

Agenda

Health and Well-Being Board

Tuesday, 24 September 2019, 2.00 pm
County Hall, Worcester

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Health and Well-Being Board
Tuesday, 24 September 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
Dr C Ellson (Vice Chairman)	South Worcestershire CCG
Dr L Bramble	Wyre Forest CCG
Dr Kath Cobain	Interim Director Public Health
Dr R Davies	Redditch and Bromsgrove CCG
Dr Catherine Driscoll	Director of Children, Families and Communities
Mr A I Hardman	Cabinet Member with Responsibility For Adult Social Care
Mr M J Hart	Cabinet Member with Responsibility for Education and Skills
Dr A Kelly	South Worcestershire CCG
Peter Pinfield	Healthwatch, Worcestershire
Jo Melling	NHS England
Mr A C Roberts	Cabinet Member with Responsibility for Children and Families
Paul Robinson	Chief Executive, WCC
Simon Trickett	Worcestershire's Clinical Commissioning Groups
Avril Wilson	Interim Director of Adult Services

Associate Members

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

Agenda

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Agenda produced and published by Simon Mallinson, Head of Legal and Democratic Services, County Hall, Spetchley Road, Worcester WR5 2NP

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

All the above reports and supporting information can be accessed via the Council's website

Date of Issue: Monday, 16 September 2019

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2	Declarations of Interest	
3	Public Participation <i>Members of the public wishing to take part should notify Legal and Democratic Services in writing or by 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 23 September 2019). Enquiries can be made through the telephone number/e-mail address below.</i>	
4	Confirmation of Minutes The Minutes of the meeting of 21 May 2019 have been previously circulated.	
5	Worcestershire Safeguarding Children Board Annual Report 2018/19 and Child Death Overview Panel Annual Report 2018/19 To include information from the Child Death Overview Panel	Derek Benson 1 - 6
6	Worcestershire Safeguarding Adults Board	Derek Benson 7 - 10
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11	Revised Health and Well-being Board Terms of Reference and Board Working Arrangements	Tim Rice 37 - 54
12	Development Session 22 October 2019 - Items for consideration	
13	Future Meeting Dates <u>Dates for 2019</u> Private Development meetings (All at 2pm) <ul style="list-style-type: none"> • 22 October 2019 Public meetings (At 2pm) <ul style="list-style-type: none"> • 12 November 2019 	

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Webcasting

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**HEALTH AND WELL-BEING BOARD
24 SEPTEMBER 2019****WORCESTERSHIRE SAFEGUARDING CHILDREN BOARD
(WSCB) ANNUAL REPORT 2018/19
AND
CHILD DEATH OVERVIEW PANEL (CDOP) ANNUAL
REPORT 2018/19**

Board Sponsor

Catherine Driscoll, Director of Children, Families and Communities

Author

Derek Benson, Independent Chair (WSCB)

(Please click below
then on down arrow)

Priorities

Mental health & well-being

No

Being Active

No

Reducing harm from Alcohol

No

Other (specify below)

Safeguarding

Impact on Safeguarding Children

Yes

This report details an assessment of the effectiveness of child safeguarding and promotion of the welfare of children

Impact on Safeguarding Adults

No

If yes please give details

Item for Decision, Consideration or Information

Consideration

Recommendation

1. **The Health and Well-being Board is asked to:**
 - a. **Note the key headlines and conclusions from the 2018/19 Annual Report;**
 - b. **Consider any points which may inform future work of the HWB in respect of its strategic priorities;**
 - c. **Identify cross cutting themes where the HWB has a role to play in reducing risks to children.**

Background

2. The Independent Chair of the Worcestershire Safeguarding Children Board is responsible for publishing an annual report that provides a public assessment of the effectiveness of safeguarding arrangements for children and young people in Worcestershire. The report also recognises achievements and is realistic about the challenges that remain.
3. The report is made publicly available through publication on the Board's website. In addition, it is formally presented to the Chief Executive and Leader of the County Council, to the Health and Well-Being Board and to Cabinet. It is sent to West Mercia's Police and Crime Commissioner, to the respective Chairs of the Worcestershire Safeguarding Adults Board and the Safer Communities Board, and it is circulated to lead officers in key partner agencies.
4. In September 2018 Derek Benson informed the Health and Well-being Board that Ofsted feedback was evidencing progress by Children's Social Care, albeit there was much work still to be done to reach the point where children in Worcestershire receive a consistently good service. The Board recognised the high level of focus and effort that would be required, with ongoing support from partner agencies, to continue to deliver further improvements.

Key points from the WSCB Annual Report 2018/19

5. During 2018/19 Worcestershire Safeguarding Children Board had a particular focus on a number of priorities including:
 - Implementation of Neglect Strategy
 - Protecting children and young people from exploitation
 - Seeking assurance and promoting effective early help
 - Voice of the child
 - Critical friends to the Children's Social Care Service Improvement Plan (SIP)
 - Establishment of new arrangements for the Safeguarding Partnership
 - Consolidation of findings from Serious Case Reviews into learning which leads to improved practice
6. The WSCB approved its Neglect Strategy in December 2018. The aims of the Strategy are to develop shared definitions and language, and a consistent approach to screening across the Partnership with examples of appropriate responses at different levels of need. The revised pathway for responding to neglect concerns, spanning early help through to child protection, and a toolkit for use by frontline practitioners in direct work with families are to be launched at targeted events in June 2019.
7. WSCB has a Child Sexual Exploitation (CSE) Strategic Group as one of its sub-groups and a CSE Operational Group which reports directly to the Strategic Group. During the year the focus on CSE has expanded to include other forms of exploitation and contextual safeguarding. 'GET SAFE' is the Worcestershire partnership title for the identification and management of multi-agency support and protection for children and young people at risk of **G**ang-related activity, **S**exual **E**xploitation, **T**rafficking, **M**odern day **S**lavery, **A**bsent and Missing, **F**orced Marriage, **H**onour Based Violence and **F**emale **G**enital Mutilation, and **C**riminal **E**xploitation. After some significant delay a CSE Problem Profile was produced by West Mercia Police and this, along with the CSE dataset, now needs to be broadened out to include other areas of the GET SAFE (exploitation)

agenda. Towards the end of the year an outline GET SAFE Action Plan was drafted and work is currently being undertaken with Partners to agree the detail.

8. A key development during the year has been the publication of the revised Early Help Pathway identified as a gap in last year's annual report. The Board's Improving Frontline Practice Group was a helpful mechanism for consultation with Partners and it supported circulation of communications through the WSCB newsletter, core training programme and Practitioner Network meetings. It was clarified that co-ordination of delivery of the Early Help Strategy action plan would sit under the Children and Young People Strategic Partnership sub-group of the Health and Well-being Board. Based on audits undertaken during the year it is possible to provide only limited assurance that partner agencies fully understood the threshold for intervention by Children's Social Care and there was found to be significant variation in the quality of referrals being made to the Family Front Door. However, during the year changes were made to referral processes which separated out early help and social work services, with online referral forms providing more guidance for referrers about what is required. It is anticipated that these changes will lead to improved quality of future referrals and support practitioners in distinguishing between the different levels of need.

9. Voice of the Child is one of the practice issues considered in the Board's MACFA process with auditors asked to specifically consider how effectively the 'voice' of the child was sought, recorded and considered by the partner agencies involved. Audits undertaken during the year found that practice is variable in terms of listening to and giving consideration to the views of children and young people. WSCB has adapted a series of prompt questions for practitioners to consider when seeking to understand what a day in the life of a baby, pre-school child, primary age child or teenager looks like. The 'A Day in My Life' prompts form part of the Neglect Toolkit but could be used in all aspects of direct work with a children or young people. The Board consulted with pupils from middle and secondary schools and feedback informed development of the tools.

10. The WSCB has been updated at every Board meeting on the Service Improvement Plan performance indicators and also on outcomes from Ofsted monitoring visits. Meetings with Critical Friends were discontinued during the year after the Board agreed that progress was being evidenced and Board members were able to provide ongoing scrutiny and challenge through the Board and its sub-groups.

11. The three named Safeguarding Partners (Chief Executive of Worcestershire County Council, Chief Constable of West Mercia Police and Accountable Officer for the Clinical Commissioning Groups) have been represented by their respective Board members in discussions regarding the new multi-agency safeguarding arrangements. A proposal was presented at an exceptional Board meeting on 21 January 2019 followed by a period of consultation. The proposed changes were approved at the Board meeting held on 13 March 2019. There will be a period of transition until the new Worcestershire Safeguarding Children Partnership (WSCP) is fully implemented on 1 September 2019.

12. Work has been completed by the Serious Case Review and the Improving Frontline Practice sub-groups of the Board to develop a summary of key messages from three SCRs completed during the year. A communications plan to ensure dissemination of learning and key messages was developed and presented to the March Board meeting. This communications plan has now been implemented with multi-agency learning events planned for June and July 2019.

13. This year has continued to see further pressure on the Family Front Door with the number of Contacts up by 13% compared with last year. Other increases related to the

number of looked after children (up 5.5% compared to last year), the number of open S17 assessments (up 54% compared to last year) and the number of S47 (child protection) assessments (up 14% compared to last year). The number of Plans have reduced this year with Child in Need Plans down by 14.5% and Child Protection Plans down by 2.4%.

14. Three cases were presented during the year for consideration of a Serious Case Review (SCR) but none were found to meet the criteria. Two SRCs which were commissioned last year were completed during the year, however it was evident that one of the cases did not meet the criteria and was subsequently down-graded to a case review with the agreement of the National Panel.

15. During the year 38 Child Death Notifications were received representing an increase of 52% compared with last year. The Child Death Overview Panel (CDOP) reviewed 23 deaths during the year and modifiable factors were found to be present in 10 of the deaths. Modifiable factors included lack of parental supervision, maternal smoking and obesity, and fatal road traffic collisions involving inexperienced teenage drivers. National data for 2018/19 is not yet available for comparison purposes. An analysis of 'sudden unexpected unexplained deaths' was undertaken relating to children under 2 years old. It found that there has been a significant rise in baby deaths with modifiable factors which included excessive alcohol consumption coupled with bed sharing and smoking. From September 2019 the process for Child Deaths Reviews becomes the responsibility of the two Child Death Partners (Local Authority and Clinical Commissioning Groups). In Worcestershire Public Health are taking the lead on behalf of the Local Authority. The decision has been taken to develop a joint CDOP with Herefordshire.

16. The Board delivered core safeguarding training to 842 practitioners during 2018/19. This multi-agency training continued to be rated highly by attendees who report an improvement in knowledge and confidence after attendance. Post-training impact evaluations and audits also demonstrate that learning is transferred into the workplace and has a positive impact on children and families. 996 practitioners completed an e-learning course (down 28% compared to last year). There has been a year-on-year reduction in demand and this year the Board took the decision to cease providing e-learning from April 2019.

17. The Section 11 Audit is a self-assessment by partner agencies of the extent to which they are fulfilling their safeguarding responsibilities as defined in the Children Act 2004. Last year the Board conducted its Section 11 Audit using a new audit template which has been developed by a West Midlands working group. The S11 Audit is to be undertaken every two years. This year the Board can provide assurance that partner agencies continue to report progress is being made against outstanding actions.

18. The annual Section 175/157 Audit (schools and FE colleges) elicited a 100% return rate for the first time, recognised as a tremendous achievement, and provided assurance that there is a high level of safeguarding activity in education settings. Operation Encompass, where schools are informed the next morning about domestic abuse incidents, is welcomed by schools and should have a positive impact on the emotional support made available to children and young people.

Conclusion

19. The Board has concluded that at a strategic level there is a strong commitment to safeguarding children in Worcestershire. It has also received assurances that

safeguarding arrangements are in place in partner agencies and that safeguarding responsibilities are taken seriously. In addition, the Board's contributory partners have made maintained the same level of financial contributions despite operating within financial constraints.

20. As last year, much of the Board's attention has focussed on Children's Social Care as lead agency for safeguarding children. The Board has continued to be sighted on the work being undertaken to improve services for children in need of help and protection, including early help, through its comprehensive Service Improvement Plan. In addition, Ofsted have continued to monitor progress through quarterly monitoring visits. As a result of feedback received from Ofsted during the course of the year, which indicated that satisfactory progress was being made, and on the local authority's own Quality Assurance and Performance Information, the Service Improvement Plan has been reviewed and priorities re-focussed. The Board was satisfied with the regular updates provided from the Director of Children, Families and Communities and with commentary and analysis regarding performance information provided by the Assistant Director (Safeguarding). It acknowledges the tremendous effort made on the part of the senior management team to make tangible improvements. Partner agencies continue to have a part to play in ensuring that they also respond robustly to children and families, especially where the threshold is not met for a Children's Social Care intervention but families require additional support through the provision of early help

21. This is the final WSCB Annual Report. From 1 September 2019 the Worcestershire Safeguarding Children Board will no longer exist, to be replaced by the new Worcestershire Safeguarding Children Partnership. The Board has continued to deliver its statutory functions pending formal handover to the WSCP.

Legal, Financial and HR Implications

Not applicable

Privacy Impact Assessment

Not applicable

Equality and Diversity Implications

Not applicable as no recommendations made

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

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Derek Benson

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Supporting Information

- Appendix 1 – Worcestershire Safeguarding Children Board Annual Report 2018/19 – Available on-line
- Appendix 2 – Worcestershire Child Death Overview Panel Annual Report 2018/19 - Available on-line

Background Papers

In the opinion of the proper officer (in this case the Director of Children's Services) there are no background papers relating to the subject matter of this report.

**HEALTH AND WELL-BEING
24 SEPTEMBER 2019****WORCESTERSHIRE SAFEGUARDING ADULTS BOARD
ANNUAL REPORT – 2018-19**

Board Sponsor

Avril Wilson, Interim Director of Adult Services

Author

Bridget Brickley, Board Manager

Priorities

Mental health & well-being

Being Active

Reducing harm from Alcohol

Other (specify below)

- Older People and long term conditions
- Domestic abuse
- People with learning disabilities

(Please click below
then on down arrow)

Yes

No

Yes

Safeguarding

Impact on Safeguarding Children

No

This report details an assessment of the effectiveness of child safeguarding and promotion of the welfare of children

Impact on Safeguarding Adults

Yes

If yes please give details

Item for Decision, Consideration or Information

Consideration

Recommendation

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

Background

2. The Annual Report provides an overview of the activity of the Board during 2018 to 2019. This includes the safeguarding activity that took place to protect people in Worcestershire with care and support needs at risk of harm during this period.

3. The report covers the third year as a statutory board under the Care Act 2014. The guidance provided by the Act clearly sets expectations for the minimum content for Safeguarding Adults Boards (SAB) and Annual Reports (Schedule 2.4 (1) a-g).
4. Overall good progress was made against the objectives for the year against a background where. Statutory partners have continued to face significant funding pressures and increased workloads.
5. Key achievements during the year included a successful learning event for managers and practitioners on Domestic Abuse and Coercive Control, which was well received and oversubscribed. Processes for three reference groups are now in place to increase engagement from the wider community; Links were also made to other organisations to support the work of the Board, including the Worcestershire Office of Data Analytics (WODA) and the Voluntary Sector.
6. Work around Safeguarding Adults Reviews (SARs) has continued to be a significant priority for the Board. A Protocol is now in place for communication on potential overlap between SARs and Learning Disability Mortality Review (LeDeRs). The Case Review sub-group also established a process for evidencing the impact that SAR actions have had.
7. Cross cutting work continued to evolve, particularly around Child Sexual Exploitation (CSE) and the Get Safe agenda led by the Worcestershire Safeguarding Children's Board.
8. Activity data found that the level of safeguarding concerns reported saw a rise compared to the previous year. The level of of inappropriate referrals, where the issue raised is not a safeguarding matter and therefore did not meet the appropriate level for a statutory enquiry to take place, also saw a slight increase this year. Developing awareness of safeguarding issues remains a priority.
9. It is important to note that a significant number of non-statutory enquires were also completed during the year. Whilst there is no obligation to undertake a formal enquiry, it was felt proportionate to undertake this approach as it would enable the Local Authority to promote the person's wellbeing and support the preventative agenda.
10. As with previous years, physical abuse was the highest reported type of primary abuse followed by neglect. The other main areas were financial and psychological and financial abuse, in that order. These abuse types are usually the most highly reported because the signs are more visible.
11. Finally, the report includes contributions from each of the key partner agencies of the Board. These illustrate the work that is taking place across the County by the partner agencies to protect adults at risk from harm.

Legal, Financial and HR Implications

12. Not applicable

Privacy Impact Assessment

13. Not applicable

Equality and Diversity Implications

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

Supporting Information

- Worcestershire Safeguarding Adults Board Annual Report 2018/19 – Available on line.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this report

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HEALTH AND WELL-BEING BOARD
24 SEPTEMBER 2019**BETTER CARE FUND**

Board Sponsor

Simon Trickett and Avril Wilson

Author

Richard Keble

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

Yes

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

Item for Decision, Consideration or Information

Decision

Recommendation**1. The Health and Well-being Board is asked to:****a) approve the expenditure plans for the Better Care Fund for 2019/20****and****b) The Board is further asked to organise a development session on the Better Care Fund to ensure that it is able to exercise strategic oversight of this funding stream****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. Guidance for 2019/20 BCF was published in August. The guidance requires partners to submit a template to NHS England by 26 September 2019. The template cannot be published due to the fact the data contained cannot be in the public domain.

4. As part of the template, Worcestershire CCGs and the Council are required to set out their spending plans for the 2019/20 against the agreed budget of £45,271,599 (including DFG). The 2019/20 BCF budget has increased by £4,696,152 from 2018/19. Detail of the BCF schemes can be seen Appendix 1.

5. The BCF includes the Disabled Facilities Grant. This Grant will be pass-ported to the District Councils as set out in the following table.

District Council	2019/20 DFG allocation £
Bromsgrove	913,295
Malvern Hills	601,836
Redditch	839,355
Worcester	687,629
Wychavon	1,103,362
Wyre Forrest	1,286,646
Total	5,432,123

Legal, Financial and HR Implications

6. The spending plans for the Better Care Fund must be agreed by the Health and Wellbeing Board

7. The BCF is a ring-fenced grant. It has been agreed that any over- or under-spend will be jointly attributable to Worcestershire CCGs and the Council.

Privacy Impact Assessment

8. As appropriate

Equality and Diversity Implications

9. 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

Name, Richard Keble, Assistant Director, Adult Services

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Email: RKeble@worcestershire.gov.uk

Supporting Information

- Appendix 1

Background Documents

- <https://www.gov.uk/government/publications/better-care-fund-planning-requirements-for-2019-to-2020>

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BCF Scheme	£
Timberdine Nursing and Rehabilitation Unit	1,805,000
Timberdine Therapy	214,000
UUPs at Timberdine	218,000
SW Intermediate Care Night Sitters	117,586
The Grange Replacement - Community Services	518,924
SW Enhanced Care Team	4,134,532
Dementia/RMNs in Intermediate Care	310,000
Stroke Rehabilitation - North	477,828
Intermediate Care (OBD's)	12,985,171
Wyre Forest Beds (OBD's)	1,708,975
Patient Flow Centre	665,174
Palliative care	1,607,741
Winter Pressures County-wide	167,000
The Grange Replacement - 5 beds	193,208
UPI	3,628,852
Rapid Response Social Work Team	386,000
SPOA/Rapid Response Nurses	245,400
Spot purchased PFC placements (UUPs, POPs, DtA)	1,359,000
Worcestershire Step-down Unit	2,200,000
ASWC in Community Hospitals, Resource Centres and DtA Beds	286,275
Carers	1,260,000
Implementation of the Care Act - additional demand for Home Care	3,120,109
LD Complex Cases	800,000
ICES	606,000
CCG contribution to WASCAS/Twilight Nursing Service	110,350
WCC contribution to WASCAS/Twilight Nursing Service	110,350
Additional Winter Pressures Grant - Committed	504,000
Contribution to HC Call Centre	100,000
Disabled Facilities Grant	5,432,123
Total	45,271,599

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**HEALTH AND WELL-BEING BOARD
24 SEPTEMBER 2019****JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)
ANNUAL SUMMARY 2019**

Board Sponsor

Dr Kathryn Cobain, Interim Director of Public Health

Author

Matthew Fung, Consultant in Public Health

Priorities

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

Groups of particular interest

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

Safeguarding

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

Information and assurance

Recommendations

1. The Health and Well-being Board is asked to:
 - a) Note the contents of the JSNA Annual Summary and compendium of indicators in service planning and commissioning.
 - b) Note new population health dashboards on the JSNA website.

Background

2. The 2019 JSNA annual summary has taken a life course approach, setting out key indicators from pre-conception through older age.
3. The gap between Healthy Life Expectancy and Total Life Expectancy is smaller in Worcestershire than for England as a whole. In Worcestershire, females have a larger gap (16.7 years) between healthy life expectancy and total life expectancy than males (14.2 years), meaning they are living longer but in poorer health.
4. Emerging issues:
 - a) **Increasing inequalities in life expectancy at birth** for males and females. The gap in life expectancy at birth between the most and least deprived is 8.4 years for males and 7.1 years for females¹ and there has been no significant change since the last period².
 - b) **Upward trend in killed or seriously injured on the roads**
 - c) wide variation in uptake in **cancer screening programmes** between GP practices
 - d) **Upward trend in emergency re-admissions**, some of which may be avoidable.
 - e) **Upward trend in smoking in pregnancy** which increases risk of health problems for mothers and babies.
 - f) **Excess Weight in Adults is trending upwards**, and significantly higher in Worcestershire than England
5. Persistent issues:
 - a) **Antibiotic prescribing in primary care** has remained consistently higher than England, but is showing a declining trend
 - b) **Persistent areas of poor air quality** in Worcestershire is linked to long term conditions, excess morbidity and mortality.
 - c) **Significant inequality in school readiness** between the least affluent and most affluent children in Worcestershire is worse than England.
 - d) **Significant inequality in educational outcomes for those with free school meal status** compared to more affluent children in Worcestershire than England.
 - e) **Numbers of children needing social care** are continuing to rise
 - f) **Significant children's oral health inequality** in recent years, with the most deprived children having poorer oral health than the least deprived.
 - g) **Poor breastfeeding initiation rates** compared with England
 - h) **Significant rise in deaths from drugs misuse**
6. A number of dashboards and tools have been developed to support understanding current population health and wellbeing needs. These will be expanded further over the coming year.

Legal, Financial and HR Implications

10. None

¹ 2015-17 data

² 2014-16 data

Privacy Impact Assessment

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

Equality and Diversity Implications

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

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Matthew Fung, Consultant in Public Health

Tel: 01905 845040

Email: mfung@worcestershire.gov.uk

Supporting Information

- JSNA Annual Summary 2019 (Available on-line)

Background Papers

In the opinion of the proper officer (in this case the Director of Public health) the following are the background papers relating to the subject matter of this report:
Health and Wellbeing Strategy 2016-2021

http://www.worcestershire.gov.uk/downloads/file/7051/joint_health_and_well-being_strategy_2016_to_2021

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HEALTH AND WELL-BEING BOARD

24 SEPTEMBER 2019

HOUSING AND HEALTH JSNA

Board Sponsor

Dr Kathryn Cobain, Interim Director of Public Health

Author

Matthew Fung, Consultant in 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
Supports policy that will safeguard children

Yes

Impact on Safeguarding Adults
Supports policy that will safeguard children

Yes

Item for Decision, Consideration or Information

Information and assurance

Recommendation

- 1. The Health and Well-being Board is asked to note and approve the contents and recommendations of the housing and health JSNA.**

Background

2. There is a new drive to promote closer working between housing and health through the national MoU.
3. This report seeks to provide local evidence and recommendations around housing and health which has received steer and contributions from County and District councils, representatives from Worcestershire CCGs and Worcestershire Healthwatch.
4. Key findings from this JSNA include:
 - a) Significant population growth is expected in the future - the current population of Worcestershire in 2018 is estimated to be 592,057 and this figure is projected to rise to 630,508 by 2035 (an increase of approximately

42,000). By 2035, it is projected that there will be a 46.8% increase in the 80-84 age group, and a 91.6% increase in the 85+ age group.

- b) Housing and health issues which are pertinent to older people include falls prevention, accessibility of buildings, discharge for hospital, mental health and helping people to die at home.
- c) There is a considerable proportion of non-decent housing in Worcestershire, ranging from 26.6% in Redditch to 44.0% in Malvern Hills (2011). Non-decent housing includes hazards to health and thermal comfort which are both related to public health issues.
- d) Home environments affect well-being, risk of disease and demands on health and care services. Warm, safe and secure homes are needed to help lead healthy, independent lives and to recover from illness - 11.5% of Worcestershire households are in fuel poverty (2016).
- e) Previous research indicates that the strongest evidence on links between housing and health concerns fuel poverty and energy efficiency. Interventions in this field, targeted on the most deprived and vulnerable households, are likely to have a significant effect on the health of the population.
- f) In common with the rest of the country, Worcestershire districts have seen a considerable decrease in the affordability of housing relative to earnings.
- g) A previous JSNA on fuel poverty was published in 2016, and various initiatives have been established to address fuel poverty. However, this remains a significant issue.
- h) Homelessness, including rough sleeping, is an important concern in Worcestershire. Many indicators are close to the national level. The economic recession saw statutory homelessness in the county peak in 2011, since then it has fallen, but it remains above pre-2011 levels.
- i) There are cost effective interventions which can be utilised further such as interventions for home assessment and modifications are cost effective in falls prevention.
- j) Good health includes physical, mental and social wellbeing. Support for good health, including health care services provision, requires the application of best practice in a range of areas, including planning.

5. Recommendations	Lead Organisation(s)
Joint working in Housing and Health	
1. To take forward locally the objectives in the National Memorandum of Understanding. Stakeholders should use evidence and information to inform plans, strategies and commissioning at a local level. This will help to ensure that home and housing circumstances and their effect on health and wellbeing are suitably considered.	Health and Wellbeing Board Worcestershire Strategic Housing Partnership
2. To support the development of a joint preventative approach that maintains people's independence at home, reduces hospital admissions and provides effective discharge from hospital.	Health and Wellbeing Board, Worcestershire Strategic Housing Partnership

Warm and healthy homes	
3. Fuel poverty is a major issue affecting the county, there will be a need to build upon interventions in Worcestershire to address thermal comfort and low incomes.	Warmer Worcestershire network (WCC, District Councils, Act on Energy Age UK Hereford and Worcester Fire and Rescue Service, Public Health Practitioners, Care and Repair) Integrated Care for Older People (ICOPE) in Worcestershire
Ageing population	
4. There is a need to ensure readiness for future increases in the number of older people and single person households. Action is required to improve the quality, suitability and availability of homes.	WCC (Adult Social Care/Public Health), Worcestershire Strategic Housing Partnership/ local planning authorities
Homelessness and rough sleeping	
5. Ensuring that needs of homeless people are included in Joint Strategic Needs Assessments to inform local planning and commissioning.	WCC Public Health
6. Ensuring awareness amongst policy makers of severity and nature of health problems for homeless people.	Health and Wellbeing Board, Worcestershire Strategic Housing Partnership
7. Improving access to health services for homeless people through joint working between local agencies.	Health and Wellbeing Board, Worcestershire Strategic Housing Partnership
8. Continuing to work in partnership in line with Worcestershire Homelessness and Rough Sleeping Strategy.	Worcestershire Strategic Housing Partnership
Falls prevention	
9. Services (in house and commissioned) to collaborate across health, social care and housing to ensure that a prevention focus with information, advice and adaptation services is available across the County.	WCC Public Health, Worcestershire Strategic Housing Partnership

Children and young people	
<p>10. Joint working to reduce unintentional injuries using the NICE guidance¹. Including:</p> <ul style="list-style-type: none"> • Collecting information. • Determining and addressing barriers to creating a safe home environment. • Getting the community involved using 'community champions'. • Carrying out home safety assessments. • Supplying and installing home safety equipment. 	Worcestershire Children First, environmental health, Fire and rescue services, Health visiting
Planning for Health	
11. Wyre Forest District Council, Redditch Borough Council and Bromsgrove District Council to consider adopting a similar approach to that set out in the South Worcestershire Planning for Health SPD.	WCC Public Health and district council planning authorities
12. Further develop planning processes conducive to health and wellbeing, using tools such as Health Impact Assessments and the Public Health England Healthy Places Programme.	WCC public health, WCC planning and district council planning authorities

Legal, Financial and HR Implications

6. N/A

Privacy Impact Assessment

7. N/A

Equality and Diversity Implications

8. 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

¹ <https://www.nice.org.uk/guidance/ph30>

Contact PointsCounty Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report*Housing and Health JSNA:*

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Supporting Information

Appendix 1: Housing and Health JSNA (Available on-line)

Background Papers

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

<https://www.gov.uk/government/publications/improving-health-and-care-through-the-home-mou>

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**HEALTH AND WELL-BEING BOARD
24 SEPTEMBER 2019****SEND IMPROVEMENT PROGRAMME**

Board Sponsor

Catherine Driscoll & Simon Trickett

Author

Sarah Wilkins –Director for Education and Early Help

Priorities

Mental health & well-being

(Please click below
then on down arrow)

Yes

Being Active

No

Reducing harm from Alcohol

No

Other (specify below)

Safeguarding

Impact on Safeguarding Children

Yes

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

Impact on Safeguarding Adults

No

If yes please give details

Item for Decision, Consideration or Information

Information and assurance

Recommendation

1. **The Health and Well-being Board is asked to:**
 - a) **note the steps taken to address the key concerns identified in the Local Area¹ SEND inspection in particular in relation to Local Area Leadership; and**
 - b) **agree whether it would wish to make any comments to the SEND Improvement Board prior to the next meeting on 14 October 2019.**

Background

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

(WSoA) was required because of significant areas of weakness in the local area's practice. The local authority and the area's clinical commissioning group (CCG) were jointly responsible for submitting the written statement to Ofsted and CQC.

3. The inspection of the Local Area¹ involved an evaluation of how effectively the needs of children and young people with SEND are identified, assessed and provided for, and how effectively this leads to improved outcomes for children and young people. This involved reaching a judgement about local area strategic oversight and leadership, and the priority given by leaders to the SEND Reforms. Local area leadership relates to the work of the Council and the CCG. The findings of the Inspection were published on 16 May 2018 (Appendix 1).

4. The written statement of action was required to explain how the local area will tackle the following 12 areas of significant weakness:

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

The Written Statement of Action

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

6. The WSoA has five workstreams each led jointly by representatives from WCC, Health and Partners – it has a detailed reporting and governance process to ensure accountability at all levels including the SEND Improvement (Strategic) Board,

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

HWBB, ICEOG, CCG Gov Body and Cabinet updates. Appendix 3 details a summary of the five workstreams, outcomes, leads and objectives.

7. We are now twelve months on from WSoA being approved and we are entering the phase where a re-inspection is due. The Local Area is beginning to prepare for the re-inspection, ensuring that evidence of progress and the impact being made are recorded.

Governance / Monitoring

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

9. The SEND Improvement Board has been held monthly since the Peer Review in December 2017 and the development of the SEND Strategy. The SEND Improvement Board is a key element in the monitoring, reporting and governance for the progression of action to improve. It is a stakeholder Board, and includes representation from the CCGs, Families in Partnerships, Special Schools, Worcestershire Health and Care Trust (WH&CT), Babcock, Youth Justice, SENDIASS and officers from the SEND Services within the Council

- The DfE / NHSE have completed quarterly monitoring visits since the Inspection in March 2018, the next visit is planned for 17 October with Charlie Palmer (DfE SEND Advisor) and Emma Thompson (NHSE SEND Local Office Lead). They attend a SEND Improvement Board meeting to hear from key officers and parent/carer representatives' key actions, impact evidence and next steps, focusing on the areas of weakness identified. Feedback from our Advisors at the last monitoring visit in March 2019 included:
 - 'significant positive progress from where we were during the Inspection.....heartening that you know what needs to be done'. (Sue Nicholls, NHSE)
 - 'really impressedsense of momentum through the programme.....need to share the messages'. (Charlie Palmer, DfE); and
 - 'Good to see the appropriate people coming together. Parent carer forum has now been set up which will have a major impact. Clear that Impact work underway and is good. Strongly urge the need to evidence that impact, this will be valuable for the services as well'. (Anne Porter, DfE)

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

Local Area Leadership

10. The lack of strategic leadership in implementing the SEND reforms was one of the key areas of concern identified in the Inspection. The lack of joint commissioning arrangements was also highlighted as a weakness. The objective for Workstream 4 – Joint Commissioning and Leadership is to establish effective partnerships and achieve a joint understanding of need, our shared responsibilities and to know how we will judge the impact of the way in which we lead, monitor, review and invest. Local Area leaders and officers are working together to achieve a better understanding of interdependencies in commissioning and impact of resources. We are developing more diverse and creative use of resources for example the Community Short Breaks provision (increased access). Executive and non-executive leads and clinical SEND champions have been identified. Primary care staff have reported a better understanding and knowledge of SEND and Local Offer and better equipped to support and signpost their patients. Additional investment has been allocated to improve access to and reduce waiting times for Mental Health, Autism Spectrum Disorder assessment services. Fran Kelsey, Lead Commissioner for Learning Difficulties, will be working 1.5 days a week with WCF to optimise the offer for young people with SEND up to the age of 25, in particular focusing on promoting independence and preparation for adulthood.

Implementing Change across the Local Area

11. Key progress activity across the SEND Improvement plan includes a focus on addressing the key concerns by:

- a) Rebalancing the system of provision – building capacity in mainstream
- b) Valuing Co-production with children, young people and families for example the development of the Local Offer and the improved EHCP process
- c) Improving Assessment of Needs in a timely way e.g. EHCP process
- d) Raising the SEND profile, it is everybody's business for example through SEND Champions
- e) Using and understanding our SEND data
- f) Increasing and improving collaborative working; and
- g) Embedding information on SEND e.g. on the SEND Local Offer.

12. Clear examples of change are recognised and can be identified by partners. Recommendations are being formed to ensure Co-production becomes best business practice across all partners.

13. SENCo Seminars now take place across the County every term, with a SEND Improvement focus, this supports collaborative working between schools and other services across the Local Area, leading to improving outcomes for children and young people with SEND across Worcestershire.

14. A set of SEND Key Performance Indicators (KPIs) across Education, Health and Social care to drive SEND improvement and demonstrate high aspirations and expectations of the Local Area has been developed. Data is collected on a quarterly and annual basis and shared at the quarterly monitoring visits with the DfE and NHSE

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

Advisors. Appendix 4 includes the latest SEND Data report presented at the last monitoring visit in July 2019.

15. As a result of the Council's investment in 2019/20, growth in SEND Team, this has resulted in capacity to respond in a more timely way to EHCP Assessment requests.

Legal, Financial and HR Implications

16. Local Area partners have committed to allocate resource across all workstreams to deliver the improvement activity needed. Workstream leads across the partners including parent/carer representation have driven the improvement activity thus far. There is now a requirement to review the resource requirements across the workstreams as some WCC staff move into Worcestershire Children First or move onto new roles in other organisations. The SEND Team have increased their staffing resource following additional growth funding for staff, this has had a positive impact upon the timeliness of EHCP Assessments.

17. HWBB members may already be aware of the pressures on the High Needs Block of the Dedicated Schools Grant (DSG), which is an allocation specifically to fund those children and young people with special educational needs and disabilities. A High Needs recovery plan is being drafted which includes six building blocks for recovery, these are:

- a) A system and structure that is able to manage demand through:
 - i. engagement with parents and carers and schools and settings.
 - ii. Decision making that enables the robust implementation of the Graduated Response
- b) An overt and co-ordinated approach to build capacity and skills in mainstream schools for more complex needs and in particular social and emotional / mental health and autism. This includes making available specialist advice through educational psychologists and specialist teachers in a way that targets the reduction of exclusions, and the impact of Graduated Response arrangements at school level.
- c) A continuum of provision for Autism Education to reduce increasing reliance on Independent school provision
- d) An embedded, resourced and coherent 19 – 25 Education Offer for those students who need educational provision beyond participation age.
- e) An approach that enables revenue and capital funding to work together to develop provision that meets the needs of CYP who are unable to be placed in Worcestershire special schools because of accommodation / environment limitations, and those who are currently attending NMISS because of these factors
- f) A much more focused and targeted approach to placement and EHC Plan review, so that futures planning is more robust and emerging placement risks can be quickly dealt with.

18. The High Needs Recovery Plan will be presented to the School Forum on 26 September.

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

Impact Assessments

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

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

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

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

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Supporting Information

- Appendix 1 - Joint Local Area SEND Inspection by Ofsted and the Care Quality Commission Outcome Letter www.worcestershire.gov.uk/SENDupdates
- Appendix 2 - Written Statement of Action (Action Plan) www.worcestershire.gov.uk/SENDupdates
- Appendix 3 – WSoA Overview
- Appendix 4 – SEND Data report – July 2019 – Available on-line

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

Background Papers

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

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

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

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OUTCOME 1

Local offer is accurate, available, informative and useful to enable Children, Young People and families to access help and information at the earliest possible opportunity.

OUTCOME 2

Improve and embed the Graduated Response so needs are identified at the earliest point with appropriate support put in place.

OUTCOME 3

Children and Young People's needs are assessed and met in a timely and purposeful manner.

OUTCOME 4

Children and Young People's needs are understood and resources applied so they get what they need when they need it

OUTCOME 5

Children & Young people are supported by a workforce that achieves the best possible outcomes, through effective engagement and coproduction. A multiagency workforce shares a culture which promotes inclusive practice, equipped through knowledge and skills.

OUTCOMES

1 – The Local Offer

Led by: Penny Richardson (WCC) / Sally-Anne Osbourne (WH&CT)

- Collaborative – produced and reviewed with Children, Young People and Parents
- Accessible – factual and jargon free
- Comprehensive
- Regularly updated
- Well used by the community of Worcestershire

2 – Embedding the Graduated Response

Led by: Gabrielle Stacey (Babcock) / Jenny Dalloway (CCG)

- Understanding and implementation of graduated response
- Leads to consistency and coherence in mainstream provision for children with SEND
- More confident parents
- Few exclusions
- Fewer moves between schools for children
- Better outcomes because provision meets needs
- Monitoring outcomes with challenge and support to providers leads to better outcomes

3 – Assessment and Planning

Led by: Penny Richardson (WCC) / Fran Tummey (WH&CT) / Louise Levett (WCC)

- Person-centred assessments
- Co-production is a feature of assessment and planning
- Meaningful and accurate content in EHC Plans that are issued on time
- Health, social care and educational professionals work together effectively
- Planning and review secures educational stability and leads to better outcomes
- Equip our workforce to implement the 2014 CoP and to be person centred.

4 – Joint Commissioning and Leadership

Led by: Sarah Wilkins (WCC) / Mari Gay (CCG) / Steve Larking (WCC)

- Joint commissioning priorities are understood and agreed
- Provision is re-balanced and adjusted according to changing needs of children and young people
- Strategic plans are co-produced and reviews undertaken with parent reps and partners
- Local Area Partners share performance targets and work together to monitor and review

5 – Workforce and Engagement

Led by: Laura Folkers (WCC) / Steve Larking (WCC) / Steph Courts (WH&CT)

- A multiagency Workforce Development Programme secures a common platform of knowledge and skills
- Parents and carers are involved in developing training and take part
- Training is evaluated to evidence uplift in knowledge & skills.
- Professionals are clear about responsibilities and explore how to deliver these in a more collaborative and outcome focussed way

SEND Action Plan: Key Outcomes and Workstreams

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**HEALTH AND WELL-BEING BOARD
24 SEPTEMBER 2019****REVISED HEALTH AND WELL-BEING BOARD TERMS OF
REFERENCE AND BOARD WORKING ARRANGEMENTS.**

Board Sponsor

Dr Kathryn Cobain Interim Director of Public Health

Author

Tim Rice Senior Public Health Practitioner

Item for Decision, Consideration or Information

Decision

Recommendation

1. **The Health and Well-being Board is asked to:**
 - a) **Consider and agree the refreshed Terms of Reference,**
 - b) **Consider the proposed revisions to the membership and agree to invite any new members as set out in the report to join the Board.**
 - c) **Note that the agreed revised ToR will have to be presented at a full Worcestershire County Council meeting for ratification if required.**
 - d) **Consider and agree the changes to the stakeholder events and the private development sessions.**

Background

2. The Board's Terms of Reference (ToR), have not been updated since January 2014 and some changes in emphasis of the Board's work, reorganisation of the CCG, the implementation of the Integrated Care System (ICS) and revisions to key sub groups, now warrants some amendments to be made. A refreshed Draft ToR is attached as well as the current ToR. The Board has had an initial consideration of potential changes in its private development session on 30 April 2019 and account has been taken of comments and suggestions made. Proposals are made below in relation the various points for discussion.

Key issues for consideration and agreement

3. **NHS representation:** The original balance of Board membership voting rights (a ratio of 7:7, Local Authority: NHS) has altered, primarily due to changes in the number of CCG representatives in attendance because of CCG reorganisation. There is no legal requirement for there to be a voting balance, but there is a consensus view that this should remain in place. To achieve this balance it is proposed that under the new the CCG organisational arrangements,

Board representation is made up of the CCG Accountable Officer, the CCG Chair and three Worcestershire CCG locality lead GP's.

4. The statutory role of the NHSE/I (a nomination from the then Commissioning Board) is limited to being consulted on certain key proposals such as the development of the strategy and preparation of JSNA's. NHSE/I will remain a voting member of the Board.

5. Additionally, considering the significance of the developing Integrated Care System, the NHS 5 year Forward plan and Long-Term Plan and the requirement to strengthen partnership working particularly around the prevention agenda, it is proposed the Worcestershire Acute NHS Trust and the Worcestershire Health and Care NHS Trust are invited to join the Board as non-voting members.

6. **Local Authority representation:** The three WCC statutory directors for adults, children and young people and Public Health, as well as the 3 cabinet members with responsibility for these areas continue to be voting Members. This results in a balanced Local Authority:NHS voting membership of 6:6.

7. The District Councils (DC) continue to be represented by 2 portfolio Members for the north and south of the County. There has also been the interim appointment of a co-opted member to represent the District Local Housing Authorities (the current Chair of the Strategic Housing Partnership), to lead the Board's increasingly significant oversight of strategic housing work, through the MoU on health and housing and the Homelessness Health Charter. It is proposed that this appointment is now confirmed as a permanent non-voting member.

8. The Chair of Healthwatch would remain as a voting member and represent the independent voice of the consumer.

9. **Sub Groups:** These have changed over time and no longer include the Health and Social Care strategic partnership group, the joint commissioning executive or the Children's Trust executive group. One new sub group, the Children's Strategic Partnership has been added in the light of changes to the Children's Trust arrangements, and ICEOG as it is required to report to the Board. Appendix A has been updated to include as necessary the sub group membership, their purpose and proposed reporting cycles.

10. The Voluntary sector is strongly represented on all of the Board subgroups and plays a significant role in these and contributes to the Board's strategic plans and the stakeholder events that influence the Board's work.

11. Other partnership groups who deal with health and well-being matters also report to the Board annually, for example Safeguarding Adults Board, the Children's Safeguarding Partnership and the Substance Misuse Oversight Group.

12. **Private Board Development sessions:** Previously the Board has had a total of 7 development sessions set aside throughout the year to consider specific issues and topics in private. These have sometimes been cancelled and take up of these can be limited. It is proposed that this is revised so that there are 3

sessions per year, in-between Board meetings, to be fully utilised to consider local issues including those arising from the ICS developments and Better Care Fund planning.

13. Stakeholder Events: The Board has run stakeholder events, primarily in relation to the development of its strategy and focusing on its three key priorities. There have also been subject specific workshops on priority topics including, Adverse Childhood Experiences, integrated wellness and suicide prevention. It is proposed that there should be one annual stakeholder event, focusing in depth on one of the three HWBS priorities, with other related events taking place as required. From April 2020 stakeholder events will be arranged to shape the next Health and Wellbeing Strategy for 2021 onwards.

14. The final review of the Terms of Reference may require confirmation by the full Worcestershire County Council.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

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Supporting Information

- Proposed Terms of Reference
- List of Sub Groups - Appendix A to the Terms of Reference
- Current Terms of Reference and Sub Groups

Background Papers

N/A

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Worcestershire Health and Well-being Board

Terms of Reference

Legal standing

1. The Board is constituted as a Committee of the County Council. The Health and Social Care Act 2012 includes a clause that provides for the disapplication of legislation that relates to such Committees in order to recognise that Health and Well-being Boards are unusual in comparison to other Section 102 Committees in having officers, and members from Clinical Commissioning Groups and local HealthWatch.

2. The Board does not have delegated authority to take decisions of behalf of member organisations. However, all organisations are encouraged to abide by the collective decisions of the Board. In the event of a dispute the Board:

- will attempt resolution locally
- may engage external mediation
- may escalate the issue to NHS England
- may refer the issue to the Secretary of State.

Aims

3. The Board will:

- Lead and build partnerships for health and well-being
- Establish a shared understanding of health and well-being in Worcestershire and the County's health and social care needs
- Ensure continuous improvement in health and well-being outcomes and the quality and value for money of health, social care and related children's services
- Lead strategic planning and drive commissioning of NHS, public health, social care and related children's services
- Influence how the County Council and the local NHS use their resources to organise and provide services and to support the strategic plans of the Herefordshire and Worcestershire Sustainability and Transformation Partnership and Integrated Care System
- Encourage and support health, social care and related services to work in an integrated manner
- Ensure that there is long-term action across a range of partners to influence the determinants of health and well-being
- Ensure that effective arrangements are in place to protect the public against infectious diseases and other threats to health through preventive efforts

Approach

- and robust planning and an effective response to outbreaks and incidents
- Support the work of the Adults Safeguarding Board and Children's Safeguarding Partnership to ensure that effective arrangements are in place for safeguarding adults and children
- Become a forum for public discussion and accountability of strategies, policies, services and activities that influence health and well-being and health, and social care services.
- Develop a co-operative approach around major service and system change.

4. To do this the Board will:

- Prepare and produce a Joint Strategic Needs Assessment (JSNA) to provide a clear statement of health and well-being in Worcestershire, and the County's health and social care-related needs
- Develop a Joint Health and Well-being Strategy (JHWS); based on this assessment, to provide a framework for how these needs are to be addressed
- Develop a clear understanding of current and future funding, activity and expenditure across health and social care, and opportunities for service change
- Determine whether health and social care commissioning plans are consistent with the JHWS, endorse these where appropriate or advise on what additions or changes are expected
- Oversee Joint Commissioning and co-production between the County Council, the Herefordshire and Worcestershire CCG (CCG), District Councils and key partners.
- Encourage and oversee the progressive integration of budgets across health, social care and related services. Consider and approve the most effective use of the Better Care Fund and the associated annual Plan.

Membership

5. The Chairman and Vice Chairman of the Board will be appointed by the Leader of the County Council from amongst voting members. Voting members will be:

County Council: (6)

- Cabinet member for Health and Well-being
- Cabinet member for Adult Social Care
- Cabinet member for Children and Families
- Director of Adult Services
- Director of Children's Services
- Director of Public Health

NHS: (6)

- Accountable Officer from the CCG
- Chairman of the CCG Board
- Three CCG Worcestershire locality lead GP's
- Senior representative from NHS England

Chair of Healthwatch Worcestershire. (1)

6. Associate (non-voting) members may attend and participate at meetings of the Board but may not vote, and will be:

- 1 representative from the Worcestershire Acute NHS Trust
- 1 representative from the Worcestershire Health and Care NHS Trust
- 1 Representative from the voluntary and community sector, selected by Worcestershire Voices. (To provide a strategic perspective from and feedback to the VCS as a whole).
- 1 Representative from West Mercia Police
- 2 Leaders or relevant portfolio holders from the District Councils. 1 from the north of the County; 1 from the south of the County. (The role is to provide a strategic perspective from and feedback to their District Councils in the north and south rather than to represent their individual Council or specific local issues.)
- The Chairman of the Worcestershire Strategic Housing Partnership (to represent the DC Local Housing Authorities)

7. Additional representatives from the County Council, CCG and other organisations may be invited to attend at the discretion of the Chairman but may not vote.

8. All members (whether voting or associate) will be required to provide a substitute of relevant seniority to take their place if they are unable to attend a meeting.

Sub-groups and other

9. The Board will maintain a number of sub-groups to lead on one or more of the aims above, reporting periodically to

relationships

the Board. They are not formal committees or sub-committees of the Council and will not meet in public. An outline of their roles and membership is included in the attached Appendix A.

- JSNA Working Group
- Health Improvement Group
- Health Protection Group
- Children's Strategic Partnership

10. The Board will maintain a relationship and dialogue with:

- Integrated Commissioning Executive Officer's Group (ICEOG)
- The Local Enterprise Partnership
- The Worcestershire Safer Communities Board
- The Worcestershire Safeguarding Adults' Board
- Worcestershire Strategic Housing Partnership
- The Worcestershire Safeguarding Children's Partnership

Decision-making and quorum

11. Decisions of the Board will be made by consensus wherever possible. If a consensus cannot be reached the Chairman will call for a vote from amongst those voting members present at the time. The Chairperson will have a second or casting vote in the case of equality of votes.

12. Meetings will be quorate if at least six voting members (or their substitutes) are present including at least one elected Member from the County Council and one CCG member.

Public participation

13. Formal Board meetings will be held in public except where the Board is required to consider items of a confidential or exempt nature in which case the press and public may be excluded from that part of the meeting. The Access to Information Rules will apply to all formal meetings of the Board. Board development sessions are not formal meetings of the Board and will be held in private.

14. Up to 20 minutes of each meeting will be given over to public participation in the form of questions or comment up to a maximum of three minutes per participant. Questions or comments will normally be limited to items relevant to the agenda except at the discretion of the Chairman. The nature and content of participation should be submitted by 9.00am the working day before the meeting date to the Head of Legal and Democratic Services. Questions or comments will be heard but will not be followed by a debate. The Chairman will follow up with a written response within 28 days.

Declarations of Interest and Code of Conduct

15. All voting members of the Board and substitutes are required to register their Disclosable Pecuniary Interests as required under the Localism Act 2011 and the Council's Code of Conduct.

16. Members of the Board are expected to:

- Attend meetings or send a substitute
- Work together and take collective responsibility for decisions
- Ensure that their own contribution and the business of the Board is conducted in a way which is consistent with the Nolan Principles of Public Life: selflessness, integrity, objectivity, accountability, openness, honesty and leadership
- Come with a mandate to represent and feedback to their respective organisation(s)
- Honour any commitments made insofar as they relate to their own organisation(s)
- Balance the interests of the population of the County as a whole against the interests of specific geographical areas.

Frequency of meetings and support

17. Meetings of the Board will generally be held quarterly with additional meetings to be arranged at the discretion of the Chairman.

18. The Board will also hold private sessions to support its own development.

19. Administration for the Board will be provided by the County Council's Head of Legal and Democratic Services.

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APPENDIX A

Worcestershire Health and Well-being Board Subgroups

Group	Role	Board reporting Cycle
JSNA working group	<ul style="list-style-type: none"> • To oversee production of the JSNA on behalf of the HWBB and to support the development of the Joint Health and Well-being Strategy and associated plans. 	Reports as required
Health Improvement Group	<ul style="list-style-type: none"> • To lead, co-ordinate and ensure progress of partnership action to improve health and well-being, focusing on health inequalities and the wider determinants of health and well-being in Worcestershire. 	Bi - annually
Health Protection Group	<ul style="list-style-type: none"> • To provide assurance that adequate multi agency arrangements are in place to protect the public from major threats to health and well-being in Worcestershire. 	Annually
Children's Strategic Partnership	<ul style="list-style-type: none"> • To develop and help implement Worcestershire's Children and Young People's Plan (CYPP) and further support and underpin the all age Joint Health and Wellbeing Strategy. • To ensure specific oversight of the Troubled Families Programme, SEND Strategy and Worcestershire's approach to Prevention and Early Intervention. 	Bi – annually

The Board will receive a full report annually from the Integrated Commissioning Executive Officer's Group (ICEOG), with an interim report half way through the year.

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Worcestershire Health and Well-being Board

Revised terms of reference – January 2014

Legal standing

1. The Board will be constituted as a Committee of the County Council, as at present. The Health and Social Care Act 2012 includes a clause that provides for the disapplication of legislation that relates to such Committees in order to recognise that Health and Well-being Boards are unusual in comparison to other Section 102 Committees in having officers, and members from Clinical Commissioning Groups and local HealthWatch.

2. The Board does not have delegated authority to take decisions of behalf of member organisations. However all organisations are encouraged to abide by the collective decisions of the Board. In the event of a dispute the Board:

- will attempt resolution locally
- may engage external mediation
- may escalate the issue to NHS England
- may refer the issue to the Secretary of State.

Aims

3. The Board will:

- Lead and build partnerships for health and well-being
- Establish a shared understanding of health and well-being in Worcestershire and the County's health and social care needs
- Ensure continuous improvement in health and well-being outcomes and the quality and value for money of health, social care and related children's services
- Lead strategic planning and drive commissioning of NHS, public health, social care and related children's services
- Influence how the County Council and the local NHS use their resources to organise and provide services
- Encourage persons who arrange and provide health, social care and related services to work in an integrated manner
- Ensure that there is long-term action across a range of partners to influence the determinants of health and well-being
- Ensure that effective arrangements are in place to protect the public against infectious diseases and other threats to health through preventive efforts and robust planning and an effective response to outbreaks and incidents
- Ensure that effective arrangements are in place for

Approach

- safeguarding at-risk adults and children
- Become a forum for public discussion and accountability of strategies, policies, services and activities that influence health and well-being and health and social care services
- Develop a consensus around major service change.

4. To do this the Board will:

- Prepare and produce a Joint Strategic Needs Assessment (JSNA) to provide a clear statement of health and well-being in Worcestershire and the County's health and social care needs
- Develop a Joint Health and Well-being Strategy; based on this assessment, to provide a framework for how these needs are to be addressed
- Develop a clear understanding of current and future funding, activity and expenditure across health and social care, and opportunities for service change
- Determine whether health and social care commissioning plans are consistent with the JHWS, endorse these where appropriate or advise on what additions or changes are expected
- Oversee Joint Commissioning between the County Council and the CCGs
- encourage and oversee the progressive integration of budgets across health and social care and related services. Consider and approve the use of the Better Care Fund (previously named the Integration Transformation Fund).

Membership

5. The Chair of the Board will be appointed by the Leader of the County Council from amongst voting members. Voting members will be:

County Council (7):

- Cabinet member for Health and Well-being
- Leader of the Council
- Cabinet member for Adult Social Care
- Cabinet member for Children's services
- County Council Chief Executive
- Director of Adult Services and Health
- Director of Children's Services

NHS (7):

- Accountable Officers from each CCG (3)
- Clinical Chairs from each CCG (3)
- Director of the Local Area Team of NHS England

Chair of Healthwatch Worcestershire.

6. Associate (non-voting) members may attend and participate

Sub-groups and other relationships

Decision-making and quorum

at meetings of the Board but may not vote, and will be:

- 1 Representative from the voluntary and community sector, selected by Worcestershire Voices. (Note their role is to provide a strategic perspective from and to feedback to the VCS as a whole)
- 1 Representative from the West Mercia Police
- 1 Leader or relevant portfolio holder from the District Councils in the north of the County; 1 Leader or relevant portfolio holder from the District Councils in the south of the County. (Note their role is to provide a strategic perspective from and feedback to their District Councils rather than to represent their individual Council or specific local issues.)

7. Additional representatives from the County Council, CCGs and other organisations may be invited to attend at the discretion of the Chair.

8. All members (whether voting or associate) will be asked to nominate a single named substitute to take their place in the event that they are unable to attend a meeting.

9. The Board will maintain a number of sub-groups to lead on one or more of the aims above, reporting periodically to the Board. They are not formal committees or sub-committees of the Council and will not meet in public. An outline of their roles and membership is included in the attached Annex.

- JSNA working group
- Health and Social Care Strategic Partnership Group
- Joint Commissioning Executive
- Health Improvement Group
- Health Protection Group
- Children's Trust Executive Group.

10. The Board will maintain a relationship and dialogue with:

- The Local Enterprise Partnership
- The Community Safety Partnership
- The Safeguarding Adults' Board
- The Safeguarding Children's Board
- Strategic Housing Partnership
- District Local Strategic Partnerships (where these exist).

11. Decisions of the Board will be made by consensus wherever possible. If a consensus cannot be reached the Chairman will call for a vote from amongst those voting members present at the time. The Chairman will have a second or casting vote in the case of equality of votes.

12. Meetings will be quorate if at least eight voting members (or their substitutes) are present including at least one elected

Public participation

Member from the County Council and one CCG member.

13. Board meetings will be held in public except where the Board is required to consider items of a confidential or exempt nature in which case the press and public will be excluded from this part of the meeting. The Access to Information Rules will apply to all formal meetings of the Board. Board development sessions are not formal meetings of the Board and will be held in private.

14. Up to 20 minutes of each meeting will be given over to public participation in the form of questions or comment up to a maximum of three minutes per participant. Questions or comments will normally be limited to items relevant to the agenda except at the discretion of the Chair. The nature and content of participation should be submitted by 9.00am the working day before the meeting date to the Head of Legal and Democratic Services. Questions or comments will be heard but will not be followed by a debate. The Chair will follow up with a written response within 28 days.

Declarations of Interest and Code of Conduct

15. All voting members of the Board and substitutes are required to register their Disclosable Pecuniary Interests as required under the Localism Act 2011 and the Council's Code of Conduct, which will be published on the Council's Website.

16. Members of the Board are expected to:

- Attend meetings or send a substitute
- Work together and take collective responsibility for decisions
- Ensure that their own contribution and the business of the Board is conducted in a way which is consistent with the Nolan Principles of Public Life: selflessness, integrity, objectivity, accountability, openness, honesty and leadership
- Come with a mandate to represent and feedback to their respective organisation(s)
- Honour any commitments made insofar as they relate to their own organisation(s)
- Balance the interests of the population of the County as a whole against the interests of specific geographical areas.

Frequency of meetings and support

17. Meetings of the Board will generally be held every other month with additional meetings to be arranged at the discretion of the Chair.

18. Administration for the Board will be provided by the County Council's Head of Legal and Democratic Services.

Health and Well-being Board Subgroups

Group	Role	Membership
JSNA working group	<ul style="list-style-type: none"> • To oversee production of the JSNA. • To support development of the Joint Health and Well-being Strategy and associated plans. 	<ul style="list-style-type: none"> • TBC
Health and Social Care Strategic Partnership Group	<ul style="list-style-type: none"> • To lead the Well Connected programme and ensure ongoing integration of health and social care. • To develop a strategy for health and social care, focusing on but not limited to older people, and based on an understanding of current and future funding, activity and expenditure, and opportunities for service change. • To monitor the quality and value for money of health and social care services. • To oversee development of a financial framework and aligned incentives for integrated care. • To ensure that a comprehensive plan is in place for the development and implementation of an integrated care system, including key projects and enablers, and ensure that it is making adequate progress. • To ensure that a communications plan for Well Connected is in place and that key messages are agreed across partners and disseminated effectively. • To ensure adequate clinical leadership, and public, patient and service user involvement in the development of integrated care. 	<ul style="list-style-type: none"> • WCC • CCGs • WHCT • WAHT • NHSE • VCS • Healthwatch
Joint Commissioning Executive	<ul style="list-style-type: none"> • To establish and maintain effective joint commissioning arrangements. • To develop commissioning plans, in accordance with the JSNA and JHWS, for approval by respective commissioning organisations and consideration and endorsement by the HWB. • To monitor the quality and value for money of health and social care services within the Joint Commissioning portfolio, reporting to respective commissioning organisations and the HWB. • To oversee the management of aligned and pooled budgets reporting to respective commissioning organisations. • To make recommendations for the use of the Integrated Transformation Fund for approval by the HWB. • To ensure that contracts for health and social care services are effectively managed and deliver to agreed targets. • To ensure that public, patients, service users and 	WCC and CCG officers

	<p>carers are given the opportunity to shape how services are organised and provided.</p> <ul style="list-style-type: none"> • To ensure that effective arrangements are in place for safeguarding at-risk adults and children in jointly commissioning services. 	
Health Improvement Group	<ul style="list-style-type: none"> • To co-ordinate action to influence the determinants of health and well-being. • To identify the contribution of partners individually and collectively and monitor progress - this will include those actions agreed in the obesity, alcohol and mental well-being and suicide prevention plans. • To monitor improvement in health and well-being outcomes. • To ensure progress against the mental health and well-being, alcohol and obesity priorities the Board will establish a new health Improvement Group that will involve the County, all of the District Councils, the NHS and other partners to consider action to influence the determinants of health and well-being. 	<ul style="list-style-type: none"> • WCC Cabinet Member • WCC officers • DC lead Members • DC officers • CCGs • VCS
Health Protection Group	<ul style="list-style-type: none"> • To provide assurance that plans are in place and that there is an effective response to infectious diseases and other threats to health. • To monitor and provide assurance on the coverage and quality of immunization and screening programmes. 	<ul style="list-style-type: none"> • WCC Cabinet Member • WCC officers • DC officers • NHSE • CCGs • Others TBC
Children's Trust Executive Group	<ul style="list-style-type: none"> • To ensure that services for children, young people and their families are integrated. • To ensure continuous improvement in outcomes for children, young people and their families are improving. • To co-ordinate action to influence the determinants of health and well-being. • To monitor progress on the children, young people and families elements of the JHWS and the Children and Young People's Plan and ensure the contribution of partners individually and collectively. 	<ul style="list-style-type: none"> • WCC Cabinet Member • WCC officers • DC rep • Others TBC