

Agenda

Health and Well-Being Board

Tuesday, 10 May 2016, 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

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Health and Well-Being Board

Tuesday, 10 May 2016, 2.00 pm, Council Chamber, County Hall

Membership

Full Members (Voting):

Mr M J Hart (Chairman)	Cabinet Member with Responsibility for Health and Well-being
Dr C Ellson (Vice Chairman)	South Worcestershire CCG
Ms J Alner	NHS England
Mrs S L Blagg	Cabinet Member with Responsibility for Adult Social Care
Mr J P Campion	Cabinet Member with Responsibility for Children and Families
Anne Clarke	Director of Adult Social Care
Dr R Davies	Redditch and Bromsgrove CCG
Mr S E Geraghty	Leader, Worcestershire County Council
Frances Howie	Director of Public Health
Dr A Kelly	South Worcestershire CCG
Clare Marchant	Chief Executive, Worcestershire County Council
Peter Pinfield	Healthwatch, Worcestershire
Dr Simon Rumley	Wyre Forest CCG
Simon Trickett	Redditch & Bromsgrove & wyre Forest Clinical Commissioning Group
Simon White	Director of Children's Services. Worcestershire County Council

Associate Members

Mrs C Cumino	Voluntary and Community Sector
Chief Supt. L. Davenport	West Mercia Police
Gerry O'Donnell	South Worcestershire District Councils
Cllr Margaret Sherrey	North Worcestershire District Councils

Agenda

Item No	Subject	Presenter	Page No
1	Apologies and Substitutes		
2	Declarations of Interest		
3	Public Participation <i>Members of the public wishing to take part should notify Legal and Democratic Services in writing or by</i>		

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	<i>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 9 May 2016). Enquiries can be made through the telephone number/e-mail address below.</i>		
4	Confirmation of Minutes		1 - 10
	For Consideration		
5	Sustainability and Transformation Plan		
6	Director of Public Health Annual Report		
7	Autism Strategy		11 - 24
8	Carers Strategy		25 - 32
9	Health Improvement Group		33 - 40
10	Charter for Homeless Health		41 - 46
	For Information and Assurance		
11	Better Care Fund		47 - 50
12	Worcestershire Health Indicators		51 - 54
13	Health Protection Group		55 - 60
14	Future of Acute Hospital Services		
15	Future Meeting Dates Public meetings (All at 2pm) <ul style="list-style-type: none"> • 13 September 2016 • 1 November 2016 		

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Private Development meetings (All at 2pm)		
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- 14 June 2016
- 12 July 2016
- 11 October 2016
- 6 December 2016

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Health and Well-Being Board

**Tuesday, 9 February 2016 Council Chamber, County Hall -
2.00 pm**

Minutes

Present:

Mr M J Hart (Chairman), Dr C Ellson (Vice Chairman), Mrs S L Blagg, Mr J P Campion, Carole Cumino, Dr R Davies, Mr S Hairsnape, Richard Harling, Frances Howie, Dr A Kelly, Clare Marchant, Peter Pinfield, Mrs M Sherrey, Simon Trickett, David Watkins and Simon White

Also attended:

Chris Burden, Sarah Dugan, Kathy McAteer, David Mehaffey, Lynne Taylor and Chris Tidman.

Available papers

The members had before them the Agenda papers which included the minutes of the meeting held on 3 November 2015. Copies of these documents will be attached to the signed Minutes.

346 Apologies and Substitutes

Apologies were received from Jo-anne Alner, Simon Geraghty, Gerry O'Donnell and Simon Rumley.

Jo Melling attended for Jo-anne Alner, David Watkins attended for Gerry O'Donnell and Simon Trickett attended for Carl Ellson who was unable to attend the start of the meeting.

347 Declarations of Interest

None

348 Public Participation

None

349 Confirmation of Minutes

The minutes were agreed to be a correct record of the meeting on 3 November 2015 and were signed by the Chairman.

350 Joint Health and Well-being Strategy - Draft

Frances Howie presented this report and highlighted the changes in the new strategy from the previous version. It was pointed out that an easy read version of the strategy had been available as part of the consultation and that the final version would be re-formatted and would include some of the easy read language and style.

The Consultation included asking people their thoughts about the length of the strategy – the last strategy lasted for three years but 4 years would align with other strategies. 77 % agreed with the priorities and it would be ensured that each age group would be considered for

each priority.

At the first workshop, criteria were agreed to enable the potential priorities to be ranked.

- Some respondents felt that Obesity should be included as a priority rather than being active, but it was agreed that being active was a simpler more positive message rather than using the negative message of trying to reduce obesity,
- Drugs were not included as a priority along with alcohol as they do not meet the criteria of affecting large numbers of the population,
- Health inequalities were not included as a priority on their own as they affected each of the other priorities and a programme of work was already in place following the Director of Public Health's report,
- Other issues such as a focus on carers and Safeguarding Children were already being dealt with via the Carers' Strategy and the Safeguarding Children's Board. It was felt to be important not to confuse the responsibility of the Board,
- Early help would be picked up in the more detailed action plans and Children and Families would be a thread through all the plans.

In the ensuing discussion the following main points were made;

- The health and social care system Sustainability and Transformation Plans would run until 2021 so it was suggested that the Health and Well-being Board strategy should match. It was pointed out that this extended length would also allow more time to be able to see the impact of the action plans. The general consensus was that the plan should run for 5 years,
- There were relatively few responses to the consultation, although there had been an increase on the previous exercise. It was agreed that more should be done to engage the public throughout the life of the strategy,
- Some members felt that it was unclear how the aims would be achieved. It was clarified that the Health Improvement Group (HIG) would be delegated the task of producing the detailed plans to enable improvements to occur. Each CCG and District Council had representatives on the HIG so could contribute to the action plans. The HIG reported to the HWB on a six monthly basis.
- When queried why smoking was not included as a priority it was explained that the Tobacco Control

plan already reported to the HIG and through them to the HWB. It was also noted that the smoking prevalence rates continue downward and so this would not be a priority.

RESOLVED that the Health and Well-being Board:

- a) Considered the responses to the consultation on the Joint Health and Well-being Strategy;**
- b) Endorsed the revised version;**
- c) Delegated the final approval of the Strategy to the Chairman, once the discussions of the Board and the suggestion that the Strategy should run for five years, were taken into account,**
- d) Requested that the Health Improvement Group start action planning against the Strategy, and embed co-production into the process, and**
- e) Confirmed that members of the Board were fully committed to action planning and implementation.**

**351 Update on HWB
Priorities -
Obesity**

The Chairman allowed Cllr Graham Vickery to make a statement regarding Item 6 – Impact of the Obesity Plan.

Cllr Vickery applauded the target of the Obesity Plan to tackle the obesogenic environment but felt further steps needed to be taken and that planners and District Councils should take the plan into account when agreeing to the placement of take-away outlets.

He felt that all members of the Board should ensure their organisations take action and all canteens in their offices and schools should be audited. He believed there should be a strategy for intervention and people should not just be left to help themselves.

Frances Howie then gave her presentation regarding the obesity plan. She explained that there had been a lot of activity but it was recognised that it was difficult to measure any improvements in the short term.

Following the development of the Obesity Plan an Action Group had been set up and a newsletter produced. The plan had 4 aims:

- Empowering individuals to take responsibility for their own and their families' diet and physical activity habits,
- Tackling the obesogenic environment,
- Developing a healthy workforce,
- Developing robust care pathways.

It was too soon to see hard evidence of change; and the results for adults were self-reported so needed to be treated with caution; but there was confidence that the evidence based actions would be successful in the longer term. The information for children was reliable as measuring took place in schools at reception and year 6. The children's results were moderately positive and for reception aged children the gap has narrowed between the Worcestershire figures and the England average. At year 6 the number of obese children was below the England average although the England figure in itself was cause for concern.

The work had also included significant training for front line staff on topics such as eating well on a budget and courses such as From Couch to 5K running. In answer to Cllr Vickery's concerns, conversations were happening with District Planning departments for more consideration to be taken as to where fast food outlets should be allowed. The Health trainers service had been stopped but the Living Well Programme was focusing on lifestyle changes and the health checks programme for those aged 40- 74 years was continuing. Engagement through the HIG was good and they had considered work done elsewhere such as by the University and the Redditch Overview and Scrutiny process.

During the following discussion various points were made:

- Members were unclear how much influence the Board had at District level. It was explained that a technical guidance document had been produced for use by planners at District level, on issues such as considering exclusion zones or opening times for food outlets around schools. The Chairman felt that it should be made a material planning consideration and be part of the National Planning Policy Framework,
- Members wondered how the work was being targeted to the people or areas which were most in need. 25% of people were overweight in deprived areas compared to 18% elsewhere so it was agreed that it was important to target messages, and it was noted that the Living Well service was focussed in areas of disadvantage,
- Working with families and 0-19 year olds was important to ensure people were on the right track. However mailings had been sent to schools and training offered for governors but the offers had not been taken up,

- Board members felt that it was not just about restricting fast food outlets close to schools but finding a whole system solution and lots of actions were needed to approach the problem from different angles. It was noted that the Action Plan was very wide ranging, in response to this complex issue,
- One Member felt that obesity should be treated like other addictions and it was pointed out that education along with other interventions can be successful in the long run as it had been with smoking. It was noted that changing addictive behaviours does require system changes, as in the case of smoking.

RESOLVED that the Health and Well-being Board;

- a) Noted the delivery against the Obesity Plan,**
- b) Recognised the challenge of measuring the impact of the work in the short term,**
- c) Supported the legacy work on obesity in Board members' own organisations, especially through commissioning, and**
- d) Considered the development of a cross-system social marketing programme to further tackle obesity.**

352 2016/17 Better Care Fund

Richard Harling explained that as of November 2015 the Better Care Fund had been expected to overspend by £90,000 but was now at £78,000 underspend. The CCG contribution to the fund had been increased by £400,000 but the County Council contribution through the social care Capital and the Disabled Facilities Grant had not yet been confirmed.

All the individual schemes had been evaluated and would continue apart from Pivotell. With the additional funding from the CCGs £973,000 was uncommitted for next year. £217,000 would be used to fund the shortfall on Pathway 1 of the hospital discharge service and suggestions for the rest of the money included using it for winter pressures, mental health services and home care.

Members felt that Worcestershire was in a reasonable place with regards to the BCF and consideration should be made as to how the BCF could be used to help the integration agenda. They felt it would be possible to start thinking about how the fund could be spent in 2018 and whether it could be used to fund different things.

**353 NHS Planning
Guidance and
Development of
Sustainability
and
Transformation
Plan**

RESOLVED that the Health and Well-being Board:

- a) Noted the CCG contribution to the Better Care Fund for 2016/17,**
- b) Approved the allocation of these to individual schemes as set out in paragraphs 14-20,**
- c) Noted the remaining CCG contribution still to be committed, currently £973,000,**
- d) Approved the use of £217,000 to address the funding gap in Pathway 1, noting that this reduced the CCG contribution still to be committed to £756, 000,**
- e) Noted that the Worcestershire County Council contribution had not yet been confirmed by central government, and;**
- f) Agreed that the Chairman of the Board in collaboration with the CCG accountable officers had the authority to commit the remainder of the CCG contribution and the Worcestershire County Council Contributions once these were confirmed.**

David Mehaffey explained that the NHS was planned on 5 different layers from national to sub CCG level; now a sixth layer was being added between regional and national. Some service areas lent themselves to working at this wider level such as stroke, cancer and cardiac services. The new layer was predicated on partners having a Sustainability and Transformation Plan (STP) and would allow new ways of sustainable working.

There were presently 211 CCGs and it was planned that Hereford and Worcestershire should come together to form the smallest area and create a STP. The two areas already have good co-working and it was anticipated that the two Health and Well-being Boards should be able to work together well.

In the discussion the following points were made:

- £1.8b would be available next year through the STPs,
- The Chief Executive of the Acute Hospital Trust had met with Wye Valley and believed that they could work together well and were working on the opportunity to see what worked well on a larger scale and may look at combining some back office services,
- At present Herefordshire worked closely with Gloucester and that arrangement would need to be worked through,
- It was possible that the HWB would consider

**354 South
Worcestershire
New Model of
Care Strategy**

some sort of joint working or convening a joint board but that would need to be done on a case by case basis,

- Members felt that it was important to free up estates for local economic growth and also that the plans kept their clinical ownership,
- It was clarified that the 111 service would be re-commissioned at a national level and the out of hours service would be re-commissioned but at a local level,
- The final submission for plans was July 2016 and updates would be brought to future HWB meetings.

RESOLVED that the Health and Well-being Board:

- a) Noted the requirements of the NHS Planning Guidance for 2016/17 and the need to develop a Sustainability and Transformation Plan covering 2016/21,**
- b) Noted that the planning footprint required for the plan needed to be proposed to NHS England by 29 January 2016,**
- c) Approved the proposed governance arrangements for overseeing the development and delivery of the Sustainability and Transformation Plan.**

David Mehaffey explained that NHS South Worcestershire CCG had been working on their New Model of Care for 9 months. It was their proposed response to the Five Year forward View that was looking to address the potential £30bn national funding gap.

The proposed model would develop an integrated Multi-specialty Community Provider (MCP). This model would look at commissioning from a patient perspective rather than a provider one. An MCP would bring together a range of health and social care services for a segment of the population with the most complex care needs. A single contract would be developed covering primary care, acute care, community care and social care meaning that care for patients would be more joined up.

It was likely that joint working with the other CCGs within Worcestershire would occur. The CCG was currently seeking feedback about this approach.

Panel members agreed this was an interesting proposal which would help to progress integration but it needed to include the North of the County as well as the South.

**355 Worcestershire
Safeguarding
Adults Board**

RESOLVED that the Health and Well-being Board noted the development of the proposed strategy for South Worcestershire.

Kathy McAteer the Independent Chairman of the Worcestershire Safeguarding Adults Board presented the Annual Report for 2014/15.

The following main points were made:

- The Board had been preparing to ensure that they were compliant with the Care Act. This included improving the Board Governance with a new constitution and Board Structure.
- Achievements included improved engagement with carers and service users, increased public awareness and development of a new multi-agency Mental Capacity Competency Framework.
- The number of alerts received had increased but the number moving on to referral or on to case conferences had reduced. New multi-agency Threshold Guidance had been introduced with screened out lower level concerns and enabled improved consistency of decision making,
- Data trends showed that there had been some under-reporting for minority ethnic groups which was equal to national trends; physical abuse and neglect were the most frequent sort of abuse and data was starting to be collected on self-neglect cases.
- Independent sector referrals had increased by 13% which was partly as a result of public awareness after the Winterbourne View Inquiry. Referrals now averaged 50 per week which was in line with the national figure.
- A new risk assessment process had been put in place and the Council had increased the resources available.
- Strategic Objectives had been developed around key roles and functions.
- The Board was committed to Multi-Agency Safeguarding Hubs but changes to the system would be called in and scrutinised at their next meeting. They were also assessing whether agencies had competencies with deprivation of liberty safeguards.
- Priorities for 2015/16 had been developed and future annual reports would focus on reporting on the delivery of the Strategic Plan as well as having a shorter summary and easy read versions.

Richard Harling thanked Kathy for the work she had done

to ensure the Safeguarding Board was prepared for the Care Act.

RESOLVED that the Health and Well-being Board considered the cross cutting themes and would refer issues either directly to the Board or through the next Joint Cross Cutting Issues meeting to be held between the Chairs of the Four Boards.

356 Future of Acute Hospital Services

Carl Ellson presented the clinical model that had been unanimously approved by the Programme Board and would now go to the Clinical Senate and through the NHS England assurance process. It would then be presented for public consultation in the summer.

95% of people in Worcestershire would see no change with the new model. There would be greater separation of emergency and planned care and centres of excellence for planned surgery would be created. Redditch would have urgent care centres for adults and children and the A & E for adults would remain. In patient care for children would be centralised at Worcester along with consultant births and emergency surgery.

Chris Tidman supported this model which had received a consensus of clinical opinion. The model would allow health services to move forward with confidence and he believed the three hospitals had a bright future and supported the centres of excellence being developed at the three sites.

The Chairman endorsed this model and believed that changes were needed to ensure the clinical and financial sustainability of healthcare in the County.

RESOLVED that the Health and Well-being Board:
a) Received and endorsed the changes to the Clinical Model which was previously approved by the Future of Acute Hospital Services in Worcestershire Programme Board, and:
b) Reaffirmed its support for the case for change.

357 Children's Plan Update

Simon White noted that the paper was for information and that the Children's plan would be refreshed to reflect the priorities in the new Joint Health and Well-being Strategy. A further update would return to the Board in due course.

RESOLVED that the Health and Well-being Board:
a) Noted the content of the report and the progress made on implementing the Children

358 Future Meeting Dates

- and Young People's Plan
- b) Approved the refresh of the Children and Young People's Plan following the approval of the Joint Health and Well-being Strategy; and**
- c) Will receive a further update at a future meeting.**

This would be the last Health and Well-being Board meeting for Simon Hairsnape who was moving to a new position in Herefordshire and also for Richard Harling who would be working for Staffordshire County Council. The Chairman thanked them for the considerable work they had put into the Board and wished them well for the future.

There would be a private Development meeting of the Board on 1 March and the next public meeting of the Board was 10 May.

The meeting ended at 4.02pm

Chairman

**HEALTH AND WELL-BEING BOARD
10 MAY 2016****ALL AGE AUTISM STRATEGY FOR WORCESTERSHIRE -
UPDATE**

Board Sponsor

Anne Clarke, Interim Director of Adult Services and Health

Author

Pete Sugg, Learning Disabilities Commissioning Manager

Priorities

Older people & long term conditions	No
Mental health & well-being	Yes
Obesity	No
Alcohol	No
Other (specify below)	

Groups of particular interest

Children & young people	Yes
Communities & groups with poor health outcomes	No
People with learning disabilities	Yes

Safeguarding

Impact on Safeguarding Children	Yes
If yes please give details	

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 the Strategy.**

Background

2. The All Age Autism Strategy was approved by the Health and Well Being Board on 12 May 2015 - see Appendix 1.
3. 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.
4. It focuses on the requirement of the Council and its 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 and 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.
5. 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 in this sector are aware of Worcestershire Safeguarding policies and procedures;
 - provide strategic direction for education, health and social care organisations; and
 - ensure compliance with national guidance.
6. The Autism Partnership Strategy Group (ASPG) formally launched the Strategy on 8 October 2015. The event was held at the Woodland Room, Countryside Centre which has had autism friendly adaptations through specific health funding. The event was opened by Councillor Marcus Hart, Chair of Worcestershire Health & Well Being Board. Alongside the launch of the Strategy the GP / Professionals Guide to Autism pack was also launched. A wider event is planned for partners in the summer 2016. This event is being co-produced with the ASPG and other key partners to ensure maximum impact.
7. The ASPG has overseen delivery of the action plan and agreed the content of the update below.

Action Plan

Priority	We said we would	We have done	We will do next
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>Renewed Asperger's contract for 2016/17</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>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>Review and revise Asperger's pathway as part of re-commissioning plans for 2017/18</p> <p>Complete the joint health, social care and health pathway.</p> <p>A project group have recently agreed a revised pathway in terms of how assessments are organised and co-ordinated across relevant professionals and this is being trialed until June 2016.</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>	This programme will now be rolled out to all partners by September 2016 with a Learning Passport being introduced to monitor the take up of training by staff and volunteers across the system.
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.	In terms of transition under an EHCP (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 handover 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	The progress of children and young people on the autistic spectrum into adulthood will continue to be monitored through the current outcomes framework and the implementation of a full data set / metrics which is due to be agreed by 31 October 2016 and will be reported back to the Health and Well Being Board at our next review in 2017.

Priority	We said we would	We have done	We will do next
		<p>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>Children's Social Care continue to work closely with the Young Adults team to proactively manage transition to adulthood.</p> <p>A range of support is provided for those children and young people known to Social Care, including direct payments, overnight short breaks and community short breaks.</p>	
<p>Improving access to education and employment</p>	<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>Within the Emotional wellbeing and CAMHS Transformation Plan, there is an action to consider groups of children such as those with ASD and findings from the ND Pathway review will align with the transformation plan, so that within the CAMHS service we ensure there is the capacity required (e.g. enough clinical psychologist time) to meet children's needs within the ND Pathway.</p> <p>The Terms of Reference of the Having a Job Sub Group of the Learning Disability Partnership have now been extended so that employment opportunities for those people who have ASD are now a priority. The Autism Strategic Partnership Group (ASPG) now have representation on Having a Job Sub Group including a service user.</p> <p>Worcestershire County Council Adult Services and Health Commissioning Unit has recently recruited two posts who have been specifically employed to look at employment opportunities and to offer 'support' to people on the spectrum.</p>	<p>The number of young people and adults in education and employment will be monitored through our data gathering as outlined above.</p>

Priority	We said we would	We have done	We will do next
Independent Living – Improving access to universal, health, social care and housing services	We will work with our partners to ensure that their planning reflects the aims and aspirations of this strategy.	<p>We have commissioned 9 new units of supported living accommodation in Droitwich for people with autism. The accommodation is specifically for people with complex needs. We are waiting confirmation on the changes to housing benefit to ensure that the ongoing development of such schemes continues.</p> <p>We also have exact numbers of people who need specialist accommodation in the next 3 – 4 years through working with the Transitions 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>	We will be considering how we support people with high functioning autism who do not necessarily meet our eligibility criteria – or how we support them to access housing through the normal channels. Through our strong partnerships with district council and housing providers we will be ensuring that the right accommodation is accessible for service users when required.
Local Planning	We will work with all partners to ensure that we gather data about children, young people and adults, which is accurate and available.	Over the past year we have collected a range of information which will enable the ASPG to target resources accordingly.	We will be building on the data gathering already in place to continue to build an in depth picture of Autism in Worcestershire and therefore the areas where additional / different services maybe required.
Listening to children, young people, adults and their carers	We will review the composition of the Autism Strategic Partnership Group (ASPG).	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>Continue to ensure that we are engaged with all partners / voluntary organisations across the county so that we have a network of activities/ information hubs to enable people to access self-help organisations and information as required.</p> <p>Though there is not an Autism self-assessment framework in 2016 planned the ASPG has agreed to undertake the process to ensure that the work of the group is refreshed and up to date as possible.</p> <p>We are holding a workshop Thursday 30th June 2016.</p> <p>Appendix 3 - NAS Worcestershire Companions Group, illustrates how one of our partner organisations, local groups have fed back their views on the Autism strategy and advised how they would like to see services change accordingly.</p>

Priority	We said we would	We have done	We will do next
Supporting community based organisations and groups	We will engage with more community groups and organisations to be able to ensure their services are included in the Local Offer and the Your Life, Your Choice websites.	Over the last year the ASPG has had a permanent agenda item on Your Life, Your Choice (YLYC). We have addressed access issues for 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.	The group will continue to monitor access to YLYC and will undertake live demonstrations within its meetings with service users to ensure that the site is accessible and usable

Measuring Progress

- The ASPG is at an early stage of development of metrics. Section 5 - Outcomes and action planning within the All Age Autism Strategy gives commitment to the measurement of progress of the implementation of the Strategy. In the table above we have reported on progress to date and have agreed with the ASPG that a full data set / matrix will be agreed by the partnership by 31 October 2016 and will be reported back to the Health and Well Being Board in its 2017 update.

Legal, Financial and HR Implications

- All actions are within existing budgets. All legal implications are based on the Autism Act 2009. There are no additional HR implications but the ASPG are monitoring any staffing capacity issues that may arise from the roll out from the training programme outlined in the action plan update.

Privacy Impact Assessment

- Not applicable.

Equality and Diversity Implications

- The Strategy was launched in compliance with the Autism Act 2009. Since the launch there are no further implications or need for screening as this was undertaken a year ago.

Supporting Information

- Appendix 1 - The All Age Autism Strategy (available on-line)
- Appendix 2 - Think Autism Spectrum Training
- Appendix 3 - NAS Worcestershire Companions Group

THINK AUTISM SPECTRUM TRAINING

It is important that staff working with people with autism have appropriate training and support. This can take many forms – courses, in classrooms, e-learning, attending special interest groups, supervision, consultation, shadowing and mentoring.

This pack is designed for managers and should help you to think about the sort of training your team members need.

You need to decide what level of training you and your staff need and turn to that section of the pack. There you will find ideas for training and support. Many of these do not incur additional expense, though you will need to give staff time to access the materials.

Once staff have done training or accessed additional support, please encourage them to use the 'Autism Spectrum Passport' to record their progress.

We are particularly keen that you nominate an Autism Champion or Champions from your team. Information on the Autism Champions Scheme is included in this pack.

Helen Bradley

Trust Lead (Learning Disabilities and Autism Spectrum Conditions)/

Consultant Clinical Psychologist

LEVEL 1 – BASIC AWARENESS

This training is suitable for people with occasional interactions with people on the spectrum

Type of Staff	Resource/Training
General	To check your initial knowledge of autism, try this quiz: http://mindchecker.channel4.com/test-autism.html
	For a number of modules in autism awareness, see Autism Connect online: http://elearning.autism-connect.org.uk/store/8841-autism-awareness?tab=1 You will need to set up an account and have a password but there is no charge for this training Or: https://www.forms.portsmouth.gov.uk/autismawareness/ http://etraining.dudley.gov.uk/nolms/AutismAwarenessWeb/story.html Module one
	To learn a bit about sensory differences and difficulties in autism: https://www.youtube.com/watch?v=ycCN3qTYVyo https://www.youtube.com/watch?v=BPDEuotHe0
	To listen to an autistic lady talking about anxiety: https://www.youtube.com/watch?v=c2bgTcURrqQ
	Other organisations that have you can search for resources are: Autism West Midlands - www.autismwestmidlands.org.uk National Autistic Society - www.autism.org.uk Autistica UK - https://www.autistica.org.uk
Learning Disabilities	Autism awareness days – to book onto this day e-mail Tessa.Dunnaway@nhs.net There is no charge for this course
Mental Health	For an insight into issues between autism and mental health, you can read this information: https://www.autistica.org.uk/research/mental-health/ or watch this film: https://www.youtube.com/watch?v=pWoTVAOq-iY

LEVEL 2 – ABILITY TO APPLY BASIC PRINCIPLES DAILY

This training is suitable for people with who encounter people on the spectrum in their everyday work and include, for example, nurses, care workers, police, probation officers, housing officers. Services should consider nominating an autism champion(s) who can access more advanced training and bring resources back to the service

You might first want to check out the suggestions from the previous level before progressing to these materials.

Type of Staff	Resource/Training
General	Autism Champions scheme – for information and access, please contact Tessa.Dunnaway@nhs.net . There is no charge for Worcestershire staff.
	General information: http://etraining.dudley.gov.uk/nolms/AutismAwarenessWeb/story.html Module 2
	For the current government guidance, use the link and read the introduction and then the relevant section for your job role from the following: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf
	For a booklet on how to support people with sensory issues see: http://cds.sthelens.gov.uk/media/6265/sensory_booklet.pdf
Social Care Sector	Here are two great films about people’s personal experiences of living with autism: Rory Hoy ‘Autism & Me’: https://www.youtube.com/watch?v=POIJG3qmV9Q Graeme: https://www.youtube.com/watch?v=yKT3swmn_wc
	For guidance on the support needs of autistic spectrum individuals, please watch: http://scie.org.uk/socialcaretv/video-player.asp?guid=11ba2edb-cc2e-4a4a-9f88-68f9a0817c01
Employment Sector	To read about good practise in employment of those with ASC: http://www.skillsforhealth.org.uk/images/resource-section/service-area/autism/How%20to%20be%20a%20great%20personal%20assistant%20for%20someone%20with%20autism.pdf
Criminal Justice Sector	For an introduction, read: http://www.autism.org.uk/Professionals/others/Criminal-justice

LEVEL 3 – ABILITY TO ASSES NEEDS AND ADAPT APPROACHES IN A MORE COMPLEX WAY

This training is suitable for team leaders or more experienced staff who encounter people on the spectrum in their everyday work and include, for example, nurses, care workers, police, probation officers, housing officers. You might first want to check out the suggestions from the previous level before progressing to these materials.

Type of Staff	Resource/Training
General	For a book on the Assessment of Developing Communication & Thinking Skills: http://www.jkp.com/uk/assessing-and-developing-communication-and-thinking-skills-in-people-with-autism-and-communication-difficulties.html price £22.99
	For a sensory environment checklist: http://www.aetraininghubs.org.uk/wp-content/uploads/2014/06/sensory-environment-checklist.pdf
	To attend the Autism Specialist Interest group, e-mail Tessa.Dunnaway@nhs.net for dates of the meetings and access to individual clinical supervision.
	For the latest publication on The Adult Autism Strategy: https://www.gov.uk/government/publications/think-autism-an-update-to-the-government-adult-autism-strategy
	To read the Worcestershire Autism Strategy http://worcestershire.moderngov.co.uk/documents/s2812/5.%20Autism%20Strategy%20Apx.pdf
Employment Sector	To read a guide to assessing individuals on the spectrum and their employment support needs: http://www.skillsforhealth.org.uk/resources/service-area/20-autism
Social Care Sector	For a selection of articles on assessing appropriate access to social care services see the following link: http://www.scie.org.uk/publications/guides/guide43/accessibility/assessments.asp For guidance on the assessment of individuals for social care support see: http://www.autism.org.uk/~media/NAS/Documents/Working-with/Social-care/Assessments_of_need_for_adults_with_autism.ashx
Health Sector GPs Psychiatrists	To see The Department of Health series of online training and booklets to increase awareness and understanding of autism across all public services: https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0ahUKEwiYrOiw9cflAhUEYw8KHT9vA7cQFggI MAE&url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fuploads%2Fsystem%2Fuploads%2Fattachment_data%2Ffile%2F215651%2Fdh_128203.pdf&usq=AFQjCNFJMY9Toj9KE0mu9ypo7QO3B0V5pQ&sig2=yG4xnLLimWogOpcGMrwUA To see the NICE Guidelines on Diagnosis and Management: https://www.nice.org.uk/guidance/cg142

LEVEL4 – HIGHLY SPECIALISED KNOWLEDGE WITH UNDERSTANDING OF POLICY

This training is suitable for specialised or senior staff who encounter people on the spectrum in their everyday work and require evidence based knowledge. It may include, for example, senior nurses, Psychologists, Psychiatrists, Social Workers, Allied Health Professionals

You might first want to check out the suggestions from the previous level before progressing to these materials.

Type of Staff	Resource/Training
General	Excellent resource for the downloading of clinical resources: http://www.autismresearchcentre.com/
	For degrees at level H and M at The University of Birmingham consider: http://www.birmingham.ac.uk/research/activity/education/acer/courses/index.aspx
	For more in-depth reading materials on ASC, consider: http://www.tonyattwood.com.au/index.php/books-by-tony/english-books/64-the-complete-guide-to-aspergers-syndrome or look at The Jessica Kingsley Publishing House catalogue: http://www.jkp.com/uk/autism-and-related-conditions.html
	Books and articles written by authors on the spectrum include: http://www.jkp.com/uk/catalogsearch/result/?q=aspergirls http://www.donnawilliams.net/
Mental Health	To read about the complexities of ASC and Mental Health: http://www.jkp.com/uk/mental-health-aspects-of-autism-and-asperger-syndrome.html

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NAS WORCESTERSHIRE COMPANIONS GROUP 2016

WORCESTERSHIRE ALL-AGE AUTISM STRATEGY: NOTES FROM DISCUSSION

Priority 1: We will have a clear pathway for diagnosis and support for children, young people and adults with autism spectrum conditions.

- Really difficult to get a diagnosis – “round and round the mulberry bush”
- Need for a simple clear route
- Lack of information about what to do
- Need for leaflet for young people and parents explaining signs and symptoms of autism
- Long delays e.g. 2 year wait
- Felt relief when finally diagnosed
- Medication and CBT often do not help – need one to one treatment

Priority 2: We will identify gaps in knowledge and understanding and make sure that all organisations can access high quality awareness raising and training.

- Many teachers do not appear to know about autism
- Luck whether you get GP who understands autism
- Housing providers need to be aware
- People need educating
- People need to listen
- Parents’ knowledge is important

Priority 3: We will improve transition planning to include a Transition Toolkit with details of access to a range of services and that can offer support for young people and adults in their decision making.

- Had to start all over again at 16
- No service between 16 and 19 – grey area
- Should be seamless move (not ‘transition’!) from children to adult services

Priority 4: We will work with providers of education, employment and training opportunities to make sure they understand the needs of people with autism spectrum conditions and support them appropriately.

- Need to address cruelty and bullying in the workplace
- Job Centres should understand needs of people with autism
- Managers need to be helpful
- Clear information/messages about job and someone to report to
- Create a list of local employers who are aware of how to work with people with autism
- Create a check list and certificate for good employers e.g. awareness training; employment of people with autism; right adaptations to hire and employ people with autism; buddying system; provision of quiet room
- Annual award for best employer of the year; best Sports/Leisure Centre; best GP etc

Priority 5: We will make sure that people with autism spectrum conditions are supported to make the most of their talents as they progress to more independent living. We will make sure that children, young people and adults with autism spectrum conditions have access to all universal and health and social care services.

- Need for housing advice and support – “people fall through the net”
- Specialist help for people who live on their own – someone to ring/contact if needed
- Care Village where people with autism can have peace of mind and importantly friendship and a secure future with 24 hour support staff
- Service for carers to access help and advice on services in the Worcestershire area

Priority 8: We will promote the use of support groups in local communities and ensure they can access information about local services that are available.

- Funding for autism groups to provide a secure service e.g. payment for room hire for groups
- Provision of building with accessible facilities e.g. sports, art, music, games, chill out area
- Life skills and independence training e.g. cooking, using washing machine
- Encouraging and training volunteers
- Minibus which can be hired at low cost for outings

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**HEALTH AND WELL-BEING BOARD
10 MAY 2016****CARERS STRATEGY FOR WORCESTERSHIRE - UPDATE**

Board Sponsor

Anne Clarke, Interim Director Adult Services and Health

Author

Louise Berry, Commissioning Officer (Carers)

(Please click below
then on down arrow)

Priorities

Older people & long term conditions	Yes
Mental health & well-being	Yes
Obesity	No
Alcohol	No
Other (specify below)	

Groups of particular interest

Children & young people	Yes
Communities & groups with poor health outcomes	No
People with learning disabilities	Yes

Safeguarding

Impact on Safeguarding Children
If yes please give details

No

Impact on Safeguarding Adults
If yes please give details

No

Item for Decision, Consideration or Information

Consideration

Recommendation

- 1. The Health and Well-being Board is asked to note progress made on the Strategy.**

Background

2. The Carers at the Heart of Worcestershire's Families and Communities Strategy was approved by the Health and Well-Being Board on 12 May 2015.
3. The original Strategy was launched in 2009, and ran until 2014. The updated Strategy approved by the Health & Wellbeing Board in 2015 was co-produced by the Council and relevant partners and carers, and reflects the introduction of the Care Act 2014 and other changes to health and social care services.

4. Due to the changes in health and social care services, the role that unpaid carers play is vital. It is estimated that the value of care provided by informal carers is £132 billion nationally, the equivalent of funding for the whole NHS. In the current economic climate, this support is more vital than ever and it is therefore essential that carers continue to have access to appropriate information, advice and support.

5. The vision of the Strategy is to ensure that adults, parents and young carers will be recognised and valued by the wider community and statutory agencies in Worcestershire for the support and care they provide to vulnerable adults, children and young people. They will receive appropriate support where necessary to help them provide care safely and maintain a balance so that they are able to continue to care for family members and friends (should they choose to do so) whilst being able to lead a life outside of caring.

3. There are currently approximately 63,500 carers in Worcestershire. The number of carers currently in receipt of support from the Worcestershire Association of carers is almost 11,500. This figure has risen from 9,000 in March 2015.

4. The number of carers who were assessed or reviewed in 2015-16 was 6,014 (a combined result of both joint and separate assessments). This demonstrates a rise of 11.7% on the 2014-15 figure of 5,384 carers assessed or reviewed (joint and separate assessments).

5. As part of the development of arrangements to oversee progress in strategy:

- the Carers Consultative Group has been reconvened as the Carers Partnership, chaired by a carer, and held its first meeting in September 2015.
- A Memorandum of Understanding (No Wrong Doors), between the Council's Directorates of Adult Services & Health and Children Families and Communities has been developed and agreed to ensure strategic and operational joint working so that young people with caring responsibilities and those looked after by parent carers are able to make a successful transition into adulthood with the information, advice and support that is appropriate to their needs. Alongside this, referral and response pathways are being updated to ensure that young and adult carers are effectively identified and able to receive the support they need.

6. Progress made on delivering the Strategy is set out in Appendix 2. These have been discussed and agreed by the Carers' Partnership. The main achievements are:

- a) Carers were actively engaged in the development of the tender for the Integrated Carers Hub (detailed below), and the commissioned provider will be expected to deliver the service based on co-production principles. There is a commitment from the Carers Partnership and Commissioners to continue to work in this way whenever possible.
- b) The tender for the Integrated Carers Hub has been completed and the contract has been awarded to the Carers Action Worcestershire Consortium, led by Worcestershire Association of Carers. The new contract will commence on 1 July 2016 for a period of 2 years with a potential to extend

by up to a further 2 years. The outcomes in the new contract reflect the outcomes identified in the Carers Strategy.

- c) Young Carers were consulted with regard to the specification for commissioned support service for young carers via the Young Carers Focus Group. This group also organised, hosted and presented a successful stakeholder conference which was opened by the Chief Executive of the County Council and included HRH Princess Anne as a keynote speaker.
- d) YSS Ltd has been appointed as the Council's commissioned provider of support for young and young adult carers for the next 3 years. The service is designed to complement other services provided to families by statutory and voluntary agencies, and to offer a point of referral for those identifying young carers in need of support but not requiring, or 'stepping down' from an intervention by statutory social care. The new service includes the intention to develop more locally based provision for young carers. Development will begin in Bromsgrove and Redditch and options in other districts will also be explored.
- e) Work has started on reviewing services for children with disabilities and as part of this we intend on working with children and parents to develop and implement creative solutions that promote independence and wellbeing. Ultimately we want more children with disabilities to be able to live at home so they lead successful and, wherever possible, independent lives - and to use community based resources to support children and their carers. We recognise that current provision, such as short breaks, may play a part in this but they are not the only solution and we need to look at all the options and we still have more to do.
- f) We are continuing to work to broaden the range of services available to carers via the Your Life Your Choice site. There are currently 26 services from 5 providers which are specifically services for carers, e.g. information and advice, helplines and groups etc. In addition, there are over 800 other services or products from almost 200 providers which, although not carer-specific, carers may wish to take advantage of. We are also intending on extending the use of Your Life Your Choice to include services for children and families which will include information about the Special Educational Needs and Disabilities Local Offer.
- g) Adult Social Care is currently being reconfigured. This will result in changes for carers as to how replacement care is agreed so that it is more efficient and decisions more timely. In future, work with carers will be embedded as a core function within all operational social work teams so that social workers are more 'carer-aware', with one of the new Locality Managers being identified as the Operational Lead for Carers. Training has been provided for all social work staff on the new combined assessment, which came into effect on 11 April 2016. The new assessment has a focus on carers.
- h) The Worcestershire Health & Care Trust has been helping advance the Worcestershire Carers Strategy through a number of initiatives including: developing ward/area based Carer Champions, delivering Carer Awareness Training to support this and developing support for patients with dementia

and their carers through the Side by Side Project with the Alzheimer's Society.

- i) These projects have been part of the Trust's 'Small Things Matter'. Carer Champion training was delivered during March 2016 and will form part of a regular programme going forward. The Trust is also working with Worcestershire Association of Carers on activities to support National Carers Week in June 2016.

Legal, Financial and HR Implications

7. 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

8. Not applicable.

Equality and Diversity Implications

9. None is appropriate as this is an update.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email:

Specific Contact Points for this report

Richard Keble, Strategic Commissioner

Tel: 01905 843665

Email: rkeble@worcestershire.gov.uk

Supporting Information

- Appendix 1 – Carers Strategy (available on-line)
- Appendix 2 – Carers Outcomes - Update

Background Papers

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

Recognised and Valued	How we will achieve this	Measures of success
<ul style="list-style-type: none"> • I am recognised and respected in my role as a carer • I feel confident that there is support available • I feel able to care safely • The caring I do is appropriate to my age and capabilities I understand how to access support • I am involved and can influence the assessment of my needs and aspirations • Any services I receive meet my needs and aspirations • I am able to have a say in how services are designed and delivered 	<ul style="list-style-type: none"> • Face to face carers assessments that focus on the <ul style="list-style-type: none"> • individual • Engagement and consultation with carers included at all • stages • Relevant consultative carer groups are in place and regular feedback to WCC, CCGs and Health and Well Being Board is ensured • Health and Social Care professionals are Carer Aware • Support services for young carers are in place; schools and colleges have the awareness (carer aware training online training online) to support young carers • Your Life Your Choice website (and other online resources such as http://yssc.org.uk/young-carers/) clearly explain the carers pathways and what universal, commissioned and WCC provided is available • Commissioned services are in place to provide information, advice and support for carers 	<ul style="list-style-type: none"> • There is a commissioned service in place to provide information, advice and support for carers. • A revised assessment, referral and service pathway for young carers has been developed by colleagues in Children's and Adult Services which clearly sets out the roles and responsibilities of staff in the local authority and its partner organisations in ensuring there are 'no wrong doors' for young carers and their families and that no gaps are allowed to occur in the support available for them. • The Early Help Assessment recognises the needs of young carers and is included as an element of whole family assessment. • Worcestershire has been a successful participant in the pilot year of the <i>Young Carers in Schools Award</i> programme launched by the Carers Trust. • There are currently 815 services/products from 195 providers listed on Your Life Your Choice. There are 26 services from 5 providers which are specifically services for carers – i.e. information and advice, helplines groups etc, but many other of the services listed indirectly assist carers and also social opportunities.
<p>A life of my own:</p>		
<ul style="list-style-type: none"> • I feel able to achieve balance between my caring role and my personal life • I feel part of my community • I know how to make the most of income available to me and am not forced into financial hardship as a result of my caring role I feel able to fully participate in education or training and enter or re-enter the employment market when I wish 	<ul style="list-style-type: none"> • Support will be made available to all carers • Funded social care will be made available through a carers personal budget • Support can be provided to the person with care needs to help ensure relevant training is made available to include information about financial matters • Professionals and organisations coming into contact with carers will be trained in carers 	<ul style="list-style-type: none"> • Carers are regularly consulted on the suitability and development of services via a variety of groups including the Carers Partnership. • There has been ongoing work with the Access Centre and Triage to further develop the Adult

Recognised and Valued	How we will achieve this	Measures of success
<ul style="list-style-type: none"> I can remain in (suitable) employment if I wish to 	<p>issues. This will be through direct training or Care Aware campaign</p> <ul style="list-style-type: none"> Young carers at risk of becoming NEET (not in education employment or training) receive appropriate information, advice and guidance 	<p>Carer Pathway to ensure a streamlined service for carers and an efficient use of resources.</p> <ul style="list-style-type: none"> For the year ending 31/3/16, of 2458 referrals to the commissioned provider, all received information. 2185 received Wellcheck Assessments and associated support plans.
<p>Supported to be mentally & physically well</p>		<ul style="list-style-type: none"> Of those 2458 referrals, 9.1% progressed to a Carer Contact Assessment and referral for a Carer's Assessment.
<ul style="list-style-type: none"> I am able to maintain my physical health and emotional wellbeing I am able to manage stress I feel confident to fulfil my role as a carer I am able to maintain a dignified relationship with the person I care for I am able to maintain relationships that are important to me We have effective plans in place to ensure staff, people who use services and their carers are aware of and understand the advocacy offer we are developing and how this meets our responsibilities under the Care Act. 	<ul style="list-style-type: none"> Personalised support will be provided to all carers Some areas of provision will be provided through a carers personal budget where this is required Relevant training (e.g. how to manage stress, caring with confidence) and local carer support groups to be in place Carers support and replacement care are available to carers where they need and qualify for it GPs and other Health professionals will make adjustments to carers in their day to day practice Effective support in place for independent advocacy where a carer needs this 	<ul style="list-style-type: none"> Carers are encouraged to feedback at any time during their person centred assessment to indicate if the service is meeting their needs. Evaluation questionnaires are issued to a sample of carers on completion of a period of support. 270 questionnaires were issued in 2015/16. The final analysis is not yet complete, but for the year ending 31/3/15, positive feedback was received from more than 94% of respondents. Caring with Confidence training evaluation – feedback questionnaires are completed for each session, followed up by a final questionnaire 4 months after completion of the programme to measure the programme's long term influence. The direction of travel is towards the most positive in around 80-90% of clients.
<p>Staying safe</p>		
<ul style="list-style-type: none"> I am able to care safely and maintain the safety of the person I care for and receive support for 	<ul style="list-style-type: none"> Safeguarding procedures are in place and are accessible to carers 	<ul style="list-style-type: none"> In 2015-16, 41 training sessions were offered covering a range of legal and financial issues. These were attended by 471 carers and 14 professionals. (NB: Promoted as carer rather than professional training). A range of training has been provided by the

Recognised and Valued	How we will achieve this	Measures of success
		<p>Carers Unit including visits to social work teams across the county to deliver Care Act training and provide updates on the Worcestershire Carers Pathway all social work teams have been trained to use the new Combined Needs Assessment documentation, which includes a large element of carer related information.</p> <ul style="list-style-type: none"> • There is an internet based training tool – Carer Aware/Young Carer Aware which can be accessed by anyone, including WCC staff via the eLearning portal. • An ad-hoc feedback capture process has been introduced to provide an additional opportunity to capture, analyse and respond to feedback offered by carers and partners. • Feedback from the 'Side by Side' project delivered by the Health & Care Trust has been very positive and is reflected in survey responses and project evaluation. A number of case studies are being collated to demonstrate the impact of this work and the HACT is liaising with The Alzheimer's Society and the CCG to look at how the project can be expanded across all hospital sites. The HACT recognises the importance of carers within hospitals and is keen to involve more carers in their work and activities. • Any safeguarding issue will be dealt with via the Council's Safeguarding Team and other statutory agencies as appropriate. • Carers feedback surveys to include safeguarding issues.

HEALTH AND WELL-BEING BOARD

10 May 2016

BI-ANNUAL PROGRESS REPORT FROM THE HEALTH IMPROVEMENT GROUP

Board Sponsor

Marcus Hart, Chairman and County Council Cabinet Member for Health and Well-being.

Author

Dr. Frances Howie, Interim Director of Public Health

Relevance of Paper - Priorities

Older people and long term conditions
Mental health and well-being
Obesity
Alcohol
Other

Relevance - Groups of Particular Interest

Children and young people
Communities and groups with poor health outcomes
People with learning disabilities

Item for Decision, Consideration or Information

Consideration

Recommendation

1. **The Health and Well-being Board is asked to:**
 - a) **Consider and comment on progress made between December 2015-March 2016; and**
 - b) **Request that the Health Improvement Group Bi-Annual Report is presented to the Board in September 2016.**

Background

2. The Health Improvement Group (HIG) is a sub-group of the Health and Wellbeing Board. It was set up in March 2014 and its purpose is 'to lead, co-ordinate and ensure progress of action to improve health and well-being, focusing on health inequalities and the wider determinants of health and well-being in Worcestershire'. Full terms of reference and membership details have been seen previously by the Health and Well-being Board. Each Local Authority is represented by a Councillor. The HIG has been well attended by all its members since it was set up in 2014.

3. Part of the role of the HIG is to monitor the delivery of the following Worcestershire strategic plans and associated action plans:
 - Alcohol Plan
 - Mental Well-being and Suicide Prevention Plan
 - Obesity Plan
 - Strategic Drug Plan
 - Tobacco Control Plan
4. The priorities of the Health & Wellbeing Board for 2016-21 will be:
 - Mental health and well-being throughout life
 - Being active at every age
 - Reducing harm from drinking too much alcohol
5. New strategic plans will be developed for priority areas taking forward legacy work from existing plans and incorporating new areas of work to be developed using a co-production approach.
6. The HIG also considers District Health and Well-being Plans with the aim of highlighting and coordinating local action and sharing good practice.

Summary of progress: strategic plans

7. Since the bi-annual progress report was presented to the Board in November 2015, the HIG has received updates on the Obesity Plan and the Alcohol Plan. A summary of progress against the plans is set out below.

Obesity Plan Summary

8. The HIG received an annual update of the Obesity Plan for Worcestershire (2013-2016) in December.
 - Over the past three years the Board has supported an Obesity Action group, which includes relevant partners from organisations across the county including: the Health and Care NHS Trust, CCGs, Sports Partnership Herefordshire and Worcestershire, District Councils, Regulatory Services and University of Worcester. This group oversees the development and implementation of the operational aspects of the Obesity Plan
 - As a consequence of the engagement over the last three years, many of the Obesity Plan aims and actions are now embedded in mainstream services across partner organisations
9. Summary of the progress demonstrated by the Obesity Plan during the three year life of the plan;
 - The Change for Life campaign has shown an increase to year on year to 3,830 individuals and families in Worcestershire signed up to the national campaign
 - A renewed action plan for the County is being developed by the Infant Feeding Action Group lead by Worcester Health and Care NHS Trust, to promote and increase the uptake of Healthy Start vitamins

- The Health Chats training programme has trained over 1,720 people to promote healthy lifestyles to their community or workplace. Of these, 1,000 people are community Health Champions
- An Eating Well on A Budget programme has been developed to empower local people to eat more healthily, this upskills staff in delivering healthy eating messages to the public, including those with a disability. So far over 90 staff and volunteers have been trained across the county from a range of organisations.
- A Health Impact Assessment (HIA) Group has been established who produced a Technical Research Paper for Worcestershire which outlined the need to re-establish the links between planning and health in order to address health inequalities that exist in the community, helping to provide a consistent and positive planning framework for health and well-being issues.
- The Worcestershire Works Well programme is currently reaching approximately 10% of the workforce in Worcestershire, through over 75 organisations actively working towards accreditation, reaching approximately 25,000 employees. A strategic board is now in place to continue to increase the number of organisations accredited to the scheme.
- A Living Well Service to support adults to make lifestyle changes to improve their health and well-being has been developed.
- A cross-tier pathway for adults classified as overweight or obese is currently under development, with the Public Health team working closely with CCG commissioners to achieve a clear and effective pathway which encompasses obesity prevention at tier one and two, and management and surgery for tiers three and four.

10. Outcomes;

- The percentage of overweight and obese Reception children (aged 4 -5) have decreased during 2014/2015 to 22.4% bringing them to their lowest levels since measuring began. This has narrowed the gap considerably between Worcestershire and England as a whole, however, Worcestershire still has a higher percentage than England (21.9%).
- In 2014/2015 the percentage of overweight and obese Year 6 children in Worcestershire dropped to 30.7%, which is below the England average of 33.2%. Although this is promising it is too soon to say whether or not there is a sustained downward trend. The figure is in itself of great concern, with nearly 1/3 of our 10-11 year olds overweight or obese.
- The percentage of people recorded as having diabetes registered with GP practices in Worcestershire is significantly higher than the National average at 6.7% compared to 6.2%. This reflects better diagnosis rates, which then enable intervention and management.

11. The three year work programme to tackle obesity has been overseen by the Obesity Action Group, reporting in to the Health Improvement Group. A range of activity has taken place in the Districts and in partner organisations. It is too soon to measure robustly the impact of this activity on obesity rates in the County. However, trends and engagement of colleagues across the system are promising

Alcohol Plan

12. The HIG received an annual update for the Strategic Alcohol Plan for Worcestershire (2014-2017) in March 2016. Below is a summary of progress of work in year 3 of the Plan, Some of the actions are ongoing and will carry forward to the next plan:

- Alcohol is covered in all public health campaigns, 2015 campaigns were:
 - ✓ Pre- diabetes campaign (May - June)
 - ✓ Living well campaign - winter health, (Sept – October)
 - ✓ Men's Health campaign (Nov – December)
 - ✓ Mental Health (Jan-Feb)
 - ✓ Starting well campaign is being planned for March – April 2016. This will be around pregnancy and alcohol and breastfeeding and alcohol
- Worcestershire Works Well (WWW) promotes the delivery of consistent messages about alcohol in the workplace to local businesses across the county. 75 businesses are signed up to WWW, reaching approx. 25,000 Worcestershire employees. WWW has a substance misuse champion who is helping WCC achieve Level 2 of the standards.
- Swanswell is actively working with local schools, children and early help services to promote prevention, awareness and accessibility to treatment for drugs and alcohol.
- Since October 2015 Swanswell completed thirteen training/workshop/events that include reducing harm from alcohol at various schools and young people's agencies across the county.
- Swanswell Early Help clinic began in mid-January as a pilot. It is based at Action for Children's Carden Street premises and runs one afternoon every fortnight initially; the frequency or length of clinic will then be increased if required. Early Help workers will be able to book clients into referral/assessment slots or YP will be able to drop in to the clinic should they prefer.
- A current multi-agency Critical 10 review group including homelessness agencies meets monthly in Worcester, to ensure care pathways are in place for people with serious alcohol related problems who are frequent users of hospital and police services.
- Swanswell are reviewing potential for implementing a Blue Light project in the County to enhance treatment opportunities for people with serious alcohol problems who do not engage effectively with existing treatment services.
- A joint working group between Swanswell and Worcestershire Health and Community NHS Trust is reviewing protocols and pathways for people with co-existing substance misuse and mental ill-health (commonly termed dual diagnosis) Pathways will be included in Primary Care Mental Health arrangements supported by discussion with Clinical Commissioning Groups
- A conditional cautioning process has been developed and now implemented, this supports police officers and custody sergeants to have an alternative disposal that facilitates engagement in treatment for those with alcohol and/or drug misuse who have committed a drug or alcohol related offence.
- A West Midlands Liver Health Scoping Workshop was held in November 2015. It was agreed that that liver health is a key issue for health services and PHE are looking at developing a regional framework/strategy for liver health which will be discussed at the regional alcohol forum.

13. Although the current three year alcohol plan is coming to an end, a number of the actions will continue to be developed. As a consequence of the last three years, many are now embedded in the main stream service of stakeholder organisations. Ongoing work to reduce alcohol consumption and its related effects will remain a priority until figures show that it is no longer an issue for the county.
14. A renewed focus on prevention and effective treatment by stakeholders including the treatment provider, will ensure that outcomes are improved for alcohol related illness and crime, which will in time show an improvement in positive outcomes for those affected by alcohol and reduce cost to the authorities

Summary of Progress: District Plans

15. One of the objectives of the HIG is to receive the district Health and Wellbeing Plans and to consider local issues on a regular basis. Since the bi-annual progress report to the Board in 2015, three districts (Worcester City, Malvern Hills, Wychavon) have given a presentation on their Plan. Set out below is the progress made to date.

Worcester City Council

16. The update of Worcester City Health and Wellbeing Partnership Action Plan 2015 'Healthy Worcester' was presented to the HIG in December. The action plan is based on the present Joint Health and Wellbeing Strategy (JHWBS) priorities (2013-16):
 - Older people & management of long term conditions
 - Mental Health & Wellbeing
 - Obesity
 - Alcohol
17. Ten partner agencies contributed to the plan, key successes of the plan against the four priorities include:
 - The Wise and Well Older People event – Over 80 members of the public attended. Free eye tests, hearing tests and NHS health checks were offered
 - Time to Talk Project – Embedded in primary care in two GP surgeries, approx. 600 contacts have been made with patients
 - Parents to be sessions led by Action for Children – 459 parents attended the sessions, 80 of these live in 30% super output areas.
 - Kitchen Project with St Paul's Hostel – 22 clients attended and the 7th Assistant Chef has secured employment and their own tenancy
18. The action plan has been reviewed and a new action plan is being developed to include local and JHWBS priorities.

Cllr. Mike Johnson is the lead Member for Health & Wellbeing at Worcester City

Malvern Hills District Council

19. Malvern Hills District Health & Wellbeing Plan (2013/16) was presented to the HIG in March. Priorities are:

- Older people and management of long term conditions
- Mental health
- Obesity
- Alcohol

20. Progress to date includes:

Older People and management of long term conditions

- Ageing Well Befriending Scheme
- Ageing Well 50+ Volunteer Recruitment
- Ageing Well Small Grant Scheme

Mental Health

- Digital Inclusion Hub
- Volunteering Forum

Obesity

- Malvern Community Food Worker
- Worcestershire Works Well – 5 businesses working towards level 1, 3 working towards Level 2
- Implementation of Malvern Hills District Sport & Leisure Strategy 2014-2024

Alcohol

- Pickersleigh Alcohol Campaign
- Health Chats Training – 13 sessions delivered, 141 people trained

21. The new Malvern Health & Wellbeing Strategy priorities will be

- Mental health and wellbeing throughout life
- Being active at every age
- Reducing harm from drinking too much alcohol

22. Consultation dates for the strategy are:

- Malvern Hills Health & Wellbeing Partnership - 26th April
- Wider Partnership Consultation - 27th April – 11th May
- Malvern Hills District Council Overview & Scrutiny - 17th May,
- Malvern Hills District Council Executive Committee - 21st June

Wychavon District Council

23. Wychavon Health and Wellbeing Plan (2013/16) review was presented to the HIG in March. Priorities were:

- Older people and management of long term conditions
- Obesity
- Mental Health and Wellbeing
- Alcohol
- Health Inequalities

24. Progress to date includes:

Older people and management of long term conditions

- An Older persons Showcase event, to support ageing well
- Two programmes supported to reduce isolation.
- Wychavon District Council has engaged with 7 rural communities across South East Wychavon through the door knocking programme, generating 258 referrals to agencies that have been able to help improve peoples' health and well-being improve their living environment and help vulnerable people maintain their independence.

Obesity

- The Get Wychavon Active programme
- Delivery of Health Chats training
- Support of local businesses to sign up to Worcestershire Works Well and the Sportivate programme.

Mental Health & Wellbeing

- Mapping of mental and emotional health services supporting adults and children was completed and in 2015-16 and a Mental Health Champions project commenced
- From Sept 2013 to March 2014 visual arts and crafts workshops for people with mental health issues and people with disabilities were held in the centre of Droitwich

Alcohol

- Reducing alcohol consumption included work around; the identification of alcohol services across the district and the inclusion of alcohol within the Health Chats training.
- Wychavon District Council Civic Centre is now a "dry" building where alcohol is not brought onto the premises.

Health inequalities

25. Progress in addressing health issues that may arise for specific communities by nature of the wider determinants of health included

- Droitwich Food Bank
- Westlands Health & Wellbeing Forum.

26. Priorities for the Wychavon Health & Wellbeing Plan 2016-20 are:

- Smoking in Pregnancy
- Excess weight and obesity
- Homelessness
- Rurality
- Older people
- Alcohol consumption

Other Issues Considered by the HIG

27. In addition to the updates on the WCC Strategic Health and Well-being Plans and the District Plans, the HIG has considered the following:

- Home Improvement Agency overview and update
 - Health & Wellbeing Strategy
 - CCG report
 - Health Inequalities Sub Group Action Plan
 - Financial Update
 - DPH Annual Report
 - JSNA Data Workshops
28. There will be close co-operation and oversight of the work and impact of the Home Improvement Agency, through governance arrangements and membership input into the HIA Management Board, ensuring an integrated approach across health, housing and social care. This will ensure that the HWBB is informed on the outcomes from the BCF allocation.
34. The Health Inequalities Sub Group action plan is a new plan. The HIG approved the draft plan in December and agreed that the Health Inequalities Sub Group continue to support the implementation, monitoring and evaluation of the plan.
35. A forward plan is in place to ensure that the HIG will oversee, implement and support the priorities of the Board, and to monitor progress against health and well-being outcomes.
36. Updates on plans for the new H&WBB priorities 2016-21, will be provided to the HIG annually.
- Good mental health and well-being throughout life
 - Being active at every age
 - Reducing harm from alcohol at all ages
37. The district plans received since the HIG set up have been well received by all partners and it has been demonstrated how Health and Well-being priorities are being supported and delivered in the localities. District updates will take place annually.

Contact Points

County Council Contact Points

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Specific Contact Points for this report

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HEALTH AND WELL-BEING BOARD
10 May 2016**CHARTER FOR HOMELESS HEALTH**

Board Sponsor

Cllr Marcus Hart, Cabinet Member for Health and Well-being

Author

Dr Frances Howie, Interim Director of Public Health

(Please click below
then on down arrow)

Priorities

Older people & long term conditions	No
Mental health & well-being	Yes
Obesity	No
Alcohol	Yes
Other (specify below)	

Groups of particular interest

Children & young people	Yes
Communities & groups with poor health outcomes	Yes
People with learning disabilities	No

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

Consideration

Recommendation

1. The Health and Well-being Board is asked to:
 - a) Note the signature of the Charter for Homeless Health by the Chairman, on behalf of the Board
 - b) Note and commit to the three commitments of the charter, including contributing to a more detailed needs assessment, and to integrated commissioning
 - c) Ask the Director of Public Health to take this issue to the Health Improvement Group for implementation working in tandem with the development of the Worcestershire Strategic Housing Partnership plan.

Background

2. St Mungo's, a national charity for homeless people, has asked Health and Well-being Boards across the Country to sign up to their Charter for Homeless Health. This is attached as an Appendix. The aim of the charter is to improve the health of homeless people who have some of the poorest outcomes in our population.
3. Having consulted with Board members by email, the chairman of the Board signed the Charter in February 2016. In order to take this work forward now, it is suggested that the Health Improvement Group be asked to consider how best to embed the priorities from the Charter into work across the County. It is noted that a new Worcestershire Strategic Housing Partnership plan is at consultation phase and this will also incorporate the county Homelessness Strategy within it.
4. The Charter itself has three commitments and Worcestershire has already made progress against each of these. The first is "to identify need, and to include the health needs of people who are homeless in our Joint Strategic Needs Assessment. This will include people who are sleeping rough, people living in supported accommodation and people who are hidden homeless. We will work with homelessness services and homeless people to achieve this." In Worcestershire we have a JSNA Briefing on Homelessness with some highlight figures on health. Much more detail was collected some years ago in a public health report which had drawn on the experiences and views of local homeless people and those providing the services. In 2014 and 2015 Health Watch undertook a review of county homeless services and have written an interim report which is available at http://www.healthwatchworcestershire.co.uk/sites/default/files/homelessness_report_-_preliminary_findings.pdf. It would be timely to update on these.
5. The second charter commitment is to "provide leadership: We will provide leadership on addressing homeless health. Our Director of Public Health has a key leadership role to play in tackling health inequalities and will lead in promoting integrated responses and identifying opportunities for cross boundary working." The Director of Public Health will take responsibility for ensuring that homeless health is embedded in work across the County, through the development of a plan by the Health Improvement Group.
6. The third Charter commitment is to "commission for inclusion: We will work with the local authority and clinical commissioning groups to ensure that local health services meet the needs of people who are homeless, and that they are welcoming and easily accessible." Members may recall that in 2014 the South Worcestershire CCG reviewed its services and de-commissioned the Farrier Street drop in service in 2014 and extended some medical services to Maggs Day Centre at no cost. We will ensure that the findings of further reports are fed to commissioners in a timely way.

Contact Points

County Council Contact Points

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Specific Contact Points for this report

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Supporting Information

- Appendix – Charter for homeless health

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St Mungo's
Broadway
Rebuilding lives, day by day

Charter for homeless health

People who are homeless face some of the worst health inequalities in society. They are at much greater risk of mental and physical health problems than the general population and their experiences of homelessness often make it more difficult to access the healthcare they need.

The **Health and Wellbeing Board** is committed to changing this. We therefore commit to:

Identify need: We will include the health needs of people who are homeless in our Joint Strategic Needs Assessment. This will include people who are sleeping rough, people living in supported accommodation and people who are hidden homeless. We will work with homelessness services and homeless people to achieve this.

Provide leadership: We will provide leadership on addressing homeless health. Our Director of Public Health has a key leadership role to play in tackling health inequalities and will lead in promoting integrated responses and identifying opportunities for cross boundary working.

Commission for inclusion: We will work with the local authority and clinical commissioning groups to ensure that local health services meet the needs of people who are homeless, and that they are welcoming and easily accessible.

Signed:

Chair:

Health and Wellbeing Board

Date:

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**HEALTH AND WELL-BEING BOARD
10 MAY 2016****BETTER CARE FUND 2016/17 PLAN UPDATE**

Board Sponsor

Anne Clarke, Interim Director of Adult Social Services

Author

Frances Martin and Christopher Bird

(Please click below
then on down arrow)

Priorities

Older people & long term conditions	Yes
Mental health & well-being	Yes
Obesity	No
Alcohol	No
Other (specify below)	

Groups of particular interest

Children & young people	No
Communities & groups with poor health outcomes	No
People with learning disabilities	No

Safeguarding

Impact on Safeguarding Children
If yes please give details

No

Impact on Safeguarding Adults
If yes please give details

No

Item for Decision, Consideration or Information

Information and assurance

Recommendation

1. The Health and Well-being Board is asked to:
 - a) Note the current rating of the Worcestershire 2016/17 Better Care Fund plan, which is 'Approved with Support';
 - b) Note the ambition to move to 'Approved' status by the final submission date of 25 April.

Background

2. The draft Worcestershire plan for the 2016/17 Better Care Fund was presented to February HWB. HWB approved the draft plan, and agreed that the authority to

commit an unallocated amount of £756k be delegated to the Chairman of the Board, in collaboration with Accountable Officers.

3. Following the HWB meeting, Accountable Officers and the Chairman agreed that the unallocated amount would be committed entirely for Council domiciliary care pressures for service users with a learning disability with complex needs. This will be for the financial years 2016/17 and 2017/18.

4. This was agreed after alternative funding solutions had been identified for Primary Care Mental Health Services. This will maintain the current level of funding for 2016/17 and 2017/18. In addition, funding has also been maintained at current levels for Child Development Centres and Orchard service from the Public Health ring-fenced grant for 2016/17 and 2017/18.

5. This agreement was reflected in the Worcestershire 2016/17 Better Care Fund plan and submitted to NHS England on 21 March 2016. This was within the deadline for submission set by NHS England.

Better Care Fund Plan Assurance

6. 2016/17 Better Care Fund plans submitted to NHS England are subject to peer review. Plans were reviewed by one NHS organisation and one ADASS organisation, followed by a third validation in order to tackle any divergence in the first two reviews. All plans were then considered by a regional assessment panel. Following this review, the Worcestershire plan submitted in March has been categorised as '**Approved with support**'.

7. This categorisation puts Worcestershire on a similar footing as other local areas. Of the 14 West Midlands plans submitted, 10 were categorised as 'Approved with support', and 4 were 'Not approved'.

8. For Worcestershire, the fact that the Acute Trust is currently in special measures automatically places the Better Care Fund plan into an 'at risk' category in terms of overall plan delivery.

9. Discussions have taken place between NHS England and representatives of the Worcestershire stakeholder organisations, focusing on the steps required to turn the Worcestershire plan to 'Approved'.

10. There is a reasonable level of confidence that the final submission of the Worcestershire plan – due on the 25 April – can be modified to include the evidence required to gain 'Approved' categorisation.

11. A verbal update on feedback following the 25 April submission will be given to the board on 10 May.

Contact Points

County Council Contact Points

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Specific Contact Points for this report

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**HEALTH AND WELL-BEING BOARD
10 MAY 2016****WORCESTERSHIRE HEALTH INDICATORS SUMMRY**

Board Sponsor

Frances Howie – Interim Director of Public Health

Author

Peter Fryers Consultant in Public Health

(Please click below
then on down arrow)

Priorities

Older people & long term conditions	Yes
Mental health & well-being	Yes
Obesity	Yes
Alcohol	Yes
Other (specify below)	

Groups of particular interest

Children & young people	Yes
Communities & groups with poor health outcomes	Yes
People with learning disabilities	Yes

Safeguarding

Impact on Safeguarding Children
If yes please give details

No

Impact on Safeguarding Adults
If yes please give details

No

Item for Decision, Consideration or Information

Information and assurance

Recommendation

1. The Health and Well-being Board is asked to:
 - a) Note the contents of the reports
 - b) Request the Health Improvement Group make sure that areas of concern are included in the action plans that report to the HIG
 - c) Encourage its members and stakeholders to consider areas of concern in individual organisational plans.

Background

2. This is an annual summary of routine indicators for Public Health and follows similar reports from the last two years.

3. The attached reports are produced by Public Health England on a routine basis to allow local authorities to compare themselves against their peers.
4. The Public Health Outcomes Framework Report shows indicators from the Public Health Outcomes Framework displayed in three different ways for comparisons. The information in this report can also be found at www.phoutcomes.info.
5. This report is a brief summary of the information of interest in the reports and the main issues raised by the indicators.

Supporting Information

6. Things we do well on

- In general health and well-being in Worcestershire is better than the England average
- There are many areas that have improved and in general there are fewer indicators that we are worse on than in the last two years
- Indicators where we continue to do particularly well are:
 - Overall life expectancy and healthy life expectancy
 - Mortality from common conditions and those considered preventable
 - The proportion of low birthweight babies
 - Rates of people killed or seriously injured on the County's roads
 - Cancer screening coverage
 - Injuries due to falls
 - Emergency readmissions to hospital within 30 days

7. Areas that have improved

- Alcohol-specific hospital stays in under 18s
 - The rate of under 18s admitted to hospital for alcohol-specific conditions has reduced from 66 per year to 53 per year and is no longer significantly higher than average although they remain somewhat higher.
- Hospital stays for self-harm
 - The standardized rate of admissions to hospital for self-harm is now significantly lower than the England average
- School readiness for most pupils
 - The latest figures for 2014/15 are almost exactly on the England average having increased by over 8% since last year and about 18% from 2 years ago
- Treatment completion for tuberculosis
 - As expected this has reverted to being just above average and the number of cases is well below the average

8. Areas that have got worse

- Adult obesity
 - The number of overweight adults is estimated to be higher than average and this is once again significant. The rate has only gone up from 66% to 67%, but methodological changes mean that this is now significant
- Social isolation of carers

- The percentage of adult carers who have as much social contact as they would like is significantly lower than the England average
- School readiness amongst those receiving free school meals
 - The proportion of those on free school meals achieving the expected level on the phonics screening check is now showing as significantly worse
 - The local rate is not much worse (57.7% compared to 58.1% last year), but the national average has improved

9. Areas of ongoing concern

- Obesity
 - Breastfeeding
 - Despite improving from 64% to 70% Worcestershire still has significantly lower rates of breastfeeding than the England average
- Older people and people with long-term conditions
 - Fuel poverty
 - Although it has improved slightly the percentage of people experiencing fuel poverty in Worcestershire is still significantly higher than the England average
- Other issues
 - Smoking in pregnancy
 - The proportion of women in Worcestershire who are smokers at the time of delivery is higher than the England average
 - Some progress has been made with rates improving from 14% to 12½%
 - School readiness amongst those receiving free school meals
 - The proportion for those on free school meals has increased by nearly 10% but remains below average
 - Successful completion of drug treatment
 - The percentage of people successfully leaving drug treatment who do not re-enter treatment within 6 months has improved somewhat for non-opiate users
 - For non-opiate users it is now 30% (up from 23% last year)
 - For opiate users it is still just 5%, meaning 95% of opiate users who leave treatment are back in treatment within 6 months
 - Flu vaccination rates
 - These have been significantly below the England average for the last two years
 - However the rate for at risk individuals has gone from significantly worse to significantly better than average

Legal, Financial and HR Implications

10. None

Privacy Impact Assessment

11. This is a presentation of routine published data and has no implications for privacy as all information is in the public domain.

Equality and Diversity Implications

12. 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

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Supporting Documents (available on-line)

- Public Health Outcomes Framework Profile for Worcestershire
- Worcestershire Health Profile 2015

HEALTH AND WELL-BEING BOARD
10 MAY 2016**UPDATE FROM THE HEALTH PROTECTION GROUP**

Board Sponsor

Cllr Marcus Hart, Cabinet Member with Responsibility for Health and Well-being

Author

Dr Frances Howie, interim Director of Public Health

(Please click below
then on down arrow)

Priorities

Older people & long term conditions	Yes
Mental health & well-being	No
Obesity	No
Alcohol	No
Other (specify below)	

Groups of particular interest

Children & young people	Yes
Communities & groups with poor health outcomes	Yes
People with learning disabilities	No

Safeguarding

Impact on Safeguarding Children
If yes please give details

No

Impact on Safeguarding Adults
If yes please give details

No

Item for Decision, Consideration or Information

Information and assurance

Recommendation

1. **The Health and Well-being Board is asked to:**
 - a) **Note the work of the Health Protection Group during 2015;**
 - b) **Ask that a report be made annually to it for assurance, and by exception for escalation of any key issues; and**
 - c) **Ensure that their own organisations contribute to improvement where needed.**

Background

2. The Health Protection Group (HPG) was set up in 2013 as a sub-group of the Health and Well-being Board, with the purpose "to provide assurance that adequate

multi-agency arrangements are in place to protect the public from major threats to health and well-being in Worcestershire."

3. The full terms of reference are attached and detail the objectives of the Group. These include assurance around Emergency Preparedness, Resilience and Response (EPRR); immunisation and screening programmes; health and social care acquired infections; and other major threats to health and well-being.

4. Membership includes CCGs; NHS England; Public Health England; Regulatory Services; Worcestershire Acute Hospitals Trust; District Councils and the County Council.

5. The HPG meets twice a year (April and November) and a summary of its work for 2015 is included below.

6. Emergency Preparedness, Resilience and Response.

The HPG received and discussed reports on the Cold Weather Plan; Local Heatwave Plan; and Local Health Economy Pandemic Influenza Plan. It noted a multi-agency table top event was held in November to test the off-site Emergency Plan for the Roxel control of Major Accidents Hazards (COMAH) site near Kidderminster. It noted refreshed multi-agency contingency planning in response to a fire hazard from the storage of illegal waste materials. Sixteen regulated sites in Worcestershire have been assessed by the Environment Agency as requiring fire response plans, and these are in place. The risk to public health comes from facilities which operate illegally. Two such sites have been identified and site specific contingency plans have now been drawn up by a group convened through Local Resilience Forum structures. A desk top exercise of the contingency Plan took place in September.

7. Immunisation

Performance reports have been received from Public Health England/NHS England on immunisation programmes on influenza and childhood immunisations. In general, uptake of childhood immunisation is at or above national targets, and 35 out of 67 practices achieved 100% uptake among children at 12 months of age. The County Council Public Health team produce detailed reports quarterly for CCGs to enable local discussions on pockets of lower take-up. The HPG discussed the 2015/16 flu immunisation programme in some detail, and noted that it would be the first year of a national flu programme delivered to all children in Years 1 and 2 of primary schools. Flu immunisation rates were expected to dip due to low vaccine efficacy in 14/15, and a national stalling is already evident over several years. It was also noted that a national community pharmacy flu immunisation programme for eligible adults was put in place and that this may lead to confusion for patients and also under-reporting of the numbers immunised. The HPG noted that a NHSE Public Health team was coordinating the flu immunisation work and had clear plans to maximise uptake in the 15/16 season.

8. Screening

The HPG received reports on the quality and performance of all NHS screening programme in Worcestershire, including incident reporting. Programmes include screening for bowel, breast and cervical cancer; diabetic eye screening; antenatal

and newborn screening; and screening for abdominal aortic aneurism. Overall coverage and uptake in Worcestershire is in line with or better than national averages. Pockets of low take-up are shared with the CCGs for their consideration.

9. Other threats to health and wellbeing.

The HPG received confidential reports from Public Health England Health Protection team, summarising incidents and outbreaks relating to communicable disease. These were broadly similar to previous years, and the most commonly reported are gastro-intestinal disease. Outbreak management is led by PHE, and the transition to new systems as a result of NHS reform has been carefully managed with all processes now embedded. Further changes are in hand, and assurance about capacity will be sought in future meetings.

10. Air quality.

The HPG receives regular updates on this. Ten Air Quality Management Areas (AQMAs) are in place across the County and are managed by regulatory Services. Poor air quality is intermittent and linked to congested streets at peak traffic times, where there is minimal air flow and residential properties close to the curbside. This is not seen as a major threat at this stage and District priority actions for each AQMA are in place, reporting to a Steering Group. The HPG continues to receive updates and seek assurance.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this report

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Supporting Information

- Appendix - Terms of reference of HPG

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Health Protection Group

Terms of reference

Purpose	To provide assurance that adequate multi agency arrangements are in place to protect the public from major threats to health and well-being in Worcestershire.
Objectives	<ol style="list-style-type: none">1. To ensure that Worcestershire County Council, District Councils, NHSCB and PHE (as category 1 responders) and CCGs (as category 2 responders) deliver their responsibilities for Emergency Preparedness, Resilience and Response (EPRR) under the Civil Contingencies Act, and where relevant for health protection under the Health and Social Care Act.2. To identify major threats to health and well-being and ensure that comprehensive, up to date and tested plans are in place, working with the West Mercia Local Health Resilience Partnership and West Mercia Local Resilience Forum.3. To ensure that robust arrangements for leading and co-ordinating the response to specific incidents and emergencies are in place.4. To ensure that adequate procedures are in place to manage and prevent health protection incidents from occurring.5. To review the response to serious incidents and emergencies and make recommendations to inform improvements to planning and response to future events.6. To raise concerns to the Health and Wellbeing Board where deficiencies in the preparation, resilience and/or response to threats to health and well-being are identified.7. To develop an integrated partner approach to ensure that public health messages are received by residents, businesses and other stakeholders in a relevant and timely manner as part of a rolling programme.8. To review immunization coverage, overall and in specific groups, and to oversee the development and implementation of plans for improvement where necessary.9. To review the coverage and quality of national screening programmes, overall and in specific groups, and to oversee the development and implementation of plans for improvement where necessary.10. To review the incidence of health and social care acquired infections, and oversee the development and implementation of plans to reduce these where necessary.
Accountability	The Group is accountable to the Health and Well-being Board.

Membership

<ul style="list-style-type: none"> • County Council lead Member(s) [Chair] • County Council (DASH HoS) • NHS England (HO EPRR & HO Public Health) • Public Health England • Member from District Councils – South • Member from District Councils – North • WAHT (Emergency Planning Officer) 	<ul style="list-style-type: none"> • Head of Worcestershire Regulatory Services • CCG Chief Operating Officers • Chair Worcestershire Infection Prevention & Control Committee • WCC Emergency Planning Manager • Consultant in Public Health (Health Protection) • WHCT (Emergency Planning Manager)
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Regular attendees

To be decided.

Arrangements for deputies

Each member to nominate one deputy to attend in their absence.

Quoracy and decision making

Meetings will be quorate if at least five members or substitutes are present including at least one elected Member from the County or District Council and one GPCC representative.

It is expected that any decisions of the HPC will generally be by consensus, otherwise by a majority of those members present.

Frequency of meetings

Quarterly. Agenda items to be added via DASH HoS.

Reporting arrangements

