

# Agenda

## Health and Well-Being Board

**Tuesday, 11 July 2017, 2.00 pm**  
**County Hall, Worcester**

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كوردی سۆزانی. ننگەر ناتوانی تێبگدی له ناوهرۆکی نهم بێلگهیه و دهمستت به ههچ کهم ناگات که و بیهێگریتوه بۆت، تکایه تهلغۆن بکه بۆ ژماره 01905 765765 و داوا ی رهنۆینی بکه. (Kurdish)

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



## Health and Well-Being Board

**Tuesday, 11 July 2017, 2.00 pm, Council Chamber, County Hall**

### Membership

#### Full Members (Voting):

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

#### Associate Members

Mrs C Cumino	Voluntary and Community Sector
Cllr. Gerry O'Donnell	South Worcestershire District Councils
Cllr Margaret Sherrey	North Worcestershire District Councils
Supt. M Travis	Westmercia Police

## Agenda

Item No	Subject	Presenter	Page No
1	<b>Apologies and Substitutes</b>		
2	<b>Declarations of Interest</b>		

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All the above reports and supporting information can be accessed via the Council's website at <http://worcestershire.moderngov.co.uk/uucovpage.aspx?bcr=1>

Date of Issue: Friday, 30 June 2017

Item No	Subject	Page No
3	<p><b>Public Participation</b>  <i>Members of the public wishing to take part should notify Legal and Democratic Services in writing or by e-mail indicating the nature and content of their proposed participation on items relevant to the agenda, no later than 9.00am on the day before the meeting (in this case 9.00am on 10 July 2017). Enquiries can be made through the telephone number/e-mail address below.</i></p>	
4	<p><b>Confirmation of Minutes</b></p>	1 - 4
5	<p><b>Carers Strategy</b></p>	Sander Kristel
6	<p><b>Autism Strategy</b></p>	Sander Kristel
7	<p><b>Future of Acute Hospital Services</b></p>	Simon Trickett
8	<p><b>Michelle McKay</b></p>	51 - 52
9	<p><b>Sustainability and Transformation Plans</b>  The STP is available on- line  A covering report for the HWB will be forwarded to Board Members following the CCG meeting on 5 July.</p>	Carl Ellson Simon Trickett
10	<p><b>Better Care Fund</b></p>	Sander Kristel
11	<p><b>Health Protection Group</b></p>	Frances Howie
12	<p><b>Children's and Young People's Plan</b></p>	Catherine Driscoll
13	<p><b>Pharmaceutical Needs Assessment</b></p>	Frances Howie
14	<p><b>Future Meeting Dates</b>  <b>Public meetings</b> (All at 2pm)</p> <ul style="list-style-type: none"> <li>• 10 October 2017</li> </ul> <p><b>Private Development meetings</b> (All at 2pm)</p> <ul style="list-style-type: none"> <li>• 12 September 2017</li> <li>• 7 November 2017</li> <li>• 5 December 2017</li> </ul> <p>There will be a Stakeholder event during alcohol awareness week which starts on 13 November.</p>	

## Health and Well-Being Board

Tuesday, 13 June 2017 Malvern Hills Science Park - 3.30 pm

### Minutes

#### Present:

Mr J H Smith (Chairman), Dr C Ellson (Vice Chairman), Simon Adams, Ms J Alner, Carole Cumino, Dr R Davies, Dr Frances Howie, Dr A Kelly, Gerry O'Donnell, Sander Kristel, Clare Marchant, Mr A C Roberts and Simon Trickett

#### Also attended:

Sarah Dugan, Kate Griffiths, Sue Harris Sheena Jones, and Ali Roberts.

#### Available papers

The members had before them the Agenda papers which included the minutes of the previous meeting.

A copy of the agenda will be attached to the signed Minutes.

#### 430 Apologies and Substitutes

Apologies for absence were received from Catherine Driscoll, Adrian Hardman, Marcus Hart, Anthony Kelly, Clare Marley, Peter Pinfield and Margaret Sherrey.

Simon Adams attended for Peter Pinfield.

#### 431 Declarations of Interest

None

#### 432 Public Participation

None

#### 433 Confirmation of Minutes

The minutes of the meeting of 25 April 2017 were agreed to be an accurate record of the meeting and were signed by the Chairman.

#### 434 Sustainability and Transformation Partnership

The Board received a presentation from Sarah Dugan regarding the STP (Formerly the Sustainability and Transformation Plan, now the Sustainability and Transformation Partnership).

- a) Frances Howie reported that Board Members felt the STP was broadly a good fit with the HWB Strategy although further work was needed in certain areas. To enable better understanding of it by the public and to support Councillors in explaining the proposals to their residents the Board would like to see a short summary of the Plan over a couple of pages and for jargon to be

removed. e.g What is the plan/what difference does it make/and what does it mean for me and for Worcestershire residents in the next 12 months? Instead of using the phrase 'prevention and self-care' say 'independence', which may be easier to understand.

- b) Engagement had been good but continuing efforts were needed. The Board suggested including examples of where services were challenged currently and details of the implementation plan – what is open/closing and how services are being changed. Refer to the frailty pathway and the problems of sustainable primary Care and the action being taken; refer specifically to the accountable care system and broad options for Worcestershire and explain where and why the current footprint isn't large enough to sustain some specific clinical services and what the future options for these might be.
- c) It was accepted that there would be a knock on effect for other organisations. A lot of the organisations were already aware of the preparation of the STP and some receive regular briefings. However although they may be informed they may not be necessarily involved at the moment. However, with the proposed shift of care closer to home the Board identified potential impacts for adult social care, housing authorities and providers, fire and rescue, police, transport and the voluntary and community sector. The Board discussed the role of the Voluntary and Community sector and the possible impact on it of proposals, particularly for those organisations who provide paid-for services. Whilst the Board considered there is an element of risk in moving care closer to home, it considered that the risk could be mitigated by the full involvement of the sector in the system change. It noted that there had been significant engagement activity but that there was more to do as strategic plans develop into implementation plans. In particular, the Board would want to see its commitment to co-production put into practice during this next period. It noted that Carol Cumino had reported that a very positive meeting with the VCS had already taken place, to try to understand how to operationalise this commitment.

It was agreed that the plan would be sent around Board

members for any final comments and then brought back to the HWB at the next meeting on 11 July.

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

- a) Agreed that the proposed revisions to the STP plan showed due regard to the Worcestershire Health and Well-being strategy and that the resulting document was likely to fit local needs, subject to some clarifications which should be incorporated in the next version of the plan to be made public;
- b) considered those parts of the emerging refreshed plan that would impact on residents/services in both Herefordshire and Worcestershire, and highlighted aspects for consideration by the STP as it develops its plan; and
- c) identified aspects of the STP plan where common approaches were intended across both counties that may have knock-on effects for other organisations, and gained assurance from partner organisations that these are being appropriately taken into account within Worcestershire.

**435 Future Meeting Dates**

Public Meetings. To be held at 2pm at County Hall Worcester

- 11 July 2017
- 10 October

Private Development meetings to be held at 2pm at County Hall Worcester

- 12 September 2017
- 7 November 2017
- 5 December 2017

The meeting ended at 4.33 pm

Chairman .....



**HEALTH AND WELL-BEING BOARD  
11 JULY 2017****CARERS STRATEGY FOR WORCESTERSHIRE - UPDATE**

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**Board Sponsor**

Sander Kristel, Director of Adult Services

**Author**

Elaine Carolan, Interim Strategic Commissioner & Louise Berry Commissioning Manager

**Priorities**

(Please click below  
then on down arrow)

Older people & long term conditions	Yes
Mental health & well-being	Yes
Being Active	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	Yes

**Safeguarding**

Impact on Safeguarding Children  
If yes please give details

Yes

Impact on Safeguarding Adults  
If yes please give details

Yes

**Item for Decision, Consideration or Information**

Consideration

**Recommendation**

- 1. The Health and Well-being Board is asked to note progress made on the all-age carers' Strategy following previous discussions with regard to the need to mitigate health inequalities and the work done during the year to strengthen services/provision for young carers.**

**Background**

2. The Carers at the Heart of Worcestershire's Families and Communities Strategy was approved by the Health & Well Being Board on 12 May 2015 and an update was presented in May 2016. The Strategy was updated to reflect the introduction of the Care Act 2014 and other changes to health and social care services, and it was co-

produced by the Council and other relevant partners and carers.

3. There are 6.5 million carers in the UK, and the role that unpaid carers play is crucial. It is estimated that the value of care provided by informal carers is £132 billion nationally, and it is predicted that during 2017, the number of older people needing care will outnumber family members able to meet that need. In the current economic climate, the support provided by carers will continue to be ever more vital, and it is therefore essential that carers continue to have access to appropriate information, advice and support.

4. 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.

5. 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 around 11,500. This figure has risen from 9,000 in March 2015.

6. Appendix 1 to this report gives an in-depth overview of the work undertaken during 2016/17 (year 2 of the Strategy) towards achieving the aims of the all-age Worcestershire Carers Strategy 2015-2020. The Worcestershire Carers Strategy 2015-2020 is attached as Appendix 2 to this report for information.

### **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

#### Specific Contact Points for this report

Elaine Carolan, Interim Strategic Commissioner

Tel: 01905 843197

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

## **Supporting Information**

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

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## **Worcestershire Carers Strategy 2015-2020**

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

Report May 2016 to April 2017 (Year 2)

#### **Introduction**

Unpaid carers perform a unique role in our society and increasingly, most of us are likely to assume responsibility for helping to care or support someone close to us at some point in our lives. We become carers when our caring responsibilities exceed normal expectations for a relationship due to the illness or chronic condition of someone close to us.

Many people enjoy or derive great satisfaction from their carer role and may acquire new skills and friendships, but carers often unknowingly place their own physical, mental and financial wellbeing at risk of harm without appropriate support. Without unpaid carers, Health and Social Care could not cope with demand for care, so there may be an assumption by professionals of a duty or obligation put on family and friends to provide care. This can lead to carers feeling guilty or confused and further isolated from friends, family and support.

The Census 2011, British Household survey 2009 and GP Patient Surveys have consistently shown high levels of carers reporting poor health outcomes. The Census found carers across English regions are between 2 and 3 times more likely to be in bad health if they are providing 50 hours or more unpaid care per week than if they provide no unpaid care. Poverty is an issue that disproportionately affects carers and their families. Carers are less likely to be in full time employment, more likely to have left work or retired to care and suffered the consequences in terms of reduced income and pension rights.

1 in 10 adults, including young adult carers, will have a caring role and many have poorer mental and physical health, as a result of caring without receiving timely information and help:

- 83% report a negative impact on mental and physical health
- 61% have faced depression
- 49% are struggling financially
- One in five carers gives up work to care

These numbers are all projected to increase, as the population ages and more people live longer with ill health. The reliance and demand on carers and carers' time in the future is only set to increase with changing government legislation, overburdened health services and the increase in life expectancy. The proportion living with dementia, in particular, is projected to double between 2015-2025.

In recognition of this, new legislation came into effect in April 2015 which gives increased rights to adult, parent and young carers and places duties on councils and partners in relation to recognition and support (Care Act 2014, Children and Families Act 2014).

Worcestershire has its own all age strategy “Carers at the Heart of Worcestershire’s Families and Communities” setting out the local vision.

### **Vision**

*‘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 between their caring responsibilities and a life outside caring. We will assist them in achieving their potential, maintaining mental and physical health and wellbeing, access and remain in education, training and employment and support them to be as independent as possible.’*

Worcestershire’s Corporate plan - Shaping Worcestershire’s Future Our Plan for Worcestershire 2017 to 2022:

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

This report covers the activity of all partners involved in delivering the Carers Strategy in Worcestershire for the period from May 2016 to April 2017. This includes the support available to all carers through Worcestershire County Council (WCC), Worcestershire Integrated Carers Hub (WICH) and Worcestershire Young Carers (WYC) with the addition of some further support from a number of smaller organisations currently not contracted by WCC i.e. Redditch Carers Careline and Worcestershire Parent and Carer’s Community (WPCC). These smaller organisations play a valuable part in providing bespoke support to specific communities and in contributing to the additional funding drawn in to the county via the voluntary and community sector (VCS).

### **Key statistics**

**Worcestershire County Council - [www.worcestershire.gov.uk](http://www.worcestershire.gov.uk)**

- No. of Care Act Carers Assessments carried out:
  - 2015/16: 5,132
  - 2016/17: 3,559\*  
(\*A further 437 carers received a service/info advice, or a service user having replacement care, i.e. who are known to us but did not have an assessment or review in the year).
- No. of carers in receipt of direct payments:
  - 2015/16: 656
  - 2016/17: 492

More information about these statistics is available on pages 3-6 of this report.

**Worcestershire Integrated Carers Hub (WICH) - [www.carersworcs.org.uk](http://www.carersworcs.org.uk)**

- No of carers on the ‘list’ – 11,574
- No of new carers identified during the year – 1,724
- No of ‘Wellbeing Assessments’ carried out (491 Jul 16 – Mar 17 WICH only)

## Worcestershire Young Carers – [yss.org.uk/young-carers](http://yss.org.uk/young-carers)

- 380 young carers supported in 2016/17 (up from 280 in the previous year)

### Finance

Support for carers is mainly funded through the Better Care Fund. In 2016-17, the amount allocated for carers' support was £1.2m and in 2017-18 £1.26m. In addition, Public Health contributes £617k, making a total of £1.877m for carers in Worcestershire.

The WICH contract requires the provider to produce costed case studies to show the savings made by investing in preventative services for carers. These will be available in July 2017.

### Annual Update

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

#### 1. Recognised and Valued

##### • Face to face carers assessments that focus on the individual

- introduction of Combined Needs Assessment – 2,131 carers opted for a separate assessment.

### WICH Provision

- In addition, as the Care Act allows for a 'proportionate' assessment to be carried out. Worcestershire Association of Carers (WAC): WAC/WICH received 2,718 referrals – of these, only **3.7% have been referred to WCC for a Care Act Carers Assessment** to address a need the Hub was unable to meet.

##### • 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

- Carers Partnership in place, and receives updates from:
  - Learning Disability Partnership Board (LDPB) and sub groups
  - Carers Groups
  - Carers Action Worcestershire
  - Patient Participation Groups (PPGs)
  - Individual Carers
- Carers are encouraged to take part in a range of consultations including Personal Independence Payments, Redesign of Stroke Services, Your Life Your Choice (YLYC), Sustainability and Transformation Programme (STP), National Carers Strategy, Future of Acute Hospital Services in Worcestershire (FOASH), and Continuing Health Care (CHC). In order to consult as widely as possible a range

of methods have been used including carer forum, social media, email and through existing carer groups.

- WAC has carried out a survey of carer need (funded by Awards for All) – carers expressed needs include opportunities to get a break from caring including sitting/respite and accessible activities.

• Health and Social Care professionals are Carer Aware

- Carer Aware training included in the local induction training for Social workers.
- WICH:
  - training for staff in Acute & Community Hospitals – 40 Carer Champions trained
  - Training for GP receptionists in South Worcestershire – ‘Care Navigators’
  - Attended Social Work ‘Carer Leads’ meeting and locality team meetings
  - Working with the Health & Care Trust to support the delivery of Carer Awareness training to staff.

• Support services for young carers are in place; schools and colleges have the awareness (carer aware training online training online) to support young carers. This is further detailed in the section below (pages 8-11) with reference to young and young adult carers.

- Your Life Your Choice website - <https://ylyc.worcestershire.gov.uk>

(and other online resources such as <http://yys.org.uk/young-carers/>) clearly explain the carers pathways and what universal, commissioned and WCC provided is available

- Carer views sought and fed back to team updating YLYC and this is ongoing as development of the site continues.
- WAC website updated and now includes on line booking for training, on line referrals for professionals, Carers e-learning and most recently introduce Webchat support for Carers.

• Commissioned services are in place to provide information, advice and support for carers

WICH service began on 1<sup>st</sup> July 2016 and was implemented with minimal disruption to existing carer services. The Hub provides a one stop shop for Information Advice and Support for Worcestershire’s 63,500 unpaid Adult Carers caring for Adults.

The hub works closely with both statutory and VCS services across the county to ensure

- carers have access to local, county and national services and support that is person centred and tailored to meet individual needs.
- there is a clear pathway enabling professionals to easily refer in to the service.

The ethos is very much around choice, control and building carers' skills and resilience to equip carers to meet the challenges of their caring role.

The Hub provides:

- a helpline service open from 9am to 7pm Monday to Friday and 9am – 12 noon Saturday



- varying levels of support dependent on the individual needs of the carers ranging from providing simple information to a full Wellbeing Assessment and support plan
- support for carers across the breadth of caring relationships from lower level caring role to End of Life
- training including practical solutions, managing relationships and stress, manual handling through to legal and financial, paying for care, Power of Attorney etc.
- emotional support
- peer support groups and telephone befriending services designed to reduce carer isolation.

In order to make services more locally accessible and reach more carers the Hub has been working closely with both the Acute and Health and Care Trusts building on the work already undertaken in relation to John's campaign and work in Newhaven in Bromsgrove where Carer Pathway Advisors work as part of the ward team to support carers. This will see Carer Pathway Advisors based in hospitals working closely with health professionals taking forward learning and examples of good practice across both the Acute and Health & Care Trusts. The reopening of the Carers room in The Alexandra Hospital Redditch is one of a number of projects to improve Carers services within health.

Digital inclusion - Programme of workshops based on practical issues as a vehicle to introducing new technologies.

#### **Carers Hub development plans for 2017-2018**

- Working with the County Council on the implementation of the 3 Conversation Model to ensure there is a clear pathway and the model works for carers.
- Joint project with Acute and H&C Trust looking at discharge planning and the carers involvement in the process.
- Pharmacies – roll out programme “Growing Carer Friendly Communities” to include identification of Carer Champions and delivery Carer Awareness Training.

Continue development of training programme for Carers, based on feedback from Carers and advisors the following are being explored for deliver over the next 2 quarters and building on the existing training programme.

#### **NEW training sessions for carers:**

##### **End of Life sessions for carers:**

- The Practicalities of caring for someone near end of life (NEOL)
- Advanced Care Planning – Final Wishes
- End of Life support funding from Health Authority (Fast track CHC)
- Moving and Handling NEOL
- Medication and Emergency planning NEOL
- Guide to Respite and sitting services

##### **Wellbeing and Self Care for carers:**

- 5 ways to Wellbeing for Carers
- Resilience for Carers
- Moodmasters for Carers
- Mindfulness for Carers

### **Working & Caring:**

- The Care Act and your rights as a working Carer

### **Parent Carers:**

- Living with Autism
- Emergency 1<sup>st</sup> Aid for parent carers
- Working and Caring

### **Caring with Confidence (CwC) for 18-25 year old carers**

Particular focus on education, working, relationships and use of digital information and support resources.

- Continue to grow the volunteer resource within the Hub.
- Transitions – Focus on
  - Carers of young people moving from Children's service in to Adult services
  - Carers faced with placing the person they care for in residential care.
- Carers Week – Cuppa Campaign
- Caring for someone with Dementia – Vamos Theatre Project.
- Continue to build online presence and in particular self-help resources.

## **2. A life of my own:**

- Support is available to all carers – through WCC, WICH and WYC although there is a gap in provision with no commissioned service for parent carers
- Funded social care is available through a carers' personal budget. In 2016/17, 517 carers were issued with a personal budget, compared to 673 in 2015/16. During 2014/15, before the Care Act and the introduction of the Carer Personal Budget eligibility, 1,077 carers were being issued with a personal budget. A personal budget should only be considered to meet any residual unmet eligible needs once all other support options have been explored, including support to the cared for individual, universal services and carers' own social assets.

### **WICH provision**

- Relevant training is made available to include information about financial matters and benefits for both the carer and cared for where the carer is providing support with this as part of their caring role.
  - Training and information sessions provided by WICH include
    - Paying for Care
    - Personal Independence Payment (PIP) Masterclass
    - Wills, Trusts and Lasting Power of Attorney
    - Benefits Advice
- Professionals and organisations coming into contact with carers are accessing training in carer issues. This is through direct training or Carer Aware campaign. Organisations can sign up to become part of Worcestershire's Carer Friendly Communities by committing to three actions to support Carers i.e. identify a Carer Champion to complete Carer Awareness training and a third action of choice. 40 Carer Champions working in the Acute Trust have undertaken Carer Awareness training.

### **In addition:**

- Working for Carers – engaging employers to help them identify carers in the workplace- supported by external funding secured by WAC
- ‘Are you a Carer’ Survey – funded by Awards for All secured by WAC.
- Carers Conference – July 2016 – Gail Scott-Spicer from Carers Trust – views gathered from carers providing feedback locally and nationally.
- Publicity campaigns to raise awareness
  - Social media
  - Press coverage – i.e. Carers Week 2016, WICH launch, TSB Malvern partnership to support carers, Finding Help for Hidden Carers – Awards for All project.
  - Breakfast information and networking meetings for professionals held countywide.

### **Redditch Carers Careline**

- Drop in information and advice service

### **Worcestershire Young Carers**

- Young carers at risk of becoming NEET (not in education employment or training) receive appropriate information, advice and guidance – please refer to the section below (pages 8-11) with reference to young and young adult carers.

## **3. Supported to be mentally & physically well**

### **WICH Provision**

- Personalised support is provided to all carers
- Where the Hub has been unable to meet all of the Carers needs provision is provided through a carer's personal budget where this is required.
- Relevant training (e.g. how to manage stress, caring with confidence) and local carer support groups are in place:
  - Caring with Confidence, programme includes Communicating, Moving with Confidence, Paying for Care, Legal & Financial, Caring for someone with Dementia, Dementia Awareness, Emergency 1<sup>st</sup> Aid for Carers, Resources, Caring & Life.
  - Group training also offers peer support with many programmes resulting in a new peer support group forming.
  - In the home e.g. Moving with Confidence
  - On line training offer – on WAC website
  - A network of 12 Carer Groups currently meet across the county with the support of WICH meeting in Bromsgrove, Droitwich, Evesham, Kidderminster, Malvern, Pershore, Stourport, Tenbury, Worcester and Wythall with further informal groups meeting independently having formed as a result of CwC programme.
- Carers support and replacement care is available to carers where they need and qualify for it
  - 393 people had a replacement care service open to them during 2016/17. (NB: This does not include those who use their Direct Payment to purchase replacement care).

- GPs and other Health professionals are being supported to make adjustments to better provide for carers in their day to day practice
  - Staff training including Care Navigators.
  - Engagement with wider health professionals to help identify and support carers.
  - Carer Policies – Worcestershire Health & Care Trust & Acute Trust
- Effective support in place for independent advocacy where a carer needs this
  - Advocacy Contract in place which includes provision for carers.
- In addition
  - A new holistic Wellbeing assessment has been developed and introduced based on the outcomes detailed in the Carers Strategy and the Carers Assessment. This ensures that support is focused on the carer's wellbeing and areas of life/need identified as most important to Carers. Following assessment a bespoke support plan is agreed with the Carer.

### **Redditch Carers Careline**

- Monthly carers group and a variety of other activities which include day trips regular lunches in pubs or restaurants, theatre trips and a men's group.

### **Worcestershire Young Carers**

#### **Young and Young Adult Carers**

Section 96 of the Children and Families Act 2014 introduced new rights for young carers (to include young adult carers) to ensure that they and their families are identified and their needs for support are assessed.

Since April 2015 all young carers have been entitled to an assessment of their needs. This new provision works alongside measures in the Care Act 2014 for transition assessment for young carers as they approach adulthood, and for assessing adults to enable a "whole family approach" to providing assessment and support.

A revised referral and service pathway for young carers was developed through close working between Children's and Adult services and this clearly set out the roles and responsibilities of staff in the local authority and its partner organisations in ensuring that there are truly "no wrong doors" for young carers and their families and that no gaps or breaks in continuity occur in the support available to them. This was reinforced by the signing of a Memorandum of Understanding between the Directors of Children's and Adult and Health Services which can be found in the Carer's Strategy.

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

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

The commissioning of support for young and young adult carers forms an integral part of Worcestershire County Council's approach to ensuring that it supports these young people effectively and meets its statutory obligations in this regard. A recommissioning process was

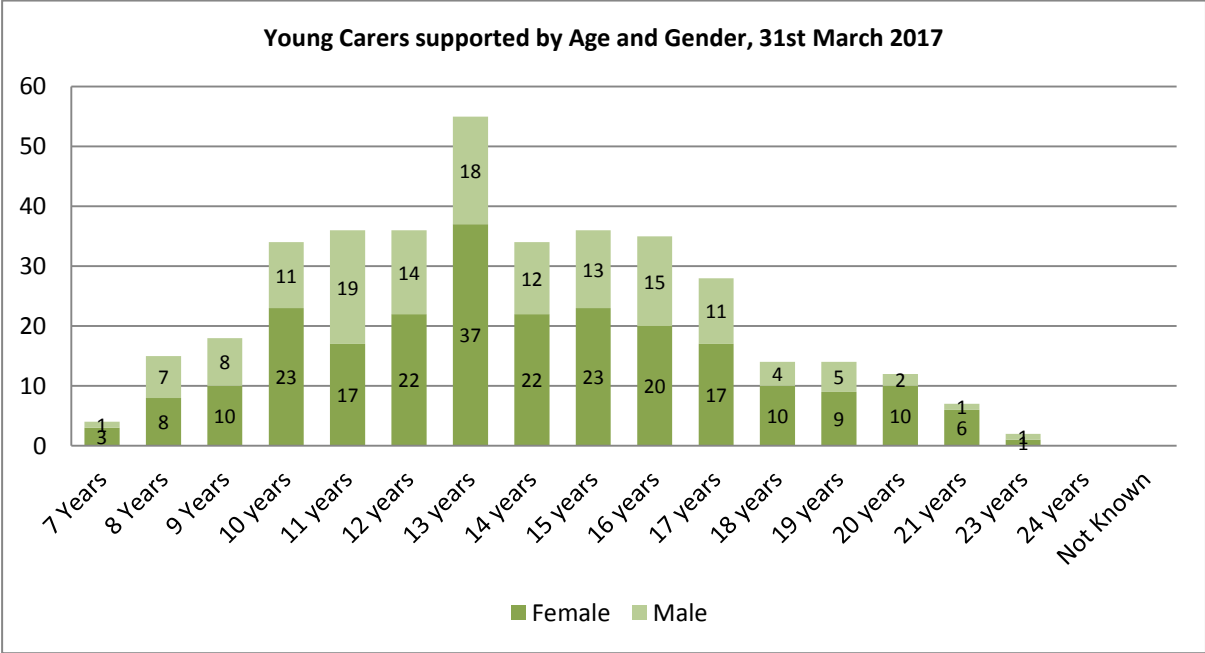
undertaken in the autumn of 2015. This enabled the specification for these services to be reviewed and revised to take into account the evaluation and learning from the successful provision previously made available.

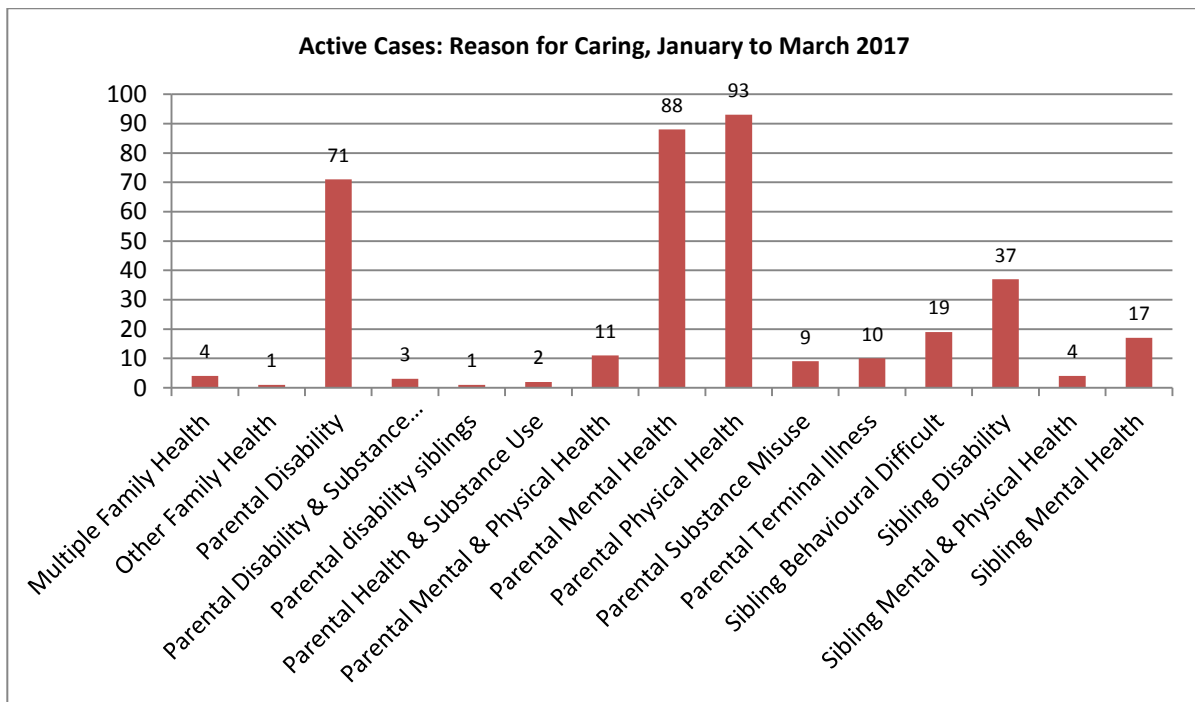
This service is designed to be preventative, to complement other services provided to the family by statutory and voluntary agencies and to offer a point of referral for those identifying young carers in need of support but not needing, or "stepping down" from an intervention by statutory Social Care.

Following an open tendering process, and a very strong bid based on a strong track record, good sector knowledge and experience, well developed relationships with young carers and a progressive development plan, a new contract was awarded to YSS Ltd <http://yss.org.uk/young-carers/> (contact: Neil Phillips: [neil.phillips@yss.org.uk](mailto:neil.phillips@yss.org.uk)). The first year of delivery under this new contract was completed in March 2017.

**Current service delivery: Young and Young Adult Carers**

The number of young carers supported by the commissioned service has increased year on year. In 2016-17, 380 young and young adult carers were being actively supported by the service compared to 280 in the previous year an increase in reach for the service of 35.7%. 62% of these young people were female and 38% male.





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

<b>Young &amp; Young Adult Carers actively supported by District 2016 - 17</b>	
Bromsgrove	38
Malvern Hills	24
Redditch	90
Worcester	93
Wychavon	60
Wyre Forest	75
<b>Total</b>	<b>380</b>

In addition, the opportunity to link young carers with other mainstream positive activities in their communities and support their access to them was identified. Young carers tell us that they often feel isolated and lack the time and confidence to access these opportunities independently.

Consequently, the service provider has successfully introduced local provision in partnership with local organisations in Batchley, Redditch and further developments are in progress in Worcester and the south of the county.

Following on from initial referral (via self-referral, schools, colleges, social workers, Carers Hub, WAC, Parenting & Family Support (formerly Early Help) etc.), each young carer's needs are assessed and the most effective form of support agreed. In its simplest form (level 1a) this can be just be the availability of telephone or online support, but most commonly includes face to face support at home or elsewhere from an assigned key worker and/or

involvement in groups and activity programmes, involvement in which is highly valued by young carers who report that they often miss out on opportunities to socialise and have fun or learn new skills that are taken for granted by other young people of their age. Key workers support young carers and advocate for them in accessing the services that can help them including, Health, Babcock Careers Advice team, Department of Work and Pensions, Housing providers and many more.

### **Awareness Raising**

In addition to the direct support work with young carers the commissioned provider, YSS facilitates and supports young carers to increase awareness of the experiences, needs and barriers that they and their peers are affected by. Young Carers meet regularly with the Children, Families & Communities Directorate Commissioning Manager for Young People and they were directly involved in the review process that informed the revised specification of services for the re-commissioning process. They were also directly involved in the work leading to the revised all age Carers Strategy.

January 26<sup>th</sup> 2017 was National Young Carers Awareness Day, an annual event coordinated by the Carers Trust. The theme for this year's event looked at the dreams and aspirations of young carers and what barriers they face in achieving them. A special forum was organised in the YSS Carden Street Café facility where local experts from the field of education, employment and training came together with a group of 5 young carers at different points of their own education and employment journey. The young carers raised their own questions and shared their real experiences with regard to the obstacles they have faced in trying to achieve their goals. The resulting discussion was very enlightening and some really positive outcomes and possibilities were identified. The event was streamed the event over the YSS Worcestershire Young Carers Facebook page and as a real success with many viewers and online comments received.

Young Carers were also in attendance at the Healthwatch Worcestershire Public Board meeting on 24<sup>th</sup> March, where the focus was on children and young people. They represented their peers during some interesting conversations and posed a few questions to the deputy chair of the Safeguarding board around issues currently facing young carers in Worcestershire.

In May 2017 young carers organised and hosted their third Young Carers conference for decision makers and stakeholders at Worcester Rugby Club. The theme for this was "Professionals and Us" and once more this proved to be a powerful and inspiring event. The young carers had previously worked with Professor Saul Becker, the internationally recognised leader in the field of understanding and supporting young carers and he agreed to contribute in person to this event.

### **Added Value**

The commissioned organisation, YSS Ltd rely on the funding from the local authority to maintain and develop their core services in support of young carers, but a very positive additional outcome of this funding that it has provided the foundation for them to successfully bid for additional resources to add other aspects to their service offer that are not included in the service specification. In total, they have attracted funding equivalent to almost 25% (£23k) of the value of their contract with the County Council (£121k per annum) in the past year. This is enabling them to continue to support a Young Carers Participation focus group that is instrumental in enabling the voice of young carers to be heard and to influence service planning. The group meets regularly with the Commissioning Manager, organises its Young

Carers Conference and acts as a consultative body for decision makers. Other added value projects in development includes the addition of a School Link worker to increase the pace of awareness raising and impact of activity in schools to recognise and support young carers and the appointment of half-time Young Carers Mental Health worker to strengthen the response to the increasing numbers of young people that identify issues with their emotional wellbeing and mental health.

In addition to the above commissioned support services, two other initiatives are in place to increase the awareness and understanding of practitioners from a wide range of services and sectors of the presence and needs of young carers. The free online Young Carer Aware e-learning programme *Young Carer Aware*

[http://e-services.worcestershire.gov.uk/YoungCarerAware/launch\\_nolms.html](http://e-services.worcestershire.gov.uk/YoungCarerAware/launch_nolms.html) which is due for review and renewal in the coming months the *Young Carers in Schools Award* <http://youngcarersinschools.com/> which was successfully piloted in Worcestershire and now has the potential to be expanded to more schools as a result of additional funding for a School Link worker mentioned above.

### **Worcestershire Parent and Carers' Community (WPCC) -**

<https://www.parentcarers.org.uk>

has taken up the three national outcomes from the Carers Strategy 2014-16. This is particularly important for parent carers whose children are under the age of 14 years, as the scope of Worcestershire Integrated Carers Hub contract and the Young Carers contract does not appear to cover them. WPCC has addressed this shortfall by:

#### **Outcome 1 - Enabling parent carers to be respected and valued:**

Achieved by fostering carer awareness; enabling parent carers to have a voice about the services they receive; being recognised as expert partners: signposting to support services where appropriate.

#### **Outcome 2 - Enabling parent carers to have a life of their own alongside their caring role:**

Achieved by bringing parent carers out of isolation, particularly through subsidised whole family short breaks; helping to develop skills for employment through training and information events.

#### **Outcome 3 – Supporting parent carers to stay mentally and physically well and treated with dignity:**

Achieved by mindfulness and other training; peer support coffee mornings; 1:1 support and an annual Carers Week event.

Reaching in excess of 350 parent carers this support is funded by grants outside the statutory sector, and by the fundraising efforts of WPCC parent carers, providing a valued added contribution of approximately £25,000 per year towards achieving these outcomes.

### **Cross Cutting themes**

**Safeguarding** is a cross cutting theme across all carer outcomes. The Council and its partners co-operate in safeguarding the welfare of vulnerable adults and children as set out in the Care Act 2014 and the Children Act 1989. This means that we ensure that carers



know how to raise concerns about the person they are caring for or themselves, and that carers are supported appropriately in the event of any allegations made against them.

The Worcestershire Safeguarding Adults Board (WSAB) includes a both a carer representative and the WAC Chief Executive as Board members. Their role is supported by a Carers Safeguarding Reference Group.

- Safeguarding procedures are in place and are accessible to carers:
  - Carer stories at WSAB
  - Carers Reference Group in place – attended by Safeguarding Manager
  - Carer representation on WSAB

**Co-production** – Carers and partner Carer organisations have contributed to the production of this report. The Carers Hub contract also requires Carers to be involved in the design of services, a requirement the Hub actively engages in, taking this a step further to include a carer representative position on the Hubs quality group.

The Health and Well-Being Board recognises the potential of co-production to realise contribution patients/service users/carers could make in managing health care conditions personally, in reducing the demand on health and social care resources, and in finding innovative solutions to health and care challenges.

### **Wider Partnership working**

Transforming Health and Social Care – implementing Sustainability & Transformation Plans

WAC was included in an application to NHS England to become one of 8 'Building Healthy Partnership' areas in England. The application was successful, and the theme of the work in Worcestershire and Herefordshire will be carers. The purpose of the work is better identification, support and involvement of carers which will help in addressing the poorer health and wellbeing outcomes carers often experience.

Our specific plans are as follows:

'We would be aiming to make a reality of the Commitment to Carers with partners signed up to the MOU - to include carer friendly GP Practices and pharmacies, and the systematic identification of carers in health and social care settings, and greater awareness of carer needs amongst health and care professionals. A co-production approach would ensure that the carer experience is embedded into our New Models of Care, framing the OD approach for our workforce across the STP and beyond with other public and non-public sector bodies including community organisations, the Fire Service, our hospitals and GP practices'

**Personal Health Budgets (PHB)** – WAC is working closely with the CCGs to develop a PHB Brokerage Service and support the roll out of PHBs across Worcestershire. The support planning service was piloted in response to carer feedback.

### **Sharing Good Practice**

Services for Carers Are linked in to good practice from other areas of the county through WACs membership of Carers Trust and Carers UK and Commissioner's attendance at the Association of Directors of Adult Social Services (ADASS) Regional Carers Leads meetings.

**Information and Advice** - working with other commissioned information and advice providers to provide an effective and efficient service across Worcestershire. This has included joint staff training, knowledge sharing.

### **Worcestershire Health and Care Trust**

The engagement undertaken on the Sustainability & Transformation draft plan produced some key themes around the needs of carers as expert care partners. The successful application to the Building Health Partnerships Programme will enable these themes to be further explored, and will bring statutory, voluntary and community organisations together to advance the work over the coming twelve months.

### **Linda Price, Worcestershire Acute Hospitals NHS Trust**

“The Acute Trust has been delighted to work more closely with WAC over the past year and are members of the Countywide Carers Partnership Board. Joint initiatives have been developed which includes Carer Awareness training. Importantly this training enables staff to be able to identify and signpost Carers. All staff have been encouraged to attend, so a broad range of staff have now received the training including receptionists, nursing staff of all grades, therapists and volunteers. We also extend the training to our mandatory programs for newly qualified staff and staff on the Care certificate.

The trust has supported making available space on each site once a month for a WAC information stand and staff presence. This is a valuable resource for staff, visitors and patients alike. The presence was increased through Carers week, and information was made available through a variety of Communication channels across trust to heighten awareness. We are currently planning how we can develop and expand this initiative.

Alongside this, the Carers Rooms in the Trust were re-launched in February 2017 with representatives from WAC and the Council's Commissioning Unit joining trust staff to officially open them after they had been redecorated. Awareness of the trust's commitment to Johns Campaign has been highlighted, with plans for a “Carers Card” to be launched to enable easier access to support for Carers in trust.

As a Trust we are always seeking ways in which we can improve the experience for Carers and patients, and encourage completion of a questionnaire we have to enable this. Carer involvement is vital to inform our Carer training and awareness initiatives and we welcome Carers to work more closely with us with various opportunities available”.

**Directorate of Work & Pensions (DWP)** – Working in partnership with DWP to gather carer cases studies to understand the issues facing carers through consultation and engagement regarding PIP. Working with carers in order to, with carer representatives, produce leaflets for carers regarding the end to DLA and the new claims of PIP to aid and inform in the entire process of the claim. WAC will also be working with the DWP to understand the roll out of Universal Credit when this becomes relevant and to pre-empt and manage any impact to carers.

### **Activity carried into Year 3:**

- NHS England Commitment to Carers to be implemented across the Acute and Health and Care Trusts.
- YLYC development ongoing to build on the online resource for Carers.

- Parent Carers - currently no commissioned provision. Looking to agree a variation to the WICH contract enabling the Hub to offer a service to parent carers to complement the independent provision offered by WPCC.
- New National Carers Strategy – continue to ensure Worcestershire’s Carers have a voice and that the new strategy once in place is implemented in Worcestershire.
- Building on Healthy Partnerships Programme.
- Working for Carers – build on support for employers to identify and support carers in the work place to be implemented from June 2017

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**HEALTH AND WELL-BEING BOARD  
11 JULY 2017****ALL AGE AUTISM STRATEGY FOR WORCESTERSHIRE -  
UPDATE**

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**Board Sponsor**

Sander Kristel, Director of Adult Services

**Author**

Elaine Carolan, Interim Strategic Commissioner, Adult Services & Louise Berry,  
Commissioning Manager

**Priorities**

(Please click below  
then on down arrow)

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	Yes
People with learning disabilities	Yes

**Safeguarding**

Impact on Safeguarding Children	Yes
Impact on Safeguarding Adults	Yes

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

**Item for Decision, Consideration or Information**

Consideration

**Recommendation**

- 1. The Health and Well-being Board is asked to note progress made on the all-age Strategy and the significant progress that has been made on the Autism Self-Assessment (SAF) Update.**

**Background**

2. The All Age Autism Strategy was approved by the Health & Wellbeing Board on 12 May 2015

3. Autism is a lifelong developmental disability that affects how people perceive the world and interact with others. Autistic people see, hear and feel the world differently to other people. If you are autistic, you are autistic for life; autism is not an illness or disease and cannot be 'cured'. Often people feel being autistic is a fundamental aspect of their identity.

4. Autism is a spectrum condition which includes Asperger Syndrome. All autistic people share certain difficulties, but being autistic will affect them in different ways. Some autistic people also have learning disabilities, mental health issues or other conditions which mean people need different levels of support. All people on the autistic spectrum learn and develop. With the right sort of support, all can be helped to achieve positive outcomes.

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

6. Funding of services for people with Asperger's is a responsibility of the CCG and significant work has been done by the Council to ensure best use of the resources available.

7. 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.

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

9. 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;
- ensuring that all staff and agencies working in this sector are aware of Worcestershire's Safeguarding policies and procedures;
- provide strategic direction for education, health and social care organisations; and
- ensure compliance with national guidance.

10. Since returning to the Health & Wellbeing Board in May 2016, when the Board was updated on progress, further development of the Action Plan has taken place which is outlined in Appendix 1.

11. Since that update, the Autism Strategic Partnership Group (ASPG) has launched the Strategy to a wider audience and cemented the whole-age element of the Strategy with a focus on children, young people and transition. The ASPG have launched an employment initiative to ensure appropriate consideration of the new Green Paper on disability employment. This has now been embedded in the Strategy and will culminate in an employment focused event to be held during the spring of 2018.

12. There is a national requirement to submit a Self-Assessment return which monitors progress against set areas of service development and delivery. All partners have made good progress to date and ongoing work will continue to ensure services continue to improve. Appendix (2).

13. People with Autistic Spectrum Conditions are known to be a risk of poor mental health and poorer health outcomes generally, and the Strategy is working to mitigate health and quality of life inequalities.

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

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

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

13 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 of the training programme outlined in the action plan update – (Appendix 1)

## **Privacy Impact Assessment**

14 Not applicable.

## **Equality and Diversity Implications**

15 The Strategy was launched in compliance with the Autism Act 2009. Since the launch there are no further implications or need for screening.

## **Contact Points**

### County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

### Specific Contact Points for this report

Louise Berry, Commissioning Manager

Tel: 01905 845896

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

### **Supporting Information**

- Appendix 1 - Action Plan Update
- Schedule 1: Awareness Raising & Training: Update from Babcock Prime
- Appendix 2 - Autism Self-Assessment Framework Update 2016
- Appendix 3 – Worcestershire's All-Age Autism Strategy 2015-2018 (on-line)



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

Priority	We said we would	We have done	We will do next	Update 2017
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>Review and revise Asperger's pathway as part of recommissioning plans for 2017/18</p> <p>Complete the joint health, social care and health pathway.</p>	<p>Agreement to extend the contract for a further year (2017/18) was granted in February 2017 by the CCG, at the same level of funding as previous years of £100,000.</p> <p>In March 2017, 95 people were waiting for initial screening and demand for 2017/18 was expected to be 81. The approximate waiting times were 5 months for an initial assessment and a further 41 months for full diagnosis.</p> <p>In order to clear the waiting list, an extra £100,000 funding was allocated for 2017/18, with a £50,000 contribution from Public Health and an extra £50,000 from the CCG making up this amount.</p> <p>Discussions were held with the provider and it was agreed that between April and September 2017, no new referrals would be accepted in order to address the backlog:</p> <ul style="list-style-type: none"> <li>• 14 initial appointments to be offered per month</li> <li>• 14 diagnosis appointments to be offered per month</li> <li>• Two slots per month allocated for high risk referrals.</li> </ul> <p>During the second half of 2017/18,</p>

Priority	We said we would	We have done	We will do next	Update 2017
				<p>high risk referrals will continue to be managed.</p> <p>The Commissioner is working closely with the provider to monitor progress.</p> <p>GPs have been made aware of the plans for 2017/18 and all new referrals will be placed on a waiting list which will be considered from October 2017.</p> <p>At current activity rates, (based on referrals received in April and May 2017), we would expect 222 referrals for the year. An initial appointment costs £150, so for 222 people, this totals £33,300. A full diagnosis costs £1,500. Based on the current initial appointment to full diagnosis rate of 50%, this would cost £165,500, totalling £199,800. This figure does not include costings for psychological support, which may be offered for adults who either do not go through a clinical diagnosis or need low level support prior to undergoing clinical diagnosis.</p> <p>If this is the case, the waiting list will mean that people will have to wait for over 11 months to be seen based on current activity levels.</p>

Priority	We said we would	We have done	We will do next	Update 2017
				<p>During 2017/18, the CCG will develop a pathway for those with low level mental health needs, ADHD etc who are not Care Act eligible but need help and advice, as it is recognised that early intervention is important.</p> <p>The Wellbeing Hub commissioned from WHCT by the CCG is universally available to the population and provides support for lower level issues and self-referral into the Worcestershire Healthy Minds Service.</p> <p>There is a review of wellbeing provision across Herefordshire and Worcestershire, as a workstream of the STP, led by Public Health colleagues which commissioners are supporting and will likely lead to a revision of the service specification to include wider wellbeing support.</p> <p>The Hub provides support for those with lower level needs, whether that is a primary need, or secondary to another condition such as a long-term physical health condition or an autistic spectrum disorder.</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</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</p>	<ul style="list-style-type: none"> <li>• Patient experience session held in October 2016, facilitated in partnership with Healthwatch Worcestershire, which resulted in a 'You said,</li> </ul>

Priority	We said we would	We have done	We will do next	Update 2017
		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.	trialed until June 2016.	<p>we did' document and has informed ongoing review and improvements.</p> <ul style="list-style-type: none"> <li>• Funding identified to resource additional time for professionals undertaking assessments in both clinical and education settings, which has reduced waiting times for assessment and diagnosis.</li> <li>• Review of the process in order to ensure an equitable and consistent county wide assessment pathway with regular meetings of professionals to review referrals, plan assessments and agree diagnoses.</li> <li>• New information leaflets developed, with parents consulted on these prior to publication.</li> <li>• Referral to the pathway can be made by a range of professionals and is to be broadened to include SENCOs.</li> </ul> <p>Connecting Families: 15 families asked for help specifically around ASD:</p> <ul style="list-style-type: none"> <li>- 8 of these were around support to access the umbrella pathway or diagnosis</li> <li>- 1 was around getting the right support in school</li> <li>- 4 were around accessing</li> </ul>

Priority	We said we would	We have done	We will do next	Update 2017
				<p>support for ASD</p> <ul style="list-style-type: none"> <li>- 1 was around understanding their own ASD</li> <li>- 1 was around accessing appropriate activities</li> </ul> <p>All of these were young people under 18.</p> <p>There will be a number of other young people whose families have been supported who have ASD but who did not explicitly mention it in their demands when then were asking for help e.g. the might have asked 'Help me to access the right school place for my son' and the reason this is necessary is for ASD support but this wasn't specifically recorded.</p> <p>One issue which was expressed by workers during the year in terms of barriers was the difficulty in knowing what services and support are available for families after diagnosis and accessing these – found this a difficult area to access support, information or groups for families.</p> <p>The Autism Partnership Board will focus on this issue to ensure that signposting to service for parents and carers is clear.</p>
Awareness raising and	We will build on existing training	We have developed a training pack Appendix 2 - Think Autism	This programme will now be rolled out to all partners by September	In terms of training to teachers and others, this is available locally from

Priority	We said we would	We have done	We will do next	Update 2017
training	already available for professionals working with children, young people and adults across all partner organisations	<p>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>	2016 with a Learning Passport being introduced to monitor the take up of training by staff and volunteers across the system.	<p>Babcock Prime, which is an Autism Education Trust (AET) programme partner and as such delivers a range of face to face training programmes for all professionals working in early years, school and post 16 settings to help them meet the needs of children and young people on the autism spectrum. The AET materials are aimed at the educational setting but are adaptable for other audiences. They have also been delivered to social workers, staff in children's homes, parents, kinship and adopters, with very positive feedback received and opportunities are being explored to offer training to others including those working with young people in the criminal justice system. Babcock Prime's Autism/Complex Communication Needs team can also offer tailored support and advice to schools and settings, to help learners with autism or complex communication needs to achieve their full potential.</p> <p>Schedule 1 to this document gives a more in-depth response from Babcock Prime.</p>
Securing successful and seamless transitions	We will continue to develop arrangements for young people transitioning into	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 progress of children and young people on the autistic spectrum into adulthood will continue to be monitored through the current outcomes framework	If a young person has autism alongside another condition, then the thresholds are met and the transition is seamless. There is no formal transition process for young

Priority	We said we would	We have done	We will do next	Update 2017
	adulthood to ensure that nobody is left without support in this crucial time.	<p>the age of 18, the community paediatrician will hand over to an adult specialist consultant or the GP. The sub group is developing a process around the EHCP process and ensuring that transition to adulthood begins when a young person is in year 9 at school.</p> <p>The annual review paperwork will alert schools that from year 9 they need to think about health issues and transition to adulthood, so that health professionals can begin a smooth transition to adulthood early on.</p> <p>Children's Social Care continues to work closely with the Young Adults Team to proactively manage transition to adulthood.</p>	and the implementation of a full data set / metrics which is due to be agreed by 31 <sup>st</sup> October 2016. This will be reported back to the Health and Well Being Board at our next review in 2017.	<p>people who only have autism.</p> <p>Worcestershire Health and Care Trust are working with a pilot group developing transitions workshops. The pilot has involved a cohort of six young people mainly with cerebral palsy and Duchennes.</p> <p>We intend to learn from the principles from the pilot to apply to wider cohorts of children, including those with autism.</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.		
Improving access to education and employment	<p>Ongoing awareness training for schools, colleges and employers.</p> <p>Schools, colleges and</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	The number of young people and adults in education and employment will be monitored through our data gathering as outlined above.	The Training & Employment Sub-Group was launched in January as a response to the Green Paper "Work, health and disability: Improving lives". It has become clear that we need to focus

Priority	We said we would	We have done	We will do next	Update 2017
	<p>employers are represented on the Autism Strategy Partnership Group to help shape support in their respective host organisations.</p>	<p>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 has 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>specifically on employment opportunities for people on the spectrum whilst continuing to co-ordinate with the Having a Job Sub-Group of the Learning Disability Partnership Board when communicating with DWP, Job Centre Plus and other relevant government agencies.</p> <p>It is proposed to hold an employers' event in the spring of 2018 to continue to raise the profile of employment opportunities for people on the spectrum.</p> <p>The Employment Partnerships Officer and the Commissioning Manager with responsibility for autism are working together to ensure that capacity is available to offer work opportunities for service users on the spectrum.</p> <p>The Council is currently submitting a second round bid to the European Social Fund which if successful, will help to address some elements of support to help people with Autistic Spectrum Conditions into employment.</p> <p>The Young Adults Team continues to work with young people with autism and associated learning disabilities. Young people with autism and family carers are</p>



Priority	We said we would	We have done	We will do next	Update 2017
				signposted to appropriate organisation or opportunities when they are not eligible for support from the Young Adults Team.
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.	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.	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.	A Needs Assessment has been completed which identifies how many units of accommodation for people with complex autism we believe is required in Worcestershire. This is approximately 22. (This does not include the development at Upper Ford Lodge in Droitwich).  The changes to Housing Benefits continues to delay housing development plans.
		We also have exact numbers of people who need specialist accommodation in the next 3 – 4 years through working with the Young Adults Team.  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		See comment above re Needs Assessment.  We have developed 4 cluster flat schemes and there are 3 more in development, including a development in Stourport which is specifically for people with autism.  Our Way Advocacy has recently been successful in obtaining funding for a housing matching and advice worker, who is now in post. The post-holder will facilitate and support people to find housemates. This is for people who are both

Priority	We said we would	We have done	We will do next	Update 2017
				eligible and non-eligible for statutory services.
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 may be required.	<p>The Training Sub-Group has widened its remit to include employment and this will be the focus during 2017/18.</p> <p>There are currently:</p> <ul style="list-style-type: none"> <li>• 105 adults with Autism known to WCC (recorded on Frameworki).</li> <li>• 91 cases where the service user has been allocated to a Social Care Team.</li> <li>• 86 people with Autism and social care eligibility and Learning Disabilities (based on Learning Disability SALT primary support reason).</li> <li>• 1 person with Autism and social care eligibility and Mental Health (based on Learning Disability SALT primary support reason).</li> <li>• 16.4 days – average wait between referral and assessment (taken from the date need for assessment was identified and recorded to the start of the assessment – usually a Combined Needs Assessment).</li> </ul> <p>Commissioners are working with Worcestershire Health and Care NHS Trust to record all children on</p>

Priority	We said we would	We have done	We will do next	Update 2017																
				<p>the umbrella pathway through CareNotes.</p> <p>The number of children who are referred to the pathway, diagnosed/not diagnosed is monitored on a monthly basis.</p>																
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 an Autism self- assessment framework is planned in 2016, 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 30<sup>th</sup> 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>	<p>The Autism Partnership Board and associated sub-groups (Asperger's Sub-Group and Training &amp; Employment Sub-Group) meets regularly. Membership is currently being reviewed and new members are being recruited to widen the range of partners.</p> <p>The Self-Assessment Framework was requested in 2016. Appendix 2 shows the progress and improvement over the last 3 years.</p> <p>The workshop held in June 2016 ensured that we were in a stronger position to respond to the formal assessment which was announced in August 2016.</p> <p>There are 23 actions in the SAF. In 2013, 6 questions had a N/A return:</p> <table border="1"> <thead> <tr> <th></th> <th>2013</th> <th>2014</th> <th>2016</th> </tr> </thead> <tbody> <tr> <td>Red</td> <td>7</td> <td>4</td> <td>-</td> </tr> <tr> <td>Amber</td> <td>5</td> <td>14</td> <td>11</td> </tr> <tr> <td>Green</td> <td>5</td> <td>5</td> <td>12</td> </tr> </tbody> </table> <p>The SAF demonstrates the positive</p>		2013	2014	2016	Red	7	4	-	Amber	5	14	11	Green	5	5	12
	2013	2014	2016																	
Red	7	4	-																	
Amber	5	14	11																	
Green	5	5	12																	

Priority	We said we would	We have done	We will do next	Update 2017
				work being undertaken in Worcestershire.
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	<p>An example of a local specialist group supporting people with Autism is Aspie. Aspie provides a safe haven and specialised psychosocial support to adults who feel unfairly disadvantaged and marginalised for being neurologically different.</p> <p>Aspie is open every Wednesday from 1pm to 9pm and on Saturdays between 1pm – 5pm. The growing membership includes adults from Worcestershire. The age range is between 18 and 70 with about 25 to 40 adults attending each Wednesday.</p> <p>Another group which offers support is Rainbow. This organisation provides one-to-one outreach support for those living in the community. The support is tailor-made to meet an individual's needs and is person-centred. Rainbow aims to work in partnership with others and is holistic in its approach.</p> <p>Support can include supporting individuals to improve or maintain well-being (this includes providing counselling and life-coaching sessions) and independence</p>

Priority	We said we would	We have done	We will do next	Update 2017
				<p>(including offering a benefit service and enabling individuals to maintain a tenancy, access the community and build skills to promote future positive outcomes) but can also help them make a move or maintain employment, education or other meaningful activities.</p> <p>Rainbow also provides group sessions to enable peer support, stimulate special interests and improve social skills and provides autism diagnostic assessments, advocacy and social care assessments.</p> <p>People on the spectrum were invited to attend a workshop in January 2017 to assist with redesign of YLYC to ensure that it is as user-friendly as possible for people on the autism spectrum. Following the workshop, as part of YLYC redesign, specialist pages have been set up to ensure that the feedback from people on the spectrum influenced the way site will be navigated so that it is accessible to people on the spectrum.</p>

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## Schedule 1:

### Strategy Promise: We said we would

Work with partners to ensure that we gather data about children, young people and adults, which is accurate and available.

### Children's Services Response:

Worcestershire Local Authority, commission autism support and advice from Babcock Prime Autism/CCN Team.

**The Autism & Complex Communication Needs (CCN) Team** is a Specialist Teaching Service which provides an educational service working with, and in schools and settings, to support C&YP on the autism spectrum. The Team also work with C&YP who have complex social communication needs that present as similar to autism. As a peripatetic, advisory SEND service, the Team consists of specialist autism teachers and teaching assistants (Autism support practitioners), all of whom have additional specialist autism qualifications (or are committed to completing), skills, knowledge and experience.

The Autism Team, **working in partnership** with settings and families, aims to deliver high quality training, intervention, advice and support with the aim of maximising the progress of C&YP with autism, from pre-school, through the school years and in to adulthood in F/HE.

A major part of the Team's role is to assess the need of the C&YP with Autism/CCN in their educational setting and this will determine the level and type of support given - **this information is shared with SEN Services to allow appropriate provision and resources to be deployed.** When a pupil is not attending their designated setting, that assessment may take place at home.

In April 2016, the Autism/CCN Team moved from being a LA, centrally funded support service to being part of Babcock Education – where there is a balance between being commissioned by the LA to deliver particular services and to developing a delivery of services through a traded route. The transition between April and to date has been challenging, however benefits to staff, schools, pupils and parents are becoming apparent – including a positive work environment with appropriate work/life balance, more ‘hands-on’ direct intervention with pupils than previously possible, leading to significant changes in some pupil's engagement with learning, direct work with parents with feedback indicating the positive difference it has made.

**The LA Core Commissioned contract** for the Autism/CCN Team consists of two aspects of work – direct work at request of SEN Services and consultancy, support and advice to settings for C&YP who meet an Eligibility Criteria of diagnosis of autism spectrum and have a Statement of SEN/EHCP, aged between EYs and Year 11 and who are Worcestershire residents:

### Activities for SEN Services:

- Specialist autism assessment and advice for C&YP who are aged from EYs to end of Year 11 for:
  - EHCP
  - Statement of SEN conversion/transfer to EHCP
  - Appropriateness of educational provision – current or future
  - Mediation
  - PSF – Review and feedback to PSF
  - PSF – Strengths & Needs profile
  - Out of Authority pupils transferring to Worcestershire
  - Creative solutions to crisis/complex cases
  - Active involvement in the ‘in-year’ and Phase Transfer allocation meeting for Mainstream Autism Bases
  - Active involvement in the Pre-School Forum – 3 per month (NE, NW & S)

In addition to the Core Commissioned offer, the LA has requested the following additional services:

- Specialist autism assessment and advice for:
  - Tribunals
  - EHCP assessments for Post 16 students
  - Statement of SEN conversion/transfer to EHCP for Post 16 students
  - Appropriateness of educational provision – current or future for Post 16 students
  - Identification of need for Post 16 students
  - The Neuro-developmental diagnostic Pathway for Autism (Umbrella)

For C&YP who do not fit in to the criteria for LA commissioned work, schools and settings can access the support of the Autism/CCN Team through Babcock Education.

As part of that traded offer, the Autism/CCN Team are an Associate member of the West Midlands Regional Hub for the AET (Autism Education Trust) and licensed trainers of the AET Tier 1, Tier 2 and Tier 3 training for the School Age, Early Years and Post 16 programmes. The Team also assist settings in implementing the AET National Autism Standards and Competencies Framework **as part of their work in building the capacity of settings to meet the needs of pupils on the spectrum, in conjunction with the Local Offer and what is Ordinarily Available with schools.**

In order for the LA to allocate autism resources appropriately:



- The Team complete all assessments for appropriateness of MAB (Mainstream Autism Base) for SEN Services – informal feedback from SEN Services indicate satisfaction of quality of assessment information and judgements
- The Team Manager is involved with the phase transfer placement meeting for MABs, with the LA Lead for Autism Bases (Ian McCrudden) planning meeting – informal feedback from SEN Services indicate satisfaction at input to the successful placement allocations of all pupils requiring specialist placement

The Autism Team gather data on pupils with a diagnosis of autism but also of those with Complex Communication Needs so that early intervention can be secured:

**CURRENT CASELOAD:**

	EY	YR R	KS1	KS2	KS3	KS4	KS5	YR 14+	TOTAL	INFORMATION
	47	64	204	564	456	262	157	29	<b>1,725</b>	Autism –942 & CCN – 848 Male – 1401 & Female - 389

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**IDENTIFICATION & ASSESSMENT FOR THE LA/SEN SERVICES:**

**UMBRELLA DIAGNOSTIC PATHWAY:**

- Early identification of need is achieved through the LA & NHS investment in to commissioning the services of the Autism/CCN Team in the Umbrella Diagnostic Pathway

**Outcomes Since April 2016**, of the 113 referrals, the Team have provided a quality service in a timely fashion and feedback from our Umbrella colleagues is that our observations and assessments in the school or home setting are valued and they would like it to continue.

**PRE-SCHOOL FORUM:**

- SEN Services have requested 45 assessments for PSF, identifying the young person’s strengths, needs and the provision /support required for entry to school. 100% of these assessments were completed in the LA’s stated timeframe. Direct feedback from professionals and parents indicated that the report captured the child’s needs accurately.

The Autism/CCN Team actively support the transition planning and remain involved with the child until the end of the first half term.

**STATUTORY ASSESSMENTS FOR SEN SERVICES – EHCP, STATEMENT CONVERSIONS, IDENTIFICATION & APPOPRIATNESS OF PROVISION:**

- SEN Services have requested 184 assessments for a range of purposes – EHCP, Statement Conversion, Identification & Appropriateness of Provision.
- Of the 184, 113 were for EHCP assessments.
- Majority of feedback from parents and professionals indicated that the assessment had captured their pupil's/son/daughter's needs.
- Direct feedback from SEN Services indicated they valued the quality of the reports and the accuracy and precision of the target learning outcomes.
- Pupil views are obtained in all assessments and information gained is used to inform recommendations, except for occasions when it would cause distress to the young person – 100% complete
- Parent views are obtained in majority of assessments and information gained is used to inform recommendations

#### **TIMELY RESPONSE TO REFERRALS AND REQUESTS FOR FURTHER INTERVENTION WITH SCHOOLS:**

To ensure pupils needs are identified in a timely fashion, as early as possible and hence receive intervention as early as possible, targets are set.

#### **BUILDING CAPACITY WITHIN SETTINGS & SCHOOLS TO MEET THE NEEDS OF PUPILS ON THE AUTISM SPECTRUM:**

##### **AET AUTISM TRAINING:**

- Over 4000 members of the school workforce have received Autism Education Trust (AET) – Tier 1, 2, 3 and Advanced Modules.
- 99% of the delegates indicated:
  - learning will positively impact on their work with the pupils
  - they are more able to promote understanding of autism
  - It had significantly increased their knowledge of autism
  - Their knowledge had increased significantly pre and post training.
- 99% deemed the training was of high quality.

## Appendix 2 – Autism Self-Assessment Framework Update 2016

Section of SAF	2013 SAF	2014 SAF	2016 SAF
<b>Planning</b>			
Is Autism included in the local JSNA?	RED	AMBER	AMBER
Data collection of people accessing social care/health with a diagnosis of autism?	AMBER	AMBER	GREEN
What data collection sources do you use?	AMBER	AMBER	AMBER / GREEN
Is your local CCG(s) engaged in planning and implementation of the strategy?	RED	AMBER	GREEN
Partnership engaged with people on spectrum and carer's in planning?	GREEN	GREEN	GREEN
Reasonable adjustments been made to general council services for people with autism?	RED	RED	AMBER
Reasonable adjustments been promoted to public services?	RED	RED	AMBER
Do transitions processes from children's to adult's services take into account the particular needs of young people with autism?	N/A	AMBER	AMBER
How does your planning take into account the particular needs of older people with autism?	RED	AMBER	AMBER
<b>Training</b>			
Is autism awareness training available to all staff working in health and social care?	RED	AMBER	GREEN
Is Specific training given to staff that carry out statutory	RED	AMBER	GREEN

assessments on reasonable adjustments?			
Diagnosis			
Can people diagnosed with autism access post diagnostic specific or reasonably adjusted psychology assessments?	N/A	GREEN	GREEN
Speech and Language therapy?	N/A	AMBER	AMBER
Occupational Therapy Assessments?	N/A	AMBER	AMBER
Care and Support			
Are all advocated given specific training in autism?	GREEN	GREEN	GREEN
Do adults with autism who could not otherwise participate given access to an advocate?	GREEN	GREEN	GREEN
How would you assess the level of information about local support across the area being accessible to people with autism?	AMBER	AMBER	AMBER
Where appropriate are carer's of people assessed as having autism and eligible for social care support offered assessments?	N/A	AMBER	GREEN
Accommodation			
Does the local housing strategy specifically identify Autism?	AMBER	AMBER	AMBER
Employment			
How have you promoted employment of people on the autistic spectrum?	AMBER	RED	GREEN
Do autism transition processes to adult services have an employment focus?	GREEN	AMBER	GREEN

Criminal Justice System			
Are the CJS (police, probation and court services) engaged as key partners?	GREEN	RED	AMBER
Is access to an appropriate adult service available for people on the Autistic Spectrum?	N/A	GREEN	GREEN

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Ref: MM/RB/5618

20 June 2017

Dear colleague

**Care Quality Commission reports following inspection of Worcestershire Acute Hospitals NHS Trust in November and December 2016**

I am writing to let you know that the Care Quality Commission is today publishing its reports following its inspection of our hospitals in November and December 2016. The overall rating for the Trust is ‘inadequate’ and the CQC is recommending that we remain in ‘special measures’ until further review. The Trust has been in ‘special measures’ since November 2015.

We are disappointed with the CQC’s findings, but we fully accept them and are determined to put things right. We are sorry we have let down our patients, their families and carers by not meeting the quality standards they rightly expect. We want all our patients to get the best care possible and regret that this isn’t always happening.

One of the problems identified by the CQC was leadership; for many years the Trust’s senior posts were filled on an interim basis. We now have a new and permanent leadership team in place, and have made a new start in building on and strengthening the Trust’s improvement programme. We are committed to making the changes needed happen as quickly as possible so we can consistently deliver high quality standards for patients across all our services. For example, we have:

- Updated our plans for dealing with significant peaks in the number of patients we see, particularly so patients have a better experience at busier times
- Updated our policy and the way we ensure male and female patients are treated in separate areas when clinically appropriate to do so, making sure we focus on their privacy and dignity
- Improved our systems and processes to make sure medicines are stored correctly and all staff receive full training around administering medicines safely
- Ensured we learn from mistakes when they do occur; with robust systems in place for reporting incidents, and improved induction and training for staff – as per best practice in other hospitals
- Ensured staff have received appropriate levels of training to care for the specific needs of children
- Ensured patients with fractured hips quickly receive the appropriate surgical treatment for their condition in our theatres which improves their experience and their outcomes from surgery
- Introduced a system for senior nurses when they lead audits and reviews on professional standards, to make sure these are consistent across the Trust
- Launched a Trust wide dementia strategy to support staff to better care for the needs of patients with dementia



*Taking PRIDE in our health care service*

- Ensured patients with urgent gynecological problems are fast tracked so they are seen quickly and offered the appropriate treatment as soon as possible for their condition
- Implemented new processes to our electronic systems, working with the Regional Safeguarding Board to ensure appropriate levels of safeguarding is in place for children in our care.

I am pleased that the reports acknowledge that we are a caring organisation, rating care across our hospitals as 'good', and our end of life care as 'good'. The inspectors said that services were provided by dedicated, caring staff, and that patients were treated with kindness, dignity and respect and were provided with the appropriate emotional support.

Patients should continue to attend our hospitals for appointments, operations and treatment as planned. We have written separately to patients to explain the situation and allay any concerns they might have. It is aspects of our systems, processes and culture that we must rapidly address. Our staff continue to deliver compassionate care to the thousands of patients who use our services every day. Anything you can do to reinforce the message among your networks that patients should continue to come to our hospitals would be helpful.

We know we can't make all the necessary improvements alone as our hospitals and services are part of a wider health system. So we will continue working together with our partners in the NHS and social care to find new ways to develop safe, high quality, and affordable health and care services for local people.

We still have some way to go before we are delivering the quality that you and our patients expect. We are determined to move forward with pace and focus so we can consistently deliver high quality standards for patients across all our services.

Thank you for your ongoing interest in our organisation and our services. Please do make contact if you would like to discuss further. I will continue to keep you updated on our progress over the coming weeks and months. In the meantime, you can link to the reports and see further information on our website [www.worcsacute.nhs.uk](http://www.worcsacute.nhs.uk).

Yours faithfully

Michelle McKay  
Chief Executive





**HEALTH AND WELL-BEING BOARD  
11 JULY 2017****BETTER CARE FUND**

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**Board Sponsor**

Sander Kristel, Director of Adult Services

**Author**

Richard Keble, Assistant Director, Adult Services

Chris Bird, Principal Accountant, Adult Services

(Please click below  
then on down arrow)

**Priorities**

Good Mental Health and Well-being throughout life

Yes

Being Active at every age

Yes

Reducing harm from Alcohol at all ages

No

Other (specify below)

**Item for Information and Assurance****Recommendation****1. The Health and Well-being Board is asked to:**

- a) **Note the financial outturn to the BCF for 2016/17;**
- b) **Note the outcome of the evaluation of existing schemes and agree the changes to current schemes as set out in paragraph 5 and appendix A (available on-line),**
- c) **agree in principle the BCF programme for 2017/18 and 2018/19 as outlined in Appendix B (available on-line), and to delegate to the Director of Adult Services in consultation with the Chief Officers of the Clinical Commissioning Groups the authority to make the relevant submission to the Department of Health,**
- d) **Note the proposal to discuss further with the District Councils the opportunity to retain on a County-wide basis the additional Disabled Facilities Grant for 2017/18 [paragraph 12]**
- e) **Note the outline agreement between the CCGs and the Council for the deployment of the Department for Communities and Local Government grant.**

## Background

2. The Better Care Fund (BCF) was announced in June 2013 with the overarching aim of facilitating integration of health and social care through creation of a single pooled budget. The BCF complements the direction set in the Next Steps on the NHS Five Year Forward View, the development of Sustainability and Transformation Partnerships (STPs), the requirements of the Care Act (2014) and wider local government transformation in the area covered by the plan.

3. The BCF budget for 2016/17 totalled £33.906m from the CCGs, and £4.236m from Worcestershire County Council [Disabled Facilities Grant] - and was included in the Worcestershire Section 75 agreement.

4. The Worcestershire 2016/17 BCF plan grouped schemes under three main headings - Admission Prevention, Facilitated Discharge, and Independent Living. The plan was agreed by the Board in February 2016, and approved by NHS England without condition or support.

## Outturn for 2016/17

5. The final outturn of the 2016/17 Better Care Fund was a **£178k underspend**. Major variances included:

- a. An underspend of £126k on the Urgent Promoting Independence service
- b. An underspend of £87k on the Enhanced Interim Packages of Care budget. The demand for this service has greatly reduced due to the introduction of discharge Pathway 1
- c. An underspend in Urgent and Unplanned placements of £379k. The number of placements has reduced due to the alternative use of Community Hospital Beds
- d. An overspend in Plaster of Paris placements and Pathway 3 placements of £414k. The number of placements increased in 2016/17

## Evaluation of Schemes

6. A summary of the evaluation of schemes is set out in Appendix A (available on-line). The evaluation demonstrates that the schemes have largely achieved the BCF objectives of Admission Prevention, Facilitated Discharge, and Independent Living in the context of each scheme's objectives. However, it is acknowledged that in the context of overall BCF performance, Worcestershire still has progress to make:

Metric		Q4 Return
Reduction in Non-elective admissions	On track for improved performance, but not to meet full target	Q4 16/17 plan - 12,652. Actual Q4 16/17 - 12,899. This is a slight increase against plan (247) caused by winter pressures but reduction by 3.77% than compared with Q4 in 15/16. There are a number of work streams in place focussing on paediatric non-elective admissions and the over 75 category (specifically around frailty, falls, COPD, pneumonia, stroke, neurology). CCGs are also supporting the development of Ambulatory Emergency Care clinics at the local acute trust hospital sites.

Delayed Transfers of Care (Delayed Days) from hospital per 100,000 population 18+)	On track for improved performance, but not to meet full target	The Q4 rate in 16/17 is 1,859.7 , this is a decrease on the Q3 rate of 1,886.5. However it is an increase on the Q4 rate in 15/16 of 1,320.3.  The increase in Delayed days is due to WHCT now having more areas to report.
Emergency Admissions for Falls >75	On track to meet target	Current performance for Q4 2016/17 is 32.60. This is a reduction and therefore an improvement on the Q3 rate of 37.31.  It is also an improvement on the Q4 rate in 15/16 of 39.18.
Rate of Permanent Admissions to Residential Care	No improvement in performance	Data for this indicator comes from the national ASCOF indicator 2A (2). The methodology for this metric "captures data on sequels to events in the customer journey, even if the eventual funding arrangements are not yet confirmed". So for example, if funding for the placement will be made using a 12-week disregard arrangement this is included. Performance to Q4 2016-17 is 643.19 (822 planned admissions/127800 older people) - this is above target (where good performance is low). The aim is that people remain as independent as possible for as long as possible and that alternatives are always considered prior to placements being made. In circumstances where a person is no longer eligible for CHC funding or can no longer fund their own care these are picked up as compulsory admissions – numbers are rising and make up 40% of actual admissions.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	No improvement in performance	The year end result for this measure is based on a three month sample of older people, who were discharged from hospital into reablement / rehabilitation services during Oct-Dec 2016, followed up to see if they were still at home 91 days later (Jan-Mar 17). The result for this cohort is 78.3% and is below the target of 86.1%. Increasing complexity of the needs of people going into these services has impacted on results.

7. In light of the need to improve performance, the following schemes have been identified as requiring change or reduction as follows:

Scheme	Proposed Changes
Howbury and the Grange Resource Centre	Remove Howbury budget for 2017/18 completely and reduce the Grange by 50% for 2017/18 and completely for 2018/19, to create investment in community-based reablement services

Howbury Replacement Services	Create investment in community-based reablement services
Urgent Promoting Independence	Increasing investment to recruit one nurse to work with team
Discharge Pathway 1 – Home Care	Increasing investment to improve co-ordination of discharge pathway and to consolidate and secure funding
Rapid Response Social Work Team	Increasing investment to expand capacity of team to increase admission avoidance
Enhanced Interim Packages of Care	Reducing investment to reflect fall in demand due to effectiveness of Pathway 1
Health Support for Step Down	Budget removed as activity now covered by the new CHC arrangements introduced by CCGs in 2016/17
Urgent Unplanned Placements	Reducing investment to reflect fall in demand due to use of Community Hospitals to avoid acute admissions
Social Care Access Centre	Returning to working hours pattern with rest of non-acute system
CA14 - Additional Demand for Home Care	Increasing investment to reflect demographic pressures and rising costs
Patient Flow Centre	Funding transferred to BCF from other sources to consolidate and secure funding
Integrated Community Equipment Services	Increasing investment to reflect demographic pressures
NHS Commissioned Out-of-Hospital Services	Increasing investment over the 2 years to contribute towards inflationary pressures

### **BCF for 2017/18 and 2018/19**

8. The final version of the policy framework and guidance has yet to be published therefore it has not been possible to draft a submission for consideration by the HWB. The draft version however indicates that the plan will be for two years to introduce stability in the health and social care planning system and is consistent with the core NHS Operational Planning and Contracting Guidance for 2017-19.

9. Key changes to the policy framework since 2016-17 include:

- A requirement for plans to be developed for the two-year period 2017-2019, rather than a single year; and
- The number of national conditions which local areas will need to meet through the planning process in order to access the funding has been reduced from eight to four

10. The four national conditions require:

- i. That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the HWB, and by the constituent LAs and CCGs;

- ii. A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;
- iii. That a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement;
- iv. All areas to implement the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care.

11. The proposed use of the BCF will meet these conditions, although this is subject to approval of the final submission. The final submission will be reported to the HWB at the earliest available date.

12. The exact Better Care Fund amount for Worcestershire in 2017/18 has not yet been confirmed. For planning purposes, a revenue allocation of £34.513m has been assumed. This is the 2016/17 allocation plus 1.79% inflation. The Disabled Facilities Grant amount has been confirmed as £4.635m for 2017/18. Therefore the total amount of BCF for 2017/18 is currently estimated at £39.148m. Appendix B (on-line) sets out how the proposed expenditure on the BCF schemes for 2017/18 and 2018/19 taking into account the evaluation of current schemes.

### **Disabled Facilities Grant**

13. The BCF draft guidance requires the DFG to be passported to Districts, unless an agreement is reached to make alternative arrangements. Discussions are currently taking place to see if there is scope for the additional monies for DFG [£399,000] to be deployed at a County level to meet the increasing demand for minor adaptations and equipment, which would support more effective use of the DFG at a local level.

### **IBCF (Improved Better Care Fund) 2017-2020**

14. The budgets in Appendix B (on-line) do not include the Improved Better Care Fund. The IBCF was first announced by central government in the 2015 Spending Review, and was increased in the 2017 Budget. The grant is paid to Councils by the Department for Communities and Local Government. It is additional funding for Social Care and must not replace or be offset by reductions in CCG contributions to the BCF.

15. According to the grant conditions, the IBCF can be spent on three purposes:
- a. Meeting Adult Social Care Needs
  - b. Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
  - c. Ensuring that the local social care provider market is supported

16. There is no requirement to spend across all three purposes, or to spend a set proportion on each. Worcestershire's allocation is £10.1m for 2017/18, £6.7m for 2018/19 and £3.4m for 2019/20. The grant is not recurrent.

17. The spending plan for the IBCF does not require HWB sign-off, however this will be reported (for information only) alongside the BCF plan when this is brought to HWB.

County Council Contact Points

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**HEALTH AND WELL-BEING BOARD  
11 JULY 2017****UPDATE FROM THE HEALTH PROTECTION GROUP**

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**Board Sponsor**

Cllr John Smith, Cabinet Member with Responsibility for Health and Well-being

**Author**

Dr Frances Howie, Director of Public Health

(Please click below  
then on down arrow)

**Priorities**

Older people & long term conditions	Yes
Mental health & well-being	No
Being Active	No
Alcohol	No
Other (specify below)	Health Protection

**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 work of the Health Protection Group during 2016/17;
  - b) Ask that a report be made annually to it for assurance, and by exception for escalation of any key issues; and
  - c) Support a review of membership and business of the health protection group; and
  - d) That board members prioritise working together to resolve issues highlighted; and that the board
  - e) Supports the specific priority and partnership work of the HPG in increasing flu immunisation uptake, particularly in pregnant women and at risk groups under the age of 65 in the first instance; and

- f) Supports the prioritisation of partnership work in the sub group to achieve assurance of the capacity and quality of TB services in the county.**

## **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." This group meets twice a year (May and November). With the potential for group members to escalate issues to the chair in the interim period as issues arise.
3. Health protection is the domain of public health which seeks to prevent or reduce the harm caused by communicable diseases and to minimize the health impact from environmental hazards such as chemicals and radiation and adverse weather events.
4. This broad definition includes the following functions within its scope, together with the timely provision of information and advice, ongoing surveillance and alerts and tracking of existing and emerging threats to health:
- a) National programmes for vaccination and immunisation
  - b) National programmes for screening, including those for antenatal and newborn; cancer (bowel, breast and cervical); diabetic eye screening and abdominal aortic aneurism screening
  - c) Management of environmental hazards including those relating to air pollution and food.
  - d) Health emergency preparedness and response, including management of incidents relating to communicable disease (e.g. TB, pandemic flu) and chemical, biological, radiological and nuclear hazards.
  - e) Infection prevention and control in health and social care community settings
  - f) Other measures for the prevention, treatment and control of the management of communicable disease as appropriate and in response to specific incidents.

## **System Responsibilities for Health Protection**

5. The secretary of state for Health has the overarching duty to protect the health of the population.
6. From 1 April 2013, the NHS reforms arising from the Health and Social Care Act 2012, transferred health protection responsibilities to the following organisations:
- a) Public Health England (PHE) brings together a wide range of public health functions and is responsible for delivering the specialist health protection response to incidents and outbreaks
  - b) NHS England (NHSE) is responsible for the commissioning and implementation of national screening and immunisation programmes across Worcestershire.
  - c) NHS England is responsible for the co-ordination and support of the Local Health Resilience Partnership (LHRP), which along with preparedness, co-ordinates any NHS multi-agency response to an emergency. The LHRP



covers the wider footprint of Herefordshire and Worcestershire. With the chair rotated between the two Local Authorities (LA) Directors of Public Health (DPH).

- d) The counties Clinical Commissioning Groups (CCGs) (Wyre Forest, Redditch and Bromsgrove and South Worcestershire) are responsible for commissioning treatment services when this is required as part of a strategy to control communicable disease.

7. The council has a statutory duty under the Health and Social Care Act 2012 and associated regulations, to provide information and advice to relevant organisations and the public with an oversight function to ensure that all parties discharge their roles effectively for the protection of the local population. This duty is discharged through the Director of Public Health.

### **Main/key issues to be considered**

8. Performance against health protection outcomes, including immunisation and screening, is reported through the Public Health Outcomes Framework (PHOF). This is a national set of indicators, set by the Department of Health and used by LAs, NHS and Public Health England to measure public health outcomes. It is regularly updated and is available at [www.phoutcomes.info](http://www.phoutcomes.info).

9. The Health Protection Group meets biannually and members who deliver functions (which are highlighted in section 6 above) prepare detailed reports on these functions that consist of PHOF indicators and further contextual and oftentimes confidential information. This information is scrutinised by the members of the HPG. Two examples of where this contextual information is particularly useful are;

- a) To be able to monitor early in the flu season how flu immunisation uptake is progressing and what was done as a result of the information.
- b) Monitoring infections in an outbreak situation to inform multiagency current and future response.
- c) Highlights of national and local issues in screening and immunisation programmes which enable identification of emergent issues and appropriate responses.

10. Broadly performance in Worcestershire has been noted by the HPG as good, however, there a few areas that are highlighted in this report which could be focused on to improve performance.

### **Areas where Worcestershire has good outcomes**

11. Immunisation uptakes in general are either similar to or better than the England average in Worcestershire. Public Health England (PHE) makes available to both the Clinical Commissioning Groups (CCGs) and the Local Authority (LA) practice level immunisation uptake data. This is a robust and real time resource that has recently been integrated into Improving Quality Supporting Practices (IQSP) visits by the CCGs to highlight and improve immunisation uptakes at practice level. It is planned by PHE that the same level of data will be made available within the year for all screening programmes which are highlighted in 4(a) above.

12. Health care worker uptake of seasonal influenza immunisation has increased significantly within the past year. This is thought to due to in part to the availability of

a flu immunisation Commissioning for Quality and Innovation (CQUIN). It was noted by the HPG that in social care there is a lack of information available to inform the group on uptake flu immunisation of care staff.

13. Investigations of community E.coli infections in Worcestershire have been highlighted as regional best practice.

14. Robust emergency planning and preparedness arrangements based on the Civil Contingency Act (CCA) with a joint multiagency exercise planned for later this year in Herefordshire and Worcestershire on response to an animal health related incident. This is particularly important across both areas due to the rural nature of both counties.

15. There are currently ten Air Quality Management Areas (AQMAs) in place across the county that are managed by Worcestershire Regulatory services (WRS). Poor air quality is intermittent and linked to congested streets at peak traffic times. This is not seen as a major threat currently and District priority actions for each AQMA are in place, reporting to a steering group which the HPG receives updates from.

#### **Areas where there is scope for improvement with further work**

16. Flu immunisation uptake in those under 65 in a risk group continues to be low. Although the HPG has noted that they are similar to the England average and there is evidence of improvement from last year's figures. This still means that half or less of those who would be eligible, receive an immunisation. PHE have been working with the CCGs to be able to utilise this data in their practice quality visits to target the improving uptake.

17. Flu immunisation uptake in pregnant women also continues to be low, with two of the CCGs being around the England Average (South Worcestershire, Wyre Forest) and one below the England average (Redditch and Bromsgrove). The Health Protection Group noted as disappointing that a potential to implement immunisation through midwifery services was not taken up in Worcestershire. The evidence shows where such programmes have been implemented uptakes have been increased and which prevents the potential complications of flu.

18. Shingles immunisation uptake has dipped although this is still at the England average where previously Worcestershire was better than the England average. This programme was introduced in 2013 for over 70s. This is important as shingles can have severe impacts on the older population and this promotes further resilience to infection within this population. Unlike the flu immunisation it is required once only and not annually. As an action from the HPG these figures have been highlighted to the CCGs in the recent quarterly CCG report.

19. The Breast cancer screening programme continues to be of concern and equipment for taking biopsies available in Worcestershire is not in line with current guidance. This means that Worcestershire is now an outlier in having the recommended equipment (VAC-B). This is currently being prioritised by PHE.

20. The HPG noted potential exacerbation of cervical screening inequalities in access to services thought to be due in part to new commissioning responsibilities for sexual health services. In response to highlighted issues PHE are now in a process

of re-commissioning cervical screening from Genito-Urinary Medicine (GUM) services.

21. The West Midlands Tuberculosis (TB) control board and the West Midlands PHE Director have highlighted that Worcestershire and neighbouring Herefordshire are outliers in the West Midlands in not having a TB clinical network. Worcestershire and Herefordshire are low incidence areas and there has not been clinical interest or capacity in developing a TB network. Both Directors of Public Health in Worcestershire and Herefordshire have agreed that this wider footprint for a clinical network would be pragmatic as a border is shared and similar issues exist as regards to low incidence but maintaining efficient, effective and responsive services and that this should be progressed locally.

22. Weaknesses in capacity to respond to TB have been highlighted by a number of TB incidents in Worcestershire this year with issues of capacity of services to provide surge. Although arrangements were quickly made with neighbouring areas to provide surge capacity to deal with these incidents, the HPG have highlighted this as a risk. Whilst Worcestershire is a low incidence area it shares borders with higher incidence areas and services need to be able to respond to incidents as they emerge.

23. The HPG noted that there was need in Worcestershire to focus on reducing inappropriate attendances and admissions to hospital related to Urinary Tract Infections (UTI). This has included systems prevention work on management of catheters that the CCG had highlighted as important to potentially assist these reductions. This is being supported by shared working between the LA and the CCGs to enable the implementation of initiatives to ensure good urinary catheter management in the community.

24. The HPG noted the hard work of the CCG's in countywide infection control in particular work to support awareness raising of the importance of antibiotic prescribing in antimicrobial resistance. However, the group also noted the need for medical leadership particularly in investigation of incidents of infection to influence a systems wide approach to ensure a culture of driving down infection.

25. The HPG has noted in general the post 2013 Public Health changes which has meant fragmentation of systems, with responsibilities spread across organisations. It has also been noted that many of the HPG members' organisations have been through restructures recently. As a result of this and to ensure effective and efficient partnership, the HPG is keen to review current membership, terms of reference and structures of the HPG to ensure that partnership working across organisations can be prioritised and enabled.

## **Contact Points**

### County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

### Specific Contact Points for this report

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### **Supporting Information**

- Appendix - Terms of reference of HPG
- Appendix - Screening and immunisation uptake figures for Worcestershire

## 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"><li>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.</li><li>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.</li><li>3. To ensure that robust arrangements for leading and co-ordinating the response to specific incidents and emergencies are in place.</li><li>4. To ensure that adequate procedures are in place to manage and prevent health protection incidents from occurring.</li><li>5. To review the response to serious incidents and emergencies and make recommendations to inform improvements to planning and response to future events.</li><li>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.</li><li>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.</li><li>8. To review immunization coverage, overall and in specific groups, and to oversee the development and implementation of plans for improvement where necessary.</li><li>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.</li><li>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.</li></ol>
Accountability	The Group is accountable to the Health and Well-being Board.

Membership

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

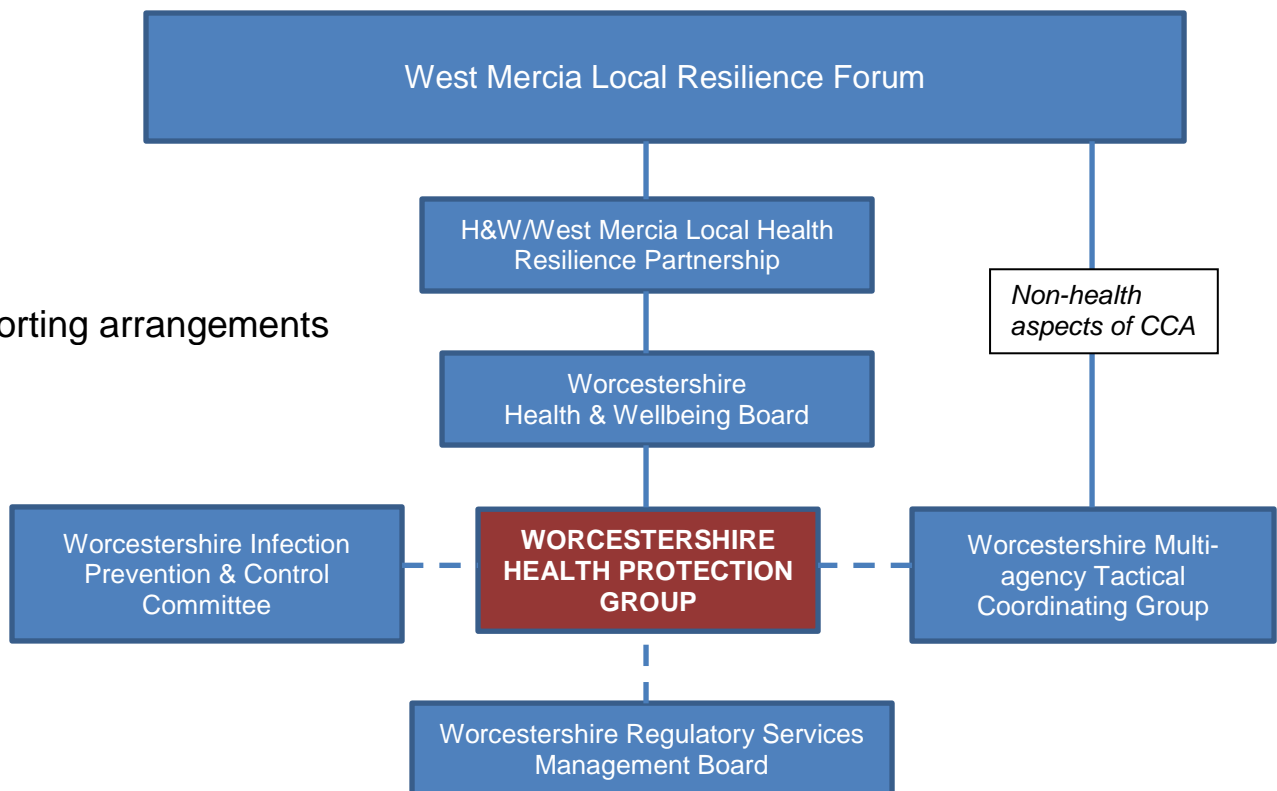
Meetings will be quorate if at least five members or substitutes are present including at least one elected Member from the County or District Council and one GPCC representative.

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



## Appendix

### Screening and Immunisation figures for Worcestershire

Source of data: NHS England 7a Assurance reports

#### Immunisations

Indicator	7a Baseline	Standard	Key	Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
3.03xii - Population vaccination coverage - HPV (%)	89.5	86.1	<80 80-90 >=90	Worcestershire England					92.4 89.4	
3.03xiii - Population vaccination coverage - PPV (%)	69.8	68.9	<65 65-75 >=75	Worcestershire England	74.9 70.5	71.6 68.3	72.4 69.1	72.0 68.9	72.9 69.8	73.3 70.1
3.03xiv - Population vaccination coverage - Flu (aged 65+) (%)	72.7	75	<75 >=75	Worcestershire England	73.3 72.8	74.8 74.0	74.0 73.4	74.3 73.2	74.2 72.7	72.6 71.0
3.03xv - Population vaccination coverage - Flu (at risk individuals) (%)	50.3	75	<55 >=55	Worcestershire England	52.2 50.4	53.7 51.6	52.3 51.3	54.9 52.3	54.1 50.3	49.4 45.1
3.03xviii - Population vaccination coverage - Flu (2-4 years old) (%)			<40 40-65 >=65	Worcestershire England					38.0 37.6	39.1 34.4
3.03xvii - Population vaccination coverage - Shingles vaccination coverage (70 years old)			<50 50-60 >=60	Worcestershire England					64.5 59.0	58.5 54.9

#### Childhood immunisations

Indicator	7a Baseline	Standard	Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
3.03i - Population vaccination coverage - Hepatitis B (1 year old)			Worcestershire England						
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	94.2	95	Worcestershire England	94.6 94.2	96.3 94.7	95.6 94.7	96.4 94.3	96.1 94.2	96.8 93.6
3.03iv - Population vaccination coverage - MenC	93.9	95	Worcestershire England	94.3 93.4	95.7 93.9	95.1 93.9			97.8
3.03v - Population vaccination coverage - PCV	93.9	95	Worcestershire England	94.0 93.6	95.7 94.2	95.1 94.4	95.8 94.1	95.1 93.9	96.3 93.5
3.03i - Population vaccination coverage - Hepatitis B (2 years old)			Worcestershire England						
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old)	95.7	95	Worcestershire England	96.7 96.0	97.2 96.1	97.6 96.3	97.5 96.1	97.9 95.7	97.5 95.2
3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)	92.1	95	Worcestershire England	93.5 91.6	94.2 92.3	95.1 92.7	95.1 92.5	95.5 92.1	95.3 91.6
3.03vii - Population vaccination coverage - PCV booster	92.2	95	Worcestershire England	90.7 89.3	92.2 91.5	93.9 92.5	94.4 92.4	94.7 92.2	94.8 91.5
3.03viii - Population vaccination coverage - MMR for one dose (2 years old)	92.3	95	Worcestershire England	89.9 89.1	93.1 91.2	94.6 92.3	95.1 92.7	95.3 92.3	95.2 91.9
3.03ix - Population vaccination coverage - MMR for one dose (5 years old)	94.4	95	Worcestershire England	92.1 91.9	92.9 92.9	94.6 93.9	95.6 94.1	96.5 94.4	97.6 94.8
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old)	92.4	95	Worcestershire England		86.9 88.6	86.2 91.5	85.0 91.9	91.2 92.4	95.4 92.6
3.03x - Population vaccination coverage - MMR for two doses (5 years old)	88.6	95	Worcestershire England	82.2 84.2	85.4 86.0	88.3 87.7	91.6 88.3	91.9 88.6	93.2 88.2

## Screening Programmes

### Cancer Screening Programmes

Breast, Cervical and Bowel programmes

Indicator	S7a Baseline	Standard	Geography	2010	2011	2012	2013	2014	2015	2016
2.20i - Cancer screening coverage - breast cancer (%)	75.4	70	Worcestershire	81.0	81.8	82.2	80.7	79.4	79.6	79.5
			England	76.9	77.1	76.9	76.3	75.9	75.4	75.5
2.20ii - Cancer screening coverage - cervical cancer (%)	73.5	80	Worcestershire	77.4	77.5	77.1	75.5	75.5	75.5	75.0
			England	75.5	75.7	75.4	73.9	74.2	73.5	72.7
2.20iii - Cancer screening coverage - bowel cancer (%)	57.1	NA	Worcestershire						62.4	62.1
			England						57.1	57.9

### Non Cancer Screening programmes

Ante-natal and New-born, Diabetic Eye and Abdominal Aortic Aneurysm

Indicator	Acceptable <sup>1</sup>	Achievable	Geography	2013	2014
2.20ix - Infectious Diseases in Pregnancy Screening – Hepatitis B Coverage (%)			Worcestershire England	97.9	97.4
2.20viii - Infectious Diseases in Pregnancy Screening – Syphilis Coverage (%)			Worcestershire England	98.0	97.4

Indicator	Acceptable	Achievable	Geography	2013/14	2014/15	2015/16
2.20vii - Infectious Diseases in Pregnancy Screening – HIV Coverage (%)	≥ 90.0%	≥ 95.0%	Worcestershire England	98.9	98.9	99.1
2.20x - Sickle Cell and Thalassaemia Screening – Coverage (%)	≥ 95.0%	≥ 99.0%	Worcestershire England	98.9	98.9	99.1
2.20xi - Newborn Blood Spot Screening – Coverage (%)	≥ 95.0%	≥ 99.9%	Worcestershire	99.1		99.1
			England	93.5	95.8	95.6
2.20xii - Newborn Hearing Screening – Coverage (%)	≥ 95.0%	≥ 99.5%	Worcestershire	98.8	99.4	99.8
			England	98.5	98.5	98.7
2.20xiii - Newborn and Infant Physical Examination Screening – Coverage (%)	≥ 95.0%	≥ 99.5%	Worcestershire		93.3	94.9
			England			
2.20v – Diabetic eye screening - uptake (%)	≥ 70.0%	≥ 80.0%	Worcestershire England		82.9	83.0
2.20iv – Abdominal Aortic Aneurysm Screening – Coverage (%)	≥ 67.5%	≥ 75.0%	Worcestershire	86.3	84.8	84.3
			England	77.4	79.4	79.9



**HEALTH AND WELL-BEING BOARD**  
**11 JULY 2017****CHILDREN AND YOUNG PEOPLE'S PLAN 2017-2021**

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**Board Sponsor**

Catherine Driscoll: Director of Children, Families and Communities

**Author**

Hannah Needham, Assistant Director: Families, Communities and Partnerships

**Priorities**

(Please click below  
then on down arrow)

Older people & long term conditions	No
Mental health & well-being	Yes
Being Active	Yes
Alcohol	No
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	Yes
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**Item for Decision, Consideration or Information**

Choose an item.

**Recommendation**

1. The Health and Well-being Board is asked to:
  - a) **Note the views of children, young people, parents/carers and practitioners summarised in the report**
  - b) **Approve the new Children and Young People's Plan (CYPP) for 2017 to 2021 and for the plan to act as framework for a whole-system response to improving outcomes for children, young people and their families**
  - c) **Recommend to the range of agencies and organisations represented on the Health and Well-being Board to seek approval for the CYPP to be adopted within their individual agency policy framework.**
  - d) **Commit to receiving quarterly updates to monitor progress with implementation across the various partner organisations.**

## Background

2. In February 2017, the Health and Wellbeing Board approved the development of the new Children and Young People Plan's (CYPP) for all children and young people in Worcestershire. It also agreed to strengthen the already well-established Connecting Families Strategic Group as the key partnership group to take responsibility for developing and implementing the CYPP and for this Strategic Group to be a formal sub-group of the Health and Wellbeing Board. See background papers

3. In April 2017, the Health and Wellbeing Board received an update on the progress in developing the new CYPP and noted the emerging priorities and content. It also approved the look and feel of the new CYPP and the consultation and engagement plan. See background papers

4. The Connecting Families Strategic Group has now met, in its new format three times and has actively led on the development of the CYPP. Recognising that the new CYPP needs to be dynamic and refreshed/challenged on a regular basis, the Connecting Families Strategic Group is recommending that the Health and Wellbeing Board approves the new CYPP.

5. As the new CYPP is owned by all agencies, the Connecting Families Strategic Group is also recommending that all agencies adopt the plan within their individual agency policy frameworks.

## Case for change

6. The development of the new CYPP is informed by both demographic and outcome challenges (data) as well the views of children, young people, parents/carers and practitioners. The case for change from a data perspective is informed by the Joint Strategic Needs Assessment and ongoing performance information. This information will be reviewed quarterly and the Plan will be adapted in response.

7. As an overarching summary, the data currently highlights a number of potential issues and areas of concern which has informed the development of the new CYPP. These include:-

- The number of children and young people aged 19 or under in Worcestershire is projected to be 131,800 by 2025. This is an increase of 3,600 from 2015
- Birth rate is declining but is on the rise among disadvantaged families which could lead to additional demand challenges on public services
- Over 15,800 children across Worcestershire live in low income households
- The broad range of health inequalities for the under 5s
- Key Stage 2 results continue to be below expectations
- Too many children are not receiving a quality education and this is leading to poor outcomes and growing impact on wider public services
- Growing prevalence of children diagnosed with special education needs and disabilities and understanding what support may be needed to meet their needs
- Education attainment of vulnerable pupils including those eligible for free school meals, looked after children and children with special education needs and disabilities. The gap is still too big between these vulnerable groups and their peers

- Progress of Care Leavers into suitable accommodation and education, employment and/or training. 48% of care leavers are currently not in education, employment or training
- Emotional wellbeing and mental health needs of children and young people
- Demand on social care at every level (Children in Need, Child Protection and Looked After Children) and the capacity, capability and quality of social care practice.

## Consultation and engagement

8. A wide ranging consultation and engagement plan was drawn up which included engagement with children, young people, parents, carers and staff who work with them including:

- Social Care Teams
- CCGs
- Health Visitors
- Police
- Schools
- Family Support
- CAMHs
- Speech and Language
- Voluntary Sector
- Districts
- Parenting
- Housing Providers
- Sexual Health team

9. A variety of consultation methods were used to maximise the level of engagement.

Survey: An online survey was created which was shared widely via a variety of networks.

The same 5 questions were asked of 4 groups so that responses could be analysed in the same way. The 4 groups were:

- Children (0-12)
- Young People (13 – 24)
- Parents/Carers of children and young people
- Practitioners who work with children, young people and families.

Respondents who fitted in more than one group were able to give their answer from more than one perspective e.g. a 23 year old parent. An easy read version was also made available via the website.

Social media: There was full social media communication plan raising the awareness of the survey and that a new Worcestershire Children's and Young People's plan is being developed. This included messages on Twitter, LinkedIn, Facebook and Yammer (internal and external networks). All of the six districts and County Hall had displays on their plasma screen and their own social media channels.

Engagement packs: An engagement pack was created and shared with partner agencies via a variety of networks.

Schools: Several schools used the recent elections for discussions with children and supported them to complete the survey in lessons.

The children of Franche Primary school created several videos which we used in our social media posts

<https://www.youtube.com/watch?v=O58AwnLY50A>

<https://www.youtube.com/watch?v=sW99BHgxRtU&>

<https://www.youtube.com/watch?v=tLzmmS0uOk8>  
<https://www.youtube.com/watch?v=skj8VI7OK74&>  
<https://www.youtube.com/watch?v=Gg6aUPBMJw8&>

School Council were also invited to get involved by discussing and responding to the five questions in their meetings this term.

**Libraries:** Engagement Trees were placed in all 21 libraries, the same questions were asked at all 21 libraries each week for 5 weeks. A total of c.1450 face-to-face responses were received, the vast majority of which were from libraries.

**Partners:** A workshop was held for partners on 15<sup>th</sup> June to agree the priorities for Worcestershire prior to finalising the content. A wide range of partners attended and discussions have been fed into the final document.

**Youth Cabinet:** Have been briefed and we are working with them on the next steps to ensure they are fully involved.

**Parents' Voice:** Ran their own social media campaign promoting the survey and also ran two focus groups with invited parents (invited through social media) to have round table discussions about the plan. Their responses have been fed into the survey responses.

## Survey Results

10. Over 2600 responses received (as of 30<sup>th</sup> June 2017)

- 1144 online survey
- c. 1450 face to face (final data is still being submitted)

11. A breakdown of respondent type and district area can be seen in the tables below. *(please note numbers will change again in final report as some data is still being submitted).*

Respondent types		District	
Children (12 or under)	735	Bromsgrove	607
Young People (13-24)	207	Malvern Hills	311
Parents/Carers	963	Redditch	129
Practitioners	575	Worcester City	560
Other	164	Wychavon	448
Note: there is some overlap between Young People/Parent and practitioner categories and respondents can be more than one (and answer from each perspective)		Wyre Forest	345
		Outside Worcestershire	31

Gender		Disability	
Male	372	Yes	129
Female	1010	No	961

Note: Demographic data was not captured for face-to-face respondents. Sexual orientation and ethnicity data is included in the full analysis along with cross-tabs of demographic data.

12. full analysis of the consultation and engagement will be published by the end of July As a summary views were captured from 5 different viewpoints – those aged 12 and under, young people aged 13 to 24, parents/carers, practitioners and other interested citizens. Respondents were asked what was important to children in Worcestershire and what the main challenges they face were.

13. Children and young people tended to respond to these questions in a more simplistic fashion. For instance, they would focus on issues of 'happiness', 'family' and 'friends' which all could be described as outcomes. Adults, whilst still touching on these outcomes, gave much more detailed answers that focus on **how** these outcomes might be achieved. For example, they commonly call for well-funded and easily accessible family support service to help families that need additional support. This family support is not an outcome in itself but could be seen as a mechanism to achieve outcomes for children such as happiness and having a loving and supporting family.

14. A summary of the responses and respondent type can be seen in the tables below

**Question: What is most important to children and young people?**

Answer	Children	Young People	Parent / Carers	Practitioners
Family	✓	✓		
Friends	✓	✓		
Pets	✓			
Sports and physical activity	✓		✓	✓
Education		✓	✓	✓
Employment opportunities		✓	✓	✓
Safety - family environment and having safe places to go		✓	✓	✓
Activities		✓	✓	✓
Support services - early years, family, mental health, relationships and sexual health			✓	✓

**Question: What are the main issues and challenges for children and young people?**

Answer	Children	Young People	Parent / Carers	Practitioners
Education and school - pressure and provision	✓	✓	✓	✓
Lack of safe and affordable places to go outside of school			✓	✓
Learning to get along with other people	✓	✓	✓	✓
Cuts in services that offer support to children and young people			✓	✓
Mental health and wellbeing		✓	✓	✓
Lack of safe, local and affordable activities	✓	✓	✓	✓
Use of social media for bullying			✓	✓
More <i>affordable</i> and <i>available</i> activities	✓	✓		
More time with friends and family	✓			
Less bullying and/or more friends	✓	✓		

**Question: How could the lives of children and young people be improved?**

Answer	Children	Young People
More <i>affordable</i> and <i>available</i> activities	✓	✓
More time with friends and family	✓	
Less bullying and/or more friends	✓	✓

*NB: analysis is ongoing for responses from parents/carers and practitioners*

**Worcestershire's Children and Young People's Plan: 2017 – 2021**

15. The Children and Young People's Plan is a partnership plan and, as such, should be owned and by all agencies working with children, young people and families in Worcestershire. The purpose of the plan is to:

- Set expectations around the way we work defining shared values and culture
- Clarify our collective ambition and aspirations for all children and young people in Worcestershire
- Focus on key priorities and success measures
- Provide a framework for all agencies and organisations working with children, young people and families to make the necessary impact to improve lives
- Build on and add value to existing plans

As previously stated, it also needs to be flexible and change in accordance to need.

16. The final draft of the plan is included in the Appendix. It is has been designed to be a 'plan on a page' to set the framework and intent for further work. More detail and information will be included on the website [www.worcestershire.gov.uk/cypp](http://www.worcestershire.gov.uk/cypp).

17. As set out above, the CYPP will set the expectation around the way all agencies will work and will need to be actively embedded across the system. The plan states that agencies will:

- Listen to, hear and understand children, young people and families
- Find strengths and build on positives to help people help themselves
- Prioritise partnerships to improve outcomes - doing things with people, instead of to them, for them or doing nothing
- Focus on adding value and keep asking: Is anyone better off? Is anyone worse off?
- Be brave enough to always do the right thing for children and young people

18. In addition to clarifying the shared values and expectations around the way agencies work, the plan follows a logic model of five key steps

- The overarching vision for all children and young people
- The ultimate outcomes
- The key priorities
- The areas of work/activity that need to be implemented?
- The measurements of success?

### **Our vision is for**

Worcestershire to be a wonderful place for all children and young people to grow up

### **We believe it is important that children and young people:-**

- Are safe from harm
- Reach their full potential
- Make a positive contribution in their communities
- Live healthy, happy and fun filled lives

### **We will effect change by working together to:-**

- Help children live in safe and supportive families and communities (homes and places)
- Promote safe, healthy and positive relationships
- Support children to have the best start in life and be ready for learning
- Provide access to a quality and appropriate education / learning experience for all
- Prepare young people for adult life
- Improve outcomes for our vulnerable children and young people
- Increasing young people's voice in community life, participation and engagement in developing services
- Increase access to safe and affordable activities and places to go outside of school
- Encourage physical activity and healthy eating
- Improve access to social, emotional mental health and well-being services
- Support young people, parents and carers to overcome the barriers to sustained employment

### **We will work together to:-**

- Actively embed the children and young people plan's shared values within all agencies
- Improve safeguarding services

- Reform services for children with special education needs and disabilities
- Break the cycle of families continuing to need/rely on specialist services
- Tackle the gaps in education system/provision that prevent children and young people from accessing full time education
- Develop and implement a prevention and early help strategy
- Strengthen the social, emotional and mental health offer
- Secure partnerships that support delivery of our priorities and use public money wisely

#### **We will know if the plan is working by the:-**

- Decrease in the number of children and young people with a repeat child protection plan
- Increase in the percentage and timeliness of children who are looked after that are in permanent homes (placements)
- Increase in the percentage of children with a good level of development in early years
- Improve educational outcomes and positive destinations for all children and young people
- Decrease in achievement gaps at all stages
- Surveys of children and young people's views: are they having fun and having a positive influence in their communities?
- Decrease in the number of first time entrants into the youth justice system
- Increase in children, young people and parental satisfaction with emotional wellbeing or mental health services
- Improvement of health outcomes and closing of inequalities gap.

#### **Children and Families Scrutiny Panel**

19. As part of the process for agreeing the Plan, the County Council's Children and Families Overview and Scrutiny Panel considered the draft at its meeting on 21 June. During discussion the Panel endorsed the partnership approach being taken but was concerned that partners delivered on their respective actions.

#### **Implementing the Plan and Next Steps**

20. Approving the CYPP is the start of a journey, as the CYPP sets out the vision and values to put children and young people at the heart of everything we do (far more than what happens now). There is more work to be done to set out an action plan of what is going to be delivered as individual organisations, and together as partners, to improve the lives of children and young people. The Plan in its current form sets out initial intentions and all partners are being asked to endorse and adopt the Plan and actively embed the shared way of working into their culture.

21. To develop the action plan there is more work to do. Greater clarity is needed on what work is currently in progress and how the CYPP can add value to this. This work will also identify gaps of activity and focus that need to be addressed. Initial work has highlighted that the CYPP needs to build on the following areas and discussions need to take place to work through this in more detail.

- Prevention Strategy – Sustainability Transformation and Partnership (STP)  
Prevention Board



- Workforce Strategy – STP Organisational Development Workstream
- West Mercia Police Children and Young People's Strategy
- Worcestershire County Council's Safeguarding Service Improvement Plan
- Worcestershire Safeguarding Children's Board Business Plan
- Transformation Plan for Children and Young People – Mental Health and wellbeing
- Earlier access to services – i.e. more lower level services and quicker access to acute
- Financial Plans
- Housing Plan – Worcestershire-wide
- District Councils and their priority plans

22. Work is also in progress to develop a performance dashboard to demonstrate progress. This will flow from the overarching success measures outlined in the CYPP and will the necessary level of detail around performance progress. It is intended to build this detail on the [www.worcestershire.gov.uk/cypp](http://www.worcestershire.gov.uk/cypp) website pages along with links to the range of plans and programmes of work that support the implementation of the CYPP.

23. Further work is also already planned to maintain the momentum of engaging with children, young people and parents. The new CYPP will feature in the eight Worcestershire County Council summer roadshows and will give children, young people and families the opportunity to tell us more on what is important to them. A launch of the new CYPP is being planned for September to coincide with the new academic year.

24. Worcestershire County Council will take the lead on co-ordinating the implementation of the whole plan, as this is central part of the statutory functions of the Director of Children's Services and Lead Member. However, it is a plan for all agencies and through the appropriate partnership and governance arrangements organisations will be asked to outline what is already in place to improve outcomes for children and young people and how they can contribute to the priorities within the CYPP.

25. The implementation of the CYPP will feature as a standard agenda item at each Connecting Families Strategic Group (meets monthly). There will also be a quarterly review of progress. It is recommended that this Health and Wellbeing Board receives this quarterly progress report.

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

26. As appropriate TBC

### **Privacy Impact Assessment**

27. As appropriate TBC

### **Equality and Diversity Implications**

TBC

### **Contact Points**

County Council Contact Points  
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Worcestershire Hub: 01905 765765

Specific Contact Points for this report

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**Supporting Information**

- Appendix 1 – Draft CYPP 2017-2021

**Background Papers**

In the opinion of the proper officer (in this case the Director of Children, Families and Communities) the following are the background papers relating to the subject matter of this report:

- Health and Wellbeing Board Report February 2017
- Health and Wellbeing Board Report April 2017

**HEALTH AND WELL-BEING BOARD  
11 JULY 2017****WORCESTERSHIRE PHARMACEUTICAL NEEDS  
ASSESSMENT (PNA) 2018 REFRESH**

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**Board Sponsor**

Dr Frances Howie, Director of Public Health

**Author**

Matthew Fung, Consultant in Public Health (acting)

(Please click below  
then on down arrow)

**Priorities**

Good Mental Health and Well-being throughout life	Yes
Being Active at every age	Yes
Reducing harm from Alcohol at all ages	No
Other (specify below)	

**Groups of particular interest**

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

**Safeguarding**

Impact on Safeguarding Children If yes please give details	No
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Impact on Safeguarding Adults If yes please give details	No
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**Item for Decision, Consideration or Information**

Decision

**Recommendation**

1. The Health and Well-being Board is asked to:
  - a) Note that a refresh of the Pharmaceutical Needs Assessment (PNA) is about to commence. The deadline for publication of the PNA is 31 March 2018 and this is a requirement of the Board under the Health and Care Act 2012;
  - b) Delegate responsibility for responding to neighbouring Health and Well Being Boards' Pharmaceutical Needs Assessments to the Director of Public Health in consultation with the Chairman of the Health and Well-being Board; and

- c) Support the establishment of a working group with the membership as set out in paragraph 5.**

## **Background**

2. The Health and Social Care Act 2012 transfers responsibility for the developing and updating of Pharmaceutical Needs Assessments to Health and Well-being Boards. The accompanying NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>.
3. The previous Pharmaceutical Needs Assessment was published in April 2015. Health and Well-Being Boards are required to publish a refreshed assessment within three years of publication of their first assessment.
4. Pharmaceutical Needs Assessments are used to help guide decisions about which NHS-funded services need to be provided by local community pharmacies and other providers. They are also relevant when deciding if new pharmacies are needed in response to market entry applications. Pharmaceutical services are provided by Community Pharmacies, Dispensing Doctors and Dispensing Appliance Contractors.
5. It is a requirement that certain persons and groups be consulted on Pharmaceutical Needs Assessments at a draft stage, including that each Health and Well-being Board must consult neighbouring Boards. Consultees must be given a minimum period of 60 days to respond.

## **Worcestershire's Pharmaceutical Needs Assessment**

6. A Working Group will meet regularly to steer this project. The following organisations will be invited to the working group:
  - Worcestershire County Council
  - Worcestershire Local Pharmaceutical Committee LPC
  - Worcestershire Local Medical Committee LMC
  - NHS England (Arden, Herefordshire & Worcestershire Area Team)
  - Worcestershire Healthwatch
  - Worcestershire Clinical Commissioning Groups
7. Timescales for this project are currently being worked up. We anticipate a consultation of at least 60 days taking place in the Autumn 2017, and a final draft being considered by H&WB Board meeting for sign off in early 2018.

## **Consultation on neighbouring Pharmaceutical Needs Assessments**

8. Worcestershire has eight neighbouring Health and Well-being Boards:
  - Birmingham
  - Warwickshire
  - Solihull
  - Gloucestershire

- Herefordshire
- Shropshire
- Staffordshire
- Dudley

9. Each will make their Pharmaceutical Needs Assessments available on their own websites and we will be invited to respond. Where a HWB is consulted, it must in turn consult the Local Pharmaceutical Committee and Local Medical Committee for its area and must have regard to any representations received from these Committees in making a response.

10. Consultations may be received at various times. It is therefore recommended that responsibility for responding to these is delegated to the Director of Public Health in consultation with the Chairman of the Health and Well-being Board.

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

11. The Health and Social Care Act 2012 transferred responsibility to develop and update PNAs from PCTs to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013

The NHS Act (the “2006” Act), amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health (DH) powers to make Regulations. HWBs are required to publish a revised assessment within three years of publication of their first assessment

### **Privacy and Public Health Impact Assessment**

12. An assessment of the impact on public health will be considered as part of the PNA process.

### **Equality and Diversity Implications**

THE COUNCIL MUST, DURING PLANNING, DECISION-MAKING AND IMPLEMENTATION, EXERCISE A PROPORTIONATE LEVEL OF DUE REGARD TO THE NEED TO:

- ELIMINATE UNLAWFUL DISCRIMINATION, HARASSMENT AND VICTIMISATION AND OTHER CONDUCT PROHIBITED BY THE EQUALITY ACT 2010
- ADVANCE EQUALITY OF OPPORTUNITY BETWEEN PEOPLE WHO SHARE A PROTECTED CHARACTERISTIC AND THOSE WHO DO NOT
- FOSTER GOOD RELATIONS BETWEEN PEOPLE WHO SHARE A PROTECTED CHARACTERISTIC AND THOSE WHO DO NOT

The PNA report will pay due regard to equality and diversity.

### **Contact Points**

County Council Contact Points  
County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

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**Background Papers**

The 2015 PNA is available at:

[http://www.worcestershire.gov.uk/downloads/file/5688/2015\\_pharmaceutical\\_needs\\_assessment](http://www.worcestershire.gov.uk/downloads/file/5688/2015_pharmaceutical_needs_assessment)