Worcestershire County Council

Agenda

Health and Well-Being Board

Tuesday, 25 September 2018, 2.00 pm
County Hall, Worcester

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

Membership

Full Members (Voting):

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

Associate Members

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

Agenda

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1	**Apologies and Substitutes**		

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

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2	**Declarations of Interest**		
3	**Public Participation** *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 24 September 2018). Enquiries can be made through the telephone number/e-mail address below.*		
4	**Confirmation of Minutes**		1 - 12
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6	**Worcestershire Safeguarding Adults Board**	Derek Benson	21 - 24
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9	**Better Care Fund**	Richard Keble	73 - 76
10	**Children and Young Peoples Plan Update**	Sarah Wilkins	Verbal Update
11	**Future Meeting Dates** **<u>Dates for 2018</u>** **Public meetings** (All at 2pm) • 13 November 2018 **Private Development meetings** (All at 2pm) • 23 October 2018 • 4 December 2018 **<u>Dates for 2019</u>** **Public meetings** (All at 2pm) • 26 February 2019 • 21 May 2019 • 24 September 2019 • 12 November 2019		

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Health and Well-Being Board
Tuesday, 22 May 2018, Council Chamber, County Hall - 2.00 pm

Minutes

Present:

Mr J H Smith (Chairman), Simon Adams, Joanne Alner, Elaine Carolan, Dr R Davies, Kevin Dicks, Catherine Driscoll, Mr A I Hardman, Mr M J Hart, Dr Frances Howie, Ruth Lemiech, Gerry O'Donnell, Mr A C Roberts, Paul Robinson, Margaret Sherrey, Jonathan Sutton and Mark Travis.

Also attended:

Liz Altay – PH Consultant, Morag Edmondson – Healthwatch Worcestershire, Kate Griffiths – Democratic Services and Rosie Winyard – PH Commissioning Lead.

487 Apologies and Substitutes

Apologies for absence had been received from Peter Pinfield, Simon Trickett and Avril Wilson.

Simon Adams attended to represent Healthwatch, Ruth Lemiech for the CCG and Elaine Carolan for Adult Services.

488 Declarations of Interest

None

489 Public Participation

None

490 Confirmation of Minutes

The minutes of the last meeting held on 27 February were agreed to be an accurate record of the meeting and were signed by the Chairman.

491 Implementing "Improving Health and Care Through the Home: a National Memorandum of Understanding" in Worcestershire

Frances Howie explained that a Development meeting had taken place on 24 April about Health and Housing which had been attended by Board Members and the Chief Executives of the four main Social Housing Providers.

There had been strong agreement that although there were already examples of good practice and partnership working, the current positive conversations between partners offered a good opportunity for increased co-operation to understand and meet the needs of vulnerable people. If housing provision was improved

there would be a beneficial impact on other health and social care services.

The report described what needed to happen next:

- Current needs assessments and information would be assessed to see how they could be improved to assist in the planning of resources and services,
- Workshops would be held to consider which key services operate in the wider system, which commissioned services would be in scope for review and where improved co-operation could take place to avoid duplication,
- There would be a requirement on all statutory agencies to identify how they were implementing the MoU and working together with Partners.

RESOLVED that the Health and Well-being Board:

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

492 All Age Autism Strategy for Worcestershire - Update

Elaine Carolan explained that the report was the regular update about the All Age Autism Strategy. The agenda included the action plan.

The Partnership Autism Group had organised a successful employment event to enable employers to understand more about employing people on the Autistic Spectrum and to create opportunities for people. The event had pulled together learning disability and autistic spectrum information in order to give a consistent message to employers. It was hoped that the event could be repeated in future.

A position had been created within the Commissioning Unit to give work experience to someone on the Autistic Spectrum. Partners were encouraged to look for similar opportunities in order to raise awareness of what

valuable employees people on the Autistic spectrum could be.

The Commissioning Unit was refreshing the Strategy for 2018 and wanted it to remain all age.

Owen Cave, one of the Co-Chairs of the Autism Partnership Board, mentioned that the Business and Training events were successful and they hoped to continue them as well as working with the Chamber of Commerce. The CCG had taken over commissioning a large proportion of services and would be reviewing the Governance of the Aspergers Group so it seemed a suitable time to review all the governance arrangements around the Autism Group.

Following a query, Jennie Dalloway, Lead Commissioner from the CCG, clarified that they were looking at the reasons for the increase in referrals to the umbrella pathway. It was partly due to improved awareness and that schools were working to provide the best support for their children. It was important to understand the reasons for the referrals to ensure that the necessary services were in place.

RESOLVED that the HWB noted progress made on Worcestershire's All-Age Autism Strategy since the last update in July 2017 and that a refresh would be completed during 2018.

493 Healthwatch Worcestershire Autism Spectrum Conditions Report

Healthwatch had recently completed work about Autism in Worcestershire. Feedback had been gathered from people with Autistic Spectrum conditions and their carers, about health services, information, support and diagnoses. 150 Surveys had been completed and 70 people had been spoken to. Feedback had also been requested from GP practices, the Acute Trust, the Health and Care Trust and the Ambulance Service about the levels of awareness amongst their staff and whether they were making any adjustments within their service to support people with Autism.

The Conclusions from the work were framed around the priorities in the All Age Autism Strategy and looked at what progress had been made and what action was still required.

The main finding was that there needed to be more awareness across all health services of Autistic Spectrum Conditions. Therefore training was needed for staff.

A further finding was that health services needed to make further adjustments for people with Autism. Some services already had a flagging system to mark records that the person may have some additional needs and some departments had Champions for Autism who had attended further training than the majority of staff. Ideally the system of Champions should be expanded and used more formally.

A number of comments were about the lengthy wait for a diagnosis and the fact that it was not clear what would happen next in the process. Once a diagnosis had been made 69% of carers felt that the people they cared for did not receive the support that they needed. There were also concerns about appropriate mental health support, both for people on the autism spectrum and for their carers.

It was hoped that the responses received would be incorporated into the refreshed autism strategy and that the health services would improve training. The Acute trust has said they would work more closely with the Trust to see what training was available. Healthwatch would like refreshed guidance to be made available for GP surgeries.

In future Healthwatch would continue to work with the Autism Strategy Partnership Board. A suggestion was to award services with good practises an 'Autism friendly award'. An update would be requested from the Commissioners and the Trust on how far they had got with the recommendations.

In the ensuing discussion the following main points were made:

- The Healthwatch report was helpful and had come at a useful time to be considered when the Strategy was refreshed. The Council had found that it was useful that the strategy was for all ages,
- The views of Parents and Carers were very important to be included in the strategy,
- It was clarified that the survey had not asked about Autism and Education but the survey had been sent to all schools as a way of reaching people on the Autistic spectrum and asking about their experiences with Health Services,
- It was mentioned that there had been issues with some people accessing CAMHS and whether anxiety or other mental health concerns were

seen as part of their autism rather than a separate need. Owen Cave expressed his personal experience that it took 14 months to access mental health services,

- Mr Cave as Co-Chair of the Autism Strategic Partnership Group asked representatives of the CCG to consider training when commissioning autism services. He also mentioned that he had sent a letter to the Special Educational Needs and Disabilities Board regarding concerns about transitions when young people on the autism spectrum leave school It was agreed that Mr Cave would forward a copy to Mr Hart,
- This report came from Healthwatch and dealt with health services, but it was noted that the Autism Strategy should also have input from other organisations. The police and housing providers were therefore urged to engage with the strategy,
- Frances Howie confirmed that it was a statutory duty for the County Council to produce the Strategy but the refresh should ensure it included partnership working and at scale training.

RESOLVED that the Health and Well-being Board considered Healthwatch Worcestershire's Autism Spectrum Conditions Report – March 2018 and the recommendations made in relation to the priorities within the Worcestershire All Age Autism Strategy.

494 Carers' Strategy

Elaine Carolan explained that the County Council worked with the Worcestershire Association of Carers (WAC) on the Carers Strategy and they had reached the third year of a five year all age strategy. The action plan was included in the agenda.

Mel Smith from WAC told the Board that they welcomed the commitment to the funding of the Carers' Hub. She explained that an increasing priority was work with older carers and understanding their specific needs which included fear of one of them needing to move to a care home.

Carers Action Worcestershire were also working to fulfil the strategy and had brought in an additional £150,000 in funding for carers in Worcestershire.

Lots of carers were finding they had to deal with more complex needs and the demands being placed upon unpaid family members were increasing.

The following points were made during the discussion:

- Consideration of carers should be embedded in all the work done by the Council and healthcare providers. The STP was mindful of carers but was now at the position whereby statements of principle needed to transfer into actions,
- The figure showing that the numbers of carers' assessments had fallen was because they were the numbers referred back to the County Council with unmet need. Higher numbers of carers were having their needs met through Community Assets than previously,
- The Carers Hub dealt with carers from the age of 18 and the Young Carers service continued to look after carers to the age of 25 so there was an overlap to ensure there was not a gap at transition. The Carers Hub was always aware to try to identify young carers,
- Chris a member of the Right Support for Carers Sub Group and the Partnership Board explained that much had improved for Carers but there was more to do such as working with older carers and allaying their fears about suitable housing for their dependents.

RESOLVED that the Health and Well-being Board noted the update on the third year of the Carers' Strategy and commented on the next two years of the Strategy.

495 Adverse Childhood Experiences (ACEs) Action Plan

Liz Altay reminded the Board that they had received a report on the link between Adverse Childhood Experiences (ACES) and serious negative health and social outcomes at the December meeting of the Board. This report gave an update about the workshop which took place in January. Almost 100 people attended and proposed actions were considered. Various practitioners agreed that the information was valuable and would play a role in their work going forward. An action plan was included in the agenda.

Various points were raised in the discussion:

- It was clarified that at present the action plan was to raise awareness of ACEs, to enable partners to identify them and introduce work to reduce the impact they had on people's lives and prevent them from occurring for the next generation,
- The action plan identified some next steps but it was early in the process
- It was difficult to identify at what point you could or should intervene in an attempt to stop ACEs and

therefore difficult to prevent

- Board members hoped that a framework for accreditation was being sought and it was agreed it was something the Working Group could look at,
- A Select Committee was considering the issues around ACEs and what services were already in place,
- Worcestershire Office of Data Analytics (WODA) was suggested as the best place to go for information in order to enable prevention and intervention,
- It was suggested that the Connecting Families Strategic Group who oversee the implementation of the Children's Plan should consider ACEs although that may be making the priorities of the group too wide.

RESOLVED that the Health and Well-being Board:

a) **Considered the ACEs event write up and draft ACE action plan, and**
b) **Would ensure that each organisation represented by the Board continue to attend future ACE events and play an active part in the delivery of action to prevent and respond effectively to ACEs across the life course.**

496 HIG Update

Frances Howie told the Board that the update from the Health Improvement Group (HIG) consisted of reports from Wyre Forest, Bromsgrove and Malvern Hills on the progress of their health and well-being plans.

The Board also had a programme of work and looked at issues such as Air Quality, the STP, Social Prescribing, loneliness, and updates on homelessness duties and the JSNA.

Training had been organised on dementia, 5 ways to well-being and the Best bar none and Rural communities project.

The terms of reference would be looked at to see if they needed updating and it was pointed out that attendance from some organisations had been patchy so nominations should be considered.

The representative from the South Worcestershire District Councils explained that the priorities for the District health and well-being plans flowed from the priorities in the Joint Health and Well-being Strategy and

that Wychavon and Malvern worked very closely together due to some sharing of officer positions and functions. Mental health, obesity and social mobility were important issues for Wychavon. He believed that not enough was made of the contribution that leisure providers could offer.

In Bromsgrove the Best Bar None project was working to improve safety, Sajid Javid had held a pensioners fair and a dementia awareness event had gone very well.

It was suggested that there should be a closer link between the HIG and neighbourhood teams.

RESOLVED that the Health and Well-being Board:

a) **Considered and commented on progress made by the Health Improvement Group (HIG) between October 2017 and March 2018, and**
b) **Asked organisations to consider membership and attendance to ensure that the HIG could operate effectively.**

497 Strategic Substance Misuse Oversight Group Annual Report

Alcohol was one of the priorities in the Joint Health and Well-being Strategy and the strategy mentioned that the County should commission effective services. The Substance Misuse Oversight Group was responsible to the HWB as well as the Safer Communities Board. The Board had previously been concerned at the reduction in funding for some of the contracts which supported substance misuse but the presentation would detail that services had not been adversely affected. Rosie Winyard gave the presentation.

The Oversight Group was made up of commissioners and providers and had the objectives of providing oversight and leadership in the County, ensure specialist advice was provided, consider learning arising from serious incidents, support delivery of a range of strategic plans and through engagement with providers and service users assist with market shaping.

The Group considered various issues and give advice on strategy such as the National Alcohol Strategy and the Drug Strategy. Performance reports were considered by the group using the national drug treatment monitoring system and quality issues were considered by looking at CQC reports.

Some of the issues considered at the quarterly meetings were Children and young people, GP shared care,

criminal justice, drug and alcohol strategies and evidence reviews. The Blue Light project brought together a range of groups and helped people with long term alcohol problems. Various task and finish groups had considered individual topics in more depth such as criminal justice, residential rehab, employment and accommodation. One group considered people who had co-morbid long term mental health issues along with alcohol mis-use.

Swanswell was a specialist drug and alcohol service which provided interventions and various other services such as accreditation for GP practices who had specific expertise in substance mis-use. The staff had been able to encourage people they dealt with who had substance mis-use problems to seek treatment for physical or mental health issues. Swanswell also had a dedicated children and families service and carers support.

Links between the Substance Misuse service and other services such as the acute trust, children and young people's services, homeless services and prisons were important to their success as was their peer mentor and volunteer service.

Swanswell had been commissioned in Worcestershire since 2015 and were now part of Cranstoun. 30 GP practices provided shared care in Worcestershire and 100 pharmacies offered services. The amount of funding available to Swanswell had reduced by 12.5% during the contract however due to their successful performance the contract had been extended to 2020.

The benefits of drug and alcohol treatments were £4 social return for every £1 invested in drug treatments and £3 social return for every £1 invested in alcohol treatments.

Following the presentation the following points were made:

- Action was generally taken once people reached a specific threshold, however Swanswell did provide targeted services to people at a lower threshold where advice and information could be provided. Prevention work concentrated on young people and they made visits into schools and co-ordinated work with the Children and Young People's services,
- The use of drugs and alcohol were coping mechanisms and it was recognised that the wider issue was to help or support people before they got to the stage of relying on drugs or alcohol; for

example the 5 Ways to Well-being

- Homelessness was also an issue linked to drug and alcohol use and the work on ACEs was recognised as being important preventative work in all those areas
- Although there were a variety of great initiatives in Worcestershire, Board members were concerned in case there was duplication of efforts. The prevention work of all partners needed to be co-ordinated,
- Help in one area of the system such as reducing homelessness contributed to prevention in other areas of the system,
- It was good that shared care provision allowed people to access specialist care through their normal GP practice,
- It was pointed out that the improved service provision coming after a 12% reduction in budget should be celebrated as it proves service transformation was possible.

RESOLVED that the Health and Well-being Board noted the report of the Strategic Substance Misuse Oversight Group and consider any points which may inform the future work of the HWB.

498 Children and Young People's Plan Update

Catherine Driscoll explained that the Children and Young People's Plan (CYPP) had 4 ultimate outcome areas: that children are safe from harm; young people reach their full potential; they make a positive contribution in their communities and they can live healthy, happy and fun filled lives. The plan was created in partnership with young people. The Connecting Families Strategic Group agreed to oversee the CYPP so had two roles. Firstly their more general role was to support Connecting Families and secondly to oversee the CYPP.

A development day was being planned for June when progress would be judged against the plan and key performance indicators and success measures would be discussed. It was clarified that the CYPP should be thought of as a Partnership plan rather than County Council Plan. A full report would be brought to the next HWB.

RESOLVED that the Health and Well-being Board noted the update on the Children and Young People's Plan.

499 Future Meeting

The Chairman reminded Board Members that the next

Dates	public meeting would be held on 25 September. The Development meeting dates on 19 June and 17 July had been cancelled. A new Development meeting date would be set up to consider Issues at the Acute Hospital; possibly towards the end of July.

The meeting ended at 3.45pm

Chairman …….

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AGENDA ITEM 5

HEALTH AND WELL-BEING BOARD
25 SEPTEMBER 2018

WORCESTERSHIRE SAFEGUARDING CHILDEN BOARD (WSCB) ANNUAL REPORT 2017/18 AND CHILD DEATH OVERVIEW PANEL (CDOP) ANNUAL REPORT 2017/18

Board Sponsor
Catherine Driscoll, Director of Children, Families and Communities

Author
Derek Benson, Independent Chair, WSCB

	(Please click below then on down arrow)
Priorities	
Mental health & well-being	No
Being Active	No
Reducing harm from Alcohol	No
Other (specify below)	
Safeguarding	
Impact on Safeguarding Children This report details an assessment of the effectiveness of child safeguarding and promotion of the welfare of children	Yes
Impact on Safeguarding Adults	No

Item for Decision, Consideration or Information
Consideration

Recommendation

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

    a. **Note the key headlines and conclusions from the 2017/18 Annual Report;**
    b. **Consider any points which may inform future work of the HWB in respect of its strategic priorities;**
    c. **Identify cross cutting themes where the HWB has a role to play in reducing risks to children.**

Background

2. The Independent Chair of the Worcestershire Safeguarding Children Board is responsible for publishing an annual report that provides a public assessment of the

effectiveness of safeguarding arrangements for children and young people in Worcestershire. The report also recognises achievements and is realistic about the challenges that remain.

3. The report is made publicly available through publication on the Board's website. In addition, it is formally presented to the Chief Executive and Leader of the County Council. It was presented to the Children and Families Overview and Scrutiny Panel on 14 September and will be presented to Cabinet on 18 October 2018. It is sent to West Mercia's Police and Crime Commissioner, to the respective Chairs of the Worcestershire Safeguarding Adults Board and the Safer Communities Board, and it is circulated to lead officers in key partner agencies.

4. In September 2017 Derek Benson, Independent Chair, informed the Health and Well-Being Board that whilst the WSCB had received assurance that strategies were in place to improve frontline practice, it could not yet be assured about the impact of these and therefore the child protection system remained a risk. The Board recognised the scale and challenge facing the local authority and remained committed to working with all partners to bring about the necessary change required to improve outcomes for children in Worcestershire.

5. Derek Benson will again be presenting the WSCB Annual Report on behalf of the Board. In addition, the Child Death Overview Panel (CDOP) Annual Report 2017/18 will be presented by the Panel's Independent Chair, Dr Felix Borchardt.

Key points from the WSCB Annual Report 2017/18

6. During 2017/18 Worcestershire Safeguarding Children Board had a particular focus on a number of priorities including:

- Children subject to Neglect
- Children affected by Domestic Abuse
- Children vulnerable to or experiencing Child Sexual Exploitation (CSE)
- Early Help and Thresholds
- Key messages in respect of Voice of the Child, Professional Curiosity and Resolution of Professional Differences (Escalation Policy)
- Critical Friends (Service Improvement Plan)

7. A Task and Finish Group was established in October 2017 to look at neglect in Worcestershire. During the year work commenced on the development of a Neglect Strategy which is to be implemented during 2018/19 with mechanisms in place for monitoring its impact on children and young people.

8. The Worcestershire Domestic Abuse Strategy was launched towards the end of 2017 by the Worcestershire Forum Against Domestic Abuse and Sexual Violence and in support of this work a new multi-agency sub group for children and young people was established, chaired by the Assistant Director (Safeguarding). The Board completed a multi-agency case file audit (MACFA) on 12 children who had been exposed to domestic abuse five or more times. It found that in nearly half of these cases the court had made a Domestic Violence Protection Order (DVPO), providing a window of opportunity for work to be completed with victims and children,

but professionals were not always aware that this was the case. The Board has since received assurance that a more robust process is now in place to ensure that this information is shared between agencies in an expedient way to maximise the opportunities to support victims and to safeguard children. One third of all social work assessments and nearly half of all Child Protection Plans had domestic abuse as a factor.

9. The Board's Child Sexual Exploitation (CSE) Strategic Group, led by West Mercia Police, continued to co-ordinate the implementation of the CSE Strategy 2017-19. Changes were made to operational processes and systems during the year to improve decision making about individual children, and membership of the CSE Operational Group was reviewed to ensure all key agencies were represented, including Education which was a gap identified by Ofsted in 2016. The Board noted a number of concerns in respect of CSE: the absence of an up to date multi-agency CSE Problem Profile (reported to be due to the lack of analyst capacity), difficulties experienced by West Mercia Police in sharing data with partners due to issues with migration to their new data system, and concern about the capacity of commissioned support services for young people who have experienced CSE (at the time of writing the Office of the Police and Crime Commissioner were in the process of reviewing the Contract).

10. The Board is able to provide assurance that partner agencies are engaged with the CSE agenda, that Designated Safeguarding Leads in nearly all schools have received CSE training delivered by the Board (with a plan in place to target any gaps), and that children are being identified as being at risk of or experiencing CSE. Two CSE investigations were initiated during the year involving potentially high numbers of child victims or witnesses. All schools were asked by the Board to implement the WSCB Whole School Approach to Healthy Relationships in support of the CSE prevention agenda, however the Board is not yet in a position to provide assurance that it has been widely embedded. Partner agencies have been asked to complete a further CSE self-assessment against a set of practice standards developed by the Board in order to evaluate progress across the partnership. At the time of writing the findings from this audit had not been finalised, but the headlines are that all agencies have graded themselves as being in a better position than one year ago (with action plans in place to improve practice where necessary), which is encouraging.

11. A Task and Finish Group was established in October 2017 to develop the action plan required to support the implementation of the Early Help Strategy approved in September 2017, and in March 2018 it was agreed that responsibility for delivery of the action plan would transfer to the relevant sub group of the Health and Well-Being Board. The Board will, however, retain a role in monitoring the effectiveness of early help and in supporting communications to partner agencies about the Early Help Pathway. The Board is in the process of developing its own effectiveness framework for evaluating early help in Worcestershire, to include feedback from practitioners and families, but is not in a position to provide assurance at this point in time. Through its quality assurance activity the Board is aware of examples of good practice, but is unable to draw conclusions from the relatively small sample size. As reported last year there remain questions about the effectiveness of wider universal services in the delivery of early help as there is no mechanism in place for capturing information about what is being offered to children and families other than when a service is delivered by a commissioned service. The Service Improvement Plan has

identified the need for an improved robust dataset which will provide consistent and accurate information about early help provision going forward.

12. It is currently a statutory responsibility of Local Safeguarding Children Boards to publish guidance on the thresholds for making a referral to Children's Social Care. The revised Levels of Need (Thresholds) guidance was approved in September 2017 and was referenced at Learning and Improvement Briefings for practitioners held during the Autumn 2017. A survey was subsequently circulated which asked partner agencies to confirm that the Levels of Need (Thresholds) guidance had been circulated to all relevant staff and commissioned services. The Board can provide assurance that the guidance has been actively disseminated by all statutory partner agencies (reaching approximately 13,000 practitioners) and that, in addition, all agencies have confirmed that their staff know the name and contact details of their respective safeguarding lead. Questions remain about the consistent application of thresholds by practitioners and the Board will continue to evaluate this during 2018/19.

13. This year has continued to see further pressure on the Family Front Door with the number of Contacts up by 10% compared with last year. Just over one third (36%) of Contacts became Referrals to Children's Social Care. The number of looked after children increased slightly (up 4.5% compared to last year), thought to be associated with a reduction in the number of children on Child Protection Plans where the Plan had not achieved the required outcomes and children had been moved into local authority Care. The number of Child in Need Plans also reduced this year, reflecting a positive approach to reviewing cases and addressing drift and delay. Performance in respect of completion of social work Assessments within time scale continued to improve. The Board was well sighted on the Service Improvement Plan and eight Board members were nominated to act as Critical Friends to provide support and challenge to the Children's Social Care improvement work stream leads. This input was acknowledged by the Director of Children, Families and Communities to have been constructive and helpful and will continue during 2018/19. The Board was also well sighted on the Service Improvement Plan dashboard presented at each Board meeting by the Assistant Director (Safeguarding), which provided opportunity for Board members to ask questions and receive assurance on progress.

14. Audit and case review findings in previous years had indicated that practitioners did not always have an understanding of the lived experience of children and young people or use this to inform decisions. Professional curiosity was often absent and explanations from parents and carers taken at face value, sometimes leading to disguised compliance. In addition, there was evidence that practitioners were not always familiar with the WSCB policy for resolving professional differences of opinion. The Board undertook a number of initiatives to raise awareness of these key messages, including introduction of the Learning and Improvement Briefings (LIBs) at briefings for practitioners, and utilising the Board's newsletter and Practitioner Network. A subsequent survey sent out to partner agencies provided assurance that all statutory partners had disseminated the LIBs to relevant staff and commissioned services (again reaching approximately 13,000 practitioners). The Board was pleased to note positive comments made by Ofsted inspectors about the evidence of professional curiosity during one of their monitoring visits in 2018. During the coming year the Board will continue to look for evidence of practitioners listening to the voice of the child, exercising professional curiosity and employing the Escalation Policy when professional differences of opinion cannot be easily resolved.

15. Three cases were presented during the year for consideration of a Serious Case Review (SCR) and all three were found to meet the criteria resulting in SCRs being formally commissioned by the Board. At the time of writing one Serious Case Review has been completed but not yet published while the outcome of parallel processes are awaited. Learning from these SCRs will inform the Board's Learning and Improvement communications during 2018/19.

16. During the year 25 Child Death Notifications were received, the lowest number since the Child Death Overview Panel (CDOP) process began in 2008. The Panel reviewed 25 deaths during the year (not necessarily the same 25 children) and modifiable factors were found to be present in 11 of the deaths. Modifiable factors included lack of parental supervision, inaction following expression of suicidal ideation, maternal obesity, smoking and incomplete evaluation of previous miscarriages. National data for 2017/18 is not yet available for comparison purposes. An analysis of all Worcestershire child deaths categorised as 'Suicide or Deliberate Self-Harm' was completed and compared with findings from a recent national study into suicides, both highlighting the importance of supporting and responding to young people who have been told of another child's suicidal thoughts or behaviours. The Panel was particularly pleased to receive information about the work undertaken by one local secondary school to support students who might find themselves in this position.

17. The Board delivered 58 training events to 1308 practitioners during 2017/18. This multi-agency training continues to be rated highly by attendees who report an improvement in knowledge and confidence after attending training events. Post-training impact evaluations and audits also demonstrate that learning is transferred into the workplace and has a positive impact on children and families. 1389 practitioners completed an e-learning course with 97% being satisfied or very satisfied that the course gave them all the information they needed. This was a significant reduction in demand compared to previous years and in March 2018 the decision was taken by the Board to cease providing e-learning from April 2019.

18. The Section 11 Audit is a self-assessment by partner agencies of the extent to which they are fulfilling their safeguarding responsibilities as defined in the Children Act 2004. This year the Board conducted its Section 11 Audit using a new audit template which has been developed by a West Midlands working group. The Board can provide assurance that partner agencies continue to report good compliance with their safeguarding duties with plans in place to address any areas requiring improvement. A challenge event to be facilitated by the WSCB Independent Chair during 2018/9 will seek further assurance about the evidence provided by partner agencies to support their self-assessments.

19. There were 15 private fostering arrangements in place in 2017/18. This is lower than expected, but in line with the national picture, suggesting that there is a lack of awareness of private fostering situations or of the need to notify them to the local authority for assessment. Since the report was drafted lead practitioners with responsibility for private fostering have been identified within Children's Social Care and there are developments in place to raise awareness. The Board will continue to monitor this during the coming year.

Conclusion

20. The Board has concluded that at a strategic level there is a strong commitment to safeguarding children in Worcestershire. It has also received assurances that safeguarding arrangements are in place in partner agencies and that safeguarding responsibilities are taken seriously. In addition, the Board's contributory partners have made additional monies available following the Ofsted inspection to support improvement work despite operating within financial constraints.

21. Much of the Board's attention has this year focussed on Children's Social Care as lead agency for safeguarding children. In October 2017 Ofsted acknowledged that the local authority had taken steps to tackle its 'serious weaknesses' and was beginning to make progress to improve services for children and young people. By February 2018 Ofsted were acknowledging that 'whilst services for children in Worcestershire continue to require much work to be of a good standard, progress has been made since the last monitoring visit'. The Board is assured that robust monitoring arrangements are in place through Ofsted, the Children's Commissioner and Essex County Council (Improvement Partner) and that progress is being made by Children's Social Care through delivery of its Service Improvement Plan, whilst acknowledging that further work is required to ensure that children and young people in Worcestershire receive a consistently good standard of service. Partner agencies have a part to play in ensuring that they also respond robustly to children and families, especially where the threshold is not met for a Children's Social Care intervention but families require additional support through the provision of early help.

22. From September 2019 the Worcestershire Safeguarding Children Board will not exist and new safeguarding partnership arrangements will be in place. The Board will, however, continue to deliver its statutory functions until the new arrangements have been established. Assurance will continue to be sought from partner agencies during the coming year as outlined in the body of this report.

Legal, Financial and HR Implications

Not applicable

Privacy Impact Assessment

Not applicable

Equality and Diversity Implications

Not applicable as no recommendations made

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Supporting Information

- Appendix 1 – Worcestershire Safeguarding Children Board Annual Report 2017/18. Available on-line.
- Appendix 2 - Worcestershire Child Death Overview Panel Annual Report 2017/18. Available on-line.

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AGENDA ITEM 6

HEALTH AND WELL-BEING
25 SEPTEMBER 2018

WORCESTERSHIRE SAFEGUARDING ADULTS BOARD (WSAB) ANNUAL REPORT 2017-18

Board Sponsor
Director of Adult Services and Health

Author
Bridget Brickley, Board Manager

Relevance of Paper – Priorities
Older people and long term conditions
Mental health and well-being
Alcohol
Domestic Abuse

Relevance - Groups of Particular Interest
People with mental health needs
People with learning disabilities
Older People

Item for Decision, Consideration or Information
Information

Recommendation

1. The Health and Well-being Board is asked to consider any cross cutting themes and to refer issues either directly to The Board or, through the next Joint Cross Cutting Issues meeting to be held between the Chairs of the four Boards.

Background

2. The Annual Report provides an overview of the activity of the Board during 2017-18. This includes the safeguarding activity that took place to protect people in Worcestershire with care and support needs at risk of harm during this period.

3. The report covers the third year as a statutory board under the Care Act 2014. The guidance for the Act clearly sets expectations for the minimum content for Safeguarding Adults Boards (SAB) and Annul Reports (Schedule 2.4 (1) a-g).

4. Overall good progress was made against the objectives for the year. However, the ability to progress some of the actions was impacted by capacity issues facing the Board during the year. Statutory partners have continued to face significant funding pressures and increased workloads. However turnover in board membership and sub group leadership during the year was low compared to the previous year.

5. Key achievements during the year included the development of the performance management framework to understand the key safeguarding risks in Worcestershire. The Board also held a successful learning event for managers and practitioners, which well received and oversubscribed. This focused on the learning from Safeguarding Adults Reviews. It also addressed the Boards priorities of Making Safeguarding Personal, understanding Section 42 criteria and Mental Capacity Assessments. Additional workshops have been arranged for those who were unable to attend.

6. In terms of developing wider engagement in the work of the WSAB alongside representation from Carers there is also representation from Advocacy services and a Chair was appointed to represent people with lived experiences. A reference group is now being developed to expand this input.

7. Cross cutting work also continued to evolve, particularly around Child Sexual Exploitation (CSE). Transition policies and procedures were reviewed to ensure that they are working effectively, with a pathway being established across children's and adults services which includes those young people where CSE has been identified.

8. Activity data indicates that awareness of the process to report safeguarding concerns across the county continues to improve. The level of inappropriate referrals, where the issue raised is not a safeguarding matter and therefore did not meet the appropriate level for a statutory enquiry to take place, again saw some reduction. However developing awareness of safeguarding issues remains a priority.

9. It is important to note that a significant number of non-statutory enquires were also completed during the year. Whilst there is no obligation to undertake a formal enquiry, it was felt proportionate to undertake this approach as it would enable the Local Authority to promote the persons wellbeing and support the preventative agenda.

10. As with previous years physical abuse was the highest reported type of primary abuse followed by neglect. The other main areas were financial and psychological and financial abuse, in that order. These abuse types are usually the most highly reported because the signs are more visible.

11. Finally, the report includes contributions from each of the key partner agencies of the Board. These illustrate the work that is taking place across the County by the partner agencies to protect adults at risk from harm.

Legal, Financial and HR Implications

12. Not applicable

Privacy Impact Assessment

13. Not applicable

Equality and Diversity Implications

14. The report contains references to the demographic of the County and cross references safeguarding activity to the demographic. The outcomes show there is a continued under-representation of BME citizens being referred for safeguarding protective arrangements.

Supporting Information

Worcestershire Safeguarding Adults Board Annual Report 2016/17 – Available on line and at
http://www.worcestershire.gov.uk/downloads/file/10247/wsab_annual_report_april_2017_to_march_2018

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AGENDA ITEM 7

HEALTH AND WELL-BEING BOARD
25 SEPTEMBER 2018

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT (2016-2018) AND JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) SUMMARY 2018

Board Sponsor
Frances Howie, Director of Public Health

Author
Matthew Fung, Consultant in Public Health

Priorities

Good Mental Health and Well-being throughout life	Yes
Being Active at every age	Yes
Reducing harm from Alcohol at all ages	Yes
Other (specify below)	

Groups of particular interest

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

Safeguarding

Impact on Safeguarding Children	No
If yes please give details	
Impact on Safeguarding Adults	No
If yes please give details	

Item for Decision, Consideration or Information
Consideration

Recommendations

1. **The Health and Well-being Board is asked to:**
   a) **Note and discuss the content of the 2016-2018 Report of the Director of Public Health (DPH)**
   b) **Consider how organisations represented on the board might best respond to the recommendations of the DPH Report.**
   c) **Note and use the contents of the JSNA Annual Summary and compendium of indicators in service planning and commissioning.**

Background

DPH report

2. This year's DPH report covers the period 2016 – 2018 and focusses on prevention being better than cure. The report is split into 2 sections - the first part provides a narrative around the chosen theme, whilst the second part (available on-line) is an up to date compendium of key statistics about our population.

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

    - Many of the outcomes for children and young people are not as good as they could be, and, if improved, could significantly improve outcomes in later life. For example, children exposed to smoking in pregnancy and those assessed as having poor school readiness are more at risk of poorer outcomes in later life and yet both are evident in Worcestershire with 12% of women still smoking when their babies are born, and children with free school meals having the worst school readiness scores.
    - Most of our middle-aged population are making unhealthy choices day to day that can lead to health problems now and in the future.
    - Over half of Worcestershire's adult population is now overweight or obese and many people are physically inactive, smoke, and drink too much. It is likely that diseases linked to these lifestyles, such as stroke, coronary heart disease and diabetes) will rise significantly in the years to come.
    - Data about the older population shows that, although people live longer, they are often experiencing poor health in their later years. It is clear that outcomes such as loneliness and social isolation, fuel poverty, and reducing the risk of falls all need to improve significantly if our increasing numbers of older residents are to enjoy an independent and healthy old age.
    - Health inequalities are still evident, with the difference between the most and least deprived widening slightly for women, and remaining unchanged for men. This difference is particularly evident when looking at healthy life expectancy, although it is also true for length of life.

4. Our approach to prevention must be strong in protecting and improving population health, narrowing health inequalities and supporting our population to enjoy good health at every age. This report summarises some of the key evidence about the local and national picture and finds that there is much more to do. Although progress has been made in many ways, we continue to have variation in provision, uptake, and outcome.

5. The key recommendations from the report are:

    - To recognise that a refreshed, system approach to prevention will be an investment for a healthier future and a means of improving outcomes and reducing demand

- To work differently with communities, so that people are helped to help themselves and each other through community asset building and a shared approach with our residents
- To work better together across a fragmented and challenged system to sharpen the lens on prevention and take shared ownership of it
- To set up a Worcestershire Prevention Board, to drive improvement in prevention services to oversee development of the community assets approach in our County, reporting into both the Health and Wellbeing Board and the STP Prevention Board.

JSNA Annual Summary

6. This is the third JSNA annual summary presented to the Health and Well-being Board since the update of the Health and Well-being Strategy in 2016. An update of progress against strategy priorities is given, and a summary is also presented of issues that are emerging locally or that are likely to lead to possible issues in the future.

7. Local data highlights that health inequalities continue to exist in Worcestershire. The gap in life expectancy between the most and least deprived areas is 7.6 years for males and 6.2 years for females[1] and there has been no significant change since the last period[2].

8. The gap between Healthy Life Expectancy and Total Life Expectancy is smaller in Worcestershire than for England as a whole. In Worcestershire females have a larger gap between healthy life expectancy and total life expectancy than males meaning they are living longer but in poorer health.

9. On some specific measures, Worcestershire is not performing as well as England as a whole. These include, the percentage of children with free school meal status achieving a good level of development at the end of reception, smoking status at the time of delivery, and eligible homeless people not in priority need. These topics are discussed further in this report.

10. Emerging issues that have been identified include:

- **Antibiotic prescribing:** Worcestershire has seen a declining trend in antibiotic prescribing in primary care, but this has not kept pace with England as a whole.
- **Air pollution:** is rising similarly to the England average. However, around 0.3% of the population in Worcestershire live in an air quality management area (AQMA) compared with 0.2% nationally.
- **School readiness:** the percentage of children with free school meal status achieving a good level of development at the end of reception is significantly

[1] 2014-16 data
[2] 2013-15 data

lower (49.3%) compared with children who do not receive free school meals (69.7%).

- **Educational outcomes:** KS2 level outcomes are worse in Worcestershire than England and considerably worse for disadvantaged children.
- **Children needing social care:** the numbers of children who receive additional help or protection from Children's Social Care is continuing to rise**.**
- **Oral health**: the percentage of 5 year olds with any dental decay varies by district, and the two worst areas, Worcester and Wyre Forest, have seen an increase between 2014/15 – 2016/17 (from 27.3% to 29.9%, and 23.6% to 29.3% respectively).

11. To help track data relating to the current Health and Well-being Board priorities (2016-2021), a live online dashboard has been created which is openly accessible, and can be accessed via the Health and Well-being Board and the JSNA websites.

Legal, Financial and HR Implications

10. None

Privacy and Public Health Impact Assessment

11. All data have been prepared according to guidance on disclosure and have been presented in a way that does not allow the identification of individuals.

12. This report contains recommendations and data which, if used as the basis for decision-making, could have significant positive impact for population health

Equality and Diversity Implications

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

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Supporting Information

- Director of Public Health Annual Report 2016 – 2018 (Compendium of Indicators available on-line)
- JSNA Annual Summary 2018 (Available on-line)

Background Papers

In the opinion of the proper officer (in this case the Director of Public Health) the following are the background papers relating to the subject matter of this report:
Health and Wellbeing Strategy 2016-2021
http://www.worcestershire.gov.uk/downloads/file/7051/joint_health_and_well-being_strategy_2016_to_2021

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Director of Public Health

Annual Report 2016 – 2018

Prevention is better than cure

Find out more online:
www.worcestershire.gov.uk

worcestershire county council

Annual Report
Prevention is better than cure
2016 – 2018

Welcome to the 2016 – 2018 Director of Public Health Annual Report. This report focuses on preventing poor health and describes the current picture and opportunities in Worcestershire during this period.

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

Our approach to prevention must be strong and systematic, protecting and improving population health, narrowing health inequalities and supporting our population to enjoy good health at every age. We are living through a period of great challenge, with a rising tide of avoidable disease; increasing numbers of frail older people; and reducing public sector budgets. Many of our public services are dealing with day to day crisis and emergency, and much of that is caused by avoidable demand. Our approach to prevention needs to change to achieve a shared view of action and priority.

The second section of the report is a compendium of local health indicators. This presents a core set of health indicators over time, for the whole population of Worcestershire. As in previous years, our population in Worcestershire is generally healthy when compared with national averages. However, we cannot be complacent.

Much of the data about children suggests that there are risks to their future health. For example, smoking in pregnancy; childhood obesity; breast-feeding rates; and school readiness among children whose families qualify for free school meals all show below average outcomes. Most of our middle-aged population are now following life-styles which may be in line with national averages, but which are unhealthy and will cause health problems now and in the future. For example, most of our population is now over-weight or obese, and too many are physically inactive, smoke, and drink too much We can predict that the diseases linked to these lifestyles (such as stroke, coronary heart disease and diabetes) will rise significantly in the years to come. Data about the older population shows that, although people live longer, they have extended the years of life lived in poor health, rather than the years spent in good health. It is clear that outcomes such as social isolation of carers, fuel poverty, sight loss, and falls must improve significantly if we are to enjoy a healthy old age. Health inequalities are still evident, with the difference between the most and least deprived being at its widest for the number of years spend in poor health.

Many aspects of ill health in the 21st century are avoidable. Investing in prevention is a key element of making health and social care systems affordable and sustainable. I hope that this annual report will influence our thinking and actions in Worcestershire. There are some clear signs now that a healthy future is under threat, unless we do all we can together to improve our delivery of at scale effective prevention.

Dr Frances Howie
Director of Public Health

The Case for Change

Political and public commitment to universal health care, free at the point of delivery, according to clinical need, remains as strong now as it was when the NHS was established in 1948. However, the costs of the NHS have risen dramatically. In 1948, the budget for the NHS was £437m, which would be about £15bn at today's prices. In fact, in 2016/17, expenditure was £120bn.[1]

Spend has gone up as a consequence of increases in:

- The extent of medical intervention possible due to advances in science in technology.
- Public expectation about the service.
- Life expectancy, which, for a child born in 2017 is 82 years compared with 68 years in 1948[2].
- Population size. In 1948, the UK population was 49.4 million[3] compared with 66.1 million in 2017.
- Changes in the pattern of disease. When the NHS was set up, the main burden of disease came from communicable disease from which, in general, the patient either died or recovered. Now, the main burden of disease comes from non-communicable diseases, such as coronary heart disease or cancer, which result in a longer life, but often with long term health conditions requiring long- term NHS support.

Successive governments have restated their commitment to the NHS, and have increased the spending. The % of GDP used to fund the NHS has changed from 3.5% in 1948[4] to 7.4% in 2016/17.[5]

Repeated policy changes have attempted to limit this growth in spending. However, costs have continued to rise as the system struggles to cope with the increased burden of ill-health and demographic change.
In 2014, NHS England produced the Five Year Forward View policy document and described the need to 'get serious about prevention', and to systematise a radical upgrade in prevention. This is still not evident, and the NHS and social system continues to try to resolve problems which could have been resolved at a far earlier stage.

Locally, the need for change is evident. The NHS has required local areas to produce a Sustainability and Development Plan (STP) which identifies gaps between where we are, and where we should be, in terms of health outcomes gap; service quality outcomes and finances. **The Plan shows health outcomes that show that Worcestershire has progress to be made to improve the health of its people**. For example

- Worcestershire ranks 55th out of 150 Authorities nationally (where 1st is best) for premature mortality rate per 100,000 population. In comparison with its statistical neighbours, Worcestershire ranks 12th out of 15, with a premature death rate of 320 per 100,000, compared with 256 for the 1st ranked (2012-14).
- The gap between life expectancy and healthy life expectancy at 65 years in Worcestershire is 7.2 years for males, and 8.9 years for females (2014-2016).

[1] HM Treasury, *Public Expenditure Statistical Analysis 2017*
[2] Average for males and females, the figure is for 2013-15, the closest year available.
[3] Source: OHE Guide to UK Health and Health Care Statistics, 2013
[4] Figure is for 1950/51, the first year available. Source: http://www.nhshistory.net/parlymoney.pdf
[5] Source: HM Treasury, Public Expenditure Statistical Analysis 2017, Table 4.4

- The gap in healthy life expectancy between the most and least deprived in Worcestershire is 11.8 years for males, and 11.5 years for females (2009-2013).

    - Only 46% of children receiving free school meals in Worcestershire reach a good level of development at the end of the reception school year. This is worse than the England average of 51% (2014/15)
    - The infant mortality rate in Worcestershire is 4.9 per 1,000 live births (2014-16) and is amongst the worst in comparison with its statistical neighbours.
    - 23% of reception class children are obese or overweight in Worcestershire (2015/16)
    - 2.7% of all live births at term in Worcestershire are of low birth weight, similar to the national average of 2.8% but higher than most comparator areas (2016).
    - Breast-feeding initiation rates are 66.7% in Worcestershire with a national figure of 74.5% (2016/17)

The data presented here show that lifestyles in the County are often not those which will produce the healthiest life. Continuing with these lifestyles will further widen the gap between where we are and where we should be. For example, an estimated 65,000 people smoke, 140,000 drink alcohol to excess, 98,000 are physically inactive, and 290,000 are overweight or obese. People do not make maximum use of preventive services such as influenza vaccination where 27.8% of over 65s were unvaccinated in 2016/17, and 6.8% of children at 5 years old had not received 2 doses of measles, mumps and rubella in 2015/16.

The particular pressures of a high proportion of older people; a majority of the middle-aged population following lifestyles with some health risk; and poor health outcomes among children, mean that there is a consistent pattern in Worcestershire as in the country as a whole of rising demand for high cost services and of people not being able to live life to the full. **The case for a shift towards prevention is strong**.

Worcestershire context

In 2013, local authorities were given a new statutory duty to improve population health and narrow health inequalities. This new function moved to the County Council, and a new Public Health Ring-fenced Grant (PHRFG) was given to the Council to execute its duties. Key functions for the council, under the leadership of the Public Health director and team, include commissioning prevention services; influencing the wider determinants of health through working with partners; and using intelligence and skills to maximise investment locally. The move to local authorities was hoped to strengthen place based approaches to healthy environments, and the NHS retained its duty to narrow health inequalities and improve health and well-being.

Local authorities were also required to set up Health and Well-being Boards and to produce a Health and Wellbeing Strategy. Our Strategy sets out our approach to prevention: preventing ill-health before it occurs; reducing the impact of problems which have occurred, (by detecting risk and problems as soon as possible and intervening early to limit their impact) and delaying the need for further help and avoiding crisis (by getting the right help quickly to those people who already have needs.)

Our Health and Well-being Strategy sets out a five point framework for local action on prevention:

- **Creating a health promoting environment** by developing and enforcing healthy public policy and taking health impact into account systematically in decision making.
- **Encouraging and enabling people to take responsibility for themselves, their families and their communities** by promoting resilience, peer support and the development of community assets.
- **Providing clear information and advice** across the age-range, so that people make choices that favour good health and independence.
- **Commissioning prevention services** for all ages based on evidence of effectiveness and within the funding available.
- **Gate-keeping services** in a professional, systematic and evidenced way, so that services are taken up by those who will most benefit and the service offer is available on the basis of need, regardless of differences between people in terms of where they live or characteristics such as deprivation.

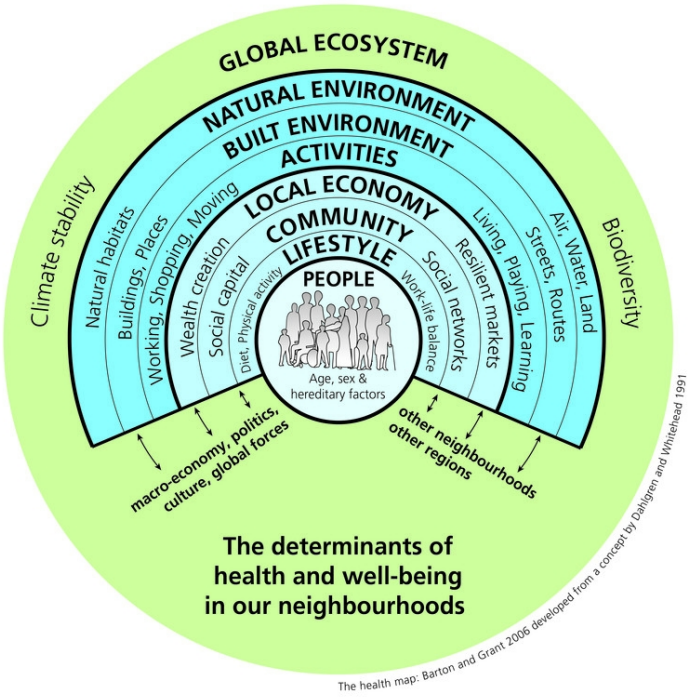
A range of initiatives are now in place across the County which aim to tackle prevention at every level. However, given the continued pattern of rising demand, we are still some way from the radical upgrade in prevention which is needed for the long-term sustainability of our services. It is timely to return now to revisit our ambition, and to consider whether or not we yet have an effective system approach to which deliver impact for our local population. **The data here suggest that the radical up-grade to prevention has yet to be realised**.

The following sections of this report describe three broad areas of prevention drawn from the framework above highlighting what works and considering current progress in Worcestershire.

Creating healthy places	Enabling people to help themselves, their families and their communities	Developing effective prevention services
Working in partnership to create healthy places which promote good health	Encouraging and empowering people to be active in their local community, health literate, and able to take responsibility for their own health	Primary, secondary and tertiary prevention services, universal and targeted, for all ages.
Healthy planning and homes	Engaging with communities to build community assets through people and places, including front line staff training in evidence based practice	Universal services from pre-birth for young people and parents – Midwifery – Health visiting - School nursing Targeted services for those who need them most – Perinatal mental health programmes – Parenting programmes – Child and adolescent mental health services
Healthy licensing policy	Citizen training in health and digital literacy including as champions for promotion of mental health and well-being and dementia awareness	Universal services for all adults – Front line staff training across the whole system in delivering motivational brief interventions
Access to green spaces	Clear information and advice usually digital	Targeted services for those who need them most: – Immunisation programmes for specified groups – Screening programmes for specified groups – NHS health checks programmes – Diabetes prevention programmes – Falls prevention programmes
Air quality	Supported information and advice for those who need it for example by social prescribing and community and health navigators	
Active and integrated travel		
Healthy work places, schools and colleges		
Focus on take-up and engagement with target populations, in particular those living with disadvantage.		

Creating Healthy Places

Good or bad health is not only a consequence of behavior, genetics, and health care. Social, economic and environmental factors are significant determinants of health and healthy places can promote good health, making sure that everyone has a good chance of good health and well-being.



In the next section, I highlight some areas for particular attention. It is important to remember that Worcestershire remains a relatively affluent county in terms of the wider determinants of health relating to education, employment, and income. However, our rising burden of avoidable ill-health should still be addressed through a wider determinants lens, and it is particularly important that we focus on lifestyle modification through place shaping. Much of this work takes place at community level, in our districts, towns, parishes, schools, colleges, and workplaces. Community leaders and local people right across the system can influence the place in which people live and work, and can be engaged in making each local area a healthy place to live for all its residents, whatever their age.

Healthy Planning and homes

The population of Worcestershire is projected to increase by 51,000 people by 2041, and much of this increase will be in people aged 75 years or over, largely driven by falling death rates and people living longer. However, with around 34,000 houses still planned to be built by 2030 across the County, planning has a key role in ensuring that the health needs of the current and future population of Worcestershire are met. The environment in which we live has a significant impact on health. The World Health Organization estimates that 23% of global deaths are due to modifiable environmental factors. Locally, there are opportunities for improving public health including in neighborhood design, improving the quality of housing, planning for an ageing population, improving access to quality food, improving and sustaining the environment, improving sustainable transport, infrastructure and road safety.

To support healthy planning, Health Impact Assessments (HIAs) are a tool for assessing and maximising the potential positive health impacts of a planning proposal, and mitigating

any negative impacts of proposed developments. The South Worcestershire Planning for Health Supplementary Planning Document (SPD), provides a good basis to ensure the systematic application and embedding of prevention into the planning process in Malvern Hills, Wychavon and Worcester City, **but more needs to be done to ensure a consistent approach to healthy planning across all Districts in Worcestershire, and elected members and planning officers at County and District level have an important part to play**.

Homes promote good health and healthy lives in many ways, including by the careful planning of the built environment and the provision of high quality housing which will enable people to be safe and warm. However, maximising good housing throughout life should be more focused and flexible too: good-quality supported housing for people with mental and physical health challenges; homes that can adapt to the needs of people as they age; and healthy care homes when they are needed are all needed to prevent ill-health, and to reduce some of the existing pressures on health and social care systems. Here it is important for health, social care, and voluntary sector partners to work together and with planners to make sure that the basic right to safe, affordable and appropriate housing is met.

Care homes have a unique role in creating a health promoting environment for the most frail older people. NICE guidelines,[6] focus on the opportunities in care homes to promote good mental and physical health, including through meaningful activities, good diet and hydration, and prevention of falls. Enhanced health in care homes can be achieved by close co-ordination between care homes and the range of health services required to meet the needs of older people living in the care homes, as well as with our local communities. Much has been done in Worcestershire to link care homes to named GPs, and there are well-being schemes in some of our care homes. **However, much more could be done to make the most of the care home setting in promoting good health and preventing further escalation of health problems.**

Healthy licensing policy

Excessive drinking is damaging to health in the short and long term. Short term effects include accidents and violent behaviour whilst longer term effects of persistent alcohol misuse include stroke, liver disease and liver cancer. Nationally, victims of violent crime believed the perpetrator to be under the influence of alcohol in 40% of violent incidents[7]. In Worcestershire, rates of violent crime linked to alcohol range from 2.36 per 1,000 (Malvern Hills) to 5.15 per 1,000 (Redditch and Worcester City).[8]

In Worcestershire, the rate of hospital admissions for alcohol related conditions was 634 per 100,000 (2016/17) which is similar to England average, and the rate of under 75 mortality from alcoholic liver disease was 16.6 per 100,000 (2014-16) equating to 278 deaths, also similar to England average, but rising whereas the rate is reducing elsewhere Although the burden of chronic drinking is in the home, it is important to create a healthy place where licensed premises are well-managed, in terms of quantity and quality. Worcester City has the greatest density of premises licensed to sell alcohol per square kilometre in the West Midlands (13 licensed premises per 1km^2), and has therefore agreed a 'Cumulative Impact Zone' (CIZ) which enables a restrictive planning environment. It is important to maintain

[6]NICE. Older people in care homes. Local government briefing. Published 18 February 2015. http://nice.org.uk/guidance/lgb25 Accessed 23/03/2018

[7] Crime Survey for England and Wales. Year ending March 2017.

[8] Public Health England. Local Alcohol Profiles for England. Alcohol Related Violent Crime 2012/13.

this, and to consider other areas for similar management approaches. Licensed premises should also be encouraged to make sure that non-alcoholic drinks and water are available and affordable, and to train staff so that excessive drinking is not permitted. Locally, licensees report increases in customers arriving from 'pre-drinking' at home, which can make it harder for them to realise that a customer has drunk enough. Councils have a key role in training for license holders, and in promoting a responsible drinking culture through their licensing powers.

Partner organisations such as the police and voluntary/community sector are actively working to reduce excessive drinking in public places, and this work could widen beyond the current, town centre, hotspots. This includes making formal representations alongside partners at licensing committees to curtail the proliferation of new establishments, as well as promoting safer drinking habits.

Access to green spaces

Proximity to, and use of green space and the natural environment is associated with better physical and mental health. Benefits include improving physical activity, and reducing excess weight and obesity leading to reduced risk of long term conditions. This in turn can lead to lower rates of mental health conditions such as anxiety and depression, and generally improved health, wellbeing, social interaction and social cohesion.

Providing children with good access to the physical environment is an important aspect of development, which also helps improve childhood wellbeing such as reduced mental illness and increased proportions of children being the recommended weight. People under the age of 25 are more likely to be obese if they do not have access to green space.[9]

Residents in Worcestershire are able to access high quality green spaces such as open countryside, woodlands, nature reserves, parks and waterways. According to Natural England there are over 11,750 hectares of strategic natural green spaces in Worcestershire that can be used by the general public,[10] which is above the national average. However, the latest information available suggests that only around 14.2% people (83,500 people) in Worcestershire use outdoor space for exercise/health reasons,[11] compared to 17.9% nationally.

Local initiatives are available across Worcestershire to promote exercise and use of green spaces – examples include the Park runs, Sports Partnership activity finder,[12] health walks [13] and a range of local activities, many of which are available through District Councils who have a statutory duty in this area. Local communities have an important role to play, local Parks Groups, Park runs, and health walks all rely on volunteers to enable people to be active lives in local green spaces. In 2017/18 there were 31,528 walks undertaken in Worcestershire as part of the Health Walks programme[14] and there are approximately 280 volunteer walk leaders without whom these would not be possible.[15] However, these programmes have yet to operate at scale, and a vision for every public place to be a starting place for a volunteer leader led health walk is far from being realised. **Further work with partners and communities could make a significant improvement here,**

[9] 7 Benefits of Green Infrastructure: Report by Forest Research (October 2010).
[10] Natural England, 2011. Nature Nearby; Accessible Natural Greenspace Guidance.
[11] Respondents are asked to indicate how many visits they have taken to the natural environment in the last 7 days.
[12] https://www.sportspartnershiphw.co.uk/activities
[13] http://www.worcestershire.gov.uk/info/20239/walks_and_rides/1013/health_walks/1
[14] Data does not refer to individuals rather number of walkers at all walks.
[15] Walk leaders active in Q1 2018.

with GP surgeries, schools, and parks being well-placed to support increased activity.

Air quality

Air pollution is a serious public health issue, contributing to around 40,000 deaths each year in the UK. Defra also estimates that nitrogen dioxide (NO2) contributes to shortening lives by an average of around 5 months – ranging from healthy individuals experiencing negligible effects to susceptible individuals whose poor health seriously deteriorates due to NO2 pollution. Around 1/3 of people in Worcester City and Wychavon are currently living in areas with high levels of NO2. Modern day air pollution is largely invisible and is predominantly caused by emissions from road vehicles – figures for car use are given in the following section.

Air pollution is associated with a number of adverse health effects across the lifecourse, contributing towards respiratory infections and asthma in young children, worsening long term conditions such as respiratory diseases, and exacerbating conditions such as heart disease and diabetes. Although air pollution affects everybody, its effects disproportionately affect children, older adults, those with existing health conditions and the most disadvantaged people within Worcestershire.

Local authorities have a range of powers which can be used to improve air quality, including effective and active monitoring of air pollution at a local level, declaring air quality management zones, restricting transport, smoke control areas and placing restrictions on environmental permits and planning. In Worcester City, interventions to promote improvements in air quality are being made across the district and appraisals are currently being made around suitable interventions which will help to improve air quality, which will benefit the health and wellbeing of people living, working and visiting Worcester City.

Further work should be considered to improve poor air quality across Worcestershire and mitigate its effect on health. This could include the analysis of rates of admissions for respiratory and cardiovascular diseases alongside air quality monitoring data, as recommended by the Chief Medical Officer. This would enable fuller understanding of the local health impact of poor air quality and support new interventions for prevention.[16]

Active and integrated travel

Sedentary lifestyles are a significant risk factor for many physical and mental illnesses. Promoting sustainable and active travel has the potential to bring significant physical and mental health benefit for individuals as well as a wider societal benefit by improving social cohesion, and improving air quality.

Around 69% of people in employment drive to work in cars or vans in Worcestershire (more than 190,000 people), 10% walk to work, 5% use public transport, and 5% are a passenger in a car or van.[17] Car use is sometimes a necessity in rural parts of Worcestershire, but also provides many benefits in terms of providing convenient access to services, leisure opportunities and jobs, but often results in a decrease in active forms of travel such as walking and cycling, and contributes significantly to our increasingly sedentary lifestyles and physical inactivity.

A significant shift in travel choices requires decision makers to take action in a number of ways, including: Councils using health impact assessments in planning to maximise

[16] https://www.gov.uk/government/publications/chief-medical-officer-annual-report-2017-health-impacts-of-all-pollution-what-do-we-know

[17] ONS. NOMIS. QS701EW – Method of travel to work, 2011 Census.

opportunities for promoting active and sustainable travel, developing cycling and walking infrastructure across the county; investing in cycle training and subsidised cycle ownership schemes and employers and schools developing sustainable travel plans, including implementation of Cycle to Work Schemes.

Healthy schools and colleges

Childhood is key in determining adult health and well-being and we need a strong focus on making sure that our colleges, schools and nurseries are health promoting places. In Worcestershire, many of our children are overweight or obese, and concerns about their mental health continue. Robust evidence shows that interventions taking a "whole school approach" have a positive impact in relation to outcomes including: body mass index (BMI), physical activity, physical fitness, fruit and vegetable intake, tobacco use, and being bullied.

A whole school approach is one that goes beyond the learning and teaching in the classroom to pervade all aspects of the life of a school including:

- culture, ethos and environment: the health and wellbeing of students and staff is promoted through the 'hidden' or 'informal' curriculum, including leadership practice, the school's values and attitudes, together with the social and physical environment
- learning and teaching: using the curriculum to develop pupils' knowledge, attitudes and skills about health and wellbeing
- partnerships with families and the community: proactive engagement with families, outside agencies, and the wider community to promote consistent support for children and young people's health and wellbeing.

'Healthy schools', 'health promoting schools' or "mentally healthy schools" approaches are used by some schools to help translate the whole-school approach into practice and to enhance health and educational outcomes of their pupils, but these are not yet evident at scale across the County.

Schools and colleges are well-placed too to focus on emotional health and wellbeing and here Personal Social Health and economic (PHSE) teaching is of great significance. This is a non-statutory subject, but the great majority of schools choose to teach it because it makes a major contribution to their statutory responsibilities to promote children and young people's personal and economic well-being; offer sex and relationships education; prepare pupils for adult life and provide a broad and balanced curriculum. A strong PHSE delivery is a key part of the prevention agenda, and one which is often not given high enough profile outside or inside schools. Ofsted review of PSHE found that the quality of PSHE education is not yet good enough in a sizeable proportion of schools in England The evidence for the impact of

- well-delivered PSHE on pupil's life chances is strong;
- their first sexual activity occurs later and they are more likely to report abuse and exploitation; Experts see PSHE education as the best way to promote the safe use of technology and address online abuse;
- they reduce risk-taking behaviours such as drug or alcohol addiction and improves diet and exercise levels, increases positive outcomes relating to emotional health;
- reduces stigma and helps pupils learn where to go if they have mental health concerns;
- has a positive impact on academic performance and life chances; boosts the employability of school-leavers; improves social mobility.

Sex and relationship education (SRE) is an important part of PSHE education and currently being consulted on in terms of compulsion through legislation. Ofsted have and there is currently a public consultation on extending the compulsory elements through regulation. Effective SRE is an essential part of preventing problems around relationships and sexual behaviours, yet Ofsted found a lack of high-quality, age-appropriate sex and relationships education in more than a third of schools.

Schools can shape good health and well-being by becoming health promoting settings, but they also have a key role in the wider determinants of health through their impact on educational outcomes. Education is a key marker for wellbeing and is positively associated with a range of outcomes in adulthood, including high income, low morbidity, and low involvement in crime. We know inequalities exist right from the very start of school, and the percentage of children with free school meal status achieving a good level of development at the end of reception is only 49.3% here, which is the second lowest rate in the West Midlands.

The place where children and young people spend their learning time gives a key opportunity for health improvement, nurturing their physical and mental health, and enabling them to maximise the benefit of the education offer, which brings lifelong health benefit. **As a County, more can be done at scale to make sure that all our educational settings are places where good health and well-being is maximised , and that all staff who teach in the important area of PHRE have a strong community of practice to enhance their work.**

Healthy workplaces

Employment in terms of having a job is a primary determinant of good health, impacting directly and indirectly on the individual, their families and communities. However, workplaces themselves can be a key health setting, as a place for employees to develop and be supported in healthy ways of living and working. Healthier, active and engaged employees are more productive and have lower levels of sickness absence. which brings business benefit as well as benefit to individual health. Nationally, the main causes of sickness absence are mental health and musculoskeletal problems, and both of these are amenable to change in the workplace. NICE estimates that the net benefit to employers of implementing interventions to promote the mental well-being of employees ranges from £130 to £5,020 per participating employee through reductions in presenteeism and absenteeism. (PHE 2016, Local Menu of Preventative interventions p.26).

In Worcestershire, the 'Worcestershire Works Well' scheme, supports businesses through an accreditation programme to improve employee health. Although the scheme evaluates well with those who are accredited, only 86 businesses across Worcestershire are engaged compared with 27,000 local workplaces in the county. Business partners across the County could do more to create healthy workplaces, so that the time staff spend at work brings positive health benefit, and **I would recommend that further efforts are made to promote employee health schemes in particular, with a focus on smaller businesses who employ predominantly routine and manual workforces, where health outcomes are poorest.**

Enabling people to help themselves, their families and their communities

Enabling people to help themselves and their communities lies at the heart of a refreshed approach to prevention. Over time, people have become increasingly passive recipients of services and their capacity to solve their problems themselves has been diminished. Social change has meant families are often dispersed nationally and internationally, and are of a different structure than in the past. There is also evidence that services either fail to reach the people who need them most, or fail to target the service itself to meet the needs of those people. For example, Black and Minority Ethnic people in Worcestershire are more likely to make use of emergency services than are white people (47% of all hospital admissions to people with an Asian ethnic group were an emergency, compared with 35% of all hospital admissions to people with a white ethnic group, and 35% of all emergency hospital admissions were to BAME groups).

Prevention means making sure that ill-health is avoided and good health is maximised. It also means making sure that everyone knows about healthy lifestyles; how to use services well; how to recognise signs and symptoms of ill-health; when to access services; how to manage self-care in the longer term; and how to support others when they need it. However, this is harder for some people that others and it is now well-evidenced that an asset based approach can bring real improvement in this area. This approach relates to both individuals and to their communities, and is rooted in building on assets that already exist, rather than applying a 'deficit model' which will result in increasingly heavy use of services. In time, more resilient communities will be built up, which are better able to meet the challenges of 21st century lives.

Engaging with communities to build their health assets

In a recent Worcestershire 'Viewpoint' survey, 50% of respondents agreed that the community needs to share more responsibility for the health and well-being of people with health and social care needs, however the evidence is that many people do not participate in keeping healthy and most are making greater use of local health and care services than ever before. . Whilst there is some use of asset-based approaches across the county, more can be done by all partners to strengthen this approach.

Community health assets have four domains which focus on bringing people together with the support of all sectors, to build resilient communities with informed residents who can help themselves and each other in ways that will impact positively on health and well-being:

In Worcestershire only approximately half of adult social care users (49.7%) and two-fifths of adult carers (38.4%) said they had as much social contact as they would like[18]. There is much more to do to prevent and deal with loneliness, which is becoming one of the most significant avoidable health burdens here and across the Country. The quality and quantity of social relationships affects health behaviours, physical and mental health, and risk of mortality. Social isolation and loneliness affect people in every age group, social class and ethnic group. Loneliness is perhaps more common than expected, with up to 80% of those under 18 years, and 40% of adults over 65 years reporting being lonely at least sometimes. Loneliness gradually decreases through middle adult years, but then increases in older age.

However, certain people or groups may be more vulnerable to social isolation than others, depending on factors like physical and mental health, level of education, employment status, wealth, income, ethnicity, gender and age or life-stage.

Although many people do have friends and good neighbours, many do not, and the Reconnections service in Worcestershire, innovatively funded through a Social Impact Bond with joint funding from the CCG and the County Council, is showing promise in connecting isolated people with their local communities. It relies on a model of recruiting and training volunteers, who then maintain their own community links, preventing their own social isolation in due course.

Volunteer and peer roles are important in the context of community centred approaches. The right types of opportunities help to enhance the ability and capability of individuals to provide advice and information in their communities. This may also extend into supporting or organising activities around health and well-being. Through actively promoting volunteering through asset-based approaches, communities are benefited as well as the volunteers themselves. This is demonstrated through higher ratings on the measures of life

[18] Respondents to the 'Adult Social Care Survey' and 'Personal Social Services Survey of Adult Carers' (2016/17).

satisfaction, happiness, and feeling that the things they do in life are worthwhile compared with those who do not volunteer.

There are numerous opportunities across the county to increase volunteering and improve the way people are paired with opportunities and encouraged to participate. Front line services, particularly through social prescribing, are encouraged to consider the benefit of promoting volunteering to the people, patients and public that they interact with.

Public services and third sector organisations need to scale up the asset-based and participatory approach to building confident and connected communities, where all groups, but especially those at highest health risk, can access social support and social networks, have an input in shaping services and are able to participate in community life.

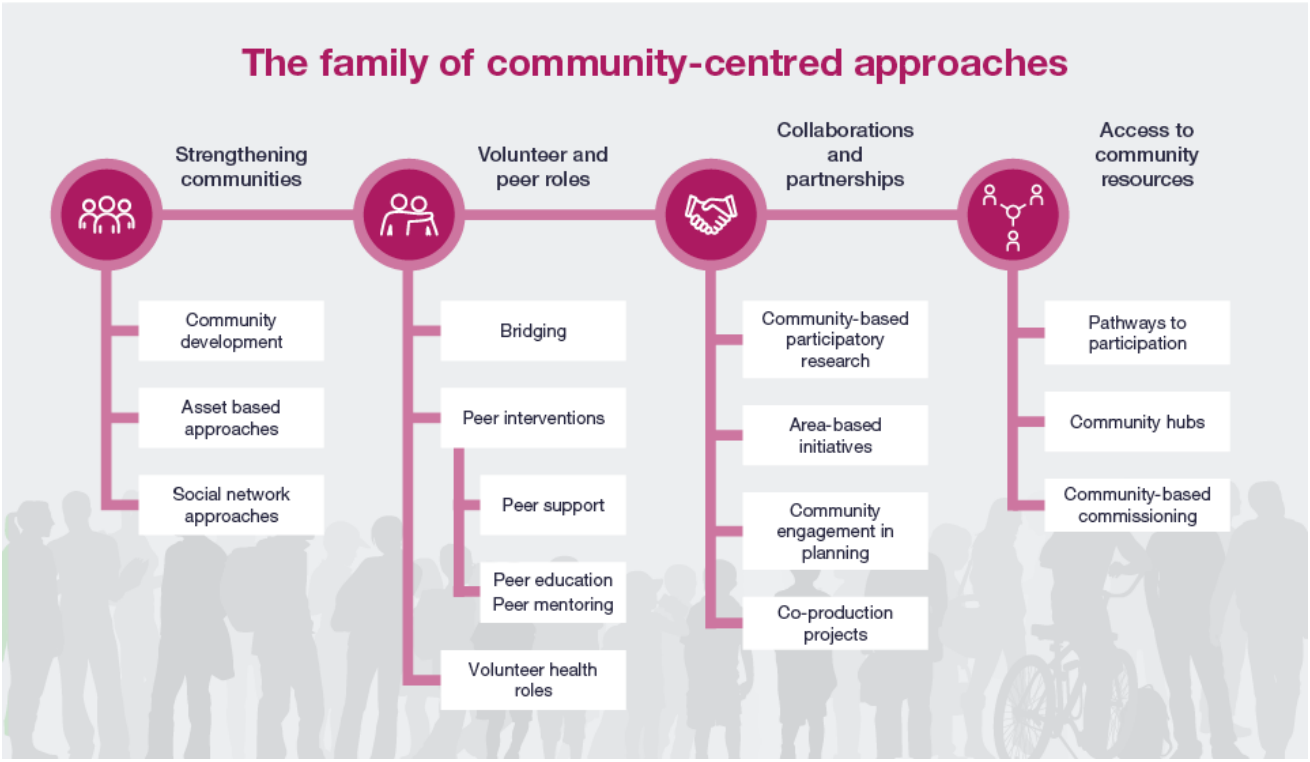
Front line staff training

Specific staff training is needed in community centred working, as patients are increasingly looked after as close to home as possible and it becomes even more important that health and care staff have new learning about community centred approaches, and are able to contribute to building resilience in a way that will prevent ill-health in the future. **Specific staff training is needed in community centred working.**

Public Health England guidance on community-centred approaches to improve health and well-being[19] makes the case for investing in community- centred ways of working and groups approaches into a framework of four families:

- Strengthening Communities – including: community development, asset based approaches, social action and social network approaches.
- Volunteer and Peer Roles – including bridging roles such as: health trainers, peer support and volunteer health roles.
- Collaborations and Partnerships – including: community-based participatory research, area-based initiatives such as healthy cities, community engagement in planning and co-production (a term used to describe engaging community members and service users as equal partners in service design and delivery).
- Access to Community Resources - including approaches that improve pathways to participation such as: social prescribing, community hubs and community-based commissioning.

[19] Public Health England (2018) Health matters: community-centred approaches for health and wellbeing. Available at: https://www.gov.uk/government/publications/health-matters-health-and-wellbeing-community-centred-approaches/health-matters-community-centred-approaches-for-health-and-wellbeing



Citizen training in health and digital literacy including as health champions

It is important that people are enabled to help themselves and others through specific face-to-face or group training, as well as through the wider community resilience work. Training in health can include specific topics such as CPR, living with dementia, suicide prevention, and well-being, and it can also mean joining self-help groups, often with the involvement of peer supporters.

Currently in Worcestershire, there are a number of opportunities for this kind of training, but these are not yet available systematically across the County and have very variable, and typically low, take-up. **This is an area for system action**. For example, adults newly diagnosed with diabetes need to acquire a large range of new skills and knowledge, such as how to manage their insulin therapy. In 2016/17 across all three Worcestershire Clinical Commissioning groups the percentage of people newly diagnosed with diabetes who attended a structured education programme was low. The percentage of people offered the programme ranged from 78.2 to 88.8% but the percentage of people who actually attended ranged from 0.9 to 5.6%. More recently, a Pre-Diabetes Prevention has been set up, as part of a national initiative, but again far less than half of the people who are invited to complete the course do so.

There are estimated to be around 8,000 people with dementia in Worcestershire and this number is projected to increase to nearly 14,000 by 2030. **'Dementia Friends'** training encourages people to change their perceptions of dementia and to act in small ways to help. Individuals and organisations are encouraged to sign up to become a 'Dementia Friend' or 'Champion' in order to improve the environment in which people with dementia can live. Numbers here are encouraging, but again more could be done to encourage greater take-up.

Time to Change Champions are people with lived experience of mental health problems who campaign to end mental health discrimination in their communities. Champions use their experience of mental health problems to change the way people think and act about mental health. As part of the recently established Worcestershire Time to Change hub, champions are being recruited across the county to run activities, share their stories, and initiate conversations about mental health in everyday interactions. So far, 51 individuals have signed up to the Champions database, and a variety of activities are being planned across Worcestershire.

Clear information and advice (usually digital)

In order to enable people to help themselves and their communities, they need access to reliable and easily accessible information. Again, there is a pattern of variation in availability across the County, and no systematic approach to the core offer. The best information is available on-line, through NHS sites such as NHS Choices which is the gateway to national and local information, and through Council sites such as Your Life Your Choice, which usually also have easy-read material. However, an estimated 50,000 people in Worcestershire are considered to be 'digitally excluded' – because they do not have the skills and confidence, or the equipment necessary, to access online resources. This creates an inequality which needs strong action as we move to digitalizing the NHS and other public sector services more generally. The NHS is changing quickly to maximize its use of on-line booking, virtual consultations, self-care on line resources, and tele-health and we must make sure that this can benefit the current population of digitally excluded people.

The Go On Worcestershire Partnership was established I 2014 to provide targeted local training and support to enable as many people as possible to have the opportunity to go confidently on line. Digital champions have been trained through the partnership, to support others in safe use of the internet, but there is considerable scope for more recruitment and for active identification of other places where training of volunteers and supported internet use are possible.

Hundreds more resources and websites exist in addition to those listed, which can seem fragmented and it can be difficult to find the right (and robust) information. **Providing a clear and joined up set of resources is important to help deliver improved health and wellbeing for the people of Worcestershire. It would be timely to give this area some early attention, including working with residents, so that a core set of reliable information sources is easily accessible.**

There are already local libraries, and they have the potential to be places where people meet, and find out more about their health and local community networks and activities. Libraries are sites of adult learning in digital training, and are places where there is free and supported access to the internet. As their role in accessing digital advice grows, some people will continue to want to read books which are valued by professionals. The local library based Books on Prescription scheme has collections on topics such as dementia, carers, child and adolescent health, mental health, and being a parent, and NHS staff are able to direct patients to the resource, using a 'prescription pad.' A total of 7,847 books were borrowed through the books on prescription scheme in 2017-18.

Again, a more systematic approach could be used to ensure that all libraries contain a core stock of relevant titles and more volunteers could be recruited to support people to navigate the health websites.

Supported information and advice for those who need it for example by social prescribing and community and health navigators, making full use of partner organisations.

Although, for many people, books and on-line resources are enough, there is evidence that relying on this method has tended to exclude people who need services the most. For these people, new ways to engage are needed. This again requires a shift in thinking, and the willingness to be innovative.

Early progress is being made in social prescribing, which is a priority for health services locally, and is embedded in the developing social work focus too on assets based practice. Social prescribing is based on GPs, nurses and other health professionals referring patients where appropriate to non-clinical services. This recognises that health is determined by a range of social, economic and environmental factors, and social prescribing links people with non-medical support to address their non-clinical needs. It also aims to support individuals to take greater control of their own health. Patients who are referred to a social prescriber will assess their needs, from money worries and relationship difficulties, to social groups to tackle isolation. The type of support varies widely, from employment and skills to health walks. An evidence review which looked at the impact of social prescribing on demand for healthcare found an average of 28% fewer GP consultations and 24% fewer A&E attendances where social prescribing 'connector' services are working well[20]. There are currently six pilots running across Worcestershire to test the effectiveness of social prescribing which includes 44 practices. As of May 2018, 152 people have been seen by a social prescriber and there are early signs of positive take-up by health professionals. **There is significant opportunity in Worcestershire to scale up social prescribing to reach more people who could benefit.**

Community navigators are typically local people who have been trained in understanding what services are available and who are able to give this information informally to others. I Worcestershire, small scale projects have taken place but have not been sustained, although people who received advice in this way found it helpful. Evaluations found that there were difficulties in linking navigators to the populations they were trained to inform, without an infrastructure of community organisation.

Health navigators are trained NHS staff, typically in public facing roles such as reception, who can assist patients to use existing health services well. They have a particularly useful role for those patients who tend to make use of emergency services rather than taking a more planned and appropriate approach. A pilot scheme is underway in part of the County but again there is not yet a County wide approach.

The Voluntary and Community Sector (VCS) has a particularly strong role in the provision of supported advice and information, and Worcestershire has a well-developed VCS with many local and national organisations being available for our residents. **However, as with the state sector, budgets are under pressure and there is a need to work together to ensure that communications between sectors are optimised so that referral pathways and priorities are shared. It is clear that investment priorities for prevention must include consideration of the sustainability of the VCS, and that a County-wide approach to investment is needed.**

Other partners too, in particular Fire and Rescue and the police, have a clear route into populations who can be hard to reach and there is scope for more joined up work with our partners on helping people to help themselves. There is already work in place with Fire and Rescue, building on their routine home safety check, which is being evaluated and, if effective, requires a County wide approach.

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[20] Polley, M. et al (2017). A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications. Available at: https://www.westminster.ac.uk/patient-outcomes-in-health-research-group/projects/social-prescribing-network

Developing effective prevention services

Prevention is better, and cheaper, than cure, but this does not mean that prevention services are not needed. We now have a clear knowledge base about what works, and this means that we can be hopeful of improving the health outcomes presented here and in the Joint Strategic Needs Assessment However, investment across the County has not yet been systematic or consistent, and the reach of services continues to vary according to where people live and their ability to access services. It is known that the hardest to reach populations can find it hardest to benefit from services, and this is a significant cause of health inequalities. There is an important role for co-production here, working with the people who will use the services to make sure that they are accessible and relevant, and will maximise impact. **Although there is a strategic commitment to co-production locally, many of these prevention services have not yet seen significant engagement of users in service planning and this is an opportunity for change.**

In the rest of this report, I summarise core prevention services which are known to work and, which, if delivered at scale and taken up by their target populations, would prevent much of the avoidable burden of ill-health. These are the services which it is the duty of the NHS and local government to provide, but which can still be improved in terms of reach, take-up and investment.

Front line staff training

Staff are currently working harder than ever before, with reducing budgets, more complex caseloads, and increased public expectation. The key front line training for staff to impact on prevention is Making Every Contact Count, a training package to enable staff to have an informed and motivational conversation with their patients and service users about healthy lifestyles. This training is readily available on line, but staff need to also receive face to face training, so that a change in their practice can be supported. It is known that staff face barriers to implementing the giving of lifestyle advice. They feel they have not been trained to do so; that they are acting outside their area of practice; and they are loath to give advice that they themselves may not follow. However, the changing population means that most patients will have unhealthy lifestyles and that advice can be given which will improve health, and so delivering the 'Making Every Contact Count' (MECC) messages become part of the core duty of the health and care professional in the 21st century.

Intervening at scale is important to achieve population-level behaviour change. Brief interventions by front line staff are an important component of prevention at scale, through helping people to change their behaviour and habits. The delivery of brief interventions and signposting by frontline staff has been shown to be both effective and cost-effective in supporting people to reduce their tobacco and alcohol use, and in improving their physical activity levels and diet.[21] MECC is the principle programme to help guide brief intervention conversations, with training available online for the NHS, University of Worcester clinical students and other organisations.

[21] NICE guidance 'Behaviour Change: individual approaches' PH49. Available at: https://www.nice.org.uk/guidance/ph49.

Universal services from pre-birth for young people (0-19 services)

The evidence base demonstrates that events occurring in early life affect health, well-being and outcomes in later life and children's life chances are most heavily predicated on their development in the first five years of life.[22] Positive early experience is vital to preventing problems in later life. Before and after the birth of their child, there is a key 'learning moment' when parents have contact with services and are especially receptive to advice. A number of services help to support during this critical period, including midwifery, school nursing, health visiting and immunisations and screening, all with a focus as universal prevention services:

Health visitors lead a key prevention service, identifying problems early and dealing with them rapidly when they do occur. The Healthy Child Programme includes 5 key checks of children, and although uptake is high, it is important that no one is missed out. In 2016/17, 5,653 (94.5%) received a face to face new birth visit by a heath visitor within 14 days, 5,779 (99.3%) received a 6-8 week check and 6,109 (96.4%) received a 12 month check in the correct timeframe. At the 2-2½ year check, an 'ages and stages questionnaire' should be used by health visitors to measure child development and in 16/17 91.6% children in Worcestershire received this as part of this check.

Immunisations and screening are available in pregnancy and after birth and form an important part of the universal prevention offer. Yet many children remain unvaccinated and at risk of serious preventable illness in Worcestershire. For example, 94.3% of children received vaccination against diphtheria, tetanus, pertussis, polio and haemophilus influenzae type b in 2016/17 leaving 5.7% at risk, and MMR vaccination was received by 94.5% of 2 year olds in 2016/17, leaving 5.5% unvaccinated and at risk.

Universal services for children support women to breastfeed. Breastfeeding is an important part of giving children the best start in life, preventing and reducing a number of health risks and associated with improved maternal outcomes such as reduced obesity. In Worcestershire the rates of breastfeeding initiation are below the national average (66.7% vs 74.5%) and this indicator shows a worsening trend. However, Worcestershire is better at supporting breastfeeding once it has been started. Data shows that at 6-8 weeks of age the percentage of infants being totally or partially breastfed is similar to the national rate (45.6% vs 44.4% nationally). **There is more to do in supporting women to start breastfeeding, and to finding new ways to reach the minority of children who do not receive universal services. Midwifery has an important role in both these areas, and we have more to do in linking the contributions from the different professional groups so that the contribution of midwifery to improved outcomes is maximised.**

Targeted services for those parents and children who need them most

The data shows persistent inequalities in health outcomes for children and young people. There is evidence that an approach based on progressive universalism will work best, providing services for all, and a targeted offer to reach those who need a different level of service.

[22] https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life

Currently, key targeted services are in place in Worcestershire, but are not yet delivered to all who need them. Targeted services for parents and children include:

- Perinatal mental health programmes: During the perinatal period in 2015/16, between 575 and 860 women are estimated to have experienced mild-moderate depressive illness and anxiety, whilst 175 are estimated to have experienced severe illness.
- Parenting programmes: In Worcestershire between November 2016 and June 2018, there were a total of 1034 referrals for parenting support. At district level there is a variation of rates in referrals for parenting and young person support. Only approximately 50.6% (n.530) of referrals are from the 40% most deprived Super Output Areas (SOAs) across Worcestershire.
- Child and adolescent mental health services: In 2015, 8.8% of children between the ages of 5 and 16 in Worcestershire were estimated to have a mental health disorder (6,743 children in total).[23]
- Stop smoking in pregnancy service: In 2016/17, 626 women in Worcestershire were recorded at the time of delivery as smokers, representing 12% of maternities.[24]

Universal services for all adults

Screening and Immunisations

Screening is an upstream intervention that looks for signs of future disease. Screening programmes are set up as equitable programmes, being available to everyone in a given population. However, uptake of screening programmes is not the same across different groups of people – and generally people who are in higher socio-economic groups are more likely to receive screening than those in lower socio-economic groups. **People with special needs, such as learning disability, can find it particularly difficult to access screening services and more needs to be done to address this.**

This is seen nationally in breast screening, where 68.5% of women who live in the most deprived 10% of areas receive screening in comparison with 77.1% of women who live in the least deprived 10% of areas. In Worcestershire, rates of breast cancer screening are better than England average with 79.2% (56,869 women) receiving screening in 2017. However, there are differences in breast screening coverage between Worcestershire districts, for example, Redditch a relatively deprived area, has a lower screening coverage at 74.7% than Bromsgrove a relatively less deprived area at 82.6%[25].

There are a number of immunisation programmes too which are available as prevention measure against particular diseases. In Worcestershire, flu vaccination for at risk individuals under the age of 65 was significantly higher in Worcestershire than the national average in 2017/18 (38,000 people vaccinated - 52.9%), but remains below the national target value of 55%. However, there is evidence of low flu vaccination amongst people with learning difficulties (38.5% in Redditch and Bromsgrove, 41.1% in South Worcestershire, and 46.4% in Wyre Forest). This suggests significant unmet need and is likely to contribute to health inequalities. **Promoting uptake of flu vaccination for this group is therefore important, as is maximising uptake of the whole immunisation programme.**

[23] Public Health England. Children and Young People's Mental Health and Wellbeing Profile.

[24] Public Health England. Child and Maternal Health Profile. Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SATOD).

[25] Public Health England. Public Health Outcomes Framework. 2.20i - % of eligible women screened adequately within the previous 3 years on 31st March; 2017

NHS Health Checks

NHS Health Checks are one of the largest prevention programmes in the world. These checks, for those aged 40-74, are designed to spot the early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. Eligible people are invited at five year intervals and checks consist of questions about family history and lifestyle, and measurement of height, weight, blood pressure and cholesterol. These, together with information on age, gender and ethnicity, are used to calculate a risk score which quantifies a person's risk of developing a heart or circulation problem over the next 10 years. If a person's risk score is in the higher range, they may be given lifestyle advice to help reduce their risk and/or prescribed medicines to lower cholesterol. They may also be asked to come back for more tests to check for high blood pressure, diabetes or kidney disease.

Since implementation of the Health Checks Programme, a good start has been made but too many people are still not taking up the offer of a Health Check – whilst 16,200 people received a Health Check in 2017/18, 60% of people did not take up their invite.

Uptake also varies between areas, genders and ages. Increasing uptake through targeting low uptake groups (especially in disadvantaged areas) would have an important impact on avoidable disease burden. This is pertinent to reducing health inequalities, as premature death rates from cardiovascular disease in the most deprived 10% of the population are nearly twice as high as rates in the least deprived 10%.

Providing advice and recommendations to patients is an important part of the NHS Health Check. Alcohol identification and brief advice (IBA) forms part of the NHS Health check, and can reduce weekly drinking by between 13% and 34%, resulting in 2.9 to 8.7 fewer drinks per week. This is an effective way of reaching people who may not yet have identified that they drink too much. **More should be done by commissioners and providers to increase uptake and impact of the NHS Health Checks programme.**

Diabetes Prevention Programme

In 2016/17 34,803 people over the age of 17 had a recorded diagnosis of diabetes in Worcestershire – this is 79.1% of people who are estimated to have diabetes in Worcestershire, therefore 20.9% remain undiagnosed.

There are a number of modifiable risk factors which can increase the risk of type 2 diabetes. One significant risk factor is excess weight and 62% of adults in Worcestershire are currently classified as overweight/obese. The Healthier You: NHS Diabetes Prevention Programme (NHS DPP) identifies those at high risk by confirming non-diabetic hyperglycaemia and refers them on to a tailored behaviour change programme using a health coaching approach as well as individual and group support.

This national programme has a strong evidence base for impact, and locally the data so far suggest that the system is able to identify those at highest risk of developing diabetes. **However, uptake of the programme remains variable and there is more to do to improve the engagement of those who have been assessed as needing the programme, but who are not yet ready to change. Both the Health Checks and the Diabetes Prevention Programmes need an onward referral for those who do find behaviour change hard to manage, and this should be a priority area for our county.**

Falls Prevention Service

Falls are a common and serious health issue for older people. Nationally, around 33% of all people aged 65 and over fall each year – this increases to about 50% of those aged 80 and over. In Worcestershire, there are approximately 2,200 injuries due to falls each year in people over 65, and as a result there are approximately 700 hip fractures throughout the county which cost the health and social care system over £9 million per annum.

The risk of falls increases with age and an ageing population in Worcestershire will lead to greater numbers of people having a fall in the future unless effective interventions are put in place.

Most falls (and associated fractures) are preventable. It is known that group and home-based exercise programmes, usually containing some balance and strength training exercises, effectively reduced falls, as did Tai Chi and that overall, exercise programmes aimed at reducing falls appear to reduce fractures[26]. A falls and fracture consensus statement by Public Health England and National Falls Prevention Coordination Group member organisations states that to be effective, programmes should comprise a minimum of 50 hours or more delivered for at least two hours per week. They should involve highly challenging balance training and progressive strength training. At the end of the programme, older people should be assessed and offered a range of follow-on classes. These should suit their needs and abilities, include strength and balance, and support their progression.

In Worcestershire a Postural Stability Instruction (PSI) programme has been implemented. In 2016/17, 748 people commenced on the PSI programme, of whom 82% attended 3 or more classes, 45% attended 14 sessions, and 23% attended 22 sessions. **Again there is a need to extend investment in the programme, and to increase the % of participants who engage fully with it.**

Evidenced-based weight management services

In 2016/17, it was estimated that 62% of adults in Worcestershire had excess weight. This was a similar rate to the national average of 61.3%. Higher levels of deprivation are associated with an increased likelihood of excess weight. For example, nationally in 2016/17, 67.3% of people who lived in the 10% most deprived areas were estimated to have excess weight compared to 56.7% of people who lived in the 10% least deprived areas. This was a difference of over 10%.

Public Health England advocate ensuring evidence-based weight management services are accessible to the local population and also that these services are integrated with mental health services, NHS Health Checks and the Diabetes Prevention Programme. In Worcestershire, as nationally, there is weak evidence for weight management services, in terms of maintaining significant weight loss. **However, this is an area where further work is needed, to find new approaches to support people to prevent the burden of obesity-associated ill-health. In some areas, a different approach, focussing on mental health and well-being, has been found to be useful, building levels of self-efficacy before specific weight loss can be achieved.**

[26] Gillespie LD, Robertson M, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people living in the community. Cochrane Systematic Review. September 2012.

Conclusions and Recommendations

It is clear that there is still considerable progress to be made in Worcestershire in terms of strengthening our approach to prevention, but this is essential if we are to control the rising burden of preventable ill-health. It is also essential if we are to narrow the health inequalities gap which continues to be evident throughout life, limiting the life chances of some young people, and restricting the quality of life of older ones.

There is strong and clear evidence about the impact of universal and targeted prevention services and these should be further developed, with investment and a focus on increasing uptake and reach. A move to a community assets approach has less clear evidence, but should be further developed and tested locally, and could change the scale and pace of change, bringing a transformational shift towards upstream prevention , empowering people to help themselves and their communities.

The data and discussion here form the building blocks of a new approach. Although detailed recommendations are embedded in the narrative, and highlighted in bold, to achieve these there are four overall recommendations:

1. **To recognise that a refreshed, system approach to prevention will be an investment for a healthier future and a means of improving outcomes and reducing demand**
2. **To work differently with communities, so that people are helped to help themselves and each other through community asset building and a shared approach with our residents**
3. **To work better together across a fragmented and challenged system to sharpen the lens on prevention and take shared ownership of it**
4. **To set up a Worcestershire Prevention Board, to drive improvement in prevention services to oversee development of the community assets approach in our County.**

Compendium of Health Indicators

Introduction

This is the third time in Worcestershire we have produced a Compendium of this sort to accompany the Director of Public Health Annual Report. Once again we have taken a selection of indicators from the Public Health Outcomes Framework produced online by Public Health England. The selection reflects local priorities and important issues either where Worcestershire has rates or numbers that are higher than they should be or that are important to monitor on an ongoing basis.

The compendium has been laid out with overarching indicators of life expectancy followed by a life-course division of the indicators. The indicators show the Worcestershire value compared to the national value, with each section a spine chart showing the indicators for that section and then a page for each indicator showing a table and chart of the time-series. The sections are:

- Overarching indicators
- Conception & Early Years
- Adult Health
- Older People
- Mortality

Summary

- Overall Worcestershire has good health outcomes.
- However until recently there was a general pattern of decreasing gap to England for the life expectancy and premature mortality measures. The latest data seems to suggest that the gap has begun to widen again. Future data releases will help to confirm if this is a sustained positive change.
- Some measures of child health indicate poor outcomes in Worcestershire, especially for the most vulnerable, for example school readiness for those eligible for free school meals.
- In addition smoking in pregnancy and breastfeeding initiation rates are poor.
- In general screening and vaccination rates across the County are good compared to the national rates.
- Rates of domestic abuse and violent crime show increases in the latest year's data although this may be due to better recording rates.
- Most indicators for older people are relatively good, with the exception of fuel poverty.

The full Compendium of indicators can be viewed on-line.

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worcestershire county council

Worcestershire Health and Well-being Board

Joint Strategic Needs Assessment

Annual Summary

September 2018

www.worcestershire.gov.uk/jsna

Prepared by Worcestershire Directorate of Public Health

Date: 25/09/2018

Version: 0.6

Review Date: October 2019

Executive Summary

This report is intended to provide a summary of the latest public health data and information for Worcestershire including an update on the three Health and Well-being Board priorities, a review of issues highlighted in the 2017 report, and a summary of emerging issues for 2018.

For a long period, Worcestershire has generally had good health outcomes and has consistently performed better on many mortality measures than England. However, the gap between England and Worcestershire for premature mortality caused by cardiovascular diseases and cancers, the two biggest causes of mortality for under 75s, had narrowed over time and for cancers had closed entirely. For this reason the narrowing gap between Worcestershire and England was highlighted in the 2017 JSNA Annual Summary. Encouragingly, more recent data suggests that this trend may be changing in a positive direction and that the gap between Worcestershire and England may have begun to widen. Future data releases will help to confirm if this is a sustained positive change.

Local data highlights that health inequalities continue to exist in Worcestershire. The gap in life expectancy between the most and least deprived areas is 7.6 years for males and 6.2 years for females[1] and there has been no significant change since the last period[2].

The gap between Healthy Life Expectancy and Total Life Expectancy is smaller in Worcestershire than for England as a whole. In Worcestershire females have a larger gap between healthy life expectancy and total life expectancy than males meaning they are living longer but in poorer health.

On some specific measures, Worcestershire is not performing as well as England as a whole. These include, the percentage of children with free school meal status achieving a good level of development at the end of reception, smoking status at the time of delivery, and eligible homeless people not in priority need. These topics are discussed further in this report.

The County Council, Districts, Health Services and other partners are encouraged to use findings from this report to inform plans, strategies and commissioning to help address existing and emerging issues, whilst keeping a focus on reducing health inequalities.

[1] 2014-16 data
[2] 2013-15 data

Health and Well-being Board Priorities Update

To help track data relating to the current Health and Well-being Board priorities (2016-2021), a live online dashboard has been created which is openly accessible, and can be accessed via the Health and Well-being Board[3] and the JSNA websites[4]. A review of each Health and Well-being Board priority area follows:

Keeping active at every age[1]

- Premature mortality from cardiovascular disease is significantly lower in Worcestershire in comparison to both West Midlands and national rates.
- There are geographical variations in the prevalence of excess weight.
- Prevalence of excess weight in children in Reception (4-5yr olds) across Worcestershire is similar to both West Midlands and the national rate.
- Prevalence of overweight and obese children in Year 6 (10-11yr olds) is similar to the England rate and significantly lower than the West Midlands rate.
- Worcestershire has levels of physical inactivity similar to the England rate at 21.1% vs 22.2% respectively. Rates are significantly lower than the West Midlands.
- Worcestershire had a similar proportion of respondents reporting they were 'fairly active' in comparison to the West Midlands and England.
- Worcestershire has a proportion of people reporting that they were 'Active' and undertaking 150 minutes exercise or more per week of 67.2%. This is similar to the England rate and significantly higher than the West Midlands rate.
- The proportion of individuals who reported taking part in sport and physical activity at least twice in the last 28 days in Worcestershire is higher than England and is significantly higher than the West Midlands.

Preventing alcohol harm at all ages[2]

- The rate of alcohol-specific hospital admissions for under 18's has fallen considerably from 97.0 per 100,000 in 2006/7–2008/9 to 29.7 per 100,000 in 2014/15-16/17. Rates are similar to the national average. Worcestershire has one of the lowest rates amongst the CIPFA nearest statistical neighbours.

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[3] http://www.worcestershire.gov.uk/info/20565/health_and_well-being_board

[4] http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment

[1] Unless otherwise stated this report refers to 'older people' as those aged 65+

[2] Unless otherwise stated data is for 2015-16.

- Hospital admission episodes for alcohol-related conditions (broad) are now lower than the national average.
- The latest rate of females admitted to hospital for alcohol-related conditions (narrow) in Worcestershire is similar to the national average, and has decreased compared to the previous year.
- The latest rate of males admitted to hospital for alcohol-related conditions (narrow) is significantly better than the national average. However, rates still remain higher than they were in 2011/12.
- Hospital admissions for alcohol-related conditions in females aged over 65 are significantly higher than the England rate and have increased over the last three years.
- The latest rate of alcohol-specific mortality in Worcestershire is similar to the national average, this has remained relatively stable since 2011-13.
- The latest rate of alcohol-related mortality in Worcestershire is similar to the national average but remains higher than 2013 rates.
- Pooled data from 2014-16 shows the premature mortality rate from liver disease was similar to the national average at 16.6 per 100,000 vs 20.9 per 100,000 respectively.
- The rate of hospital admission episodes for alcoholic liver disease has reduced significantly from 125.5 per 100,000 population in 2013/14 (when rates were highest) to 110.2 per 100,000 population in 2016-17.
- In 2016-17, the proportion of individuals waiting longer than three weeks to receive treatment for alcohol was significantly higher than both England and West Midlands rates at 13.7%. However, this is a significant improvement from 2015-16 where the rate was 23.9% and the highest in the West Midlands region.
- In 2016, the rate of successful completion of treatment for alcohol clients in Worcestershire was similar to the national average at 38.9%. This indicator showed a steady decline from 2012 and was significantly lower in 2013, 2014 and 2015, in comparison to nationally, where rates steadily increased.

Good mental health and well-being at all ages

- Prevalence of dementia in Worcestershire is similar to the national average and is increasing.
- There is a higher prevalence of common mental disorders such as depression and anxiety in Worcestershire. Prevalence of depression[5] is significantly higher in Worcestershire than England, at 10.5% and has increased from the previous year (10.0%).
- Emergency admissions to hospital for self-harm are similar to the national average and have been falling steadily since 2014-15.

[5] Public Health Outcomes Framework, http://www.phoutcomes.info/, July 2018

- Male mortality from suicide is similar in Worcestershire to the national average at 18.0 per 100,000 (vs 15.9 per 100,000). Female mortality from suicide is similar to the national average at 3.8 per 100,000 (vs 4.8 per 100,000).
- The proportion of the population using outdoor space for exercise and/or health reasons is statistically lower than the national and West Midlands average. It is also one of the lowest across all CIPFA nearest neighbour areas. There has been a year on year downward trend since data collection began in 2011-12.
- The proportion of individuals reporting a long-term health problem or disability is significantly higher in Worcestershire in comparison to the West Midlands and England.
- The proportion of children who receive school meals achieving a good level of development at the end of reception has increased year on year. However, the gap between Worcestershire and national rates has widened slightly in 2016-17, and remains significantly lower than England overall and lower than the proportion of all children who achieve a good level of development.

Emerging and Persistent Issues (2018)

A number of issues are emerging from routine analysis as being challenges for Worcestershire. A brief summary of these issues follows:

- **Antibiotic prescribing:** Worcestershire has seen a declining trend in antibiotic prescribing in primary care. However, the decline has not kept pace with national trends and all three Clinical Commissioning Groups have higher rates of antibiotic prescribing in primary care than England as a whole.
- **Air pollution:** is rising similarly to the England average. However, around 0.3% of the population in Worcestershire live in an air quality management area (AQMA) compared with 0.2% nationally. The impact of particulate matter (PM) and NO2 on District populations has been modelled. The model shows the estimated benefit of reducing exposure to these pollutants in terms of associated costs and morbidity.
- **School readiness:** the percentage of children with free school meal status achieving a good level of development at the end of reception is significantly lower in Worcestershire (49.3%) than England (56.0%).
- **Educational outcomes:** KS2 level outcomes are worse in Worcestershire than England and considerably worse for disadvantaged children.
- **Children needing social care:** the numbers of children who receive additional help or protection from Children's Social Care is continuing to rise**.** Numbers of children assessed as children in need (CIN), children looked after (CLA) and those subject to child protection plans (CP) continue to increase.
- **Oral health**: the percentage of 5 year olds with any dental decay varies by district, and the two worst areas, Worcester and Wyre Forest, have seen an increase between 2014/15 – 2016/17 (from 27.3% to 29.9%, and 23.6% to 29.3% respectively).

Update on Emerging Issues Highlighted in the 2017 JSNA Annual Summary

The last JSNA Annual Summary highlighted a number of emerging issues for Worcestershire. This section provides a brief update on these.

- **Mortality**: Overall Worcestershire has good health outcomes and was consistently better on some mortality measures than England for a long period. However, for cardiovascular diseases and cancers, the two biggest causes of mortality for under 75s, the gap between the England average and Worcestershire had narrowed over time and for cancers had closed entirely. For this reason the narrowing gap between Worcestershire and England was highlighted in the JSNA Annual Summary 2017. More recent data suggests that this trend may be changing in a positive direction and that the gap between Worcestershire and England may have begun to widen.
- **Autistic spectrum disorder**: There are no estimates of the overall numbers of people with ASD in Worcestershire. However, schools do submit data on the number of children recorded as having ASD as a primary Special Educational Need (SEN) to the Department of Education. In January 2018, 868 children in Worcestershire were recorded as having ASD as a primary SEN (253 primary school pupils, 439 secondary school pupils and 176 children in special schools), which is a slight increase on 2017.
- **Infant mortality**: Infant mortality in Worcestershire historically was similar to the England average. However, the latest figures have risen and are now significantly above the England average. In 2014-16, of the six Worcestershire Districts, only Worcester had a statistically significantly higher rate of infant mortality than the national average at 7.1 deaths per 1,000.
- **Drug misuse deaths**: Nationally, the rate of deaths from drug misuse is rising and this trend is mirrored in Worcestershire. For the latest period (2014-2016), the rate was 4.3 deaths per 100,000 population in Worcestershire compared with 4.2 nationally. This represents 70 deaths over the three year period.
- **Excess weight and type 2 diabetes**: Excess weight is a contributory factor for type 2 diabetes. In 2016/17 the majority of adults in Worcestershire were estimated to be overweight or obese (62%) which is statistically similar to England (61.3%)[6].
- **Homelessness**: Homelessness is a significant issue in Worcestershire, with many indicators being close to the national level. The economic recession saw statutory homelessness in the county peak in 2011, since then it has fallen, but it still remains above pre-2011 levels. In recognition of the health issues faced by homeless people, the Worcestershire Health and Wellbeing Board have signed up to a 'Charter for Homeless Health'. As part of this commitment a JSNA profile which explores homelessness and the health of homeless people in Worcestershire has been produced.

[6] Public Health England, Public Health Profiles

- **Violent crime**: The rate of violent crime recorded in Worcestershire continues to increase and this reflects what is happening nationally. The latest figures available are for 2016-17 and show there were 12,688 violent offences recorded in Worcestershire or a rate of 21.9 violent offences per 1,000 population. It is difficult to determine whether high or low levels of violence offences are due high or low prevalence, or high or low levels of recording.

District Level Information

Bromsgrove: is one of the 20% least deprived districts in England and relative to England it has an older population.

However, health inequalities are evident as life expectancy is 8.8 years lower for men and 5.5 years lower for women in the most deprived areas of Bromsgrove compared to the least deprived areas.

Areas of potential concern for Bromsgrove include: breastfeeding initiation, influenza vaccination and the chlamydia detection rate.

Malvern Hills: has the highest proportion of people aged 65 and over (27.6%) in comparison to other Worcestershire districts. There are a lower proportion of people living in most deprived areas in the country when compared to the England average.

The gap in life expectancy for men is 4.0 years and for women is 5.3 years between the most deprived and least deprived areas in Malvern Hills.

Areas of potential concern for Malvern Hills include: breastfeeding initiation, diabetes diagnosis and chlamydia detection rate (15-24 year olds).

Redditch: has a higher proportion of people living in most deprived areas compared to the England average. It has a higher proportion of children and young people aged 0-19 (24.4%) in comparison to Worcestershire.

There are considerable health inequalities: Life expectancy is 9.3 years lower for men and 9.0 years lower for women in the most deprived areas of Redditch, compared to the least deprived.

Areas of potential concern for Redditch include: breastfeeding initiation, hospital admissions caused by unintentional and deliberate injuries (and for young people), average number of vegetables consumed daily, admission episodes for alcohol related conditions, smoking prevalence (in the general population and in routine and manual occupations), cervical cancer screening coverage, hip fractures, and influenza vaccination.

Worcester: overall is less deprived than England but has significant pockets of deprivation in the central area and towards the north east of the city.

Health inequalities are evident as life expectancy is 9.0 years lower for men and 4.1 years lower for women in the most deprived areas of Worcester, in comparison to the least deprived.

Areas of potential concern for Worcester include: statutory homelessness, breastfeeding initiation, cervical screening coverage, chlamydia detection rate, adjusted antibiotic prescribing in primary care by the NHS, infant mortality and estimated dementia diagnosis rate (aged 65+).

Wychavon: has a higher proportion of people aged 65 and over (24.5%) in comparison to Worcestershire overall. It has lower levels of deprivation than England.

Life expectancy is 7.5 years lower for men and 6.7 years lower for women in the most deprived areas of Wychavon, in comparison to the least deprived.

Areas of potential concern for Wychavon include: breastfeeding initiation, gap in the employment rate between those with a long-term health condition and the overall employment rate, killed and seriously injured (KSI) casualties on England's roads, child excess weight (4-5 year olds) and estimated dementia diagnosis rate (aged 65+).

Wyre Forest: has a higher proportion of people living in most deprived areas in the country compared to the England average. It has a higher proportion of people aged 65 and over (24.4%) in comparison to Worcestershire overall.

Life expectancy is 9.4 years lower for men and 8.5 years lower for women in the most deprived areas, in comparison to the least deprived.

Areas of potential concern for Wyre Forest include: the gap in the employment rate between those with a long-term health condition and the overall employment rate, breastfeeding initiation, smoking status at the time of delivery, child excess weight (4-5 year olds), child excess weight (10-11 year olds), proportion of the population meeting the recommended '5-a-day' on a usual day and under 75 mortality rate from liver disease.

worcestershire countycouncil

AGENDA ITEM 8

HEALTH AND WELL-BEING BOARD
25 SEPTEMBER 2018

HEALTH PROTECTION GROUP ANNUAL UPDATE

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	
Mental health & well-being	No
Being Active	No
Reducing harm from Alcohol	No
Other (specify below)	Health Protection
Safeguarding	
Impact on Safeguarding Children	No
If yes please give details	
Impact on Safeguarding Adults	No
If yes please give details	

Item for Decision, Consideration or Information
Consideration

Recommendation

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

    a. **Note the work of the Health Protection Group during 2017/18;**
    b. **Prioritise working together to resolve the issues highlighted; and**
    c. **Support the specific priority and partnership work of the HPG in increasing flu immunisation uptake, particularly the Health and Social Care workforce.**

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 quarterly. 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 minimise 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 new-born; 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 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.

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.

9. Environmental Health services are food standards, pollution (including air quality), pest control, nuisance and dog services (dog wardens, fouling), The statutory duty for this sits with the 6 Worcestershire District Councils. In June 2010, the 6 District Councils set up a Joint Committee under Section 101 of the Local Government Act 1972 to oversee the delivery of these services across the County on their behalf, by a single body called “Worcestershire Regulatory Services” (WRS).

10. Trading standards are a part of WRS, and the statutory duty sits with the County Council. The service vision for trading standards is 'that Worcestershire is a healthy, safe and fair place to live, where businesses can thrive.'

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

Main/key issues to be considered

12. The uptake of seasonal influenza immunisation by Health care workers across the Acute and Community Trusts continues to improve against previous years. WAHT and WHCT both achieved over 70% staff uptake. This is good and should continue to be actively promoted aiming for 100% uptake recognising the importance of protecting patients and also the health of staff. Furthermore a high level of immunisation gives greater potential to reduce winter pressures, a key priority for all partners. Midwifery has agreed to provide flu immunisation to pregnant women from 18/19 season which should further increase uptake to this group.

13. Cancer related screening continues to perform above the England level however uptake of both breast and cervical screening is showing a continued downward trend. Recognising a dip in cervical screening uptake, since the 2013 transition of Health responsibilities, PHE has re-commissioned Genito-Urinary Medicine (GUM) to offer cervical screening to increase access and opportunistic screen offer. Currently nearly 40% of those eligible for bowel screening are not screened. We should be aiming for 100% uptake of screening programmes and need to address existing health inequalities, recognising those whose lifestyle or wider socio- economic circumstance puts them at higher risk are less likely to be screened. Work is required to better understand Worcestershire's profile of screening at this level and to develop action to improve screening to this population.

14. Robust emergency planning and preparedness arrangements based on the Civil Contingency Act (CCA) are in place across the West Mercia Local Resilience Forum area. A joint multi-agency animal health related incident response exercise was undertaken across Herefordshire, Shropsire and Worcestershire over three days in

March with initial reports indicating no critical failings during or post exercise. A full report is due October 18 which will provide comprehensive detail on strategic and tactical response processes and define further development recommendations. This is an important area of focus recognising the rural nature of these counties and the high level of livestock kept.

15. WRS have continued to undertake all the statutory reporting on behalf of the six Worcestershire Districts. Poor air quality is intermittent and linked to congested streets at peak traffic times. In Worcester City a number of additional locations have been identified that required declaration of an AQMA or incorporation into a single larger AQMA. The Licensing & Environmental Health Committee has decided to declare a citywide AQMA. Alongside this, WRS have facilitated the commencement of a Task & Finish Group for Air Quality Measures.

16. WRS 2017/18 annual report showed successful performance for the year. It is however important moving forward to recognise the risk and challenge to maintain preventive activity rather than becoming, as a consequence of the current economic climate, an increasingly reactive service. Investment is made from the Public Health Ring-fenced Grant to support trading standards, in particular regarding proactive tobacco control and protecting vulnerable people, at a time when the service has had capacity reductions following budget pressure.

17. Following the PHE surge audit on Worcestershire's capacity to respond to infections / incidents the CCG and WCC PH have worked jointly to develop a co-operation agreement between NHSE and the CCG as commissioners of surge resources. This is due to be ratified by the end of October 18. Detailed disease specific pathways are included in the agreement which should ensure timely and effective response to reduce public health risk where outbreaks are beyond business as usual.

18. Our review of the local TB service has been undertaken by WCC PH and received by the CCG (July 18). A task and finish group has now been established to develop an action plan.

19. An oral health needs assessment has been completed and has highlighted priorities to be addressed. A multi-agency steering group has been developed and a local action plan developed focusing on 4 key priorities; early years, adults at risk of poor oral health, healthy older age and improving access to dentistry.

20. Immunisation uptakes in general are either similar to or better than the England average in Worcestershire, **although it should be noted that the uptake of a number of childhood immunisation are reducing and are now just below the national clinical standard required to control disease and ensure patient safety** (see appendix 1on-line).

21. Worcestershire has a well-established Health Care Infection Prevention and Control Forum which draws together the health economy to monitor and prevent Health Care acquired infections. It has developed a 3 year strategy (2018/21) focussing on

- Developing a culture of continuous improvement
- Taking a whole systems approach, with clear structures, roles and responsibilities.

- Ensuring staff compliance with good infection prevention and control practices
- Providing a clean and appropriate environment that facilitates the prevention and control of infections
- Working collaboratively with all agencies to ensure seamless care.

The Forum monitors levels of reportable infections, Clostridium difficile, Gram negative E coli and MRSA Blood Stream Infections (BSI) at a CCG level and Trust level. It looks at both incidence but also whether lapses in care were contributable. For Gram negative e-coli Worcestershire had a target to reduce by 10% against the 2016 baseline however this has not been achieved. Hydration and urinary tract infection (UTI) avoidance work-streams have been developed to address this, recognising e-coli as a common cause of UTIs.

Areas where there is scope for improvement with further work

22. Improving levels of flu immunisation across the social care workforce requires focussed attention recognising both occupational health responsibilities but also importantly the health and protection of those receiving care. NHSE has confirmed that funding for health and social care workers will be made available in 18/19. Work is being undertaken jointly by CCG and WCC to promote this offer and measure uptake in line with wider healthcare expectations.

23. Immunisation of those under 65 in a risk group was identified last year as an area requiring improvement. Latest data shows improvement has been achieved and Worcestershire uptake is now similar to the England average, it could be improved further. Currently only half of those eligible receive an immunisation. Further joint work by PHE, WCC PH and the CCGs is planned to target practices where uptake is lower.

24. Uptake of Shingles immunisation for 70 year olds has continued to decrease, although remains slightly above the England average.

25. The Breast cancer screening programme continues to be of concern over radiology capacity and how this is affecting both the breast screening and symptomatic service. The situation is being investigated by PHE to understand how best to pragmatically manage the current position, whilst recruitment is being progressed.

26. There are changes in how screening for bowel cancer will be undertaken which is likely to lead to improved uptake. The plan is for bowel scope screening to be offered as a single screen to all 55 year olds in addition to faecal immunochemical test (FIT) screening which is offered to 60-74 year olds. Currently the trajectory for implementation of bowel scope screening in Worcestershire is not being achieved. PHE will continue to monitor this.

27. Prisoner health is the responsibility of NHSE, and PHE for screening. Prisoners held across the LA footprint are recognised as Worcestershire residents. The Director of Public Health therefore has a duty ensure equitable health improvement and health protection provision is in place for this population. This is particularly important recognising the likely existing poorer health, increased likelihood of infectious diseases and ageing prisoner population. Following a number of incidents this year

there is concern that the system is not functioning effectively to achieve equitable access. WCC PH and the CCG will continue to challenge this at a local and national level.

28. 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 will be progressed locally in 2018/19.

29. Significant work has been undertaken to address Urinary Tract Infections (UTI) through development of local guidance, training and systems to better manage and prevent inappropriate attendance at A&E. Clarity on the management of catheters and improving hydration are key to this. This now needs to be fully embedded and sustained across Acute and Community healthcare, including care and domiciliary settings and its impact will be measured by the CCG.

30. Excess deaths linked to pandemic flu or other major incidents would overwhelm existing mortuary facilities and therefore work needs to be undertaken urgently across the system to develop arrangements. This is a complex multiagency piece of work which has developed partly due to national disbandment of mass fatalities facilities and unclear systems across the West Midlands.

Legal, Financial and HR Implications

Employers will need to consider the cost and HR requirements in achieving significantly improved staff update of immunisations.

Privacy Impact Assessment

N/A

Equality and Diversity Implications

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

Contact Points

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Supporting Information

- Appendix 1 - Screening and immunisation uptake figures for Worcestershire (Available on-line)

- Appendix 2- Terms of Reference (Available on-line)

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worcestershire countycouncil

AGENDA ITEM 9

HEALTH AND WELL-BEING BOARD
25 SEPTEMBER 2018

BETTER CARE FUND UPDATE

Board Sponsor
Simon Trickett, Accountable Officer, CCGs
Avril Wilson, Interim Director of Adult Services, WCC

Author
Richard Keble, Assistant Director, Adult Services

	(Please click below then on down arrow)
Priorities	
Mental health & well-being	Yes
Being Active	Yes
Reducing harm from Alcohol	No
Other (specify below)	
Safeguarding	
Impact on Safeguarding Children	No
If yes please give details	
Impact on Safeguarding Adults	Yes
If yes please give details	

The Better Care Fund supports the safe and appropriate discharge of patients from the Acute Hospitals

Item for Decision, Consideration or Information
Consideration

Recommendation

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

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

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 2017/18 totalled £34.513m from the CCGs, and £4.635m from Worcestershire County Council [Disabled Facilities Grant] - and was included in the Worcestershire Section 75 agreement.

4. The Worcestershire BCF plan is a 2 year plan [2017/18 – 2019/20]. The Plan grouped schemes under three main headings - Admission Prevention, Facilitated Discharge, and Independent Living. Due to delays in publishing the detailed guidance in 2017, the Board agreed in principle to the programme, and delegated the final submission of the Plan to the Director of Adult Services in consultation with the Chief Officers of the CCGs. The Plan was submitted in September and approved by NHSE in November 2017 without condition or support.

Outturn for 2017/18

5. The final outturn of the 2017/18 Better Care Fund was overspent by £1.299m (after utilisation of the £0.189m reserve). This was primarily due to externally purchased packages of care (UUPs, POPs, Pathway 3 and the Worcestershire Step Down Unit).

6. The overspend has been managed by the Council and the CCGs contributing 50% each from their respective base budgets.

Performance Against BCF Metrics

Metric	Outturn
Reduction in Non-elective admissions	The number of emergency admissions has increased by 4% for all ages over the past 12 months, and by 9% for those over 75. This is above the target set, and reflects the continued pressures of an ageing population with increasing levels of acuity.
Delayed Transfers of Care (Delayed Days) from hospital per 100,000 population 18+) – consultant-led beds	The nationally set target for November 2017 was 1785.2 days. The published return for Worcestershire was 1587, significantly within target.
Emergency Admissions for Falls >75	Overall the number of fall related admissions for people 75 and over has increased by 12%. However, there are significant variations across the three CCGs: Redditch and Bromsgrove increased by 20%; South Worcs CCG by 12% and Wyre Forest reduced by 4%
Rate of Permanent Admissions to Residential Care	The target for the year is 635 and the outturn for 2017/18 is just above target at 638.11 per 100,000 population aged 65+. Admissions have declined through the year.

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	The outturn for 2017/18 is 81.6%. This is 5% below target due to the demands of Winter pressures.

Variances to BCF Programme for 2018/19

7. Since approval of the 2017/18 Programme, two significant variations have taken place.

8. From April 2018, as reported in July 2017, the number of recovery beds was reduced to 5 for Wyre Forest CCG, and are provided at the Grange. Community-based services in the Neighbourhood Teams have been commissioned to ensure that all Wyre Forest residents are supported to fully recover following hospital discharge.

9. In November 2017, the Council opened the Step Down Unit on the site of Shaw Trust's nursing home on London Road, Worcester. This is a 30-bed nursing unit which can take people discharged from hospital who require a further period of assessment to determine the best long term plan for their care [known as Discharge to Assess or Pathway 3]. This operates as a block contract and therefore differs from the spot purchasing of Pathway 3 placements as set out in the original programme. This approach enables people to be discharged quicker from the Acute [within 24 hours compared to 72 hours] and by having a dedicated resource, will reduce the average length of stay to less than 28 days [compared to 42 days].

10. Nursing care in the Unit is contracted from Coate Water Care. Coate Water Care are an experienced provider of nursing care and nursing homes, and run a similar Unit in Gloucestershire. Coate Water Care have therefore been contracted to manage the Unit from 1 October 2018 to 31 March 2019, during which period it will be re-commissioned.

BCF Budget Projections for 2018/19

11. The current forecast is that the BCF for 2018/19 overall will overspend by £1.833m. This is primarily caused by the high demand for Pathway 3 placements which is anticipated during the Winter.

Legal, Financial and HR Implications

12. None

Privacy Impact Assessment

13. None

Equality and Diversity Implications

Not applicable

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

Contact Points

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Background Papers

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

- Worcestershire Better Care Fund Narrative Document (Available on-line)