

Agenda

Health and Well-Being Board

Tuesday, 21 May 2019, 2.00 pm
County Hall, Worcester

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Health and Well-Being Board

Tuesday, 21 May 2019, 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 South Worcestershire CCG
Dr C Ellson (Vice Chairman)	Wyre Forest CCG
Dr L Bramble	Redditch and Bromsgrove CCG
Dr R Davies	Director of Children, Families and Communities
Catherine Driscoll	Cabinet Member with Responsibility For Adult Social Care
Mr A I Hardman	Cabinet Member with Responsibility for Education and Skills
Mr M J Hart	Director of Public Health
Dr Frances Howie	South Worcestershire CCG
Dr A Kelly	Healthwatch, Worcestershire
Peter Pinfield	NHS England
Jo Melling	Cabinet Member with Responsibility for Children and Families
Mr A C Roberts	Chief Executive, WCC
Paul Robinson	Worcestershire's Clinical Commissioning Groups
Simon Trickett	Interim Director of Adult Services
Avril Wilson	

Associate Members

Kevin Dicks	District Local Housing Authorities
Chief Supt Tom Harding	West Mercia Police
Mr J Sutton	Voluntary and Community Sector
Vacancy	North Worcestershire District Councils
Vacancy	South Worcestershire District Councils

Agenda

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2	Declarations of Interest		

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Date of Issue: Monday, 13 May 2019

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3	Public Participation <i>Members of the public wishing to take part should notify Legal and Democratic Services in writing or by e-mail indicating the nature and content of their proposed participation on items relevant to the agenda, no later than 9.00am on the day before the meeting (in this case 9.00am on 20 May 2019). Enquiries can be made through the telephone number/e-mail address below.</i>		
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13	Future Meeting Dates <u>Dates for 2019</u> Public meetings (All at 2pm) <ul style="list-style-type: none"> • 24 September 2019 • 12 November 2019 Private Development meetings (All at 2pm) <ul style="list-style-type: none"> • 18 June 2019 • 16 July 2019 • 22 October 2019 • 3 December 2019 		

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Webcasting

Members of the Health and Well-being Board are reminded that meetings of the Health and Well-being Board are Webcast on the Internet and will be stored electronically and accessible through the Council's Website. Members of the public are informed that if they attend this meeting their images and speech may be captured by the recording equipment used for the Webcast and may also be stored electronically and accessible through the Council's Website.

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Health and Well-Being Board

**Tuesday, 26 February 2019, Council Chamber, County Hall -
2.00 pm**

Present:

Minutes

Mr J H Smith (Chairman), Carole Cumino, Catherine Driscoll, Ian Hardiman, Mr A I Hardman, Mr M J Hart, Dr Frances Howie, Lucy Noon, Gerry O'Donnell, Mr A C Roberts and Avril Wilson

519 Apologies and Substitutes

Apologies had been received from Paul Robinson, Jonathan Sutton and Simon Trickett.

Carole Cumino attended for Jonathan Sutton and Lucy Noon for Simon Trickett.

The Board had a new representative from West Mercia Police, Chief Superintendent Tom Harding but unfortunately he had sent his apologies for this meeting.

520 Declarations of Interest

None

521 Public Participation

None

522 Confirmation of Minutes

The minutes of the meeting held on 13 November 2018 were agreed to be a correct record of the meeting and were signed by the Chairman.

Frances Howie noted:

- that the SEND monitoring visit took place on 11 December 2018. The verbal feedback had been positive with the change in culture and pace of change being noted. The Health and Well-being Board had oversight of SEND services
- The conversation around the housing system review was continuing at the Housing Partnership meetings
- The Prevention Board would be discussed at the private Development Session along side the NHS long term plan. Details would then be brought back to the next public meeting.

523 Autism Strategy

Details of the updated strategy were presented by Owen Cave, Chairman of the Autism Partnership Board, Bridget Nisbett, carer of a young man with Autism, Laura Westwood, Commissioning Manager and Co-Chair of the Autism Partnership Board and Elaine Carolan, Strategic Commissioner.

Elaine Carolan explained that a lot of work had gone into making the Strategy an all age strategy. The interests of lots of groups were represented on the Board but there was more to do such as increasing engagement with older people and young people in schools. The Board had carried out their own self-assessment annually even though they were only asked to complete the national self-assessment at irregular intervals. At present national guidance was awaited and when that was received a new strategy would be developed.

The Partnership Board was now attended by Children's Commissioners, the CCGs, SEND and education. An engagement event had taken place in January regarding this refreshed version of the strategy, but a full consultation would be undertaken once the national guidance was received and the strategy was fully reviewed. For this refresh the priorities had been reduced from 8 to 5 and a priority had been added regarding employment. The Strategy had been written in line with the Health and Well-being Board Strategy and work was on-going to align it with the NHS long term plan.

The last Self-Assessment had raised various points such as how the Autism Partnership Board fit with the Criminal Justice System and that some specific queries were difficult to answer as the issues sat partly within Learning Disability Services; however it was noted that waiting times had improved.

A few years ago the Board had produced a training pack for GPs and it was hoped that could be refreshed and also adapted to be used by other groups. An employment event would take place at the end of March which aimed to show employers that they didn't need to make many adaptations in order to allow people with autism to be valuable employees. Pathways to diagnosis were being reviewed and it was also hoped that work could be done to find out the numbers of people locally with autism as they were currently assessed from estimated national figures.

During the discussion the following points were clarified:

- The self-assessment framework was a government process carried out every 2-3 years but often the questions were changed. The local assessment was carried out every year using the previous questions and that showed consistent improvement
- Input from Healthwatch had been valued and the Partnership Board had asked them to return to follow up the work they had carried out. They also wanted them to look at the Children's offer and what was offered to people at school leaving age as it sometimes appeared that the offer was not maintained
- The Partnership Board were aware that a high proportion of people in the Criminal Justice System had undiagnosed autism or learning disabilities. However it was hoped that people could be helped or diagnosed at an earlier stage in the criminal justice system
- NHS England were responsible for commissioning services for people in prisons and it was hoped that assurance could be provided that GPs provided the same level of services to people in prisons as they provided to the general population
- It was sometimes unclear whether some people fitted within the remit of the Autism Partnership Board
- One of the priorities was around accessible information so that people knew who to ask for help with diagnoses, especially older people. More people were now being signposted to helpful services while they were waiting for a diagnosis
- Information about Autism was shared with District Councils via the Strategic Housing Partnership. Registered Social Landlords had well developed support measures available
- There was an issue around mental health and autism and who was responsible for providing services. These issues were also linked to employment and homelessness
- The Cabinet Member for Adult Services welcomed the refresh and felt that the strategy had had an effect by clarifying who was responsible for services. It was a step forward for the CCG to be in charge of commissioning autism services, but he felt there was more to do on integration
- Healthwatch had agreed that they would carry out follow-up work following their initial report
- The Safer Communities Board should receive a presentation about the Autism Strategy which

**524 Dementia
Strategy 2019-
2024**

would help with awareness raising and would give attendees the opportunity to see how they could contribute to the priorities

- The Health and Well-being Board wished to receive a follow up report when the national guidance had been received
- The issue of funding was raised as the Autism Partnership Board worked on behalf of the County Council, CCG, Health and other organisations.

RESOLVED that the Health and Well-being Board noted the refreshed and updated All Age Autism Strategy.

Lucy Noon gave a brief overview of the Dementia Strategy. The report was a useful starting document as a dementia strategy was required by April 2021 under the NHS 5 Year Forward View. Further development would take place across Herefordshire and Worcestershire.

Dementia was a significant challenge within the two Counties due to an aging population and more than 12,000 people were affected. During a review carried out in September 2017 it was discovered that GPs underperform against the Dementia Diagnosis rate and moving individuals onto Individual Pathways. The service GPs provide was generally good but more could be done to ensure a more consistent approach, for example, the effect a busy waiting area and having to negotiate on-line help could have on people. An integrated response to services was required for carers, people with dementia and their families.

Previous Strategies were being refreshed and workshops had taken place with health bodies but other statutory organisations such as the County Council still needed to be consulted. Following further work on the strategy the completed document would go back to the STP Board.

The key messages were detailed including:

- Focus on prevention
- Building dementia friendly communities
- Identifying champions
- Greater support for carers
- Building on identification and diagnosis
- Greater recognition of palliative care

The key challenges included:

- The stigma and fear about dementia

- Increasing demand due to an ageing population
- Complexity owing to co-morbidity
- Capacity pressures in care homes, home care and respite care
- Financial constraints

The HWB Board were not being asked to approve the strategy at this point. The action plan was in draft form and a number of partners named in it had not yet been fully involved. The key actions were to improve the support offered to family and friends of people with dementia, improve dementia care provided by care homes and improve care for those with advanced dementia living at home.

During the ensuing discussion the following main points were made:

- There were already examples of good practice and some authorities had been designated 'Dementia Friendly' so it was important to learn from them
- District Councils were responsible for planning issues, so they needed to be involved more fully in developing the strategy. They already provided some initiatives such as Dementia Towns, Cafes and supermarkets. Some Parish Councils had also set up activities and the Diocese were working on Dementia Friendly Churches. It was important that they contribute to the strategy and signpost what was already available
- Once the initial diagnosis had occurred; the process of which was recognised as being sensitive in itself; the situation should be de-medicalised to allow people to live well with dementia
- The opportunity and decision to engage more widely with the people of Worcestershire was welcomed
- There needed to be more focus on how people could reduce the risk of getting dementia in the first place, and this included stopping smoking, being a healthy weight, drinking only to safe levels and increasing physical activity
- The Dementia Action Alliance was recognised as being active, and it was noted that GPs could develop social prescribing more fully to help people to live well with dementia as well as with prevention
- The Adult Services Business Plan contained a

525 Children and Young Peoples Plan (CYPP) Strategic Partnership Update

theme of Community resilience which included living with dementia in the community. The aim was for a more integrated approach to community resilience across the different tiers of local government as well as across wider partners

- Harrison Marsh from the Alzheimer's Society explained that guides were available for smaller councils. The guides covered rural areas and sport and leisure and contained advice on how to help people with dementia
- The STP and the Health and Well-being Strategy both have a commitment to work in an integrated way to improve the health of people within Worcestershire and to shift towards a stronger emphasis on prevention. Improvement on uptake of the GP NHS health checks programme would impact on reducing cardio-vascular risk and thus the risk of vascular dementia.

RESOLVED that the Health and Well-being Board:

- a) noted and supported the on-going work to produce a dementia strategy; and**
- b) recognised that the event on 12 March would mark the launch of the next phase of the work where it was expected co-production, integration and prevention would be addressed.**

Frances Howie explained that the Children and Young People's Strategic Partnership was a sub-group of the Health and Well-being Board which supported and implemented the Children's and Young People's Plan. The Board had met twice and would be dealing with a range of subjects such as Troubled Families, SEND, prevention and early intervention. A full Annual report would be brought back to the Board in September. There was considerable energy and commitment from members of the Partnership.

Two grants had been received from the Department for Work and Pensions for work on parental conflict and training for front line staff. A conference would be held on 12 April.

It was clarified that the group concentrated on work to do with the Children and Young People's Plan. It worked across Worcestershire with Health Services and Education. The Safeguarding Board had the specific remit to consider safeguarding issues. The Chairmen of

the Safeguarding Boards, Health and Well-being Board and Safer Communities Board met quarterly to ensure everything was covered.

RESOLVED that the Health and Well-being Board:

- a) **Noted the update from the first two meetings of the newly formed Children and Young People's Strategic partnership; and**
- b) **Would receive a full bi-annual report from the Strategic Partnership including an update on its activities and progress against the dashboard going forward.**

**526 Veteran
Friendly
Accreditation of
GP Surgeries**

Lucy Noon reported that 15 GP practices across Worcestershire held Veteran Friendly Accreditation. Dr Jonathan Leach worked with all the new GP registrars and delivered training about providing services for those who had left the armed services.

RESOLVED that the Health and Well-being Board received this update following the notice of motion to Council from Councillor Bob Brookes and noted that work was progressing.

**527 Development
Sessions**

At the next development session on 26 March the NHS Long Term Plan would be discussed as well as looking at the Board's Terms of Reference and the Prevention Board. The Health Overview and Scrutiny Board would also be looking at the NHS Long Term Plan on 5 March. The next Stakeholder event would look at prevention.

There was a concern that leisure providers were not sufficiently engaged with the Board. It was suggested that the Sports Partnership should be invited to a future meeting.

**528 Future Meeting
Dates**

The next meeting on 26 March would be a development meeting held in private.
The next public meeting would be on 21 May.

(Following the meeting the date of the next development meeting was confirmed as 30 April 2019)

The Chairman informed the Board that it was Gerry O'Donnell's last meeting as he was moving away and would not be standing for re-election in Wychavon. The Chairman wished him all the best for the future and thanked him for all the work he had done for Health and Well-being.

|

The meeting ended at 3.30 pm

Chairman

HEALTH AND WELL-BEING BOARD

21 MAY 2019

LEARNING DISABILITY STRATEGY REFRESH

Board Sponsor

Avril Wilson

Author

Laura Westwood

Priorities

Mental health & well-being

Being Active

Reducing harm from Alcohol

Other (specify below)

(Please click below
then on down arrow)

Yes

Yes

Yes

Safeguarding

Impact on Safeguarding Children

If yes please give details

Yes

Impact on Safeguarding Adults

If yes please give details

Yes

Item for Decision, Consideration or Information

Information and assurance

Recommendation

- 1. The Health and Well-being Board is asked to note the refreshed and updated Learning Disability Strategy.**

Background

2. In 2016, the Health and Wellbeing Board agreed the 2015-18 Learning Disability Strategy: Better Outcomes for People with a Learning Disability and their Families.
3. This report presents an updated draft of the 2015-18 Learning Disability Strategy to form Worcestershire's 2019-22 Learning Disability Strategy. The Principles and the original 6 Big Aims remain the same. However, a Big Aim around Preparing for Adulthood has been added to reflect the work of the Partnership Board.
4. This Strategy has been developed through the Learning Disability Partnership Board (membership from Adults Services Commissioning, Children's Services Commissioning, SEND, CCG, Voluntary and Community Sector, Carers and people with Learning Disabilities).

5. The Big Aims within the Strategy are:

- Staying Healthy
- Staying Safe
- Living Well
- The Right Support for Carers
- Having a Place to Live
- Preparing for Adulthood
- Having a job

6. Each big aim has a series of priorities agreed by the Partnership Board and Sub-Groups for example:

- Putting into practice Worcestershire's Health "Sustainability and Transformation Plan" and making sure that the outcomes agreed for the STP are integrated with the Learning Disability Strategy Action Plan
- Reducing early deaths for people with learning disabilities ("LeDeR"). We want to improve services to help people with learning disabilities live healthy lives and reduce the gap in life expectancy for people with learning disabilities compared to the general population.
- We want to improve the personal transition experience and journey to adulthood for children and young people with Special Educational Needs & Disabilities and their families.

Legal, Financial and HR Implications

N/A

Privacy Impact Assessment

A screening has been completed and full assessment is not required.

Public Health Impact

This Strategy will work to ensure that Making every conversation count is equally applicable to people with Learning Disabilities.

Equality and Diversity Implications

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

Contact Points

County Council Contact Points
County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Laura Westwood, Commissioning Manager

Tel: 01905 846739

Email: lwestwood2@worcestershire.gov.uk

Supporting Information

- Appendix 1 – Learning Disability Strategy 2019 - 22

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BETTER OUTCOMES FOR PEOPLE WITH A LEARNING DISABILITY AND THEIR FAMILIES

Worcestershire's Learning Disability Strategy 2016 – 2018 – updated to 2019 – 2022



Introduction

The Worcestershire Health and Wellbeing Board on 13th September 2016 agreed the Adult Learning Disability Strategy for 2016-18. This update refreshes the strategy to take it forward through 2019 and 2020.

The strategy has been developed by the Learning Disability Partnership Board and is underpinned by the Seven Big Aims:

1. Staying Healthy
2. Living Well
3. Having a Place to Live
4. Having a Job
5. Staying Safe
6. The Right Support for Carers
7. Preparing for Adulthood

Partners in Worcestershire are committed through the Strategy to:

- Improving lives of and valuing people with a learning disability
- Enabling people to have choice and control over their care, support and health needs
- Ensuring people with a learning disability can access appropriate care, support and opportunities for independence
- Working together as partners to promote well-being for people with a learning disability.

Section 1 – What is the Learning Disability Strategy?

This is a plan about how we can get better outcomes for people with a Learning Disability and their families in Worcestershire.



Learning Disability services are paid for by Worcestershire County Council and the three Clinical Commissioning Groups. The Strategy will help us to spend our money in the most effective way to get the best services possible for people.

It is important that we have this Strategy because it lets everyone know:



What people with learning disabilities need



What family carers need



What people with learning disabilities want



How much money there is to spend on Learning Disability Services



What services work well and what needs to change

Who are the partners?



This Strategy has been developed by the Learning Disability Partnership Board which includes the following partners:

NHS Clinical Commissioning Groups

West Mercia Police

Worcestershire Association of Carers

Worcestershire County Council (Adult Social Care, Public Health, SEND)

Worcestershire Health and Care Trust

Advocacy/self-advocate representation from:

Ourway

Speakeasy Now

Provider Representation from:

Exalon Autonomy Group

The Emily Jordan Foundation

Where Next

Critical Challenge from:

Healthwatch Worcestershire

Section 2 – Some Facts and Figures about Learning Disabilities in Worcestershire



It is important that we know what we mean by a Learning Disability.

In 2001, the Government said having a Learning Disability was someone who, from being a child:

- Found it much harder than other people to understand complicated information
- Found it much harder than other people to learn new skills
- Found it much harder than other people to cope with life without help from other people



Some people with learning disabilities have more problems than others. In our Strategy we talk about people with profound and multiple learning disabilities ("PMLD"). This will include people who can't talk and find it very hard to understand things. They will often not be able to move about on their own. They may also have other problems like epilepsy.



The Strategy also talks about people who have complex needs. This may mean they may hurt themselves or other people. Complex needs can also be used to describe someone with multiple health conditions.

Numbers

At January 2019, Worcestershire County Council and Worcestershire's health services were working with around 1,600 adults with learning disabilities. However, there are estimated to be about 10,900 adults with learning disabilities in Worcestershire.





We think in the future we will be working with more people with learning disabilities. This is because people with learning disabilities are living longer. Within the next 20 years, we are expecting the total number of adults with learning disabilities in Worcestershire to increase to 11,800, with more adults with learning disabilities who are aged 65 and over.



We also expect that we will need more services for people with complex needs and profound and multiple learning disabilities. This is because children and adults with complex needs and disabilities are living longer because of the better care available.



Money

Worcestershire County Council spends about £65 million each year on services for people with learning disabilities. Some of this money is spent on our own services but most of the money is spent on services we buy from other people (external providers).

£65 million

The three Clinical Commissioning Groups spend about £15 million on services for people with learning disabilities who need health services.

£15 million

Section 3 – What we believe in – our principles

There are some important things we believe about how services which support people with learning disabilities should be run.



People should be treated as individuals.



People with learning disabilities should be able to use the same services as other people.



People should have choice and be able to have some control over the services they use.



People should be able to be part of their community where they live.



People should feel safe.

What we will do to make sure this happens



Co-production – this means people with learning disabilities and their family carers working as equal partners with us.



Make sure people have the right information.



Make sure people have good support.



Make sure there is a good range of services for people to use.



Make sure that transitions (changes) from one type of service to another work well.

Section 4 – The Seven Big Aims

The last Learning Disability Strategy had six big aims. The Learning Disability Partnership Board has decided that these are all still very important and that we should also add a new aim around Preparing for Adulthood.

These are the main areas that we will be working on.



Staying Healthy



Staying Safe



Living Well



The Right
Support for
Carers



Having a Place
to Live



Preparing for
Adulthood



Having a Job

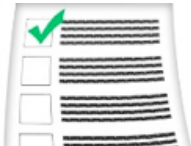
There are also some cross-cutting themes that are also really important for people with learning disabilities in Worcestershire.



Quality of services



Workforce planning



Information and advice



Advocacy



Complex needs



Different cultures and backgrounds



Planning for growing older



Safeguarding

More detail on the Big Aims

We have discussed the Big Aims and thought about what has gone well since we first launched the strategy and which areas need more work. We have identified the main areas which we want to focus on for each Big Aim.

Big Aim 1 – Staying Healthy



We want people with learning disabilities and their family carers to be as healthy as possible. Our main areas of work will be:

1. Putting into practice Worcestershire's Health "Sustainability and Transformation Plan"



- The local Sustainability and Transformation Plan ("STP") is a really important long-term plan to address some of the local health and care issues we have, to improve health for people across the area, and to ensure we can provide safe and sustainable care into the future.
- We will include the local Sustainability and Transformation Plan outcomes for people with a learning disability in our Strategy Action Plan.

2. Reducing early deaths for people with learning disabilities ("LeDeR")



Learning Disabilities Mortality Review
(LeDeR) Programme

- We want to improve services to help people with learning disabilities live healthy lives and reduce the gap in life expectancy for people with learning disabilities compared to the general population.

3. Transforming Care Programme



- Transforming care is about improving health and care services so that more people can live in the community, with the right support, and close to home.

Big Aim 2 – Living Well



This aim is about people with learning disabilities living as independently as they can. The focus will be on:

1. Making sure people can have and keep good relationships.



2. Knowing where to go for support, what to expect and how to complain if people are not happy.



3. Making sure that people have worthwhile things to do in the daytime, evenings and weekends and can contribute to their communities.



Big Aim 3 – Having a Place to Live



We are working together to plan and put in place the right sort of housing and support for people with learning disabilities in Worcestershire. Our aims will be:

1. Developing the right kind of housing



- For example, is the layout of the property right, is it in the right place, what about transport and parking?

2. Improving information and communications about housing



- Including advertising housing plans and asking for feedback on needs and design

3. Making sure that housing and support are safe



- Making sure housing is in a safe location
- Making sure people are included in their local community
- Putting in place good links between education and housing

Big Aim 4 – Having a Job



The Having a Job Plan explains how we will work together to make sure people with learning disabilities who want to work find jobs. People with learning disabilities say that it is important to them to have a paid job. Our priority areas are:

1. Continue to improve the Supported Employment Service.



- Employment support is personalised help so that people with learning disabilities can get and keep a job, learn new skills and choose jobs that suit their skill set.
2. Work with partners, businesses and communities about what kind of support people with learning disabilities need to help them gain or keep a job.



3. Publicise the good things about paid work.



- For example, through using Social Media

Big Aim 5 – Staying Safe



It is really important for people to feel safe at home and when they are out and about. We want to work on:

1. Being safe whilst out in the community



- Better links between neighbourhood safety teams and other organisations
- Being aware of hazards for people with learning disabilities in the community
- Being safe on public transport, including taxis, trains and buses
- Having all the information about staying safe in one place

2. Working together to raise awareness of and to reduce Hate and Mate Crime



3. Good quality support services where people are both safe and well supported



Big Aim 6 – The Right Support for Carers



Carers offer lots of support to members of their family who have a Learning Disability. It is very important that they have support too. We want to focus on:

1. Finding new ways to involve carers in what we do



2. Checking regularly that carers and people with learning disabilities are getting the support they need



3. Enabling and supporting carers to recognise the importance of planning for the future as they and their family member with a Learning Disability grow older



4. Making sure there is reliable and good quality support in place for when a main carer is ill or needs a break



Big Aim 7 – Preparing for Adulthood



We want to improve the personal transition experience and journey to adulthood for children and young people with Special Educational Needs & Disabilities and their families. We will focus on:

1. Person-centred planning through Education, Health & Care Plans



- Increase partnership working between professionals in order to provide joined up, efficient and quality services
- Ensure that children with Special Educational Needs & Disabilities and their families have access to the right information, guidance and support, at the right time in their lives, to support their journey through childhood and into adulthood
- Ensure a more effective transition between children's and adult's health services

2. Developing provision in Worcestershire that meets education, social care and health needs



3. Using a co-production approach with families, ensuring that young people and their families are involved in strategic planning and service design and the development of future services



Section 5 – How will we check that the Strategy is working?

The Learning Disability Partnership Board has written this strategy and we want to make sure the key priorities of the Big Aims are being addressed. We will:

Meet at least three times a year to discuss and debate progress and any issues arising



Ask each sub-group to write an action plan for their work. This will say how the work will be done, who will do it and when it will be done. The sub-groups will tell us about how their work is progressing and make sure they tell us if there are any problems getting their work done.



For Big Aims where sub-groups are not currently in place, we will include these on our agendas, ask for updates from other relevant groups and make sure we are working on these priorities too.



We will ask commissioners to work with partners to complete a Self-assessment within the next 12 months.



Make sure that we talk and listen to as many people with learning disabilities and family carers as we can.

Decide if there is anything extra the Board needs to do to make sure that the Strategy is working.



Work closely with Worcestershire People's Parliament to make sure that we are also considering the issues that they are picking up in their White Papers and debates.

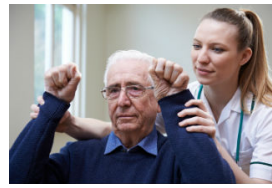


Report any big problems, significant issues and concerns to the senior managers and elected Members of the Council and/or the senior managers of the NHS, as appropriate.



We want to achieve the following outcomes:

People with a Learning Disability live longer and have improved health-related quality of life.



The need for long-term residential care is reduced as a range of affordable housing options to meet people's needs becomes available.



People with a Learning Disability have an improved quality of life with the same opportunities for involvement within their communities.



The number of people with a Learning Disability who gain and retain a paid job in the open labour market is increased.



People with a Learning Disability are safe within the services they use and accessing universal services.



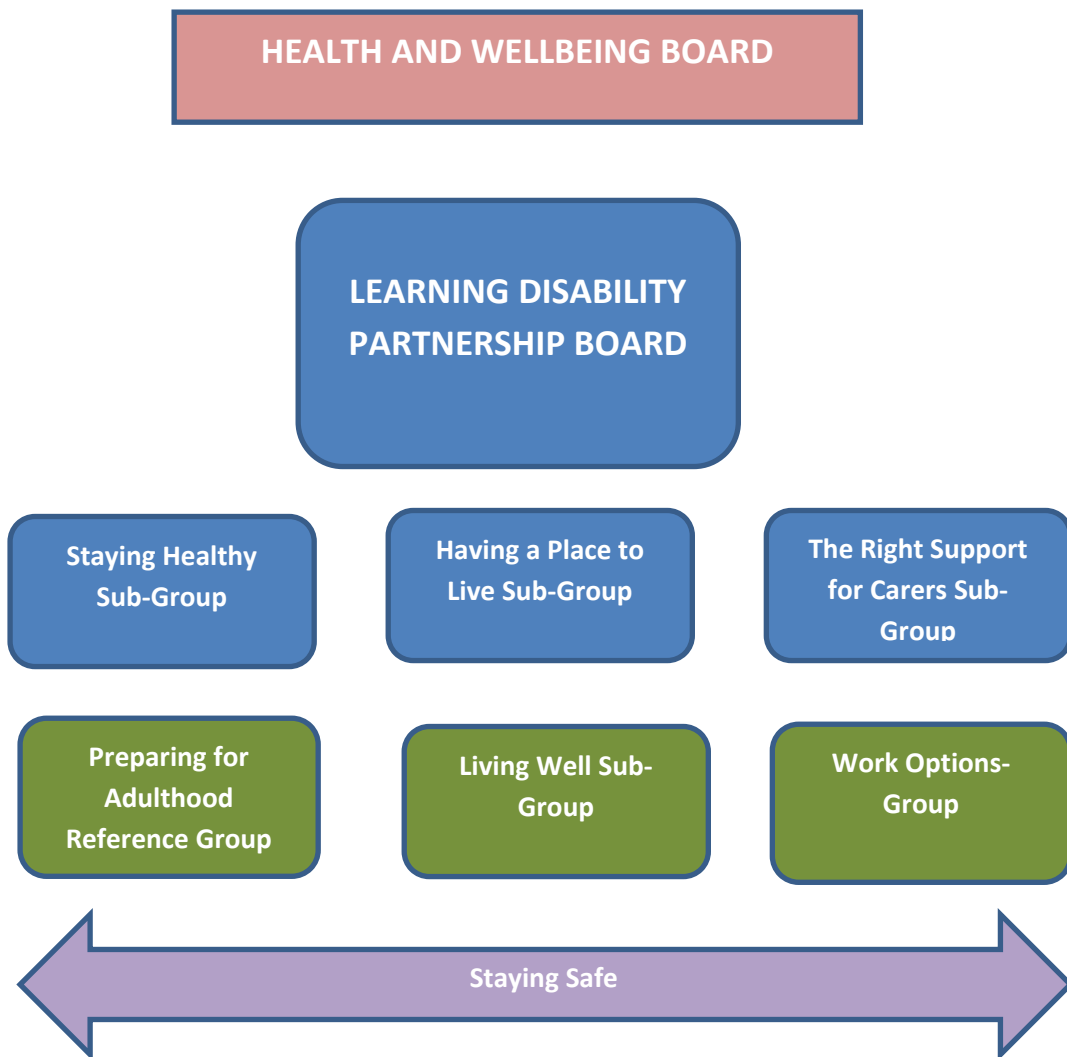
Carers have the right support for them to care and have a range of options available to them to best support the person they care for.



An increased number of young people with a Learning Disability have a positive transition into Adulthood and meet the education health and social care outcomes identified in their plans



For 2019/20, the structure of the Partnership Board will be as follows:



There will also continue to be links between the Learning Disability Partnership Board and the Autism Partnership Board and the SEND Improvement Board.

HEALTH AND WELL-BEING BOARD

21 MAY 2019

WORCESTERSHIRE CARERS STRATEGY UPDATE

Board Sponsor

Avril Wilson, Director of Adult Services

Author

Elaine Carolan, Assistant Director Commissioning

Priorities

Mental health & well-being

Being Active

Reducing harm from Alcohol

Other (specify below)

(Please click below
then on down arrow)

Yes

No

No

Safeguarding

Impact on Safeguarding Children

If yes please give details

Yes

Impact on Safeguarding Adults

If yes please give details

Yes

Item for Decision, Consideration or Information

Consideration

Recommendation

1. The Health and Well-being Board is asked to note that this is the fourth year of the Carers strategy and consider if there are any further comments to make regarding the remainder of the Strategy.

Background

2. The Carers at the Heart of Worcestershire's Families and Communities Strategy was approved by the Health & Well Being Board on 12 May 2015 and an update was presented in May 2016, July 2017 and May 2018.
3. Appendix 1 to this report gives an in-depth overview of the work undertaken during 2018/19 (year 4 of the Strategy) towards achieving the aims of the all-age Worcestershire Carers Strategy 2015-2020. The Worcestershire Carers Strategy 2015-2020 is available on-line as Appendix 2 to this report for information.
4. A refresh of the Carers Strategy 2015-20 is due during 2019-20 and this will inform the procurement of a new Countywide Carers Service which will start in 2020.

Legal, Financial and HR Implications

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

Privacy Impact Assessment

6. Not appropriate

Equality and Diversity Implications

7. Not appropriate

Contact Points

County Council Contact Points

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Specific Contact Points for this report

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Supporting Information

- Appendix 1: Worcestershire Carers Strategy Update Report
- Worcestershire Carers Strategy 2015-2020 at <http://www.worcestershire.gov.uk/info/20570/carers>

Worcestershire Carers Strategy 2015-2020

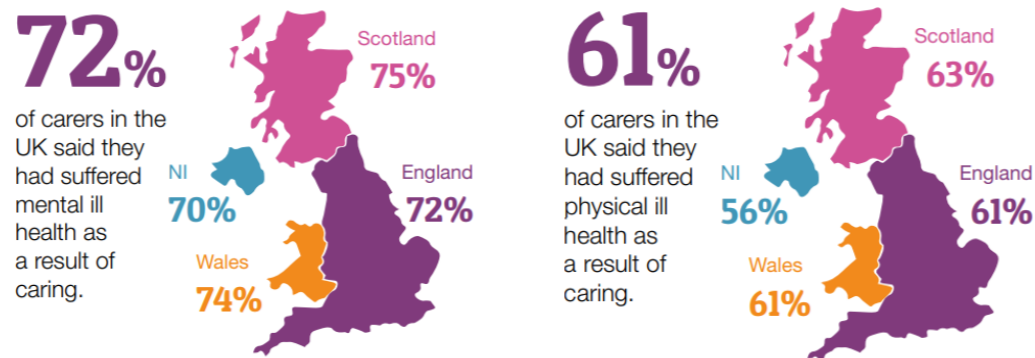
'Carers at the Heart of Worcestershire's Families and Communities'

Report May 2018 to April 2019

Introduction

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

Without unpaid carers, Health and Social Care could not cope with demand for care, so there may be an assumption by professionals of a duty or obligation put on family and friends to provide care. This can lead to carers feeling guilty or confused and further isolated from friends, family and support. Poverty is an issue that disproportionately affects carers and their families. Carers are less likely to be in full time employment, more likely to have left work or retired to care and suffered the consequences in terms of reduced income and pension rights. 1 in 10 adults, including young adult carers, will have a caring role and many have poorer mental and physical health, as a result of caring without receiving timely information and help. The most recent 'State of Caring' Report from Carers UK (2018) found that:



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

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

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

'Promoting Independence: Our Vision for transforming Adult Social Care in Worcestershire' (the County's Adult Services Business Plan 2018-2022) includes the following paragraph':

'The mental and physical health of carers is a major concern: better support is needed for people who care for others, frequently unpaid and to the detriment of their own health and well-being. The 2011 Census demonstrated that the health of carers decreases incrementally with increasing hours of care provided. People caring for 50 or more hours per week are twice as likely to report their general health as "not good".'

This report covers the activity of partners involved in delivering the Carers Strategy in Worcestershire for the period from July 2018 to April 2019. This includes the support available to all carers through commissioned services with the addition of some further support from a number of other organisations currently not contracted by WCC. These smaller organisations play a valuable part in providing bespoke support to specific communities and in contributing to the additional funding drawn in to the county via the voluntary and community sector (VCS).

The Worcestershire Integrated Carers Hub is delivered by the Carers Action Worcestershire consortium, with Worcestershire Association of Carers acting as the lead body. The consortium includes Redditch Carers Careline, Worcestershire Parent Carers Community and Crossroads Care Worcestershire. YSS delivers the Worcestershire Young Carers service, and they are also part of the consortium.

Funding

Support for carers is mainly funded through the Better Care Fund. The amount allocated for carers' support was £1.26m in 2018-19. In addition, Public Health contributes £617,000, making a total of £1.877m for carers in Worcestershire. These figures remain the same for 2019/20.

In addition, CAW consortium members have brought in external funding exceeding £170,000 over the last year, plus donations in kind. This 'added value' allows organisations to provide services over and above commissioned services.

Annual Update

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

Outcomes		How we will achieve this	2018/19 Update
1. Recognised and valued	<p>I am recognised and respected in my role as a carer</p> <p>I feel confident that there is support available</p> <p>I feel able to care safely</p> <p>The caring I do is appropriate to my age and capabilities</p> <p>I understand how to access support</p> <p>I am involved and can influence the assessment of my needs and aspirations</p> <p>I am able to have a say in how services are designed and delivered</p>	<p>Face to face assessment that focus on the individual</p> <p>Engagement and consultation with carers included at all stages</p> <p>Relevant consultative carer groups are in place and regular feedback to WCC, CCGs and Health & Well Being Board is ensured</p> <p>Health & Social Care professionals are Carer Aware</p>	<p>No. of Care Act Carers Assessments carried out:</p> <ul style="list-style-type: none"> 2015/16: 5,132 2016/17: 3,559 2017/18: 2,180 2018/19: 1,533 <p>117 Young Carers assessments carried out by YSS in the family home.</p> <p>Range of consultation & engagement carried out with carers</p> <p>Carers Partnership in place, commissioners attend meetings; Carers supported to be involved in LD Partnership Board and sub groups</p> <p>Carers Advisory Group established and sits under the Sustainability and Transformation Partnership (STP) Board as a mechanism to consult with Carers on the various workstreams.</p> <p>Work is underway to develop a Carer Passport to work across health and social care. Increased support now in place from Primary Care, Worcestershire Acute Hospital Trust and Health and Care Trust with a new reinvigorated working group recently formed to take the work forward.</p>

		<p>Support services for young carers are in place; schools and colleges have the awareness to support young carers</p> <p>Commissioned services are in place to provide information, advice and support for carers</p>	<p>Carer Aware and Carer Aware on line training available for carers and professionals</p> <p>WAC and Acute Trust have continued to develop closer working including representation on the Frailty Operational Improvement Group which is contributing to a better experience for patients and carers when they access services in the Trust.</p> <p>As a member of the ICOPE Steering Group, WAC is contributing to the strategic development of integrated Care for Older People and has signed the Memorandum of Understanding ensuring the views and needs of carers are considered.</p> <p>YSS Education Link Project - Dedicated worker strengthening links with schools and colleges across the county as well as raising awareness of young carers and barriers they face. County-wide Integrated Carers Hub has been in place since 2016 – this contract has been extended to March 2020.</p> <p>Contracted services:</p> <p>Worcestershire Young Carers: Current contract extended to 31st March 2020</p> <p>Worcestershire Integrated Carers Hub – contract extended to 31st March 2020.</p>
2. A life of my own	I feel able to achieve a balance between my caring role and my personal life	Support will be available to all carers	Number of adult carers on carers register – 13,066 (as at March 2019) – all these carers as a minimum receive the 'Caring News' magazine

	I feel connected to others in the community		<p>Number of carers contacted following a referral – 3,331 (Apr 17 – Mar 18)</p> <p>WPCC supported 350 parent carers- brining parent carers out of isolation, particularly through subsidised whole family short breaks; helping to develop skills for employment through training, information events and volunteering opportunities.</p> <p>Continued delivery of BBC Children in Need funded Young Carers “Participation” group. Currently funded until end of December 2019.</p> <p>12 local adult carer support groups in place across the county, plus informal social groups; YSS and WAC are working together to support Young Adult Carers</p> <p>Carers Unlimited – this WAC project is funded by donations and community fundraising and giving 235 carers an opportunity to have a break from their caring role e.g. through trips, visits, carer breakfasts etc.</p> <p>No. of carers in receipt of direct payments - 267</p> <p>Training/information sessions include Legal and Financial sessions (e.g. Powers of Attorney, paying for care, wills & trusts, benefits</p> <p>Carer Aware and Carer Aware licence renewed for a further 3 years and promoted across health & social care</p>
	I know how to maximise my income to meet basic needs and am not forced into financial hardship as a result of my caring role	<p>Funded social care will be made available through a carers personal budget</p> <p>Support can be provided to the person with care needs to help ensure relevant training is made available to include information about financial matters</p> <p>Professionals and organisations coming into contact with carers will be trained on carers issues. This will be through direct training of Carer Aware campaign</p>	
	I feel able to fully participate	Young Carers at risk of becoming	32 young carers received bespoke one to one support

	<p>in education or training and enter or re-enter the employment market if I wish</p> <p>I can remain in suitable employment if I wish to</p>	NEET receive appropriate information, advice & guidance	<p>sessions with outcomes based on maintaining education, employment and training as well as promoting self-care and supporting to access activities and services.</p> <p>Working for Carers launched by Worcestershire Association of Carers in March 2018 – 13 employers signed up during the year, including the Herefordshire & Worcestershire Chamber of Commerce, University of Worcester and Worcestershire Health and Care Trust – the total number of employees working for these organisations is in excess of 3,000</p>
3. Supported to be mentally and physically well.	<p>I am able to maintain my physical and emotional wellbeing</p> <p>I am able to manage stress</p> <p>I feel confident in my role as a carer</p> <p>I am able to maintain a dignified relationship with the person I care for</p> <p>I am able to maintain relationships that are important to me</p>	<p>Personalised support will be provided to all carers.</p> <p>Some areas of provision will be provided through a carers personal budget where this is required.</p> <p>Carers support and replacement care are available to carers where they need and qualify for it</p> <p>Relevant training (e.g. how to manage stress, caring with</p>	<p>Integrated Carers Hub – 3,331 carers supported Apr 18 - Mar 19, of these only 0.5% of referrals referred to WCC for Carers Assessment as WAC was able to meet carer needs</p> <p>540 young carers currently accessing a service. Respite clubs and activities programme saw 922 attendances throughout the year from individual young carers. On average, one to one work last for 6 sessions – totalling 270 hours of individual, tailored support offered throughout the year.</p> <p>Pilot underway with WAC undertaking carer assessment reviews – As at 31st March 2019 only 36 reviews outstanding from the backlog transferred from WCC. During the period April 2018 to March 2019 267 reviews were completed with a further 81 carer reviews identified as no longer required.</p> <p>Individual grants for carer wellbeing – amount of external funding brought in for adult carers £2,769 (Apr 18 – Mar 19)</p> <p>Training sessions delivered on a wide range of topics – 1,137 carers training places accessed (Apr 18- Mar19)</p>

		<p>confidence) and local carer support groups to be in place</p> <p>GPs and other Health professionals will make adjustments to carers in their day to day practice</p> <p>Effective support in place for independent advocacy where a carer needs this</p>	<p>Training topics include Caring with Confidence, Legal and Financial, Mental Health First Aid, Mindfulness, 5 Ways to Wellbeing</p> <p>Red Flag Initiative -Working with a small group of GP Practices to increase the number of Carers registered as a Carer on EMIS (formerly known as Egton Medical Information Systems) and tracked as a % of the patient population in order to:</p> <ul style="list-style-type: none"> • increase the recognition of Carers as experts in the care of their loved one • build the GP offer/commitment to Carers not only in supporting them with their caring role but to also increased the focus on Carer wellbeing and selfcare to include increased take up flu vaccinations and health checks for Carers. <p>Some practices have agreed to set up a Carer Referral form on EMIS delivering referrals directly to the Carers Hub via secure NHS email. The aim is to roll out the good practice developed with this group more widely across the county to ensure a consistent offer to all of the counties Carers.</p> <p>Carers are one of the named groups in Worcestershire's generic advocacy contract</p>
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Parent Carers

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

Worcestershire Parent and Carers' Community (WPCC) - <https://www.parentcarers.org.uk> – continues to focus on the three national outcomes for carers. These outcomes are particularly important for parent carers who are likely to face a lifetime of caring and whose caring situation will often encompass multiple caring roles and complex transition points.

WPCC's work covers:

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

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

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

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

In addition, a variation has been agreed to the Worcestershire Integrated Hub contract to enable parent carers to take advantage of the training and support available for adult carers of adults.

Carers of people with a learning disability

Carers of people with learning disabilities are recognised as having particular challenges, not least because their caring role can last a lifetime. In addition, they are not only carers, but act as advocates for the people for whom they care, particularly when their loved ones cannot speak for

themselves. Carer representatives are members of the Learning Disability Partnership Board and its sub groups. During the year, carers were advised that the work of the Board would be scaled back, and that some of the sub-groups were ending, which raised concerns about the commitment to co-production. Work has been underway to relocate several of the sub-groups, for example the 'Right Support for Carers' group is now run by the Worcestershire Association of Carers and feeds into both the Health and Wellbeing Board via the Carers Partnership and the Learning Disability Partnership Board (LDPB). The group has taken the opportunity to revisit their terms of reference and broaden the scope beyond that of the Learning Disability Partnership Board. It is envisaged that a member of this group will also sit on the STP Carers Advisory Group providing further reassurance that the voice of this particular group is heard.

Cross Cutting Themes

Safeguarding

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

Adults

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

Children and Young People

Young Carers have no specific representation on the Worcestershire Safeguarding Children Board (WSCB) nor are they specifically mentioned in the WSCB Business Plan for 2018/19.

Partnership working

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

Worcestershire Acute Hospitals NHS Trust

Building on the Frailty Pilot the Integrated Carers Hub is now an active member of the Trust's Frailty Operational Improvement Group and contributing to the development of the Frailty Service. Carer Pathway Advisors are linked to the Frailty wards at the Alexandra Hospital and work closely with staff to identify and support Carers during the inpatient stay, discharge. The project also looks to identify gaps in services, information or training that could have helped prevent the admission e.g. falls.

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

Building Healthy Partnerships - 'Think Carer' Programme

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

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

- We need access to that which helps us look after our own health and well-being

Work on these themes was taken forward through the national Building Healthy Partnerships Programme, supported by the Institute for Voluntary Action Research (IVAR), and although the IVAR supported programme ended in July 2018, work continues on a number of themes identified by carers and professional staff working together:

- The Herefordshire and Worcestershire STP Partnership agreed to sign up to the Commitment to Carers principles as a result of the programme (see below), and reports on progress are provided to the STP Carers Advisory Group which is co-chaired by carers from Herefordshire (adult carers) and Worcestershire (young carer).
- Self-care – working with carers to find out what they need to be able to look after themselves and the person they care for
- Work on a Carer's Passport is continuing,
- Resource for carers wishing to return to work have been developed, and this work is supported by DWP and Job Centres
- The development of a Carer Passport adopted by all Health & Social Care providers designed to increase the identification of carers, their needs and their role as a valued partner in the care of their loved one is a key ambition for Worcestershire. The systemwide adoption of a Carer Passport is not only a great support to the carer but can also aid the transfer of care of their loved one as they move through the Health and Social Care system. A newly invigorated working group, with increased representation from health partners across primary and secondary care has recently been formed to take this work forward and make it a reality for Worcestershire.

‘Think Carer’ - Key principles

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

Partners to the Memorandum of Understanding agree that:

4.1 Principle 1 – We will support the identification, recognition and registration of Carers in primary care.

4.2 Principle 2 - Carers will have their support needs assessed and will receive an integrated package of support in order to maintain and/or improve their physical and mental health.

4.3 Principle 3 - Carers will be empowered to make choices about their caring role and access appropriate services and support for them and the person they look after.

4.4 Principle 4 – The staff of partners to this agreement will be aware of the needs of Carers and of their value to our communities.

4.5 Principle 5 - Carers will be supported by information sharing between health, social care, Carer support organisations and other partners to this agreement.

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

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

Working with Worcestershire County Council Social Work Teams on the Three Conversation Model

The Carers Hub continues to work closely with social work teams with the 3 conversation model generating a steady increase in the number of referrals being received from Social Workers. Significant training and support has been provided to the Carer Pathway team to ensure they feel confident with this new approach. Carer Pathway Advisers now have access to Frameworki (the Council’s case management database) providing for

a more integrated and consistent service enabling timely access to appropriate and proportionate assessment for carers and reducing the need for carers to repeat their story.

Voluntary and Community Sector – information and advice providers

The commissioned information and advice providers including Worcestershire Association of Carers, Worcestershire Advice Network(WAN), Stroke Association, Onside Advocacy and YSS Young Carers continue to work together to provide complementary services and where possible look for efficiencies in terms of shared events and staff training.

Care Home Excellence Partnership

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

Activity for 2019-20

Commissioning

- Recommissioning the Integrated Carers Hub and the Worcestershire Young Carers service
- Review of the Worcestershire Carers Strategy

NHS Ten Year Plan – the publication of the plan clearly recognises the contribution Carers make to society and the need for health services to identify and support them in their caring role. Carers of all ages will be encouraged and supported to participate in consultations around both their caring role and the needs of their loved one. The Integrated Carers Hub will lead on work with health partners on projects that increase Carer identification, recognition and support. Projects currently in the early stages of development which will support the aims of the 10 year plan to improve Carer's experience of accessing health services for both themselves and the person they care for will be a priority.

- Carer registration on EMIS supported by the development of a clear offer for Carers within General Practice is in development in two pilot areas. The number of Carer registrations as a percentage of the patient population will be one of the key indicators used to track progress.

- Carer Passports - the work already underway in Worcestershire has been given greater impetus by their inclusion within the Ten Year Plan (see under Building Healthy Partnerships above); partners will continue to work together to introduce these in Worcestershire

Carers Assessments – the Integrated Carers Hub will be undertaking Carers Assessments from April 2019 and will increasingly work closely with social care locality teams to support carers.

Carer Voice

- supporting Carer responses to the NHS 10 Year Plan
- supporting Carer responses to the Social Care Green Paper
- increasing the opportunities for carers to have a voice through digital means
- as result of recent changes around the Learning Disability Partnership Board (LDPB), broadening the scope of the Right Support for Carers Group beyond that of the LDPB to include areas of work such as the NHS 10 Year Plan and what this means for Carers in Worcestershire

System Wide Support for Carers

- securing a named Carer Lead in Clinical Commissioning Groups to support strategic development of Carer initiatives and delivery on the carer elements of the NHS 10 year plan including a Carer Passport for Worcestershire
 - embedding 'Think Carer' approach across Worcestershire:
 - Refreshing the system support for the Commitment to Carer principles as the new Integrated Care System and Integrated Care Organisations are developed
 - Continuing work on exploring options for the introduction of Carer Passports across Worcestershire and Herefordshire
 - Development of Neighbourhood teams to include carer support (lead by Worcestershire Health and Care Trust)
 - Organisational develop for staff working in health and social care to reflect 'Think Carer' and bring about culture change
- Embedding recognition and valuing Carers in the development of Integrated Care for Older People (ICOPE)
- Developing support for carers at transition points – e.g. when their caring role ends, support for carers to find safe and affordable care (including self-funders, moving from children's to adult services)
- Highlighting the ongoing concerns about the impact of the Continuing Health Care on carers and the people they care for and contributing to a carer/patient focused approach

- Continue the development of End of Life Carer support to provide a smoother transition from hospital to home or residential care and to facilitate conversations about preferred place of death
- Increasing the recognition of Parent Carers across health and education services.
- Identifying emerging gaps in services e.g. autism information and advice
- Increase take up of digital solutions to support the caring role
- Continue development of a more proactive approach to improving the physical wellbeing of Carers
- Increase capacity of the Integrated Carers Hub through further development of the volunteer workforce.

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HEALTH AND WELL-BEING BOARD

21 MAY 2019

BI-ANNUAL PROGRESS REPORT FROM THE HEALTH IMPROVEMENT GROUP (HIG)

Board Sponsor

Dr. Frances Howie, Director of Public Health

Author

Rachael Leslie, Directorate of Public Health

Priorities

Mental health & Well-being	Yes
Being Active	Yes
Reducing harm from Alcohol	Yes

Safeguarding

Impact on Safeguarding Children	Yes
If yes please give details	

Impact on Safeguarding Adults	Yes
If yes please give details	

Item for Decision, Consideration or Information

Information and assurance

Recommendation

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

- a. **Consider and comment on progress made by the Health Improvement Group (HIG) between November 2018 and March 2019;**
- b. **Consider membership and attendance to ensure that the HIG can operate effectively and contribute to the Health and Well-being Board strategy.**

Background

2. The Health Improvement Group (HIG) reports bi-annually to the Health and Well-being Board (HWBB). Since its last report to the Board, the HIG has met twice, on 12 December 2018 and 20 March 2019. The HIG leads and ensures progress of action to improve health and wellbeing, focusing on health inequalities and the wider determinants of health and wellbeing in Worcestershire. The HIG receives annual

progress updates on District Health and Wellbeing Plans, considers local issues and shares good practice with wider partners.

3. Attendance at the December and March HIG meetings has been strong from the District Councils but there has been no representation from WCC Adult Services, West Mercia Police, Worcestershire Health and Care NHS Trust, Worcestershire Acute Hospitals NHS Trust and the University of Worcester. Age UK Herefordshire and Worcestershire have recently joined the group to provide a VCS perspective. The HIG provides an opportunity for all partners to contribute to improving health and wellbeing and to understand progress against plans at District level.

Summary of Progress: District Health and Wellbeing Plans

4. Each of the District Health and Wellbeing Plans are developing the three priorities in the Health and Well-being Board Plan and may include additional priorities based on intelligence from local health profiles.

Wyre Forest Health and Wellbeing Action Plan 2016-21

5. The Wyre Forest Health and Wellbeing Action Plan 2016-21 is delivered by the Wyre Forest Health and Wellbeing group which works together to tackle key health issues in the district. The plan is reviewed by the District Council Overview and Scrutiny committee and will be going to Wyre Forest District Council Cabinet for approval. District level priorities align with countywide priorities including improving mental health and wellbeing, reducing harm from alcohol at all ages and being active at every age. Additionally, local priorities are addressed and based on intelligence: Obesity, Social isolation, Dementia, Homelessness and Breastfeeding.

6. Around 7000 interventions and activities have been delivered to improve health and wellbeing across a range of activities. There have been programmes to raise awareness and deliver training on topics including Starting Well, an Older People's Showcase, Greener Living Shows and Dementia Action.

7. An annual 5 Ways to Wellbeing campaign has been rolled out focusing on each theme for two months at a time. The 'Give' theme focussed on volunteering, a Volunteer Fair was well attended and local opportunities for volunteering were promoted through media channels.

8. A range of physical activity programmes have been delivered or supported across Wyre Forest, these include Health Walks, the Couch to 5K introduction to running programme, Adult Cycling, Wheels for All and Parkrun. An 'Activities for Older People' booklet has been produced and distributed widely to encourage uptake of local opportunities for physical activity, this also aims to bring Older People together with the aim to reduce loneliness and contribute to positive wellbeing.

Bromsgrove Partnership Community Wellbeing Theme Group Action Plan

9. The Bromsgrove Community Wellbeing Theme Group has developed an action plan based on the six key principles underpinning the Worcestershire Health and Well-being Strategy 2016-21. The HWB strategy priorities are also local priorities within the strand of the Bromsgrove Community Wellbeing Theme Group action plan.

10. Progress to date includes the rollout of the Connecting Families approach; establishing a Children and Young People Improving Mental Wellbeing working group; targeted health and wellbeing support for staff working in the depots and new opportunities for physical activity.

11. Bromsgrove has achieved recognition and registration as a Dementia Friendly Community. The local Redditch and Bromsgrove Dementia Action Alliance (DAA) continue to encourage local businesses and partner organisations to sign up to the DAA.

12. A number of events have been taking place throughout the District including Sajid Javid's Pensioners Fayre, which was attended by more than 700 residents. Events for Connecting Families, Warmer Worcestershire and increasing physical activity also took place. Events aim to promote opportunities for local residents to access services and support in their local area.

13. The Partnership continues to produce a Wellbeing in Partnership Newsletter which covers Redditch and Bromsgrove to keep partners informed. They also maintain a local directory of services called the 'Knowledge Bank'.

Malvern Hills Health and Wellbeing Plan 2016-21

14. The Malvern Hills Health and Wellbeing Five Year Plan has identified a number of priorities which include the three HWBB priorities as well as addressing local areas of need.

15. Over the past 12 months, work has progressed around mental health and wellbeing initiatives including Time to Change initiatives, Mental Health First Aid training for staff at Malvern Hills District Council, Dementia Friends training, and local action to tackle loneliness and improve wellbeing. There has also been a focus on housing, rough sleepers and planning for healthier communities, each influenced by an aim to maintain and improve mental health and wellbeing.

16. Following the successful theatre production of 'SELFie where's the HARM' focussing on young people's mental health, a DVD and teacher resource pack has been produced and made available to all Worcestershire schools and youth settings. Work is continuing to roll out use of the resource to as many educational settings as possible.

17. A number of physical activity programmes have been taking place for all age groups including Balanceability (an introduction to cycling for very young children), Walking for Health for all ages and running programmes for all levels including Couch to 5k and Couch to 50k.

18. Focusing on reducing alcohol harm, the Tea Party Alcohol Campaign specifically targeted drinking at home and was launched on social media in 2017 and work is continuing to further increase the reach and impact of the resource.

General items

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

Joint Strategic Needs Assessment Annual Summary

20. The group received an update and demonstration on the current JSNA annual summary and members were encouraged to use the available intelligence and analysis at District level. Nationally, Local Authorities and Clinical Commissioning Groups have a joint responsibility for delivering a Joint Strategic Needs Assessment on behalf of the Health and Well-being Board. The group focussed discussion on substance misuse, smoking, alcohol and oral health.

Licensing Levers

21. The group received a presentation on Licensing Levers that covered the Licensing Act (2013), opportunities for improving health and wellbeing through Licensing and case studies demonstrating good practice.

22. District Councils are committed to using Licensing Laws as a method for tackling alcohol related harm. The group shared national and local examples of good practice of using licensing policy, including those that focus on responsible consumption of alcohol, including Pubwatch, Best Bar None, Restrictions on sale or supply of super strength beers and ciders, Lowesmoor Link and Purple Flag. The role of taxi drivers in supporting a safe night-time economy was discussed. Training has been delivered to licensed taxi drivers.

23. HIG members can influence Licensing in a number of ways, including commenting on applications for alcohol licenses, participating in the consultation on the review on the Statement of Licensing Policy, and championing schemes such as Best Bar None, Pubwatch. Districts councils were asked to continue to support the licensing process as a way of protecting and improving health and wellbeing.

Men in Sheds

24. The HIG welcomed a presentation from Age UK Bromsgrove, Redditch and Wyre Forest (BRWF) and some participants in a local 'Men in Sheds' programme. Men in Sheds brings together older men from a community in a 'shed' or workshop with an aim to tackle loneliness and social isolation in older men where retirement can mean loss of status and contact. Participants share practical skills and work together on wood work projects or similar. The HIG heard from the participants directly about how their mental health and wellbeing and social connections have improved following their involvement with the programme.

25. There are a number of successful Men in Sheds projects in Worcestershire with a new shed setting up in Worcester and interest in Evesham. Sustainability is an ongoing issue and the presentation asked partners for support to continue progressing the project in terms of opportunities for funding, community assets as premises to run the initiatives and partners acting as ambassadors for the project. A discussion took place with suggestions about whether shed initiatives could be incorporated into planning and linking with workplaces through schemes such as Worcestershire Works Well.

Herefordshire and Worcestershire's Living Well with Dementia Strategy

26. A representative from the CCG presented an overview of the development of the draft Dementia Strategy following the presentation of the draft Strategy to the HWBB in February 2019. The local need, key messages, challenges, and objective areas were summarised for the group. The draft action plan is currently being developed with a proposed launch in Summer 2019.

27. A discussion took place that highlighted the need to broaden the strategy and action plan to take account of opportunities for prevention and the role of Housing and District Councils. District Councils need to be more involved as they have a responsibility for planning and housing.

28. The HIG will next meet in June 2019 and anticipate receiving the following items at meetings before reporting back to the board in autumn 2019; Worcester, Redditch, and Wychavon District Council Plans; Making Every Contact Count; Substance misuse; Early Help Partnership update and Promoting Independence Project.

Legal, Financial and HR Implications

As appropriate

Privacy Impact Assessment

As appropriate

Equality and Diversity Implications

As appropriate

Contact Points

County Council Contact Points

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Worcestershire Hub: 01905 765765

Specific Contact Points for this report

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Supporting Information

N/A

Background Papers

N/A

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HEALTH AND WELL-BEING BOARD 21 MAY 2019

HOUSING UPDATE – PROGRESS ON THE JSNA ON HOUSING AND HEALTH AND THE MOU ON HOUSING, HEALTH AND SOCIAL CARE

Board Sponsor

Dr Frances Howie Director of Public Health

Author

Tim Rice Senior Public Health Practitioner

Priorities

Mental health & well-being

Being Active

Reducing harm from Alcohol

Other (specify below)

(Please click below
then on down arrow)

Yes

No

No

Safeguarding

Impact on Safeguarding Children

Supports policy that will safeguard children

Yes

Impact on Safeguarding Adults

Supports policy that will safeguarding children

Yes

Item for Decision, Consideration or Information

Information and assurance

Recommendation

1. **The Health and Well-being Board is asked to:**
 - a) **Note the progress on the housing and health JSNA and**
 - b) **Note the progress being made against the MoU on housing, health and care.**

Background

2. A new housing and health JSNA is being finalised and is due to be jointly considered and finalised with key partners, including the local Housing Authorities. This will focus upon the impact of housing conditions, affordable warmth homelessness and rough sleeping on the local population and make recommendations for system wide approaches and actions.

3. As the Board is aware, there is a drive to promote closer working between housing and health through the national MoU and set out below is a short resume of progress against key headline outcomes.

4. MoU on Housing and Health: Previous reports to the Board have highlighted the approach that is being taken in relation to the MoU on housing, health and care. National oversight of the MoU focusses on several indicators of success and while there is no requirement to do so, locally, we consider that it is useful to assess how we are progressing across the system against these headline indicators of success. Set out below is a brief commentary of what has been happening in Worcestershire in this context.

5. *Better Strategic Planning*: The inclusion of housing and homelessness in key strategy and planning processes for health, social care and local government is becoming more regularised in Worcestershire. There is local agreement that housing will play a more significant role in the STP and a revised STP document in summer will describe in much greater detail the role housing plays, particularly with regard to strengthening the prevention agenda. Housing is now explicitly included in the remit of the STP Prevention Board and there is growing synergy between the Worcestershire Strategic Housing Partnership and the STP. New joint commissioning approaches such as the Independent Living Project (ILP), a collaboration between the District Councils, the County Council and the CCG's, highlights how strategic planning across key agencies is being developed. There is also extensive co-operation between the sectors on the review of the countywide homelessness strategy and support for a high-level task and finish group aimed at tackling rough sleeping.

6. *Better understanding of the Preventative Role in Housing*: There is a stronger recognition of the role a stable and secure housing situation plays in keeping people healthy and independent and preventing ill-health or injury. The STP will in particular focus on the preventative aspects. There is a strong evidence base of the preventive role that housing plays and the new housing and health JSNA will assist in demonstrating where the key focus should be taking place.

7. *Greater collaborative care*: There is joint action on housing's contribution to different care pathways. There has been agreement by Worcestershire Chief Executive and Leaders Board to support cross Authority approaches to tackling rough sleeping and homelessness. A particular focus will include how commissioners and providers of drug and alcohol services and mental health services can support new approaches, including piloting a Housing First project. Local Housing Associations are finalising a project which will highlight their "offer" on health and wellbeing and how they can better support social care and the NHS meet their objectives through their housing development and management expertise and resources.

8. *Better use of Resources*: The current recommissioning of an ILP, led by Worcestershire Local Authorities and the CCG is endeavouring to change the way in which services are currently delivered. The focus will be on maintaining older peoples (and some children's) independence at home, reducing hospital admissions and improving hospital discharge. The intention is for a better utilisation of resources, including the Better Care Fund, to improve health through the home, prevent illness, manage demand and deliver service improvements. There is a strong joint focus

upon enabling people to remain independent at home, reduce hospital admissions and facilitate safe and effective discharge from hospital.

9. *Improved Signposting:* Frontline professionals need to know which services and interventions are available across the sector locally and how to refer people into these. The social prescribing pilot has highlighted that housing is a key issue that is highlighted by patients attending GP surgeries and this is something that can now increasingly be supported through enhanced partnership working at locality level. Several public bodies, including social services and the NHS now have a duty to refer people who are or at risk of homelessness to the Local Housing Authorities and it will be important going forward to consider how cross agency briefings and training can be improved to better aid this collaboration. A forthcoming Strategic Housing Partnership workshop in June will focus on the issues of homelessness and rough sleeping for those in the criminal justice system and will include briefings by a range of agencies on their housing duties and current roles.

10. *More Shared Learning:* Professionals are beginning to receive appropriate multi-disciplinary training to better prevent ill-health and promote good health and wellbeing through the home. A MECC briefing by Public Health at the Strategic Housing Partnership on how agencies can support their clients through structured brief discussions on their health and wellbeing, has been well received, with at least one of the major Housing Providers looking to adopt this approach as part of their training programme.

11. Appropriate, safe and good quality housing is recognised by the Board as a major determinant of health and a key preventative factor in improving the local populations health and wellbeing. The production of the housing and health JSNA and the increasing focus on the MoU principles, demonstrates strong progress in Worcestershire and provides a platform for the key agencies and their partners to integrate their policies, working arrangements and investment going forward.

Legal, Financial and HR Implications

12. N/A

Privacy Impact Assessment

13. N/A

Equality and Diversity Implications

14. N/A at present

Contact Points

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Background Papers

In the opinion of the proper officer (in this case the Director of Public Health) there are no background papers relating to the subject matter of this report.

HEALTH AND WELL-BEING BOARD

21 MAY 2019

INTEGRATED CARE FOR OLDER PEOPLE IN WORCESTERSHIRE (ICOPE)

Board Sponsor

Dr Frances Howie Director of Public Health

Author

Dr Maggie Keeble Clinical Lead for ICOPE Worcestershire (Worcestershire Clinical Commissioning Groups, Worcestershire Acute Hospitals Trust, Worcestershire Health and Care Trust)

Priorities

Mental health & well-being

Being Active

Reducing harm from Alcohol

Other (specify below)

(Please click below
then on down arrow)

Yes

Yes

No

Safeguarding

Impact on Safeguarding Children

Supports policy that will safeguard children

No

Impact on Safeguarding Adults

Supports policy that will safeguarding adults

Yes

Item for Decision, Consideration or Information

Consideration

Recommendation

1. **Members of the Health and Well-being Board are asked to:**
 - a) **Note the successful launch of the ICOPE Strategy**
 - b) **Encourage local authorities across Worcestershire to consider working towards becoming an Age Friendly Community.**

Background

2. On 1 May 2019, a successful event: 'Making Worcestershire a Great Place to Live in Older Life' was held. This was well attended by professionals from across Health, Social Care, Public Health, the Voluntary Care Sector as well as members of the public.

3. Key note speakers included the National Clinical Director for Older People at NHS England, Prof. Peter Gore of the Institute for Ageing at Newcastle University and

Holly Holder from the Centre for Ageing Better. A panel of colleagues from the local health and social care system answered questions from the audience.

4. The ICOPE strategy was launched on the day. This strategy aims to make Worcestershire a great place to live in later life by improving the outcomes and experience of those who are ageing and for their supporters and carers whilst making the most efficient use of resources.

5. The value of becoming an Age Friendly Community was discussed. This is a World Health Organisation initiative with benefits of networking, sharing of good practice, and working collectively to realise a vision of living well in older age fostering healthy and active ageing, ensuring that people remain connected with and playing an important part in their communities minimising barriers to participation.

Legal, Financial and HR Implications

6. N/A

Privacy Impact Assessment

7. N/A

Equality and Diversity Implications

This report supports healthy older age and therefore contributes to minimising discrimination on the grounds of age.

Contact Points

County Council Contact Points

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Specific Contact Points for this report

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Supporting Information

- ICOPE Strategy (available on-line)
- <https://www.ageing-better.org.uk/age-friendly-communities>

Background Papers

In the opinion of the proper officer (in this case the Director of Public Health) there are no background papers relating to the subject matter of this report.

HEALTH AND WELL-BEING BOARD

21 MAY 2019

GOOD MENTAL HEALTH AND WELLBEING PLAN UPDATE

Board Sponsor

Dr. Frances Howie, Director of Public Health

Author

Liz Altay, Directorate of Public Health

Priorities

Mental health & well-being

Being Active

Reducing harm from Alcohol

Other (specify below)

(Please click below
then on down arrow)

Yes

No

No

Safeguarding

Impact on Safeguarding Children

If yes please give details

Yes

Impact on Safeguarding Adults

If yes please give details

Yes

Item for Decision, Consideration or Information

Information and assurance

Recommendation

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

- a) Note progress made on the Good Mental Health and Wellbeing Plan;
- b) Agree commitment and sign up to a shared Prevention Concordat for Better Mental Health;
- c) Identify a HWBB mental health champion as required for declaring a Prevention Concordat arrangement;
- d) Support a multi-agency refresh of the Mental Health and Wellbeing Plan incorporating the prevention concordat requirements and findings from an updated Mental Health JSNA ;
- e) Note the progress and activities of the Worcestershire Time to Change hub sponsored by the Board and support ongoing sustainability of this anti-stigma activity; and
- f) Each Board member organisation is asked to commit to signing the Time to Change employer's pledge by August 2019 as agreed in October 2017 to demonstrate the importance of embedding mental health and anti-stigma activity within their own organisations.

Background

2. A national Prevention Concordat for Better Mental Health was launched on 30th August 2017 and promotes a joined-up approach around preventing mental health problems and promoting good mental health. The Prevention Concordat programme of work is one of the recommendations in the 'Five Year Forward View for Mental Health', published in 2016.

3. The concordat was launched with 30 national organisations signing the Consensus Statement including the Local Government Association, Association of Directors of Public Health UK, Public Health England and NHS England. A number of Health and Wellbeing Boards have signed up to the concordat since its launch. The aim is that local action can be taken to mark a turning point in moving towards a more prevention focussed approach to mental health, and in seeing mental health as being important as our physical health

4. The Concordat is part of a wider drive to secure an increase in the implementation of public mental health approaches across the whole system. The sustainability and cost effectiveness of this approach will be enhanced by the inclusion of action that impacts on the wider determinants of mental health and wellbeing. Taking a prevention-focused approach to improving the public's mental health is shown to make a valuable contribution to achieving a fairer and more equitable society. It is an opportunity to share the work that is taking place locally to create resilient communities, build momentum in a national shift to support prevention activity and ultimately, through local and national action, to prevent mental health problems and promote good mental health. It acknowledges the active role played by people with lived experience of mental health problems, individually and through user-led organisations.

Prevention Concordat Consensus Statement

5. By signing the Prevention Concordat, organisations declare their endorsement of the consensus statement and their shared commitment to support local and national action to prevent mental health problems and promote good mental health.

6. Organisations agree that:

- i. To transform the health system, we must increase the focus on prevention and the wider determinants of mental health. We recognise the need for a shift towards prevention-focussed leadership and action throughout the mental health system; and into the wider system. In turn, this will impact positively on the NHS and social care system by enabling early help through the use of upstream interventions.
- ii. There must be joint cross-sectoral action to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at local level. This should draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions and promote equality.

- iii. We will promote a prevention-focused approach towards improving the public's mental health, as all our organisations have a role to play.
- iv. We will work collaboratively across organisational boundaries and disciplines to secure place-based improvements that are tailored to local needs and assets, in turn increasing sustainability and the effective use of limited resources.
- v. We will build the capacity and capability across our workforce to prevent mental health problems and promote good mental health, as outlined in the Public Mental Health Leadership and Workforce Development Framework Call to Action.
- vi. We believe local areas will benefit from adopting the Prevention Concordat for Better Mental Health.
- vii. We are committed to supporting local authorities, policy makers, NHS clinical commissioning groups and other commissioners, service providers, employers and the voluntary and community sector to adopt this Concordat and its approach.

Good Mental Health and Wellbeing throughout Life Plan (2016-2021)

7. The Health and Well-being Board (HWBB) and partner organisations are already working in a way which is consistent with the Concordat. Good Mental Health and Wellbeing is one of the three priorities of the HWBB and The Good Mental Health and Wellbeing throughout life plan was developed in 2016 to deliver against the priority (Appendix 1). The plan represents a public mental health informed approach to prevention and aims to create resilient communities and build on evidence-based cross sector prevention activity across the life course. Progress against the plan is summarised in Appendix 2 and has been reported annually to the HWBB through the Health Improvement Group Bi-annual report.

Time to Change (TTC) Update

8. Time to Change is a growing movement of people changing how we all think and act about mental health. Time to Change began in 2007 and is funded by the Department of Health, Comic Relief, and the Big Lottery Fund, and led by Mind and Rethink Mental Illness. In October 2017, the HWBB endorsed the Worcestershire Time to Change Application as the local Time to Change Hub Host, and the application was successful in a regional funding bid in January 2018.

9. A Time to Change Hub is a partnership of local organisations and people who are committed to ending mental health stigma and discrimination. Collectively and independently they initiate and run regular local activities to challenge mental health prejudice, coming together to align and maximise the impact of their combined activity. They provide encouragement, support and tools to those that are already campaigning locally and to those that aspire to join the campaign, as well as seeking to encourage anti-stigma and discrimination policies and best practice within both their own organisations and relevant local strategies. Community First is the hub co-ordinator and has received funding for the duration of 18 months from March 2018-August 2019. Funding includes £15,000 contribution from Time to Change towards

the coordination and support for the Hub partnership. Community First is also responsible for overseeing a £10,000 Champions Fund pot to support local activity and campaigns.

10. Together with Worcestershire County Council and Community First, the HWBB as the Hub Host is expected to:

- Oversee and endorse the Time to Change Hub application,
- Ensure the collective production and ownership of the Local Hub action plan,
- Ensure mental health anti-stigma and discrimination work and policies are embedded within their own organisation, including signing the Time to Change employer's pledge, by August 2019,
- Commit to ensuring sufficient staff-time, including the necessary level of senior management buy-in, is available to effectively facilitate delivery,
- Enact the core principle of Lived Experience Leadership at the heart of Hub governance and programme planning and delivery.

11. Progress to date is listed in Appendix 3.

A cross sector approach to public mental health and refreshed action plan

12. Moving forward, there is a need to ensure a co-ordinated cross sector approach to public mental health by bringing key partners together to re-fresh the Good Mental Health throughout life plan and incorporate recommendations from a new and updated Mental Health Joint Strategic Needs Assessment (JSNA) aligning activity to develop an overarching Prevention Concordat commitment action plan.

13. The Prevention Concordat sign-up protocol involves endorsement of the consensus statement (paragraph 5) and the submission of a commitment action plan outlining current activity that promotes better mental health and proposed collective action across five key areas of work:

- Assessing needs and assets
- Building partnerships
- Delivering commitments
- Defining success
- Leading for prevention

14. In addition to this, a current suicide prevention action plan, supported by a multi-agency partnership and an established Mental Health JSNA (or a commitment to start one within three months) describing local system mental health need is required. The Worcestershire Suicide Prevention Plan was approved by the HWBB in February 2018 and is overseen by a multi-agency suicide prevention steering group. A new Mental Health JSNA is currently in progress. A Mental Health JSNA toolkit is enabling the development of aspects for the needs assessment including 'understanding place', 'understanding people', 'perinatal mental health', 'children and young people', 'working age people' and 'living well in older years'.

15. On approval of the Worcestershire Prevention Concordat Action Plan by the Prevention Concordat National Panel, a formal announcement of new national and local signatories will be highlighted through PHE communications or uploaded onto

the Prevention Concordat for Better Mental Health webpage. National and local signatories will receive a formal certificate.

Contact PointsCounty Council Contact Points

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HEALTH AND WELL-BEING BOARD

21 MAY 2019

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

Priorities

Mental health & well-being

Being Active

Reducing harm from Alcohol

Other (specify below)

(Please click below
then on down arrow)

Yes

Yes

No

Safeguarding

Impact on Safeguarding Children

If yes please give details

No

Impact on Safeguarding Adults

If yes please give details

Yes

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 2018/19;**
- b) **Note the progress made towards the national targets for the BCF for 2018/19; and**
- c) **Note the significant cost pressures on the BCF for 2019/20 due to the pressures arising from 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 supports the direction originally set in the Next Steps on the

NHS Five Year Forward View and the Care Act (2014), and the move to integrated care systems is set out as a key ambition of the NHS Long Term Plan (2018).

3. The BCF budget for 2018/19 totalled £35.541m from the CCGs, and £5.034m from Worcestershire County Council [Disabled Facilities Grant] - and was included in the Worcestershire Section 75 agreement.

4. This is the final year of the current BCF plan (2018/19 -2019/20). The Plan groups schemes under three main headings - Admission Prevention, Facilitated Discharge, and Independent Living.

Outturn for 2018/19

5. The final outturn of the 2018/19 Better Care Fund was overspent by £0.137m. This was due to externally purchased packages of care to support the discharge of patients from Acute hospitals.

6. The overspend has been managed by the Council and the CCGs contributing 50% each from their respective base budgets. It should be noted the impact of any overspend was mitigated by the Council of contributing £1.904m from the Winter Pressures monies allocated in November 2018.

Performance Against BCF Metrics

Metric	Outturn
Reduction in Non-elective admissions	<p>Neighbourhood Teams have continued to develop with the aim to support the reduction of non-elective admissions. Specific areas of focus have included an assertive approach to reduce admissions from care homes, detailed audits on emergency admission, specific pathways to reduce NELs, UTIs and blocked catheters and stroke prevention - implementation of AF devices in primary care.</p> <p>The development of the 19/20 work programme has commenced and largely builds on plans established during 18/19. Same Day Discharge will be a focus through the optimisation of the AEC and FAU which will support the reduction in NEL admissions.</p> <p>Based on Month 10 data available at March 2019.</p>
Delayed Transfers of Care (Delayed Days) from hospital per 100,000 population 18+) – consultant-led beds	<p>For Worcestershire, the target is 12.5 delays per day per 100,000 population aged 18+.</p> <p>The return for Worcestershire for February 2019 is 12.9 delays per day per 100,000 population, reduced from 14.3 in March 2018</p>
Rate of Permanent Admissions to Residential Care	<p>The target for the year is 635 and the estimated outturn for 2018/19 is just above target at 637.36</p>

	per 100,000 population aged 65+. Admissions have remained largely unchanged over 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 2018/19 is 85.1%. This is slightly below a stretched target of 86% due to the demands of Winter pressures and 4% improved on the previous year.

Variances to BCF Programme for 2019/20

7. For 2019/20, two significant variations have taken place.

8. From April 2019, the 5 recovery beds in Wyre Forest CCG are now purchased from the independent sector following the closure of 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 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]. From 1 October 2018, this Unit was contracted from Coate Water Care and the contract has been extended until 26 September 2019. The CCGs, in collaboration with the Council, are recommissioning provision for Discharge to Assess beds from 27 September 2019.

BCF Budget Projections for 2019/20

10. The current budget for the BCF for 2019/20 overall is £43.794m (including DFG of £5.432m). The budget includes £2.385m that the Council has committed from additional Winter Pressures funding which has been extended for 2019/20. At this stage, the CCGs and the Council are confident that this is sufficient budget to deliver exiting commitments to integrated carer and to meet cost pressures arising from discharges from Acute hospitals.

Legal, Financial and HR Implications

11. None

Privacy Impact Assessment

12. 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

County Council Contact Points

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Specific Contact Points for this report

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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:

- Health and Wellbeing Report of 23 September 2018: Better Care Fund Update
- Worcestershire Better Care Fund Narrative Document - Available on-line at:
http://www.worcestershire.gov.uk/downloads/file/4645/integrated_care_and_the_better_care_fund_plan_parts_1_and_2