demand on carers and carers' time in the future is only set to increase with changing government legislation, overburdened health services and the increase in life expectancy. The proportion living with dementia, in particular, is projected to double between 2015-2025. Worcestershire has its own all age strategy "Carers at the Heart of Worcestershire's Families and Communities" setting out the local vision (see covering paper).

Worcestershire's Corporate plan – 'Shaping Worcestershire's Future Our Plan for Worcestershire 2017 to 2022' states:

'We recognise that carers play a vital role in society and we will continue to support them by working closely with the Worcestershire Carers' Association.'

This report covers the activity of the partners involved in delivering the Carers Strategy in Worcestershire for the period from July 2017 to April 2018. This includes the support available to all carers through Worcestershire County Council (WCC), Worcestershire Integrated Carers Hub (WICH) and Worcestershire Young Carers (WYC) with the addition of some further support from a number of smaller organisations currently not contracted by WCC i.e. Redditch Carers Careline and Worcestershire Parent and Carer's Community (WPCC). These smaller organisations play a valuable part in providing bespoke support to specific communities and in contributing to the additional funding drawn in to the county via the voluntary and community sector (VCS).

Funding

Support for carers is mainly funded through the Better Care Fund. The amount allocated for carers' support was £1.26m in 2018-19 . In addition, Public Health contributes £617,000, making a total of £1.877m for carers in Worcestershire.

In addition, CAW consortium members have brought in external funding exceeding £150,000 over the last year, plus donations in kind. This 'added value' allows organisations to provide services over and above commissioned service.

Award

In the 2017 Health Service Journal Awards, the Worcestershire Integrated Carers Hub was 'highly commended' in the 'Commissioning for Carers category.

Annual Update

The Carers Strategy sets out the outcomes it aims to achieve for carers, together with statements about how these will be achieved. These outcomes were developed with carers and carer organisations. The following section sets out progress against outcomes and provides additional information about other areas of work not originally included in the list of actions, but meeting outcomes.

Outcomes		How we will achieve this	2017/18 Update
1. Recognised and valued	<p>I am recognised and respected in my role as a carer</p> <p>I feel confident that there is support available</p> <p>I feel able to care safely</p> <p>The caring I do is appropriate to my age and capabilities</p> <p>I understand how to access support</p> <p>I am involved and can influence the assessment of my needs and aspirations</p> <p>I am able to have a say in how services are designed and delivered</p>	<p>Face to face assessment that focus on the individual</p> <p>Engagement and consultation with carers included at all stages</p> <p>Relevant consultative carer groups are in place and regular feedback to WCC, CCGs and Health & Well Being Board is ensured</p> <p>Health & Social Care professionals are Carers Aware</p>	<p>No. of Care Act Carers Assessments carried out:</p> <ul style="list-style-type: none"> • 2015/16: 5,132 • 2016/17: 3,559 • 2017/18: 2,180¹ <p>102 Young Carers assessments carried out by YSS in the family home.</p> <p>Range of consultation & engagement carried out with carers e.g.</p> <ul style="list-style-type: none"> • Direct Payment Survey & Engagement • Transportation Policy Refresh • PIP Factsheet Engagement • LD Housing Options, Day Services Re-Engagement & Replacement Care Pre-Engagement <p>Carers Partnership in place, commissioners attend meetings; Carers supported to be involved in LD Partnership Board and sub groups</p> <p>Carer Aware and Carer Aware licence renewed for a further 3 years</p> <p>WAC and Acute Trust have continued to develop closer working which is contributing to a better experience for patients and carers when they access services in the Trust. The Trust continues to embed 'John's Campaign' across the three sites. A Carers Card has been</p>
<p>¹ There have been a number of changes in operations this year that have required significant changes in reporting e.g. the use of combined assessments and reviews with both services users and their carer(s); carer support plan being combined with carer reviews.; move to Three Conversation model</p>			

		<p>Support services for young carers are in place; schools and colleges have the awareness to support young carers</p> <p>Your life Your Choice (YLYC) clearly explains the carers pathways and what universal, commissioned and WCC provided support is available</p> <p>Commissioned services are in place to provide information, advice and support for carers</p>	<p>launched to give information about this campaign and other initiatives in the Trust to support them.</p> <p>Introduction of YSS Education Link Project. Dedicated worker aiming to strengthen links with schools and colleges across the county as well as raising awareness of young carers and barriers they face.</p> <p>Your Life, Your Choice updated to reflect changes in Carer Pathways</p> <p>County-wide Integrated Carers Hub launched 2016, extended in 2018 for a further year with a re-tender in Autumn 2018</p> <p>Young Carers: Current Young Carers contract runs until end of March 2019.</p> <p>Parent Carers: Contract variation in place to Integrated Carers Hub to allow Parent Carers to access carer support services</p>
2. A life of my own	<p>I feel able to achieve a balance between my caring role and my personal life</p> <p>I feel connected to others in</p>	Support will be available to all carers	<p>Number of adult carers on carers register – 12,062 (as at March 2018) – all these carers as a minimum receive the ‘Caring News’ magazine</p> <p>Number of carers contacted following a referral – 2,880 (Apr 17 – Mar 18)</p> <p>Continued delivery of BBC Children in Need</p>

	<p>the community</p> <p>I know how to maximise my income to meet basic needs and am not forced into financial hardship as a result of my caring role</p> <p>I feel able to fully participate in education or training and enter or re-enter the employment</p>	<p>Funded social care will be made available through a carers personal budget</p> <p>Support can be provided to the person with care needs to help ensure relevant training is made available to include information about financial matters</p> <p>Professionals and organisations coming into contact with carers will be trained on carers issues. This will be through direct training of Carer Aware campaign</p> <p>Young Carers at risk of becoming NEET receive appropriate information, advice & guidance</p>	<p>funded Young Carers “Participation” group. Currently funded until end of December 2019.</p> <p>13 local adult carer support groups in place across the county, plus informal social groups</p> <p>Carers Unlimited – this WAC project is funded by donations and community fundraising and gives carers an opportunity to have a break from their caring role e.g. through trips, visits, carer breakfasts etc.</p> <p>No. of carers in receipt of direct payments - 331</p> <p>Training/information sessions include Legal and Financial sessions (e.g. Powers of Attorney, Paying for Care, Wills & Trusts, Benefits</p> <p>Carer Aware and Carer Aware licence renewed for a further 3 years and promoted across health & social care</p> <p>Building Healthy Partnerships Programme on self-care and carers includes an organisational development work strand for staff in the NHS and other organisations; STP partners and carers engaged in this work</p> <p>30 young carers received bespoke one to one support sessions with outcomes based on maintaining education, employment and</p>
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	<p>market if I wish</p> <p>I can remain in suitable employment if I wish to</p>		<p>training as well as promoting self-care and supporting to access activities and services.</p> <p>Working for Carers launched by Worcestershire Association of Carers in March 2018 – 9 employers signed up during the year, including the Herefordshire & Worcestershire Chamber of Commerce</p>
3. Train	<p>I am able to maintain my physical and emotional wellbeing</p> <p>I am able to manage stress</p> <p>I feel confident in my role as a carer</p> <p>I am able to maintain a dignified relationship with the person I care for</p> <p>I am able to maintain relationships that are important to me</p>	<p>Personalised support will be provided to all carers.</p> <p>Some areas of provision will be provided through a carers personal budget where this is required.</p> <p>Carers support and replacement care are available to carers where they need and qualify</p>	<p>WICH – 2,880 carers supported Apr 17 - Mar 18, of these only 0.9% of referrals referred back to WCC for Carers Assessment as WAC was able to meet carer needs</p> <p>WPCC reaching in excess of 350 parent carers, this support is funded by grants outside the statutory sector, and by the fundraising efforts of WPCC parent carers, providing a valued added contribution of approximately £25,000 per year towards achieving outcomes.</p> <p>420 young carers currently accessing a service. Respite clubs and activities programme saw 901 attendances throughout the year from individual young carers. On average, one to one work last for 6 sessions – totalling 270 hours of individual, tailored support offered throughout the year.</p> <p>No. of carers in receipt of direct payments in 2017/18- 331; pilot underway with WAC undertaking carer assessment reviews</p>

		<p>for it</p> <p>Relevant training (e.g. how to manage stress, caring with confidence) and local carer support groups to be in place</p> <p>GPs and other Health professionals will make adjustments to carers in their day to day practice</p> <p>Effective support in place for independent advocacy where a carer needs this</p>	<p>Grants for carer wellbeing – amount of external funding brought in for adult carers £3,024 (Jul – Dec 17)</p> <p>Training sessions delivered on a wide range of topics – 1,178 carers training sessions attended (Apr 17- Mar18)</p> <table border="1" data-bbox="1473 454 2085 790"> <thead> <tr> <th>Yr2 (July 17-March 18)</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Yr to date</th> </tr> </thead> <tbody> <tr> <td>Attendance by type of training</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Caring with Confidence</td> <td>170</td> <td>201</td> <td>110</td> <td>481</td> </tr> <tr> <td>Legal & Financial</td> <td>71</td> <td>98</td> <td>96</td> <td>265</td> </tr> <tr> <td>End of Life</td> <td>-</td> <td>13</td> <td>-</td> <td>13</td> </tr> <tr> <td>Wellbeing</td> <td>8</td> <td>92</td> <td>42</td> <td>142</td> </tr> <tr> <td>TOTALS</td> <td>249</td> <td>404</td> <td>248</td> <td>901</td> </tr> </tbody> </table> <p>On line training also available through the WAC Website</p> <p>Carer Aware training ; awareness presentations to Trainee GPs; Building Healthy Partnerships project (see below); NHS Commitment to Carers</p> <p>Carers one of named groups in generic advocacy contract - Number of carers accessing Advocacy services during the year - none</p>	Yr2 (July 17-March 18)	Q1	Q2	Q3	Yr to date	Attendance by type of training					Caring with Confidence	170	201	110	481	Legal & Financial	71	98	96	265	End of Life	-	13	-	13	Wellbeing	8	92	42	142	TOTALS	249	404	248	901
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Cross Cutting Themes

Safeguarding

Safeguarding is a cross cutting theme across all carer outcomes. The Council and its partners co-operate in safeguarding the welfare of vulnerable adults and children as set out in the Care Act 2014 and the Children Act 1989. This means that we ensure that carers know how to raise concerns about the person they are caring for or themselves, and that carers are supported appropriately in the event of any allegations made against them.

Adults

The Worcestershire Safeguarding Adults Board (WSAB) includes a both a carer representative and the WAC Chief Executive as Board members. Their role is supported by a Carers Safeguarding Reference Group. Safeguarding procedures are in place and are accessible to carers. Providers of carers services are expected to have all necessary safeguarding policy and procedures in place, and ensure that staff are trained.

Children and Young People

Young Carers have no specific representation on the Worcestershire Safeguarding Children Board (WSCB) nor are specifically mentioned in the WSCB Business Plan for 2017/18.

As the provider of services for young carers, YSS's approach to managing safeguarding concerns within the team is includes ensuring that all keyworkers are WSCB safeguarding trained and have had an introduction to the WSCB Threshold document to be used as a tool to inform working practice; all staff have had up to date Safeguarding Training; Safeguarding policies are reviewed on an annual basis; the YSS Safeguarding lead has direct operational responsibility for the Worcestershire Young Carers project.

There are currently 24 young carers where there are safeguarding concerns or where Child Protection work is being carried out. This is approximately 6% of the active caseload.

Partnership working

Worcestershire Health and Care Trust - the significant work done around carers has seen all community hospital wards signed up to John's Campaign (<http://johnscampaign.org.uk/#/>). This campaign is based on the premise that when someone with dementia is hospitalised, the medical staff should do all within their power to make access easy for family carers and utilise their expert knowledge and their love. The principles of John's Campaign are applicable everywhere when a person with dementia cannot live in their own home.

WICH Carer Pathway advisers run sessions in all Worcestershire's Community Hospitals and have had stands at several events held by the Trusts. They continue to work closely with colleagues from the Acute Trust and are a partner in the 'Think Carer' initiative arising from the Building Health Partnerships Programme across Worcestershire and Herefordshire.

Five sessions

Worcestershire Association of Carers worked in partnership with Worcestershire Health and Care and Worcestershire Acute Hospitals NHS Trusts to hold a series of 5 sessions focussing on issues and themes that affect carers. Those sessions were: Peer-to-Peer Support, Hospital Discharge, End of Life, Wellbeing and Confidentiality. Carer stories are being gathered to offer a greater understanding of the various carer journeys, the challenges they present and examples of good practice. The model of bringing carers together with health professionals and VCS partners around specific topics has been well received particularly by carers and is now the model of choice going forward.

Worcestershire Acute Hospitals NHS Trust

Frailty and Hospital discharge Pilot – launched 1st Feb – based at Frailty Assessment Unit at the Alexandra Hospital. The pilot aims to improve discharge planning and reduce readmissions by work closely with ward staff to identify and support carers during the inpatient stay, discharge. The project will also be looking to identify gaps in services, information or training that could have helped prevent the admission e.g. falls.

Carer Champion training and awareness sessions delivered throughout the year. Integrated Carers Hub staff now liaising with staff on some wards before and after training to enrich and sustain training experience. WICH Carer Pathway Advisers spend time in all Acute settings to identify and support carers.

Building Healthy Partnerships Programme – 'Think Carer'

The Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP) identified carers as a key group to engage in planning for the future. Carers said:

- We recognise there is a need to do more around prevention and self-care
- We offer you expertise – recognise, value, and listen to us
- In our caring role we need access to condition information; professional knowledge for advice and crisis support; good quality
- We recognise there is a need to do more around prevention and self-care
- We offer you expertise – recognise, value, and listen to us
- In our caring role we need access to condition information; professional knowledge for advice and crisis support; good quality training courses
- We need the expert care partner role to be enabled and empowered – through relationship, support and processes
- We need access to that which helps us look after our own health and well-being

Work on these themes has been taken forward during the year by the national Building Healthy Partnerships Programme (BHP), supported by the Institute for Voluntary Action Research. In the latter stages of the programme, the focus has been on changing the culture within the NHS and social care through organisational development (based on feedback by carers), and ensuring that a focus on carers has been maintained at a strategic partnership level. The Herefordshire and Worcestershire STP Partnership has agreed in principle to sign up to the following Commitment to Carers principles as a result of the programme:

'Think Carer' - Key principles

The integrated approach to identifying, assessing and supporting Carers' health and wellbeing needs rests on a number of supporting principles. Each of these principles covers a number of practical points and each of these practical points features examples of positive practice, in order to encourage other practitioners and commissioners to replicate or build on success.

Partners to the Memorandum of Understanding agree that:

- 4.1 Principle 1 – We will support the identification, recognition and registration of Carers in primary care.
- 4.2 Principle 2 - Carers will have their support needs assessed and will receive an integrated package of support in order to maintain and/or improve their physical and mental health.
- 4.3 Principle 3 - Carers will be empowered to make choices about their caring role and access appropriate services and support for them and the person they look after.
- 4.4 Principle 4 – The staff of partners to this agreement will be aware of the needs of Carers and of their value to our communities.
- 4.5 Principle 5 - Carers will be supported by information sharing between health, social care, Carer support organisations and other partners to this agreement.

4.6 Principle 6 - Carers will be respected and listened to as expert care partners, and will be actively involved in care planning, shared decision-making and reviewing services.

4.7 Principle 7 - The support needs of Carers who are more vulnerable or at key transition points will be identified early.

Department for Work and Pensions –

Joint working with DWP Partnership Team, in consultation with Carer representatives, have been working together to improve access to information, advice and support on DWP Benefits and Services for Carers and Cared For. Including: production of a Personal Independence Leaflet and Factsheet for Carers (on WICH Website), a partner referral route to DWP Visiting Service for assistance with claiming benefits and the establishment of closer working arrangements between WAC and Worcestershire Jobcentres leading to improved support for Carers.

Working with WCC Social Work Team on the Three Conversation Model

WICH continues to work closely with social work teams as Worcestershire moves to the 3C model resulting in a steady increase in the number of referrals being received from Social Workers. Significant training and support has been provided to the Carer Pathway team to ensure they feel confident with this new approach. Carer Pathway Advisers now have access to Frameworki providing for a more integrated and consistent service enabling timely access to appropriate and proportionate assessment for carers and reducing the need for carers to repeat their story.

VCS – information and advice providers

The commissioned information and advice providers including Worcestershire Association of Carers, Worcestershire Advice Network(WAN), Stroke Association, Onside Advocacy and YSS Young Carers continue to work closely to provide complementary services and where possible look for efficiencies in terms of shared events and staff training. WAN are leading on a project to utilise a platform called Refernet to enable secure electronic referrals between partners, this is in the early stages but demonstrating some benefits.

Care Home Excellence Partnership

Moving a loved one to a care home is often a difficult transition for carers that can create a lot of stress, anxiety and guilt. The caring role doesn't end there with carers continuing to support their loved one and juggle finances for the duration of the stay. Worcestershire Association of Carers along with Age UK H&W are involved with the recently formed Care Home Excellence Partnership (CHExP) looking to raise standards and share good practice across Worcestershire's care homes

Young Carers

Worcestershire Young Carers clubs delivered in Partnership with Worcester Community Trust and Batchley Support Group; co-delivery of summer 2017 activities with Coventry Young Carers service, regular multi agency working, information sharing practices, sign posting and onward referrals

Activity carried into Year 4:

- Supporting Carer responses to the Social Care Green Paper & new National Carers Action Plan – continue to ensure Worcestershire’s Carers have a voice and that the new action plan, once in place, is implemented in Worcestershire
- Embedding ‘Think Carer’ approach from Building Healthy Partnerships work:
 - NHS England Commitment to Carers to be implemented across the NHS Acute and Health and Care Trusts
 - Continuing work on exploring options for the introduction of Carer Passports across Worcestershire and Herefordshire
 - Development of Neighbourhood teams to include carer support (lead by Worcestershire Health and Care Trust)
 - Organisational develop for staff working in health and social care to reflect ‘Think Carer’ and bring about culture change
- Discussion with Worcestershire County Council about further improvements to ‘Your Life, Your Choice’ (to reflect carer pathways within the ‘Three Conversation)
- Evaluating pilot projects and considering options for:
 - Older carers project
 - Hospital discharge
 - Carer Assessment and Reviews pilot
- Recommissioning of services for adult and young carers
- Developing support for carers at transition points – e.g. when their caring role ends, support for carers to find safe and affordable care (including self funders, moving from children’s to adult services)
- Identifying emerging gaps in services e.g. autism info and advice, - add to at CAW Board meeting
- Supporting the Universal Credit roll out in Worcestershire through a Universal Credit fact sheet (working with DWP)
- Young Carers
 - Whilst young carers are not directly mentioned within the new WCC Children & Young People’s plan, YSS have been involved in consultations around its development and will continue to embed its shared values in all of the work we do. YSS has also continued to strengthen our links with Children’s Services providers as well as demonstrating the value of our work to decision makers involved in the commissioning process, aimed at raising the profile of and influencing the shape of commissioned young carers services within local government.

- Our Education Link project continued into 2018 with a dedicated worker building and strengthening relationships with county schools. YSS will also be aiming to raise awareness of young carers and the barriers they face as well as increasing referrals from education establishments. These aims will be achieved through pupil assemblies, staff team presentations and awareness events.
- Due to a rapidly increasing caseload (a direct result of the Education link work) YSS staff are required to work in more innovative and creative ways. This includes the further development of our on line offer: weekly confidential on line drop in, video calling for support sessions and completing service reviews on line/over the phone.

Annex for provider updates

Carers Careline (Redditch)

Carers Careline supports approximately 300 unpaid adult carers in Redditch through the provision of a variety of services. This includes:-

- Drop-in (Monday – Thursday, 10.00am -12noon, we also offer an evening session and a Saturday morning session once a month)
- Telephone Support Service
- Counselling
- Bereavement Support
- Monthly group meetings
- Trips and outings

Outcome 1 – Recognised and valued

- The drop-in provides carers with information and support in their caring role. This may be signposting carers to other services, including services offered by other members of the consortium. This can include assistance with access to benefits , help with arranging respite, carer assessments and reviews etc.
- Carers are given regular opportunities to shape the programme that CCL offers.
- The registration process enables carers to identify their needs and the services they would like to access

Outcome 2 - A life of my own

- The activities provide carers with a varied range of opportunities for respite from the caring role. As part of these there is the opportunity for carers to talk to and get to know others carers as and pursue activities and interests.
- The drop-in enables carers to access information and support quickly and easily
- Drop-in sessions now include evening and weekend sessions for carers who work regular working hours
- Group meetings and training sessions offer carers the chance to increase their knowledge, skills and understanding in relation to their caring role

Outcome 3 - Supported to be mentally and physically well

- Relevant training and activities are open to all carers and include physical and mental health related topics
- Drop-in provides an opportunity 'to let off steam' in an easily accessible way.
- A counselling service is available for carers, including by self-referral
- Bereavement support to suit the needs of the carer

YSS Worcestershire Young Carers

Section 96 of the Children and Families Act 2014 introduced new rights for young carers (to include young adult carers) to ensure that they and their families are identified and their needs for support are assessed. Since April 2015 all young carers have been entitled to an assessment of their needs. This new provision works alongside measures in the Care Act 2014 for transition assessment for young carers as they approach adulthood, and for assessing adults to enable a "whole family approach" to providing assessment and support. A revised referral and service pathway for young carers was developed through close working between Children's and Adult services and this clearly set out the roles and responsibilities of staff in the local authority and its partner organisations in ensuring that there are truly "no wrong doors" for young carers and their families and that no gaps or breaks in continuity occur in the support available to them. This was reinforced by the signing of a Memorandum of Understanding between the Directors of Children's and Adult and Health Services which can be found in the Carer's Strategy.

In practice, through the amendment of assessment and reporting processes used by a range of family intervention services (e.g. Early Help, Connecting Families, Social Workers etc.) to include prompts to staff to actively look for young people that may have caring roles and to assess whether their demands of their caring could be inappropriate or excessive, the potential for more effective recognition and referral of young carers was increased. Once referred, our commissioned provider uses the nationally recognised PANOC (Positive and Negative Outcomes of Caring Questionnaire) assessment tool to establish the needs and level of support required by individual young carers referred.

Commissioning of support for Young and Young Adult Carers 2016-19

The commissioning of support for young and young adult carers forms an integral part of Worcestershire County Council's approach to ensuring that it supports these young people effectively and meets its statutory obligations in this regard. A recommissioning process was undertaken in the autumn of 2015. This enabled the specification for these services to be reviewed and revised to take into account the evaluation and learning from the successful provision previously made available. This service is designed to be preventative, to complement other services provided to the family by statutory and voluntary agencies and to offer a point of referral for those identifying young carers in need of support but not needing, or "stepping down" from an intervention by statutory Social Care. Following an open tendering process, and a very strong bid based on a strong track record, good sector knowledge and experience, well developed relationships with young carers and a progressive development plan, a new contract was awarded to YSS Ltd - <https://www.yss.org.uk/worcestershire-young-carers> (contact: Angela Parton angela.parton@yss.org.uk).

The second year of delivery under this new contract was completed in March 2018. Current service delivery: Young and Young Adult Carers
The number of young carers supported by the commissioned service has increased year on year. In 2017-18, 454 young and young adult

carers were being actively supported by the service compared to 380 in the previous year an increase in reach for the service of 19.5%. 62.5% of these young people were female and 37.5% male.

Revisions to the specification included recognition of the potential to develop more locally based provision for young carers given the significant numbers being engaged in each district area:

Young & Young Adult Carers actively supported by District 2017 - 18 Bromsgrove 50 Malvern Hills 27 Redditch 95 Worcester 106 Wychavon 73 Wyre Forest 100 Total 4254 (as of 01/04/2018)

We have continued to link young carers with other resources and opportunities within their areas through strong partnership work across the county. Our monthly clubs are now delivered in two separate locations (Batchley Community Centre, Redditch and Warndon Community Centre, Worcester) in partnership with two other voluntary organisations (Batchley Support Group and Worcester Community Trust). These clubs actively encourage young carers to engage in their wider programme of activities and sessions and we have seen positive results in young carers engaging in mainstream provisions at each centre. Club attendances have increased during the last year with attendances between January and March 2018 totalling 284. This is an increase of 35% from the same quarter of the previous year and continues to grow. Following on from initial referral (via self-referral, schools, colleges, social workers, Carers Hub, WAC, Parenting & Family Support (formerly Early Help) etc.), each young carer's needs are assessed and the most effective form of support agreed. In its simplest form (level 1a) this can be just be the availability of telephone or online support, but most commonly includes face to face support at home or elsewhere from an assigned key worker. Referrals from schools have increased significantly since the introduction of our Education Link Worker whose role involves engaging with local schools in order to raise awareness of young carers and increase referrals into the service. From 01/04/2017 to 31/03/2018 we received 108 referrals from schools which is an increase of 11% from the previous year. This does not include self-referrals received from pupils following school presentations. It is also worth noting that the Education Link project did not start until 01/10/2017 so its impact can only be measured in the last 6 months of the year. Taking these factors into account it is clear to see that the Education Link Work is having an impact on the number of referrals received.

We continue to work hard to raise awareness of young carers, the barriers they face and the support they require. This work includes presentations to staff teams in schools, delivering informative assemblies to students, meeting with other professionals through multi-agency meetings and sitting on various relevant boards across the county. We have also taken big steps in the development of the YSS Worcestershire Young Carers digital platform. The overall YSS website has been redesigned and relaunched. It is now mobile intuitive, more user friendly and more fit for purpose than its predecessor. Our social media accounts continue to grow and the introduction of a Senior Communications Officer to YSS staff has led to a more focused and strategic approach to social media which is already bearing results. National Young Carers Awareness day on 25th January 2018 for example saw across both YSS official and Worcestershire Young Carers

official social media platforms (Facebook and Twitter) there were 33 posts, reaching 6,318 people and gained 13 new followers in just one day. To put this into perspective, during 4 weeks in November 6 posts were shared on YSS Facebook page reaching 1000 people. In total 92 people visited the YSS website, 35 of whom came from social media and the top two pages to visit were yss.org.uk/Worcestershire-young-carers and our Young Carers Awareness Day news story.

At the end of March 2018 we revealed a brand new look for our YSS Worcestershire Young Carers Quarterly Newsletter. It was professionally designed by Crown Creative and showcased all of the usual information about what our young carers have been up to, gave the chance to meet some of our amazing donors and fundraisers through the “Charity Champs” feature, along with the opportunity to meet a different young carer and learn about their story with each new edition. Due to the rapid increase in caseload and the ever growing cost of posting out to over 450 families we have made the decision that the newsletter is now available online only and can be found at www.yss.org.uk/worcestershire-young-carers as well as being e mailed directly to many of our families.

Parent Carers

Worcestershire Parent and Carers’ Community (WPCC) - <https://www.parentcarers.org.uk> – continues to focus on the three national outcomes for carers. These outcomes are particularly important for parent carers who are likely to face a lifetime of caring and whose caring situation will often encompass multiple caring roles and complex transition points. WPCC welcomes the very positive development of parent carers now being included in the Worcestershire Integrated Carers Hub contract and the growing recognition of the vital role they play in helping to support education, health and social care services at this critical time.

Particular challenges for parent carers of children and young people with special educational needs and disabilities include isolation and financial hardship; parent carers recognising their own needs as carers as distinct from the support that their children require; the difficulty of returning to work due to the lack of affordable and appropriate childcare, and employers not being carer aware and not recognising the skills which are developed when caring.

WPCC’s work covers:

Outcome 1 - Enabling parent carers to be respected and valued: Achieved by fostering carer awareness; enabling parent carers to have a voice about the services they receive; being recognised as expert partners: signposting to support services where appropriate.; partnership working with the statutory sector, private sector and voluntary sector.

Outcome 2 - Enabling parent carers to have a life of their own alongside their caring role: Achieved by bringing parent carers out of isolation, particularly through subsidised whole family short breaks; helping to develop skills for employment through training, information events and volunteering opportunities.

Outcome 3 – Supporting parent carers to stay mentally and physically well and treated with dignity: Achieved by mindfulness and other training; peer support coffee mornings; 1:1 support and an annual Carers Week event.

**HEALTH AND WELL-BEING BOARD
22 MAY 2018****ADVERSE CHILDHOOD EXPERIENCES (ACES) ACTION
PLAN**

Board Sponsor

Dr. Frances Howie, Director of Public Health

Author

Liz Altay, Consultant in Public Health

(Please click below
then on down arrow)

Priorities

Mental health & well-being

Yes

Being Active

Yes

Reducing harm from Alcohol

Yes

Other (specify below)

Safeguarding

Impact on Safeguarding Children

Yes

An improved understanding of vulnerability would be expected to mitigate against harm to children.

Impact on Safeguarding Adults

Yes

An improved understanding of vulnerability would be expected to mitigate against risk for vulnerable adults.

Item for Decision, Consideration or Information

Information and assurance

Recommendation

1. The Health and Well-being Board is asked to:
 - a) Consider the ACEs event write up and draft ACE action plan.
 - b) Ensure that each organisation represented by the Board continues to attend future ACE events and plays an active part in the delivery of action to prevent and respond effectively to ACEs across the life course.

Background

2. A briefing highlighting the evidence base linking adverse childhood experiences (ACEs) to severe negative health and social outcomes across the life course was presented to Health and Wellbeing Board in December 2017. Board members

accepted that a joined up response was needed and input would be required from all partners including the police. The Board agreed to host and attend future ACE events and play an active part in the formulation and delivery of action to prevent and respond effectively to ACEs across the life course.

3. An ACE workshop was coordinated by Public Health and delivered to a multiagency audience on 24 January in the Council Chamber. The purpose of the day was to create shared understandings, approaches and actions. The workshop highlighted the evidence base and shared a number of local or regional examples of ACE informed practice to create a shared understanding of what all agencies can do.

4. The workshop was very well attended with almost 100 partners, stakeholders and front line practitioners. The day was very well evaluated with 100% ranking the event as good to excellent and that they received valuable learning from the day. A number of attendees said the event will inform their practice or service delivery, they would raise ACEs within their service and look for further ACE resources or tools. Others fed back they would like further ACE events and/or training.

5. The write up of the event is provided for the Board. From the evidence and good practice shared and group work undertaken at the event a proposed ACE action plan has been drafted. A multiagency ACE working group from across all agencies is proposed to further develop and implement the action plan.

Legal, Financial and HR Implications

6. N/A

Privacy Impact Assessment

7. N/A

Equality and Diversity Implications

An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Liz Altay, Public Health Consultant

Tel: 01905 846503

Email: LAltay@worcestershire.gov.uk

Supporting Information

- Appendix 1 – Workshop write up
- Appendix 2 – Draft ACE action plan

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Adverse Childhood Experiences (ACE) Workshop
Wednesday 24th January 9am-1pm
Council Chamber, County Hall, Worcestershire County Council

Opening and Welcome

Cllr John Smith

Cllr John Smith opened the event and welcomed the many agencies represented in the room to the event. Adverse Childhood Experiences (ACES) are a key priority for the Health and Well-being Board and we need to do something different as a consequence of this morning – having many people in the room to take action. The Board has identified a joint systems approach and will be taking action to respond to the needs of this important topic.

Introduction

Dr Frances Howie, Director of Public Health

Dr Howie outlined the purpose of the day was to create shared understandings, approaches and actions. Many people in the room live and breathe this but others have less understanding. Today looks at the evidence base and a number of examples on practice to create a shared understanding of what we can all do. The slides defined and identified the 10 ACES and outlined the evidence highlighting the lifelong effects of ACES, as causes of behaviour, that in turn link to severe negative health impact across the life course. She identified the magnitude of effect ACES have on outcomes and which are often clustered in particular communities. Working differently across the system in identifying and talking about ACES would have significant impact on these communities.

What are ACEs and why do we need to be thinking about them?

Jacqui Reid –Blackwood, Public Health England

Jackie presented a summary of the body of research to describe what ACEs are, why they matter and what can be done about ACEs. ACEs are a complex set of relate adverse experiences in childhood pertaining directly to the child or indirectly within the child's wider household or environment that impact on child development and their physical and mental health; exposure to these adverse experiences particularly when there is an accumulation of adverse experiences, causes stress and can disrupt brain development and shape behaviours; if chronic toxic stress in childhood are not moderated this can lead to adult health harming behaviours and negative outcomes in later life. Studies have shown that almost half of individuals in England have experienced one ACE (47%) and 9% experienced 4 or more ACEs. Many children are at risk of experiencing ACEs, but it's only when children begin to experience high 'doses' of adverse experiences that neurological stress becomes maladaptive. Research has demonstrated the more ACES you have experienced as a child the more trauma or negative experiences occur in the lifetime leading to poorer outcomes. A UK study showed that people who have experienced 4 ACES or more were;

- 2x more likely to have a poor diet
- 3x more likely to smoke
- 5x more likely to have had sex under 16
- 6x more like to be pregnant or got someone pregnant
- 2x more likely to binge drink
- 7x more likely to be involved in recent violence
- 11x more likely to have been incarcerated
- 11x more likely to have used heroin or crack

The research identified those with 4 or more ACEs are more likely to suffer chronic disease in

adulthood. The impact on health and social care services was demonstrated for those with 4 or more ACEs as follows:

- 2.1 x more likely to have visited their GP in the last 12 months
- 2.2 x more likely to have visited A&E in the last 12 months
- 2.3 x more likely to have more than ten teeth removed
- 2.5 x more likely to have stayed a night in hospital
- 6.6 x more likely to have been diagnosed with an STD
- 64% of those in contact with substance misuse services had 4+ ACE
- 50% of homeless people had 4+ ACEs

The evidence demonstrates that preventing and identifying ACEs in future generations could reduce levels of health harming behaviours, improve outcomes and reduce demand.

What can be done about ACEs? Prevention - ensuring attachment, creating nurturing environments and promoting resilience; Early Intervention - identifying at risk children or responding to events as they arise using trauma informed approaches to reduce impact; Mitigation for those with ACEs across the life course- provide support or therapeutic care through programmes such as FNP, emotion coaching, PAUSE, trauma informed services. Implement routine enquiry for adults who have experienced ACEs through specialist services.

Sufficient evidence to prioritise and invest in ACE prevention – too often we focus on addressing consequences of ACEs not preventing them

Responding to ACEs

Derek Farrell – University of Worcester

Derek shared there currently is a lack of understanding and awareness of ACEs. The social and physical elements are not often considered enough. Trauma in the early years shapes brain and psychological development, set up vulnerability to stress and a range of mental health problems, secrecy drives these traumas – they remain hidden and undisclosed.

Derek is involved in trauma capacity building projects in various countries. Countries that don't have mental health services, have high PTSD trauma experiences. Inflict and perpetrate trauma on other people when people themselves have been displaced due to violence

Northern Ireland has the highest level of PTSD in the world, it's on our doorstep but we don't talk about it – 30/40 years of conflict. Although we now have peace – social, economic, health related issues are emerging in Northern Ireland.

Derek shared how there is a stigma associated to ACEs which is leading to secrecy. This is exacerbating the issue further. Public awareness needs to be raised to reduce this secrecy.

Health and Social Care Perspective

Amalie Carr – Worcestershire Family Nursing Services

Amalie gave an overview of the Worcestershire Family Nurse Partnership and Family First Service and how the service supports individuals linked to ACEs.

The service helps to support parents to become better parents through reading emotional cues and how to respond to them. They help to identify ACEs and support them through the effects on their own children. They also support those who perhaps haven't had a positive parent role model in their own lives to create one themselves. They offer practical tips on parenting on a range of topics.

The service is focusing on breaking the cycle of ACEs.

Amalie introduced some of the theories, concepts and tools used by the service during the early years to mitigate the impact of generational ACEs.

Police Perspective

Chief Inspector Jon Peepall – West Midlands Police

Jon has been in his current role in West Midlands Police (WMidsP) working with ACEs since January 2018. Police need to intervene early and stop young people being introduced into crime. This is a

priority of the force. As part of the redesign of community policing they identified the need to use an ACE approach and commissioned a new tool to be used to identify potentially vulnerable children and young people.

TIPT (tool for prevention and early intervention triggers) data system works off 4 triggers and can associate ACE data from adult to any child in the household. When someone is identified with 4+ ACEs, the data is sent to local neighbourhood teams. The neighbourhood teams can then aim to offer support to the child/family.

WMidsP believe that by training officers to be more ACE aware their conversations with affected families will change. Significantly more families will be referred into the wide range of local authority and voluntary services available to support them. WMidsP are testing this hypothesis with academic rigour and we await the results of their findings.

ACEs training programme rolled out for 1600 police officers. Focus is on empathy, problem solving and understanding the impact of ACEs to allow officers to be less judgemental. There has been a need identified for a culture change. West Midlands Police are 2 years into a 4 year journey to raise awareness internally and change the culture within its organisation. Other forces are showing interest in this approach and WMidsP are sharing their experiences and mechanisms with them.

Third Sector Perspective

Jonathon Sutton, Ginette Sadler, Rosie Kirkman - St Pauls Hostel, Worcester

Jonathan shared his experiences of working with homelessness locally. He has found it isn't always the "standard" reasons for homelessness such as loss of tenancy. The reasons consistently given as causes of homelessness weren't tallying with individuals experiences – the root causes were trauma and often linked to ACEs. He suggested Worcestershire should be brave and bold and embed ACEs into our approaches. A trauma informed approach is needed to change the culture of services.

St Pauls Hostel have 3 core tasks :

- Build psychological safety
- Nurture and strengthen appropriate relationships
- Support people to lead inter-dependent lives

St Pauls have changed their ways of working to an ACE informed approach and now have an ethos based on Psychological Informed Environment and Trauma Informed Care. There has been a huge reduction in police call outs to St Pauls since they have made these changes.

Ginette identified that 95% of St Paul's residents have 4 or more ACEs. A questionnaire completed by each of their residents on their pasts, disclosed a number of ACEs with most having more than 6 ACEs

- Emotional neglect 75%
- Domestic abuse 56%
- Incarceration 62%
- Emotional abuse 87%
- Physical abuse 81%
- Physical neglect 43%
- Drugs & alcohol 75%
- Sexual abuse 43%
- Mental Health 68%
- Divorce 75%

They have screened for ACEs and developed services to help the individual which have had a real impact on those individuals.

Rosie is a St Pauls service user and shared her own personal experience of ACEs. She told how she had a traumatic childhood with many adverse experiences. She rebelled during her teenage years,

turned to substances and was sectioned. She had children by four different fathers who were given up as she was unable to recognise or reverse the cycle.

Rosie's first experience in St Pauls, she was asked 'What's happened to you?' Not, 'What's wrong with you?' She has slowly recovered and is now giving back to the community by supporting others in St Pauls.

Education Perspective

Sean Williams – Head, The Forge Secondary PRU

Sean highlighted that tackling ACEs is a big challenge and responsibility. He spoke of the way we can look at the 'can of worms' that is opened when we talk about ACEs. The Forge has been working to understand the effects behind ACEs and to support psycho social change through trauma informed practice & relationship.

The Forge uses the three Cs approach when tackling ACEs:

- Compassionate
- Connection
- Courageous

The Forge had identified that as an organisation it had become traumatised because of the nature of its work which in turn was causing dysfunction prohibiting the effective delivery of service. They hypothesised that if the Forge team can develop a therapeutic, trauma informed approach based in relationship, and an environment that supports recovery and healing - adolescents will begin to develop more helpful, trusting and healthy ways of relating to self and other which in turn will lead to positive outcomes emotionally and academically for young people and the organisation will increase in health and become more effective.

Reflection and Action Planning

Table activities feedback

On tables participants were facilitated to consider and work through the following questions and feedback one key point to the workshop.

1. What do you think you/your service are already doing about ACEs?
2. Having heard this morning's speakers: What else could you/your service be doing about ACEs?
3. What are the barriers and enablers to achieve this?

Summary Feedback:

- We are already raising some awareness of ACEs with young people and providing a nurturing environment. Highlighted importance of building a trusting relationship
- Some organisations see ACEs as jargon, after today that should have changed in some organisations and more awareness will continue to be raised within those organisations. There is a mismatch between adult and children's services - more joined up approach is required to tackle ACEs.
- A few barriers were identified including data sharing. What we could do more of - challenge more and ask questions
- We need to build resilience across all schools, share good practice, and train staff to respond to what the children are telling them and not have an emotional response to that child but to work with them. All schools to be attachment aware and take up attachment training being offered
- A lot of positive things going on already, there is a struggle with capacity and not enough frontline staff. One of the other barriers is not enough places or capacity to refer to and long waits for some services. It's positive we can screen for ACEs but we will struggle to support.
- Positive - proactive services to chase the multiagency goal. What we could do more is to build on childhood poverty and experiences in later life. Struggles within schools to achieve high grades which can mean they have less resource to support ACEs. Human connection

needs to be important in a digital world.

- Some agencies already working with an ACEs approach. Commissioners also need to be more aware of implications around ACEs. Colleagues will be taking away tools from today.
- We should raise awareness as part of a workforce development strategy. Support the development of therapeutic approaches. Long term support needed for long term outcomes.
- Share best practice more, visit other organisations. Ensure all staff are better trained in ACEs awareness.
- Main barrier - most agencies are working in silos in Worcestershire. Similar priorities but they mean different things to different organisations. Financial strains can be a barrier but we could pool budgets

Closing Statement

Dr Frances Howie – Worcestershire County Council

Frances closed the workshop on behalf of the Health and Wellbeing Board. Reflecting on where we began, Frances feels a movement has begun here as a result of the Board enquiries. Energy and passion has been created in the room around this topic. A wider understanding appears to be in the room and a joined up approach can go forward following this. There is hope evident that people living with ACEs really can be helped and we can create energy amongst our workforce to support this to happen. The main take home message - to go away and talk to someone about the day and share this information.

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Adverse Childhood Experiences (ACE) Action Plan

Background

The Health and Well-being Board has identified tackling Adverse Childhood Experiences (ACEs) as a priority to improve outcomes and that a joint systems approach would be required. On behalf of the Board a multiagency ACE workshop was held in January 2018. The purpose of the event was to create a shared understanding of the evidence around ACEs, to consider the ACE informed examples in practice that were presented across the system and to work together to identify further opportunities for action. This summary and action plan has been developed using the learning and the facilitated table work by partners.

Summary

What do we know?

- Adverse Childhood Experiences (ACEs) are highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence
- Studies demonstrate that around half of all adults have experienced at least 1 ACE and 9% have experienced 4 or more ACEs
- The more adversity or ACEs a child experiences the more likely it is to impact upon their mental and physical health and risk taking behaviours across the life course
- An accumulation of ACEs can have a negative impact on child development, relationships with others, engagement in health-harming behaviours, and can lead to poorer mental and physical health and social outcomes in adulthood. This in turn, can represent ACE risk for the next generation
- Not all young people who experience adversity or trauma go on to develop mental or physical health and social problems
- There are personal, structural and environmental factors that can repair and protect against adverse outcomes – safe, stable and nurturing relationships and environments at any age, supportive family relationships, resilience building, ACE and trauma informed responses, and early intervention
- Routine enquiry could help to identify those that may be at risk and those that have already experienced ACEs giving an opportunity to develop appropriate care plans as required
- There are opportunities for services to become ACE aware and develop trauma and resilience informed responses

What can we do?

- Make childhood adversity, trauma and resilience a priority and anticipate need in commissioning and service pathways
- Create a common identification and enquiry framework for identifying need
- Develop and implement adversity and trauma informed models of care across the life course
- Prevent ACEs occurring – promote early attachment, support parents, build resilience in schools, increase community capacity
- Identify ACEs early and act to reduce impact (Early Intervention)
- Ensure mitigation for those with ACEs including past ACEs by providing support or therapeutic care to enable change

Action Plan

- Develop an ACEs briefing as part of the JSNA to help understand and quantify the impact of ACEs in Worcestershire
- Map/scope current services and programmes where an ACE approach may be beneficial for service users and may require a change of professional practice
- Agree and roll out routine enquiry in some services (police, drug and alcohol services, mental health, domestic violence services, health visiting)
- Develop a common identification framework of need (risk assessments)
- Incorporate ACE framework in workforce development – awareness training, routine enquiry training, delivery of trauma informed care
- Share good practice across the system – develop a repository for professionals, further events
- To support prevention of ACEs place the emphasis on building resilience, promoting good mental health and wellbeing, prevention and early intervention within local service offers

Next steps

- Set up a multiagency ACE working group from across all agencies to further develop and implement the action plan
- Identify appropriate review and evaluation of action

**HEALTH AND WELL-BEING BOARD
22 MAY 2018****Bi-Annual Progress Report from the Health
Improvement Group (HIG)**

Board Sponsor

Dr. Frances Howie, Director of Public Health

Author

Laura Hart, Directorate of Public Health

Priorities

Mental health & well-being

Being Active

Reducing harm from Alcohol

Other (specify below)

(Please click below
then on down arrow)

Yes

Yes

Yes

Safeguarding

Impact on Safeguarding Children
If yes please give details

Yes

Impact on Safeguarding Adults
If yes please give details

Yes

Item for Decision, Consideration or Information

Information and assurance

Recommendation

1. **The Health and Well-being Board is asked to:**
 - a) **Consider and comment on progress made by the Health Improvement Group (HIG) between October 2017 and March 2018, and**
 - b) **Consider membership and attendance to ensure that the HIG can operate effectively**

Background

2. The Health Improvement Group (HIG) reports bi-annually to the Health and Wellbeing Board (HWBB). Since its last report to the Board, the HIG has met twice, on 13 December 2017 and 29 March 2018. The HIG leads and

ensures progress of action to improve health and well-being, focusing on health inequalities and the wider determinants of health and well-being in Worcestershire. The HIG receives annual progress updates on District Health and Well-being Plans and considers local issues.

3. Attendance at the December and March HIG meetings has been strong from the south district councils but less so from the north district councils. There has been no representation from WCC Adult Services, WCC Children's Services, West Mercia Police and the VCS. Membership and attendance should be considered to ensure that the HIG can operate effectively.

Summary of Progress: HWBB Stakeholder Event

Health and Well-being Board Alcohol Stakeholder Event

4. At the April 2017 HWB meeting, the board requested that an event should be held on the priority area 'Reducing the Harm from Alcohol at All Ages'. The #ThinkMoreDrinkLess event took place on Wednesday 15 November at County Hall and approximately 100 delegates attended. The focus was on those who do not fit into the stereotypical heavy drinking profile.

5. The event was timed to coincide with national Alcohol Awareness Week which commenced on 13 November. As part of the lead up to the event, Public Health Practitioners engaged with communities in local supermarkets and shopping centres around the county to gain insights into the attitudes and consumption practices of the public around alcohol.

6. WCC Communications team co-ordinated social media input with a live Twitter wall and input from BBC Hereford and Worcester who hosted a phone in radio programme and interviewed speakers and delegates live at the event. The emphasis was on hearing 'real life' stories from professionals in the field and individuals who have experienced alcohol related problems.

7. A range of speakers talked about their experiences at the event, from the licensed trade to health professionals and Public Health England (PHE), police, street pastors and school students who presented on alcohol from a young person's perspective. There were also moving accounts from those who had experienced alcohol-related problems and were now in recovery.

8. Overall the event was a success and achieved its aim of being a 'call to action' inviting people to "think about what they drink" and encouraging them to consider potential impacts on themselves. Formal evaluation feedback was gathered and 89% of attendees rated the event as good, very good or excellent.

Summary of Progress: District Health and Well-being Plans

Wyre Forest Health and Wellbeing Action Plan 2016-21

9. The Wyre Forest Health and Wellbeing Action Plan 2016-21 is delivered by the Wyre Forest Health and Wellbeing group which works together to tackle key health issues in the district, including the HWB Strategy priorities of

good mental health and well-being throughout life; reducing harm from alcohol at all ages; and being active at every age as well as local priorities addressing need including dementia and older people's services; homelessness; and fuel poverty. Examples of work undertaken include:

- The five ways to well-being campaign has been developed which will run throughout 2018 focusing on specific actions and campaigns
- The partnership has supported the Dementia Action Alliance (DAA) and delivering dementia friends training. More than 28 organisations have signed up to the Kidderminster DAA and 400+ people have attended local 'dementia friends' awareness sessions.
- The Older People Showcase supported Reconnections work to reduce loneliness and the promotion of other older people's services.
- There has been a focus on tackling poor thermal comfort and fuel poverty especially through collective energy switching and tackling poor conditions in housing through heating and insulation schemes targeted at specific areas of the district / client groups
- Various physical activity opportunities have been promoted; free cycle training for Wyre Forest adults aged 16+; launching more health walks and the general provision of a wide range of sporting activities
- The BIG Active Weekend has taken place in which 545 people of all ages and abilities took part in activities including walking, cycling, climbing, yoga, dodgeball and parkour.

Bromsgrove Partnership Community Wellbeing Theme Group Action Plan

10. The Bromsgrove Community Well-being Theme Group have developed an action plan adopting the six key principles which underpin the Worcestershire Health and Well-being Strategy 2016-21. The HWB strategy priorities are also local priorities within the Health and Well-being strand of the Community Well-being Theme Group action plan. Progress to date includes:

- Bromsgrove has achieved recognition and registration as a Dementia Friendly Community. The local Redditch and Bromsgrove DAA continue to target local businesses and partner organisations to sign up to the DAA. There are currently 26 signed up members of the Redditch and Bromsgrove DAA.
- A number of events have been taking place throughout the district including Sajid Javid's Pensioners Fayre which offered a vital opportunity for local partners to raise awareness of local services; and fuel poverty events and drop in sessions to offer support and advice about available grants, energy efficiency and provider switching.
- Partnership work has been taking place between the town centre manager, police and licencing to incorporate Best Bar None initiative to local night time economy outlets to reduce risky behaviours related to excessive alcohol, this has been supported by the Street Pastors.
- An Active Bromsgrove newsletter has been developed to promote new activities including: junior inclusion athletics, Ride for Roy, Tai Chi for people living with Dementia etc.

- The local partnership is supporting the Men in Shed's (AgeUK Bromsgrove, Redditch and Wyre Forest) to reduce isolation and loneliness amongst the local male population
- Bromsgrove DC attained an "outstanding achievement" award for the development of a work based health initiative. A targeted project took place at two of the local councils depots aimed at improving the health and wellbeing of male manual workers. The initiative was launched with the delivery of a comedy-based intervention regarding men's health issues which was attended by around 200 men from both Depots. The sessions were supported by a range of resources signposting male staff to the Wellbeing Hub, local pharmacies, practice nurses, the Employee Assistance Programme and the NHS One you website. An ongoing programme was developed from this including setting up Ping Pong at both depots, healthy living noticeboard, a health campaign planner.

Malvern Hills Health and Wellbeing Plan 2016-21

11. The Malvern Hills Health and Well-being Partnership develop an annual action plan, the plan currently contains 45 distinct projects, which are aligned to one of the three HWB priorities as well as reflecting local areas of need. Examples of work to date includes:

- The Malvern Dementia Action Alliance are encouraging local businesses to become dementia friendly by encouraging staff to attend the dementia friends sessions and ensuring the building is user friendly e.g. signage, matting. This is all contributing to Malvern becoming a Dementia Friendly Community. To date 28 business/ organisations have been positively engaged.
- Following the successful theatre production of 'Selfie where's the harm', a DVD and teacher resource pack has been produced which is available to all Worcestershire schools and youth settings. This has been rolled out at 8 high schools and 28 organisations have received the production and resource pack.
- The South Worcestershire Rural Communities Project which informs older, vulnerable residents of what local services are available and makes referrals where appropriate has visited 477 households and made 119 direct referrals to other organisations.
- A number of physical activity programmes have been taking place including Balanceability: Walking for health walks, Couch to 5k and Couch to 50k.
- The Tea Party Alcohol Campaign specifically targeting drinking at home was launched on social media in March 2017 reaching 96,895 Facebook accounts within Malvern Hills and surrounding areas. A re-launch took place in November 2017 in line with Alcohol Awareness Week and reached a further 78,573 Facebook accounts. Work is also taking place with off licences in rural areas to attain the national Best Bar None accreditation.

General items

12. Since the previous bi-annual report in October 2017, the HIG has also discussed and considered the following:

Air Quality Update

13. The HIG received an update on local air quality management and have committed to prioritise air quality as a health priority; actively engage with the District Councils in resolving air quality in the existing or emerging Air Quality Management Areas; and commit to prioritising highways improvements where poor air quality will be improved.

14. Worcestershire currently has 10 Air Quality Management Areas (AQMAs): Welchgate, Bewdley; Horsefair, Kidderminster; Kidderminster Road, Hagley; Lickey End, Worcester Road and Redditch Road, Bromsgrove; St. John's, Rainbow Hill/Lowesmoor and Dolday, Worcester; and Port Street, Evesham.

15. To progress the Local Air Quality Management (LAQM) Action Plan measures and actions, partners cannot work alone. The County Council's Highways Department, Director of Public Health, Councillors (County and District), Worcestershire Regulatory Services as well as Bus and Freight Partnerships all have a role to play.

Sustainability Transformation Partnership (STP) Update

16. Dr Frances Howie gave an update on the STP including an overview of the prevention priority, next phase of development, new ways of working, and a draft statement of commitment to collaborative working and progressing to an Integrated Care System. District members requested that this update should be made available at district level. STP updates will be presented to district members and officers taking a co-ordinated approach to maximise reach and impact.

Social Prescribing

17. The Social Prescribing update was positively received by the HIG including an outline of the programme, progress, pilot sites, and support for practices not included in the pilot. Social Prescribing, as defined by the Kings Fund (2017) enables GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. The programme is jointly funded by CCGs (via GPFV transformation funding) and WCC Public Health through the Public Health Ring-fenced Grant. Social Prescribers are based within Neighbourhood Teams across 5 districts and the pilot will inform future commissioning across the county. Current funding is one-off and so pilot impact will be carefully considered.

Loneliness Plan 2015-18

18. Karen Wright presented an update on the Worcestershire Loneliness Plan 2015-2018. The plan sets out a vision that older people in Worcestershire will maintain their connections, friendships and networks through times of life change, and therefore eliminate loneliness across the county. Progress has been made against the three key aims including the commissioning of the Reconnections Service through a Social Impact Bond

(SIB) to reduce loneliness in adults aged 50 years and over across Worcestershire. Since mobilisation in 2015, the service has triaged 1511 referrals. The service has engaged 868 participants and matched 787 to volunteers.

19. The South Worcestershire Rural Communities Programme is led by Wychavon District Council with a range of public community and voluntary partners involved. The programme aims to support vulnerable individuals and communities in rural areas including older people and the socially isolated. The programme has engaged with targeted parish councils and community groups in 17 wards by taking services and support out to over 1000 potentially vulnerable people through door knocks as well as highlighting key issues within the community for parish council support. A re-freshed Worcestershire Loneliness plan will be published during 2019.

Changes to Homelessness duties

20. The HIG received a brief update on the Changes to the Homeless Reduction Act 2017 including the history to the legislation and key components of the act. It was noted that preparation for implementation is currently taking place and that changes to the act should lead to a reduction in homelessness across the county.

Update on JSNA workshop

21. The HIG were presented with a summary presentation from the development session held for HWBB members on 7 November which had reviewed JSNA data including topics on drug misuse deaths, violent crime, infant mortality and homelessness. Members noted that, as a consequence of this discussion, a separate session on housing had been requested and supported this receiving higher priority from HWB.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Name, Dr. Frances Howie, Director of Public Health

Tel:: 01905 845533

Email: fhowie@worcestershire.gov.uk

Supporting Information

N/A

Background Papers

N/A

HEALTH AND WELL-BEING BOARD
22 MAY 2018**THE STRATEGIC SUBSTANCE MISUSE OVERSIGHT GROUP**

Board Sponsor

Frances Howie Director of Public Health

Author

Rosie Winyard Senior Practitioner in Public Health-Commissioning lead

Relevance of Paper - Priorities

Mental health & well-being	Yes
Being Active	No
Reducing harm from Alcohol	Yes
Other (specify below)	

Safeguarding

Impact on Safeguarding Children	Yes
Impact on Safeguarding Adults	Yes

Item for Information and Assurance**Recommendation**

- 1. The Health and Well-being Board is asked to note the report of the Strategic Substance Misuse Oversight Group and consider any points which may inform the future work of the HWB.**

Background

2. The Strategic Substance Misuse Oversight Group is an overarching group meeting quarterly, focussing on the safe delivery of drug and alcohol services in Worcestershire. It is responsible to the Health and Well-being Board and Worcestershire Safer Communities Board and supports the delivery of other strategic plans including the Police and Crime Plan and West Mercia Criminal Justice Board as required by section 17 of the Crime and Disorder Act and Community safety. This group has been meeting since 2015 following the decommissioning of the previous Drug Action Team strategic group. The aims are to ensure specialist advice and expertise is provided to enhance the development, safe delivery of commissioned services and partner organisational activities. Membership includes senior officers from WCC Public Health, Mental Health, CCG, Probation, DWP, Public Health England and the Police. This is in addition to senior professionals from provider organisations delivering specialist treatment interventions to adults and young people affected by their own or someone else's substance misuse.

3. The Strategic Substance Misuse Oversight Group receives quality and performance reports from providers and partners, considering updates from national guidance, evidence reviews and legislation and how these strategies can be implemented in Worcestershire. In 2017, Public Health England published an updated national Drug Strategy which places renewed focus on delivering co-ordinated interventions to help people maintain their recovery from drugs and alcohol by ensuring that this is linked to appropriate access to physical and mental health care, housing and employment. The strategy also identified a particular responsibility for close co-operation between substance misuse services and the police in addressing the increasing harm posed by Novel Psychoactive Substances (NPS). NPS have been linked to increasing deaths in the prison population and psychotic behaviour among vulnerable groups affecting community safety. In addition the strategy focussed on the harm for children affected by parental substance misuse, links with domestic abuse and the need for close co-operation between safeguarding for adults, children and substance misuse services. A refreshed Drugs Plan is being developed for Worcestershire to reflect these priorities.

4. In Worcestershire, specialist treatment services for drugs and alcohol have been provided by Swanswell Charitable Trust since 2015. Swanswell is now a wholly owned subsidiary of Cranstoun. This contract has recently been extended until 2020 following review of improved performance across a range of quality and performance indicators in Worcestershire demonstrating value for money. The contract is funded by the Public Health Ring Fenced Grant in addition to an annual grant from the Office of the West Mercia Police and Crime Commissioner.

5. The Swanswell contract value and value for money

Year	Value	Payment by Results (PBR)
1-2015/16	£4,202,412 + £106,000 PCC grant funding	No
2-2016/17	£4,090,000 + £106,000 PCC grant funding	Yes
3-2017/18	£3,798,000 + £106,000 PCC grant funding	Yes
4-2018/19	£3,798,000 + £106,000 PCC grant funding	Yes
5-2019/20	£3,798,000 + £106,000 PCC grant funding	Yes

Payment by results across 5 indicators for years 2,3,4,5 is an additional £94,950 per year measured against national comparators on the National Drug Treatment Monitoring System. These indicators include:

- successful completions for opiates
- successful completions for alcohol
- Record of completing Blood Borne Virus immunisations
- Record of completing screening for Hepatitis C screening
- Successful completions of those living with children as a proportion of all in treatment

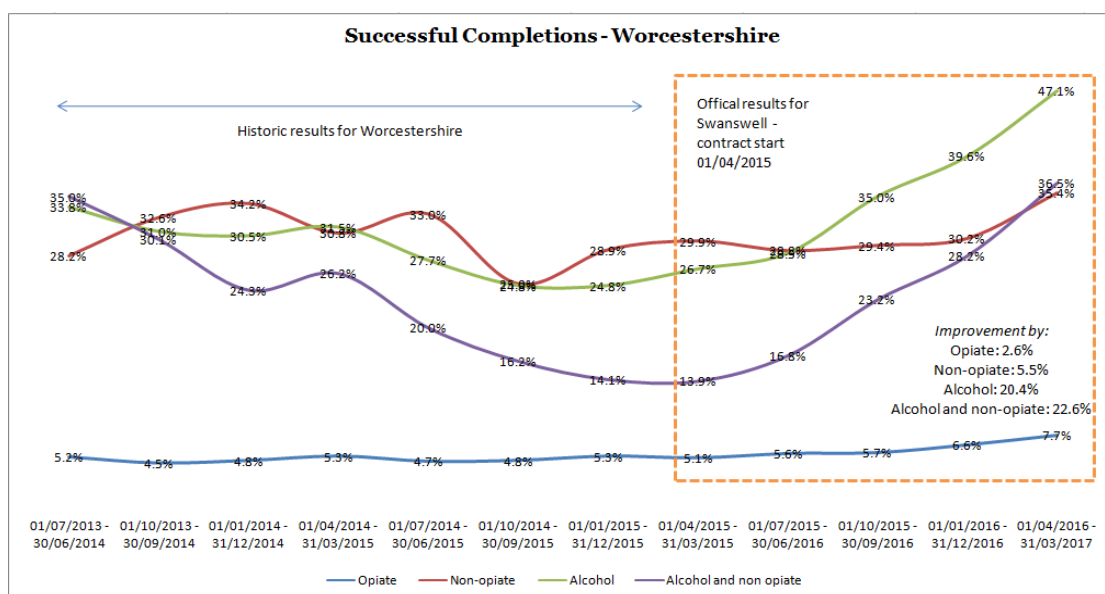
Based on the Public Health England Return on Investment Tool, we estimate that the Social Return on Investment is £4.30 for every £1 spent on individuals in drug and alcohol treatment in Worcestershire.

6. Swanswell's service delivery model includes providing advice, support and specialist treatment interventions across Worcestershire in specialist hubs, partner agencies and primary care settings. All these services are funded via the contract for delivering substance misuse interventions in Worcestershire. 39 GPs are now accredited with the Royal College of General Practice to provide prescribing interventions in primary care to help service users achieve recovery and abstinence from drugs and alcohol. Services for drug and alcohol treatment are now available within 30 GP practices in Worcestershire and 100 pharmacies, in addition to the specialist services directly provided by Swanswell for service users with more complex needs. The value of this approach is to ensure that people can receive help and support for their drug and/or alcohol problems in a range of community locations in addition to receiving appropriate help for their physical and mental health problems from an integrated model of rapid referral to specialist substance misuse provision from Swanswell directly, when required. Support for maintaining recovery in the community is integrated into a well-developed model of volunteer and peer support. This has been well established and is highly regarded in Worcestershire, increasing the social value of this service by also developing some employment opportunities for volunteers.

7. Swanswell works closely with a range of partners across Worcestershire, providing a dedicated young person's service, family support service, prison in-reach and with the police and criminal justice system in delivering treatment and testing orders. This is in addition to a comprehensive infection control provision via needle exchange and immunisations to prevent the increase of blood borne viruses.

8. During the past year the Substance Misuse Oversight Group has received reports indicating that performance against targets has continued to improve since Swanswell took over delivering this contract. More people are achieving abstinence and completing treatment for problems associated with drugs and alcohol than has previously been seen in Worcestershire since 2015, now improving above national baseline targets. There are currently more than 2000 adults in treatment with Swanswell but their time in treatment is reducing, associated with more effective engagement with volunteer recovery champions and close working with housing and employment agencies.

Data from Swanswell indicating successful completions from drugs and alcohol measured against national targets from National Drug Treatment Monitoring System



9. The Oversight Group has also received reports providing assurance about the quality of services delivered by Swanswell. These include the outcome of inspections of drug and alcohol services are currently being piloted by the CQC for this area of work. Swanswell has been a pilot site for the West Midlands. This has involved taking part in three separate, unannounced inspections for each locality base in Worcestershire. The outcomes have been very positive with no current outstanding action plans to be completed. The CQC pilot process is now nearing completion and a further formal inspection is expected later this year under the new regimen. The Oversight Group has also received reports from Swanswell about investigations into drug and alcohol related deaths, safeguarding reviews and how lessons learned are incorporated into staff practice, monitored and reviewed. Concern about the safety of children and young people living with a parent affected by drugs and alcohol is a priority for the Commissioners to improve outcomes for children and young people. Swanswell work closely with Adult and Children's Safeguarding procedures to monitor risk. A specific PBR target has been set to monitor successful completions for parents with children receiving drug and alcohol treatment. This target is currently achieving above the national average.

Key Issues

10. Although performance continues to improve, future challenges include:

- Maintain performance improvements in context of a changing picture of drug use nationally, particularly an increase in NPS. A new Alert system is now in operation in Worcestershire linked to the national PHE alert system to quickly cascade information help prevent drug related deaths.
- Vulnerable people with complex mental and physical health needs affected by substance misuse. A Memorandum of Understanding

between Swanswell and Health and Care Trust is being reviewed and updated to facilitate rapid referral processes and transfer of information to mitigate risk of impact of escalating harm for people with complex needs.

- Increase capacity of treatment opportunities by continuing to build on GP shared care and work with community pharmacies to improve physical and mental health outcomes alongside treatment for substance misuse.
- Wide ranging needs of people requiring help and an emerging cohort of older people misusing drugs and alcohol requiring different interventions in comparison to a younger population requiring support for a changing picture of drug use.
- Links to serious organised crime-Swanswell work closely with the County Lines project led by West Mercia Police
- Value for money- As previously discussed the Swanswell service represents good value for money as measured using the Social Return on Investment tool. The contract is funded almost entirely from the Public Health Ring Fenced Grant, which has been gradually reducing and due to end in 2020. Guidance on the use of this funding indicates that a local authority must, in using the grant, have regard to the need to improve the take up of and outcomes from, its drug and alcohol misuse treatment services. The future of the ring-fenced grant is currently unclear, although Government has indicated that it will end when full Business Rate retention is in place.

Legal, Financial and HR Implications

None

Privacy Impact Assessment

None

Equality and Diversity Implications

An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Rosie Winyard

Tel: 01905843704

Email: rwinyard@worcestershire.gov.uk

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HEALTH AND WELL-BEING BOARD 22 MAY 2018

CHILDREN AND YOUNG PEOPLE'S PLAN UPDATE

Board Sponsor

Catherine Driscoll: Director of Children, Families and Communities

Author

Sarah Wilkins: Interim Assistant Director, Early Help and Partnerships

(Please click below
then on down arrow)

Priorities

Mental health & well-being	Yes
Being Active	Yes
Reducing harm from Alcohol	Yes
Other (specify below)	

Safeguarding

Impact on Safeguarding Children If yes please give details	Yes
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Impact on Safeguarding Adults If yes please give details	Yes
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Item for Decision, Consideration or Information

Information and assurance

Recommendation

- 1. The Health and Well-being Board is asked to note the information as the most recent update.**

Background

2. In July 2017 the Health and Well Being Board (HWB) approved the new Children and Young People's Plan (CYPP) for 2017 to 2021 and agreed that the plan would act as framework for a whole-system response to improving outcomes for children, young people and their families.

3. The HWB also recommended to the range of agencies and organisations represented to seek approval for the CYPP to be adopted within their respective individual agency policy frameworks.

4. The CYP sub group of the HWB (named Connecting Families Strategic Group) was assigned oversight of the implementation of the CYPP with acknowledgement that other subgroups would also reference children and young people's activity.

5. At the last meeting of the CYP sub group in April 2018 it was agreed that a facilitated development session was required to secure understanding of actions/plans linked to the CYPP, and confirm an agreed understanding of the success measures of the plan and actions that are intended to achieve these.

6. This development session is in the planning stage and is intended to be delivered in summer 2018.

7. A development to the whole system/partnership approach for agencies and families to work together is progressing through the roll out of Signs of Safety. In April 2018 the CYP sub group have agreed as representative agencies to be actively involved in the partnership role out of this partnership approach for working with families. Briefings and training for partners are being delivered throughout 2018/19. The roll out of training for partner agencies will be partially supported through the Connecting Families grant.

Legal, Financial and HR Implications

8. No implications

Privacy Impact Assessment

9. No implications

Equality and Diversity Implications

10. No implications

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Sarah Wilkins, Interim Assistant Director for Early Help and Commissioning

Tel: 01905 846082

Email: swilkins@worcestershire.gov.uk

Supporting Information

- Signs of Safety Presentation (on-line)