

# Agenda

## Health and Well-Being Board

**Tuesday, 13 November 2018, 2.00 pm**  
**County Hall, Worcester**

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**Health and Well-Being Board**  
**Tuesday, 13 November 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
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
Peter Pinfield	Healthwatch, Worcestershire
Dr C Marley	Wyre Forest CCG
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
Mr I D Hardiman	North Worcestershire District Councils
Cllr. Gerry O'Donnell	South Worcestershire District Councils
Mr J Sutton	Voluntary and Community Sector
Chief Supt. M Travis	Westmercia Police

**Agenda**

Item No	Subject	Presenter	Page No
1	<b>Apologies and Substitutes</b>		

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Date of Issue: Monday, 5 November 2018

Item No	Subject	Page No
2	<b>Declarations of Interest</b>	
3	<b>Public Participation</b> <i>Members of the public wishing to take part should notify Legal and Democratic Services in writing or by e-mail indicating the nature and content of their proposed participation on items relevant to the agenda, no later than 9.00am on the day before the meeting (in this case 9.00am on 12 November 2018). Enquiries can be made through the telephone number/e-mail address below.</i>	
4	<b>Confirmation of Minutes</b>	1 - 12
5	<b>SEND Improvement Plan</b>	Catherine Driscoll 13 - 20
6	<b>Health Improvement Group Update</b>	Frances Howie 21 - 28
7	<b>Health and Housing</b>	Tim Rice 29 - 34
8	<b>Future Meeting Dates</b> <u><b>Dates for 2018</b></u>  <b>Private Development meetings (All at 2pm)</b> <ul style="list-style-type: none"> <li>• 4 December 2018</li> </ul> <u><b>Dates for 2019</b></u>  <b>Public meetings (All at 2pm)</b> <ul style="list-style-type: none"> <li>• 26 February 2019</li> <li>• 21 May 2019</li> <li>• 24 September 2019</li> <li>• 12 November 2019</li> </ul> <b>Private Development meetings (All at 2pm)</b> <ul style="list-style-type: none"> <li>• 29 January 2019</li> <li>• 26 March 2019</li> <li>• 30 April 2019</li> <li>• 18 June 2019</li> <li>• 16 July 2019</li> <li>• 22 October 2019</li> <li>• 3 December 2019</li> </ul>	
	<b><i>NB - At 3:00pm or at the end of the public meeting (if that is later) there will be a private meeting of the Health and Well-being.</i></b>	

**Health and Well-Being Board****Tuesday, 25 September 2018, Council Chamber, County Hall  
- 2.00 pm****Minutes****Present:**

Mr J H Smith (Chairman), Catherine Driscoll, Mr M J Hart, Dr Frances Howie, Dr A Kelly and Mr A C Roberts, Mr J Sutton, Supt. Stacey Williamson

**Also attended:**

Derek Benson, Felix Borchardt, Bridget Brickley, Kath Cobain, Matthew Fung and Sue Ibbotson.

**500 Apologies and Substitutes**

Apologies had been received from Kevin Dicks, Adrian Hardman, Gerry O'Donnell, Peter Pinfield, Paul Robinson, Mark Travis, Simon Trickett, and Avril Wilson.

The following attended as substitutes:

Simon Adams for Healthwatch  
Lynn Denham for the District Councils in the South of the County  
Richard Keble for Adult Services  
Ruth Lemiech for the CCG  
Ian Miller for District Councils in the North of the County and Housing  
Stacey Williamson for West Mercia Police

**501 Declarations of Interest**

None

**502 Public Participation**

None

**503 Confirmation of Minutes**

The minutes of the meeting held on 22 May 2018 were agreed to be a correct record of the meeting and were signed by the Chairman.

The minutes stated that reports on Housing and the Children's and Young Peoples Plan would be brought to the September meeting but these items were deferred to a future meeting.

**504 Worcestershire Safeguarding Children's Board**

Derek Benson, Independent Chairman of the Worcestershire Safeguarding Children's Board gave an overview of Board's Annual Report.

He felt that following the Ofsted report on services for

Looked after Children in Worcestershire, care services had been particularly scrutinised, but the Annual Report of 2017/18 showed the Board was further forward than the previous year and improved engagement with schools was promising. Other promising areas were work with other organisations on child sexual exploitation, Section 11 reports and domestic abuse.

Further work was required at a Strategic Level regarding private fostering, early help and children with disabilities. The Boards priorities in 2017/18 were around neglect, domestic abuse, exploitation and early help and they were concentrating on how they heard the voice of the child.

There was an underspend on the budget as less was spent on Serious Case Reviews and a new member of staff was off on long term sick leave and their salary was not spent. The Chairman of the Safeguarding Board assured the HWB that the money would not be lost and discussions were happening on whether the money was given back in year or contributions were given for future work.

There was a strong commitment to Safeguarding children across the partnership in Worcestershire. By September 2019 the Children's Safeguarding Board would cease to exist in its current form and Safeguarding Children would become the responsibility of the Safeguarding Partners; the Local Authority, the CCGs and West Mercia Police.

Felix Borchardt, explained that the Child Death Overview Panel had been notified of 25 deaths in 2017/18 and carried out 14 reviews. 11 reviews were pending. 40% were found to have modifiable factors. Ways to address such issues included informing teenagers that it was not a betrayal of trust to tell someone if their friend was having suicidal thoughts, promoting the safer sleeping policy through midwives and health visitors and increasing communication between agencies.

The report highlighted that information and data sharing with the Coroner as well as the Rapid Response teams had improved.

The Panel welcomed the move of National Oversight from the Department of Education to the Department of Health.

There was evidence that the Panel's procedures were good and would be included in new guidance for all

Panels.

In the following discussion various points were raised:

- The decision to stop providing e-learning in the future had been considered carefully by a sub-group of the Safeguarding Board, however it was decided that they were not getting the benefit for the expenditure. Some training would continue to be provided in other ways
- The Chairman of the Safeguarding Board pointed out that he had experience of CDOP reports in other areas and the Worcestershire one was better than elsewhere. It was hoped that the professionalism and strengths of the Worcestershire CDOP could be retained in the future
- The issue of exchanging information between the Safeguarding Board and the Corporate Parenting Board was raised as it was felt it could be improved. It was pointed out that giving feedback on reviews was difficult as it could be misconstrued as being the forerunner of retribution. Following LGA training at the Corporate Parenting Board the previous week, the Corporate Parenting Board had agreed that there should be some way of Serious Case Reviews being directly reported to them to help Councillors to fulfil their role as Corporate Parents
- The Chairman of the Safeguarding Board highlighted that the Safeguarding Board was actively looking at prevention with projects such as preventing abusive head trauma.

The Chairman thanked Derek and Felix for their presentations and agreed that the report had been more positive than the previous year as communication and information sharing had improved.

**RESOLVED:** that the Health and Well-being Board

- a) Noted the key headlines and conclusions from the 2017/18 Annual Report;**
- b) Considered the points which may inform future work of the HWB in respect of its strategic priorities; and**
- c) Identified cross cutting theses where the HWB has role to play in reducing risks to children**

**505 Worcestershire**

Derek Benson explained that this was the first time he had presented the Adults Safeguarding Annual Report.

## Safeguarding Adults Board

Kathy McAteer had started the work at the beginning of the year being reported.

An error had been pointed out by Jonathan Sutton. There was a difference between the criteria for conducting a Safeguarding Adult Review (SAR) set out in the Safeguarding Adult Review Protocol (version 6) published on the Safeguarding website and the Draft Annual Report. The Protocol stated "SABs are free to arrange for a SAR in any other situations involving an adult in its area with needs for care and support" whereas the draft report did not include this sentence. It was agreed that the protocols would be looked at to ensure the information was correct in different places.

Progress had been made through the year; they had concentrated on raising awareness of Adult Safeguarding and listening to those affected; this was partly achieved with the creation of an advocacy group. The priorities of the Board were Making Safeguarding Personal, the Mental Capacity Act and Deprivation of Liberty. They also aimed to work more closely with the Children's Board and Community Safety Partnerships.

As with the Children's Board there was an underspend on the Budget – but it would be ensured that the money was put to good use and not lost.

Some good work had been achieved, however it was recognised that more could be done.

During the discussion the following points were made:

- It was explained that the figure of nine referrals could not be considered as the right or wrong amount as it depended on the individual referring them. Different Safeguarding Boards had different numbers. Worcestershire tended to have more referrals and SARs than other areas who may carry out more internal or single agency reviews
- Each referral was considered by a sub-group to see if it met the criteria for a review. The case would then be referred to the Chairman of the Safeguarding Board who would review the recommendations and make the final decision as to whether a SAR was carried out. Details of why a referral did not meet the criteria could be provided if needed
- The Director of Children's Services felt it was positive that both the Safeguarding Boards for Adults and for Children had the same Chairman. She agreed that embedding the Mental Capacity



**506 Director of Public Health Report and Joint Strategic Needs Assessment Update**

Act (MCA) was important but it was difficult to embed, and clarity was needed about how 16/17 year olds were dealt with. She felt that 'making things personal' was a joy of the care Act

- Training would be provided for the Young Adults Team around the MCA and the Children Act
- Following the death of a homeless person in Worcester, Healthwatch were looking at vulnerable adults, the criteria for Safeguarding Adults Reviews, operators in Care and Self neglect. When the report was complete it would be shared with the Council. Worcester District had also commissioned an independent review into the death of the same individual
- Following Reviews The Safeguarding Board considered how it would be best to feedback learning and a new website was being created. Pressures were increasing on all agencies and it was recognised how important it was to work together and share information. Learning events to share good practice were based on safeguarding reviews. The focus was presently on domestic abuse and domiciliary care and sharing learning.

**RESOLVED that the Health and Well-being Board considered any cross cutting themes and agreed to refer issues either directly to the Safeguarding Board or through the next Joint Cross cutting issues meeting to be held between the Chairs of the four Boards.**

Frances Howie urged district Councils to be aware of the wealth of data in the JSNA which was available on the website. The Director of Public Health Report focussed on prevention being better than cure; an idea which hadn't been taken seriously enough in recent years despite warnings from the health industry that things would not be sustainable by about 2020. Monetary investment was needed but also working better with our communities to ensure people took ownership of their own health.

Matthew Fung presented the JSNA Annual Summary:

- The JSNA was a tool to reduce inequalities in the local population
- Women in richer areas of the County live 6 years longer
- Generally healthy life expectancy was better in Worcestershire than nationally

- By 2033 it was expected that the numbers of people over 65 would increase by almost 30%. Action was needed to make services sustainable
- The positive mortality gap between Worcestershire and England had been narrowing in 2017 but more recent data suggested the trend may be changing in a positive direction and had begun to widen again
- There was a declining trend in the use of antibiotics but the decline had not kept pace with national trends
- Air pollution was rising but 0.3% of Worcestershire residents lived in air quality management areas compared to national figures of 0.2%. There would be fewer deaths if people moved from areas with high pollution to low, fewer deaths would result and millions could be saved in primary and secondary care in medication costs and social care costs
- School readiness in children who received free school meals was lower than in England
- Educational outcomes at KS2 were worse than England.

Frances Howie stated that Worcestershire was generally above average for most health outcomes however we should not be complacent as there were risks to future health. There were risks to children's future health due to excess weight, school readiness, smoking in pregnancy and breastfeeding rates leading to the current generation being the least healthy in recent times. Middle aged people were also following lifestyles which would lead to them living longer in poor health and there were persistent inequalities.

The report suggested how these problems could be approached:

- Creating healthy places – it was accepted that more could be achieved and not all opportunities had been grasped. System leaders could do more
- Supporting people to help themselves – there were lots of places to go for help and information but more systematic signposting was required with organisations working together. Progress was being made on social prescribing through the STP but that work needed to be scaled up. The fact that there was less money available could not be ignored so organisations needed to work together with what was available.

- Effective prevention services – small, hard to reach services were still being missed. Universal staff training was required and more done with midwifery, health visiting and school nursing. The targeting of services such as mental health, parenting services, diabetes prevention, falls prevention and weight management for those who needed them most was also required.

The report had four overall recommendations:

- 1) A system approach to prevention would be an investment for a healthier future and would reduce demand
- 2) Working with communities to enable people to help themselves and each other
- 3) To work better together
- 4) To set up a Worcestershire Prevention Board to drive a community assets approach.

During discussion the following main points were made:

- The Director of Children's Services welcomed the timely report and information about school readiness and concerns about KS2 results, which were improving but were still behind the national average, and also social care concerns. She believed that Services were intervening too late and were then trying to solve problems rather than preventing them. She hoped more would have been included in the report about mental health and well-being as it was believed ¼ of all teenage girls were self-harming. At present services were not easy to access and it was unfair to ask schools to act as mental health professionals. Looked After Children would all have suffered some sort of trauma in their life and work was needed to prevent later, lifelong problems. She also wished to mention that more should be done to improve the health and opportunities for people with learning disabilities
- A complete JSNA on mental health was being produced and would hopefully be available in early 2019
- Prevention and self-care were important concepts in the Five Year Forward View and the NHS 10 Year Plan but it was queried how Public Health could deliver that with financial cuts to services such as health visiting. A document claimed that 85% of Local Authorities were cutting funding to

public health. The Director clarified that she was referring to the general climate of austerity rather than any specific cuts to the Public Health Ring Fenced Grant. Spending needed to be on areas where there would be a high impact. A process of prioritisation had begun and questions needed to be asked about how things could be done differently. 12% had been taken out of the Health Visiting budget but transformation work was positive. The problem would come if the ring fence came off the grant and the money became part of the general Local Authority funding. The Chairman added that at the end of the day Local Authorities had to balance their books

- Sue Ibbotson from Public Health England, supported the focus on prevention and health inequalities, especially in early years. She agreed that the work needed a whole system approach. Similar work was on-going at a national level with NHS England and Public Health England. The focus of the report mirrored the founding principles of the NHS which were 'Healthcare for all' and 'Preventing ill health'
- It was suggested that one way to reach the right people and increase take up of different services was by co-production
- It was clarified that the Prevention Board would be different from the HIG in that one worked at an operational level while one would be working at the strategic leadership level
- 14 Neighbourhood teams had been established across Worcestershire with each one having a lead GP, nurse and social worker and were aligned to public health. They were a delivery units which could act on the information in the JSNA
- It was felt that it was time for a radical approach as previous approaches had not proved successful; there needed to be earlier intervention and a cultural shift was needed as the time certain professionals such as health visitors had for prevention work was limited.

**RESOLVED: that the Health and Well-being Board**

- a) Noted and discussed the content of the 2016-2018 Report of the Director of Public Health (DPH),**
- b) Considered how organisations represented on the Board might best respond to the recommendations of the DPH Report,**

**507 Health Protection Group Annual Update**

**c) Agreed to note and use the contents of the JSNA Annual Summary and compendium of indicators in service planning and commissioning.**

Kath Cobain reported that health protection sought to prevent and reduce harm in communicable disease and minimise the impact of environmental hazards. The HPG aimed to give reassurance to the HWB that multi-agency arrangements were in place to protect the public. Different organisations were responsible for different areas, but the County Council had a statutory responsibility to ensure that each duty was carried out. Overall there had been a robust performance in protecting the Worcestershire population but there had been some fragmentation in the system so it was important to prioritise working together.

There were a number of areas for improvement

- The uptake of screening programmes were around the national average, which meant that for bowel screening 40% of eligible people do not participate in screening and there had been a decrease in the levels of breast and cervical cancer screening
- Some vaccinations uptake were reducing to nearer the national level and the flu vaccinations needed to be encouraged in the social care workforce and those under 65 who were at risk
- Poor air quality
- Some public ring fenced grant money would be used to help Trading Standards with proactive tobacco enforcement
- Equitable health care for the prison population, and
- Work now needed to be embedded following the TB services review, oral health needs assessment and UTI avoidance work.

Board Members agreed that the County Council and the Health and Care Trust should do more to highlight flu vaccinations. Social Care workers were entitled to free vaccinations at GPs or pharmacies with their work identification.

**RESOLVED that the Health and Well-being Board**

- a) Noted the work of the Health Protection Group during 2017/18,**
- b) Agreed that organisations should prioritise**

**508 Better Care Fund**

**working together to resolve the issues highlighted; and**

- c) Support the specific priority and partnership work of the HPG in increasing flu immunisation uptake, particularly the Health and Social Care workforce.**

The two year Better Care Fund Plan had been signed off last year so this report was just an update. New guidance would be produced for next year's plan. The outturn last year was a £1.3 million overspend after using nearly £200,000 of reserves. This overspend was largely due to the cost of funding care for people who had been discharged from the acute hospitals. The CCGs and County Council had covered the overspend from their base budgets.

There were a number of performance metrics set nationally. 4 out of 5 were still behind the target. They were within target for delayed transfers of care.

There had been 2 main variances from last year; firstly, the reduction of recovery beds in Wyre Forest and secondly, the step down unit in Worcester which allowed for faster discharge from hospital.

The forecast outturn for 2018/19 was expected to be £1.8 million largely due to discharge problems and the general pressure on acute services and the whole care system.

Comments made by attendees included:

- It was queried whether the fact that the numbers of older people who were still at home 91 days after discharge from hospital were 5% lower than the target meant that people were being sent home too early and whether the issue should be scrutinised. It was confirmed that it was being looked at to see how it could be improved
- The BCF was not just to reduce admissions to the acute sector and to facilitate discharge, it was used to help across the entire health and care system
- The rate of permanent admissions to residential care was a national metric and a lower figure was better. If support was not available in the community the rate of admissions would rise
- It was unclear if any work was being carried out to understand the flow of people from BME groups through emergency care but it felt it could be included in the capacity planning work which was

currently underway

- There was no formal agreement that the overspend would be split between the Council and the CCG but it was hoped that would be the case. There was also the possibility that that the amount received for the BCF could increase.

**RESOLVED that the Health and Well-being Board**

- a) Noted the financial outturn to the BCF for 2017/18;**
- b) Noted the progress made towards the national targets for the BCF for 2017/18; and**
- c) Noted the significant cost pressures on the BCF for 2018/19 due to the pressures arising from the urgent care system.**

**509 Children and Young Peoples Plan Update**

The Connecting Families Strategic Group was initially expected to monitor the Connecting Families Programme as well as having oversight of the Children and Young Peoples Plan (CYPP); however it was felt that the two areas were too much for one group to manage and a new Children and Young People's Group has now been set up. The first meeting of the group would be on 19 October so a report would be brought back to the November meeting.

Progress on CYPP continued, the Troubled Families Programme had been refreshed, the SEND Action plan was beginning to get going and there was a focus on looking at Adverse Childhood Experiences (ACES). The JSNA would be useful to the groups and a new Partnerships Manager had been appointed.

**RESOLVED that a report would be brought to the November meeting of the Health and Well-being Board.**

**510 Future Meeting Dates**

**Dates for 2018**

**Public meetings (All at 2pm)**

- 13 November 2018

**Private Development meetings (All at 2pm)**

- 23 October 2018
- 4 December 2018

**Dates for 2019**

**Public meetings (All at 2pm)**

- 26 February 2019

- 21 May 2019
- 24 September 2019
- 12 November 2019

**Private Development meetings (All at 2pm)**

- 29 January 2019
- 26 March 2019
- 30 April 2019
- 18 June 2019
- 16 July 2019
- 22 October 2019
- 3 December 2019

The meeting ended at 4.20 pm

Chairman .....



**HEALTH AND WELL-BEING BOARD  
13 NOVEMBER 2018****SEND IMPROVEMENT PROGRAMME**

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**Board Sponsor**

Catherine Driscoll & Simon Trickett

**Author**

Nick Wilson – Assistant Director for Education & Skills

(Please click below  
then on down arrow)

**Priorities**

Mental health & well-being

Yes

Being Active

No

Reducing harm from Alcohol

No

Other (specify below)

**Safeguarding**

Impact on Safeguarding Children

Yes

Inspectors identified potential safeguarding concerns and the Written Statement of Action provides the vehicle to improve outcomes for children, young people and their families.

Impact on Safeguarding Adults

No

If yes please give details

**Item for Decision, Consideration or Information**

Information and assurance

**Recommendation****1. The Health and Well-being Board is asked to:**

- a) **note the steps taken to address the key concerns identified in the Local Area<sup>1</sup> SEND inspection in particular in relation to Local Area Leadership; and**
- b) **agree whether it would wish to make any comments to the SEND Improvement Board prior to the next meeting on 11 December 2018.**

**Background**

2. In March 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Worcestershire to judge the effectiveness of the area in implementing the special educational needs and disability (SEND) reforms as set out in the Children and Families Act 2014. As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015,

Her Majesty's Chief Inspector (HMCI) determined that a Written Statement of Action (WSOA) was required because of significant areas of weakness in the local area's practice. The local authority and the area's clinical commissioning group (CCG) were jointly responsible for submitting the written statement to Ofsted and CQC.

3. The inspection of the Local Area<sup>1</sup> involved an evaluation of how effectively the needs of children and young people with SEND are identified, assessed and provided for, and how effectively this leads to improved outcomes for children and young people. This involved reaching a judgement about local area strategic oversight and leadership, and the priority given by leaders to the SEND Reforms. Local area leadership relates to the work of the Council and the CCG. The findings of the Inspection were published on 16 May 2018 (Appendix 1).

4. Inspectors spoke with children and young people who have special educational needs (SEN) and/or disabilities, parents and carers, and local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the SEN reforms.

5. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. They reviewed performance data and evidence about the local offer and joint commissioning. The written statement of action was required to explain how the local area will tackle the following 12 areas of significant weakness:

- a) Safeguarding concerns around: children and young people from London boroughs who are housed locally;
- b) the use of long-term part-time timetables;
- c) children taken off roll and missing education;
- d) the CCG's' lack of strategic leadership in implementing the SEND reforms
- e) the current poor quality of the existing SEND Strategy action plan the lack of joint commissioning arrangements;
- f) the variation in the skills and commitment of some mainstream schools to provide effective support for children who have SEN and/or disabilities;
- g) the lack of suitable specialist provision to meet the identified needs of children and young people;
- h) the fragile relationships with parents and carers and the lack of meaningful engagement and co-production and collaboration;
- i) the poor quality of EHC plans including the limited contributions from health and social care and the processes to check and review the quality of EHC plans;
- j) the lack of systems to track outcomes for children and young people who have SEN and/or disabilities in special schools, post-16 provision, young people who are NEET and youth offenders effectively;
- k) the disproportionate numbers of children and young people who have SEN and/or disabilities who have been permanently excluded from school;
- l) the quality of the Local Offer; and
- m) academic outcomes, behaviours and attendance of children and young people who have SEN and/or disabilities.

<sup>1</sup> The local area includes the local authority, clinical commissioning groups (CCGs), public health, NHS England for specialist services, early years settings, schools and further education providers.

## **The Written Statement of Action**

6. The WSoA (Appendix 2) has been prepared together with Health colleagues, parents and carers, head teachers and other key stakeholders. The WSoA is outcome and objective based addressing the 'so what difference will this make?' question in a way that is both deliverable (in stages) and measurable so it is reportable through agreed Governance routes and also to the DfE, NHSE and OFSTED.

7. The WSoA has five workstreams each led jointly by representatives from WCC, Health and Partners – it has a detailed reporting and governance process to ensure accountability at all levels including the SEND Improvement (Strategic) Board, HWBB, ICEOG, CCG Gov Body and Cabinet updates. Appendix 3 details a summary of the five workstreams, outcomes, leads and objectives.

8. The final draft WSoA was reviewed by Children and Families Overview and Scrutiny panel on 8th August, provided useful questioning and feedback prior to the submission to Ofsted on 20 August 2018. On Friday 14 September, Ofsted and Care Quality Commission confirmed that the WSoA was fit for purpose subject to some minor alterations. The amendments have made by the Local Area. The Cabinet Member with Responsibility for Education & Skills approved the amended WSoA on 8 October. The CCG Board will meet to consider the amendments on 24 October.

## **Governance / Monitoring**

9. Workstream leads meetings are held monthly where leads discuss actions, updates (evidence), reporting, co-production, dependencies and risks/issues. Updates are provided from all workstream leads with support and challenge provided from the Project Sponsor. Monthly highlight reports are produced for review by CFC Directorate Leadership Team, and feedback and challenge provided to the Project Sponsor.

10. The SEND Improvement Board has been held monthly since the Peer Review in December 2017 and the development of the SEND Strategy. The SEND Improvement Board is a key element in the monitoring, reporting and governance for the progression of action to improve. It is a stakeholder Board, and includes representation from the CCGs, Families in Partnerships, Special Schools, Worcestershire Health and Care Trust (WH&CT), Babcock, Ourway Advocacy (children and young people representatives), Youth Justice, SENDIASS and officers from the SEND Services within the Council. At its two recent meetings in June and July, the Improvement Board gave constructive feedback to the draft Action Plan and endorsed the continuing work of all partners so that there is a comprehensive and multiagency response, which is achievable, fit for purpose and has the Board's support.

11. The DfE / NHSE first monitoring meeting took place on 5 September with Anne Porter (DfE SEND Advisor) and Sue Nicholls (NHSE SEND Local Office Lead). They met with the Director of Children's Services and the Accountable Officer for CCGs

<sup>1</sup> The local area includes the local authority, clinical commissioning groups (CCGs), public health, NHS England for specialist services, early years settings, schools and further education providers.

along with other key officers and a parent/carer representative. All partners shared key actions, impact and next steps focusing on the areas of weakness identified. Progress measures were agreed for the next period of monitoring.

12. On 9 October the Regional DfE Lead, Andre Imich, attended the SEND Improvement Board and provided positive feedback and questioning within the meeting. Workstream leads gave verbal updates to the Board including progress, milestones, and issues and risks identified. The next monitoring visit is planned for 11 December 2018.

## **Local Area Leadership**

13. The lack of strategic leadership in implementing the SEND reforms was one of the key areas of concern identified in the Inspection. The lack of joint commissioning arrangements was also highlighted as a weakness. The objective for Workstream 4 – Joint Commissioning and Leadership is to establish effective partnerships and achieve a joint understanding of need, our shared responsibilities and to know how we will judge the impact of the way in which we lead, monitor, review and invest. We have strengthened communication and consistency across our various Boards and Partnerships, and have used our respective roles as Local Area Leaders to drive the development of this Plan for Improvement.

## **The Programme**

14. A Communication Plan is being drafted across partners to ensure key messages and updates are clear, timely, and planned effectively. Communication of the Plan is key, the Local Area are preparing bitesize video clips to explain what each workstream will deliver together with key information about the Action plan. These are being developed in conjunction with Equality and Diversity partner colleagues Sandy Bannister and Families in Partnership to ensure accessibility and co-production.

15. A Co-Production event was held on 23 October 2018, facilitated by Genuine Partnerships (Rotherham) to support all Local Area partners including parent / carer representatives to develop an understanding of co-production principles in practice and realise the benefits of co-production (challenging our thinking). The next steps for partners are to discuss and agree how we can design/shape our practice, policy and commissioning in a true coproduction style; and identify and select which tasks are going to be taken forward using this approach.

16. One of the first actions is to raise awareness across the joint workforce about the Action Plan and to develop a greater sense of insight and awareness about the needs of children and young people with SEND, the importance of planning to achieve improving outcomes and how to extend our collaborative working and co-production activity with parent/carers and their representatives. SENCo Seminars are planned across the County in early November to explain the WSoA and discuss what this means for future collaborative working between schools and other services across the Local Area, exploring how this will lead to improving outcomes for children and young people with SEND across Worcestershire.

<sup>1</sup> The local area includes the local authority, clinical commissioning groups (CCGs), public health, NHS England for specialist services, early years settings, schools and further education providers.

17. Work has started with the WCC Management Information Analytics and Research team to identify Key Performance Indicators (KPIs) across Education, Health and Social care to drive SEND service improvement and demonstrate high aspirations and expectations of the Local Area. Collation of existing KPIs has started to introduce a dashboard approach.

## **Legal, Financial and HR Implications**

18. The action plan will have resource implications for workforce and finance. HWBB members may already be aware of the pressures on the High Needs Block of the Dedicated Schools Grant (DSG), which is an allocation specifically to fund those children and young people with special educational needs and disabilities. In 2017/18 the High Needs Block faced an additional cost pressure of £3.4million for top up funding, post 16 and independent school placements in particular. This was funded from centrally held DSG reserves. However, this is not sustainable in the long term and the current DSG reserves will not be sufficient to meet the ongoing continuing High Needs cost pressures in 2018-19 and future years. The pressure on the High Needs Block DSG will continue into 2018-19 and future years due to the significant high needs demand forecasted across all specialist providers. Unlike the Schools Block DSG the High Needs Block DSG does not increase with demographic pressures and the DfE expect LAs to manage this accordingly. Although the net High Needs Block DSG in 2018-19 is predicted to increase by an additional £1.6m from the new High Needs National Funding Formula (NFF) this will only covers 50% of the previous years' overspend and will not cover the impact of current and future demand. The HR and financial implications will be considered through the development of the Statement of Action work streams.

## **Impact Assessments**

19. An Information Risk & Privacy Impact Screening has been carried out in respect of Written Statement of Action. It identified that further equality impact analysis will be required to identify how any of the actions may affect individuals and their personal data, and what needs to be considered and implemented to ensure actions are acceptable and compliant with the Data Protection and Human Rights Acts. The information and privacy implications are being considered through the work streams.

20. A Public Health Impact Screening has been carried out in respect to the Written Statement of Action, to identify and predict the health implications on a population of implementing the plan, policy, programme or project, and in so doing aid decision-making. The Public Health Impact Screening aims to enhance the potential positive aspects of a proposal through assessment while avoiding or minimising any negative impacts, with particular emphasis on disadvantaged sections of communities that might be affected. Any Health implications are being considered through the workstreams.

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<sup>1</sup> The local area includes the local authority, clinical commissioning groups (CCGs), public health, NHS England for specialist services, early years settings, schools and further education providers.

21. An Equality Impact screening has been carried out in respect of the Written Statement of Action. This identified potential impact for children and young people with SEND but the overarching nature of the action plan means that it contains both numerous and varied objectives and insufficient detail at this stage for effective equality analysis. The Council's approach is to carry out equality analysis for individual workstreams as appropriate, workstream leads are once they are established and to review these during the life of the Action Plan.

## Contact Points

### County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

### Specific Contact Points for this report

Nick Wilson

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## Supporting Information

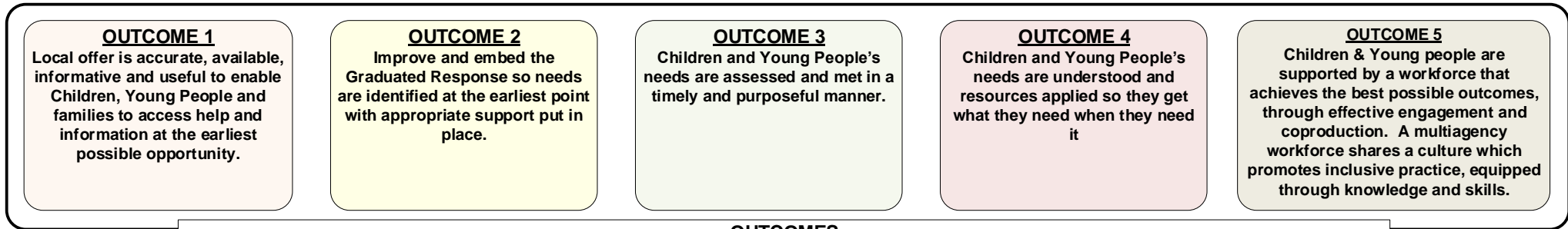
- Appendix 1 - Joint Local Area SEND Inspection by Ofsted and the Care Quality Commission Outcome Letter [www.worcestershire.gov.uk/SENDupdates](http://www.worcestershire.gov.uk/SENDupdates)
- Appendix 2 - Written Statement of Action (Action Plan) [www.worcestershire.gov.uk/SENDupdates](http://www.worcestershire.gov.uk/SENDupdates)
- Appendix 3 – WSoA Overview

## Background Papers

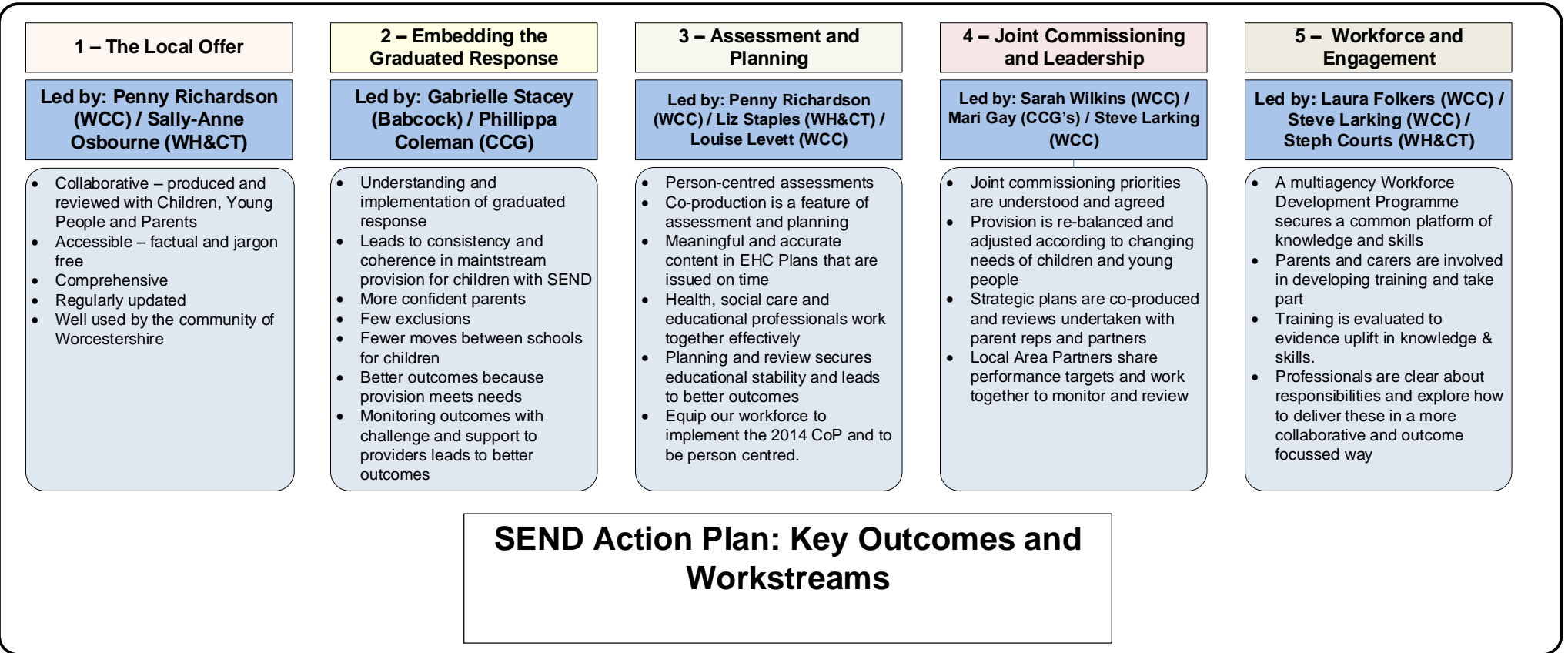
In the opinion of the proper officer (in this case the Director of Children's Services) the following are the background papers relating to the subject matter of this report:

- [Cabinet 12 July 2018](#) - Joint Local Area Special Educational Needs And Disability (SEND) Inspection - Local Area Action Plan
- [Cabinet Member Decision 8 October 2018](#) – Special Educational Needs and Disability Written Statement of Action Amendments
- [Cabinet Member Decision 9 August 2018](#) – Special Educational Needs and Disability Written Statement of Action
- Worcestershire Strategy for Children and Young People with Special Educational Needs and Disabilities (SEND) 2017-2021  
[http://www.worcestershire.gov.uk/info/20541/we\\_are\\_listening/1616/our\\_send\\_strategy](http://www.worcestershire.gov.uk/info/20541/we_are_listening/1616/our_send_strategy)
- Local Government Association - Peer Review  
[www.worcestershire.gov.uk/SENDupdates](http://www.worcestershire.gov.uk/SENDupdates)

<sup>1</sup> The local area includes the local authority, clinical commissioning groups (CCGs), public health, NHS England for specialist services, early years settings, schools and further education providers.



**OUTCOMES**



**SEND Action Plan: Key Outcomes and Workstreams**

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## **HEALTH AND WELL-BEING BOARD 13 NOVEMBER 2018**

### **HEALTH IMPROVEMENT GROUP BI-ANNUAL REPORT**

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**Board Sponsor**

Dr. Frances Howie, Director of Public Health

**Author**

Laura Hart, Directorate of 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 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:
  - a) Consider and comment on progress made by the Health Improvement Group (HIG) between April 2018 and October 2018;
  - b) Support the scaling up of prevention activities in the priority areas and consider how the Prevention Board proposed within the DPH Annual report could work alongside district level achievements;
  - c) Ensure that each organisation represented by the Board plays an active part in the delivery of the Joint Health and Well-being Strategy and fully participate in providing the necessary updates and information for the reporting of progress.

**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<sup>th</sup> June 2018 and 3<sup>rd</sup> October 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 HIG meetings has increased this year, although there has been no representation from West Mercia Police and the VCS representative. Membership and attendance has been considered and Worcestershire Voices are supporting the recruitment of a new VCS representative.

### **Joint Health and Wellbeing Strategy Annual Update**

4. The Health and Well-being Strategy 2016-2021, identified three overarching priorities to achieve the vision of the Board that: Worcestershire residents are healthier, live longer and have a better quality of life especially those communities and groups with the poorest health outcomes. These are:

- Being Active at Every Age
- Good Mental Health and Well-being Throughout Life
- Reducing Harm from Alcohol at all Ages.

An action plan was developed around each priority area. The report provides a summary of activity and performance indicators to measure progress against each priority at year two. Overall, progress has been made in each of the areas and against each of the objectives. Partners have worked hard to deliver activities to progress the action plan, however, larger scale systematic approaches are required to really make an impact on reducing risk of disease and reducing inequalities. In October, the HIG agreed to note the progress to date on the delivery of the Joint Health and Wellbeing Strategy and associated action plans and the need to scale up prevention activities to achieve larger scale improvements in health and wellbeing and reduce health inequalities. The group agreed to ensure that each partner represented by the HIG continues to play an active part in the implementation of the strategy and consider progress in the context of the 2018 Director of Public Health Annual Report. The full report is available on-line as a background document.

### **Summary of Progress: District Health and Well-being Plans**

#### Worcester City Health and Wellbeing Plan 2017-2019

5. The Worcester City Health and Wellbeing Plan supports the Joint Health and Wellbeing priority areas including Mental Health and Well-being throughout life; increasing Physical activity and reducing harm from Alcohol. The plan also identifies three emerging themes from local data where problems may develop or where greater understanding is needed. The themes include outcomes and access to services for the Black and Minority Ethnic (BAME) population; statutory homelessness; and air pollution. Examples of work undertaken include:

- A number of physical activity opportunities across the city have been delivered, including Freedom Leisure community multi-sports (3010 children engaged in 129 sessions during the past year with 27% from areas of deprivation) and Fortis Active Ageing yoga, archery, walking football and bowls sessions,

- The Community Connectors scheme supports people across Worcester City. Sessions are held each week to talk, listen and provide information about local opportunities to residents. Lifestyle courses run throughout the year with a variety of topics including: managing stress and anxiety, re-building self-esteem, incorporating exercise into daily life and managing personal finances.
- The Dementia Dwelling Grant pilot has been running with over 500 assessments to date, and 75% receiving a dementia dwelling grant.
- A steering group has been developed to improve outcomes and access to services for the BAME population, courses have been delivered including a healthy cooking course and a financial and money management course. Public Health messages have been promoted through the mosque social media.
- Progress has been made to tackle homelessness health including the development of a Joint Strategic Need Assessment; a Strategic Direction for Homelessness Event; Homeless pathways created for a range of defined customer groups and the work of the homeless health hub.

#### Redditch Health and Wellbeing Partnership Plan 2018-2019

6. The purpose of the Redditch Health and Wellbeing Partnership Plan is to set out a forward plan for the year and to document local projects that are working in partnership through the Redditch Community Wellbeing Trust (RCWT). There are three areas of focus; Mental health and wellbeing (including suicide and self-harm), Obesity and Physical Activity Levels (both adults and children), and Misuse of Alcohol. Examples of work undertaken include:

- The Sports Development team have been delivering a number of projects including Active Kitchen, Active Families, Couch to 5k, Escape Pain, Rounders in the Park, Park Lives, Park Run, Tai Chi, Strength and Balance classes.
- The Voluntary and Community Sector Grants Programme has enabled a range on new opportunities including Fight for Peace Boxing project, Skate Park project, Relate Counselling Service, Wellbeing Coaching, Eating Well on a Budget project.
- Redditch Older People's Services Day (led by Older People's Forum) took place in March and focussed on mental health.
- Redditch Community Wellbeing Trust and Public Health organised and delivered work to map local assets.
- A Wellbeing in Partnership newsletter has been produced to share information about services as well as a Redditch and Bromsgrove Knowledge Bank (directory of services).
- The Connecting Families work has a new focus on mental health, research interviewing key partners in Redditch about gaps in mental health provision has commenced.

#### Wychavon Health and Wellbeing Plan 2016-2020

7. The Wychavon Health and Wellbeing plan has identified six priorities including Smoking in pregnancy; Homelessness; Achieving a healthy weight; Mental and emotional health; Reducing alcohol consumption; Access to services in rural areas. In the light of new data, a review and refresh of the Health & Wellbeing Plan is being undertaken. Discussions around using the wider determinants of health and District

Council Service Teams to structure the approach are taking place. Examples of work undertaken include:

- A number of various physical activity events and activities have taken place which have been well attended including Walking Netball, Ladies Touch Rugby, Just Swim, Simply Run C2 5K and Get Hooked fishing.
- Wychavon Wellbeing Week was rolled out in October 2017. The aims of the week were to raise awareness of mental health issues and reduce the stigma associated with them; promote positive and practical ways to improve wellbeing; and promote the help and support that's available for people experiencing mental health problems. There were 100 activities and events on offer across Wychavon during the week focussing on the five ways to wellbeing. The week created 340 000 twitter impressions and over 1000 views on the events webpage.
- An Alcohol Reduction Plan has been produced and an interactive promotional stall was held in Tesco Evesham during Alcohol Awareness Week 2017.
- Evesham and Eckington Dementia Action Alliances have support from a number of Dementia Friends (there are over 900 Dementia Friends in WR10 and WR11 postcodes), and have held a number of local initiatives such as a tea service, boat trips, a supermarket 'relaxed lane'.
- The Droitwich West Project aims to raise aspirations, skills and health in Droitwich West Ward. The following activities have been supported by WDC; Bulb planting at the school and in grassy areas of Westlands; A Health Walk leaders course delivered followed by the launch of Westlands Walkers; SHAPE, Cook4Life and Feeling Fitter courses to support mental wellbeing, healthier food choices and increased physical activity.

## **General items**

8. Since the previous bi-annual report in May 2018, the HIG has also discussed and considered the following:

### **Director of Public Health Annual Report**

9. Dr Frances Howie presented an overview of the 2016-2018 Director of Public Health Annual Report to the HIG. The report focuses on preventing poor health and describes the current picture and opportunities in Worcestershire during this period.

10. There is a strong evidence base that it is better and cheaper to prevent problems before they arise, in short, that prevention is better than cure. Focussing and investing in prevention will improve health outcomes; keep people independent; and improve peoples' well-being and quality of life. This will, in turn contribute to managing the demand for higher cost reactive services.

11. Dr Frances Howie expanded on the key facts in Worcestershire, the challenges, and the recommended approach focussing on three themes; creating healthy places; supporting people to help themselves, their families and their communities; and delivering effective prevention services.

### **Dementia Dwelling Grant**

12. The HIG welcomed the presentation on the Dementia Dwelling Group. A pilot commenced on 1st April 2017 supported by Care and Repair Worcestershire and the

Dementia Advisors from Age UK Herefordshire and Worcestershire with the opening of grant to pay for adaptations to the homes of local residents living with dementia.

13. The evaluation of the pilot is being undertaken by the University of Worcester's Association for Dementia Studies (ADS). Between April 17-18, 510 assessments were undertaken with 75% receiving a dementia dwelling grant. Positive wellbeing outcomes have been measured at 3 month follow up and the next steps include further analysis, 9 month assessments and the preparation of a final report at the end of 2018.

### **Warmer Worcestershire Report**

14. The HIG approved the Worcestershire Fuel Poverty 5 year plan in September 2017 including proposed activity for the year, and agreed to receive annual progress reports from the Warmer Worcestershire Network detailing progress and any amendments. The Warmer Worcestershire Network is a partnership between public and third sector organisation all working together to tackle the issue of cold homes and the impact this can have on an individual's health. The Network is coordinated by Worcestershire County Council and brings together a range of knowledge and skills. National figures indicate that 11.5% of households in Worcestershire are considered to be fuel poor. This equates to nearly 29,000 households that struggle to afford to heat their home.

15. Progress over the last 12 months includes:

- Worcestershire Energy Switch- Over 560 residents registered their interest in switching energy provider with over 150 households taking up the offer. There were average annual savings of £182 per year through switching.
- Emergency Central Heating Offer (ECHO)- This project replaced 42 broken gas central heating systems.
- Energy Company Obligation (ECO)- Nearly 400 residents expressed an interest in energy efficiency measures under this scheme. To date, there are 147 completed jobs resulting in £453,360 funding brought in for Worcestershire residents.

### **Neighbourhood Teams Update**

16. The HIG welcomed a presentation on the Neighbourhood Teams which are a new way of integrated working, as set out in the Herefordshire and Worcestershire Sustainability Transformational Partnership to provide joined up, better coordinated care that promotes independence, choice, and improved patient journey. Neighbourhood Teams are a team of professionals (multi-disciplinary team) who provide care and support to the registered population of a group of GP practices.

17. There are three Alliance Boards and 14 Neighbourhood Teams with GPs working in clusters of 22-55k population integrated with community and social care provision. 14 Neighbourhood Team Plans have been agreed using Population Health Profiles with all teams operational from June 2018. The teams focus on reducing emergency admissions and priority areas include Care homes; Respiratory; Diabetes; Frailty/UTI/falls; Mental Health; Prevention and self-care as well as other areas such as cancer diagnosis. The teams are working to scale up impact, with a continued

focus on strengthening health and social care integration, and scoping opportunities to work differently within the wider partnership.

### **Charter for Homeless Health update report**

18. The HIG noted progress in implementing the Homeless Health Charter. The Homeless Health Charter (HHC) was signed by the Chair of the Health and Wellbeing Board in February 2016, on behalf of the Board membership. The HIG received an annual report on the HHC on 20 September 2017 and report updated on the progress made in its implementation. The responsibility for homelessness prevention services primarily sits with Local Housing Authorities and a Countywide Homelessness plan is developed and monitored through the Worcestershire Strategic Housing Partnership.

19. The Homeless Health Group has taken responsibility for leading on the HHC and by definition focuses solely on homeless health matters. In that regard, the three key areas of the HHC are "Identify need", "Provide leadership" and "Commission for inclusion", and progress against these is set out below. There is good progress being made against the three Charter objectives and strong support provided by partner organisations. With the publication of a new JSNA homeless health profile and a new self-assessment tool, it will enable a stronger focus on this area of work, building on what is already in place.

### **Legal, Financial and HR Implications**

20. Not applicable

### **Privacy Impact Assessment**

21. Not applicable

### **Equality and Diversity Implications**

22. An Equality Impact Assessment is not required

### **Health Impact**

23. Discussed in the body of the report.

### **Contact Points**

#### County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

#### Specific Contact Points for this report

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## **Supporting Information**

- Joint Health and Wellbeing Strategy Annual Update (Available on-line as a background document)

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**HEALTH AND WELL-BEING BOARD  
13 NOVEMBER 2018****HOUSING AND HEALTH MEMORANDUM OF  
UNDERSTANDING (MoU) PROGRESS REPORT**

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**Board Sponsor**  
Dr Frances Howie

**Author**  
Tim Rice: Senior Public Health Practitioner

<b>Priorities</b>	(Please click below then on down arrow)
Older people & long term conditions	Yes
Mental health & well-being	Yes
Being Active	Yes
Alcohol	Yes
Other: Housing health and social care	
<b>Groups of particular interest</b>	
Children & young people	Yes
Communities & groups with poor health outcomes	Yes
People with learning disabilities	Yes
<b>Safeguarding</b>	
Impact on Safeguarding Children	Yes
Meeting the needs of some children with physical disabilities	
Impact on Safeguarding Adults	Yes
Meeting the needs of some vulnerable adults in terms of their physical disabilities and health and wellbeing	

**Item for Decision, Consideration or Information**  
Information and assurance

**Recommendation**

**The Health and Well-being Board is asked to:**

- a) **Note the progress across the system on embedding the principles of the MoU in Worcestershire and to practically support and co-ordinate as required;**
- b) **Agree that a system review meeting is jointly convened with senior officers in the NHS, WCC and housing agencies to demonstrate best practise options and system change opportunities.**

## **Background**

1. Further to the report to the Board on 22 May 2018, at which the Board confirmed its commitment to the Memorandum of Understanding - "Improving health through the home" (MoU), this is the first update on progress against the MoU objectives within the Worcestershire system.
2. Embedding the MoU approach across the county is a longer term objective, but there are some initial actions and specific workstreams where progress can and is being made. Two of the main areas of focus are for the Director of Public Health (DPH) to scope Joint Strategic Needs Assessment (JSNA) and other housing and related needs assessments, to better understand future service demand and for the Director of Adult Services (DAS) to review commissioned and other services that relate to the MoU. Other examples demonstrating progress are also set out below.

## **Housing and related needs assessments**

3. An initial meeting in June, chaired by a Public Health consultant, brought together officers from WCC Public Health (PH), WCC Research and Intelligence, the Adult Services commissioning manager, the CCG research manager and District Council strategic housing managers, to consider what housing needs assessments, data and analysis are currently available across Worcestershire. An initial review has highlighted some statutory housing assessments that are carried out by partner organisations and other strategic documents, including housing research into the housing needs of older people in 2009 and a subsequent extra care housing strategy 2012-2026. It is clear that there are a range of sources of information and data collected in health and social care, DC's, in commissioned services and by other non-statutory agencies such as Housing Associations. Understanding what is collected and how this could be best utilised to assist planning services is a core objective of the MoU. Further mapping and understanding what data is available will assist in deciding how to best collate that information to understand trends and needs and to develop policy and services going forward. This work will be managed through the usual JSNA process. A further meeting will have taken place prior to this Board meeting, at which the detailed scope and contents of a JSNA report will be considered.

## **Resources and Commissioning**

4. The DAS held an initial meeting of WCC commissioners, DC officers (including the CEO of Redditch and Bromsgrove Councils) and the CCG, in August, focusing on understanding what services and functions help to keep people living healthily and independently at home and reduce pressures on health and social care. It was recognised that there is an ideal opportunity to co-produce approaches and services, with a focus on prevention and supporting self-help in the community. Further partner meetings are planned to maintain co-ordination and oversight of this workstream. Specifically, the DAS is leading on a review on demand management of re-ablement services, including a focus on the various access points into the system, improving the customer pathway, a stronger focus on prevention and self-help and better use of new technology. Key stakeholders, including housing agencies, will be involved in contributing to solutions to improve the efficiency and effectiveness of services in Worcestershire and the customer experience.

5. A review and subsequent recommissioning of the Home Improvement Agency (HIA) service is underway and this is central to the countywide approach to supporting people remaining independent at home. The HIA also delivers the Disabled Facilities Grant programme on behalf of the District Councils. The Worcester City Dementia Grant scheme, operated by the HIA, has recently received a national innovation award and is an excellent example of a flexible use of DFG resources to facilitate people being able to live more independently at home.

6. A wider policy objective is to ensure that there is a good quality housing stock locally which meets future needs and will have a positive impact upon people's health and wellbeing. Much of the work to achieve this is carried out at district level through housing services and planning policy and as part of the work to secure an effective housing market, the County "One Public Estate" Partnership, is focusing on the objective of a "homes for life" approach, to make houses accessible and easily adaptable to meet peoples changing life course needs.

7. Many services already contribute directly to assisting independent living and improving people's health and wellbeing. Approaches such as Making Every Contact Count (MECC), preventing social isolation and loneliness, social prescribing, falls prevention work and warmer homes activities, all contribute to achieving those objectives.

8. There are a number of system changes taking place locally that all have the opportunity to support the MoU ambition and include the STP, the development of Neighbourhood Teams, the 3 conversation model and a review of the community Occupational Therapy (OT) service. A number of Government plans which are awaited, including the forthcoming Social Care green paper, a review of Disabled Facilities Grants, a national review of OT services and the older persons housing plan, should all present opportunities to develop a more joined up systems approach.

9. Housing colleagues are supporting a number of Neighbourhood Team Multi-Disciplinary Team (MDT) meetings across the county. This has this been successful in terms of shared learning, support for specific cases, raising the profile of housing as a partner in the Neighbourhood Teams and given the MDT's a greater awareness of services available for service users within the housing sector. This is an excellent example of how effective collaboration is taking place.

10. Following a report and discussion at the September STP Prevention Board about the current lack of focus on housing and the MoU in the STP plans, it was agreed that a further report is taken to the main STP Board to recommend a stronger embedding of the role of housing in meeting its prevention ambitions going forward.

11. Other key groups are contributing to supporting the MoU and in particular the Strategic Housing Partnership has comprehensive countywide plans and is working to create the right partnership environment to deliver effective joint working. Local Housing Association and DC Chief Executives, have sponsored a review by the national Housing Association Charitable Trust, to develop an understanding of how they can support the NHS better deliver some its key pathways and flows, by focusing on the critical points where housing can help patients live more independently, prevent hospital admissions and avoid readmissions.

12. The main challenges are to ensure that the various local reviews as outlined are co-ordinated, that new national legislation and guidance is effectively embedded and that the opportunity to join up across the system isn't missed. This requires a clear understanding of the problems and issues faced across Worcestershire in all sectors and the leadership to take decisions beyond normal boundaries and system cultures. Whether it is winter hospital pressures or "stranded patients" in the NHS, growing demand on adult services and some children's services, or inadequate and insufficient suitable housing to enable independence at home, it is the often same local people that can be "handed off" between health, social care and housing systems in an unplanned and uncoordinated way. There is now the opportunity to develop a stronger and more effective approaches, building on what currently exists and learning from successful schemes elsewhere.

13. While good progress is being made, it would be timely to consider holding a focused meeting for senior systems leaders in the NHS and Worcestershire Local Authorities/housing providers to demonstrate the practical ways and examples of how housing can make a significant difference across the health and social care system and to embed the MoU principles. The intention would be for this to encourage co-production of services particularly at present, when reviews and recommissioning are being undertaken.

14. The MoU now includes a focus on homelessness and this work is reported to the Health Improvement Group (HIG), with the bi-annual HIG report being available as part of the Board's current agenda, noting this work.

## **Conclusion**

15. The MoU recognises that the indicators of success will be achieved over a number of years through securing positive momentum at national policy level and locally. There is no single initiative that can achieve these outcomes, but Worcestershire is taking a positive approach and is cited in the national MoU as an area that is progressing collaborative work. As set out above, new working arrangements and service redesign are constantly taking place within the system and this requires them to be managed in an agreed and co-ordinated manner.

## **Legal, Financial and HR Implications**

16. N/A

## **Privacy Impact Assessment**

17. N/A

## **Equality and Diversity Implications**

An EIA is not applicable.

## **Contact Points**

### County Council Contact Points

County Council: 01905 763763

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### Specific Contact Points for this report

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## **Supporting Information**

N/A

## **Background Papers**

N/A

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