

Agenda

Health and Well-Being Board

Tuesday, 25 February 2020, 2.00 pm
County Hall, Worcester

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All the above reports and supporting information can be accessed via the Council's website
Date of Issue: Friday, 14 February 2020

Health and Well-Being Board

Tuesday, 25 February 2020, 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 L Bramble	Wyre Forest CCG
Elaine Carolan	Interim Director of Adult Services
Dr Kathryn 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
Dr A Kelly	South Worcestershire CCG
Peter Pinfield	Healthwatch, Worcestershire
Mr A C Roberts	Cabinet Member with Responsibility for Children and Families
Simon Trickett	Worcestershire's Clinical Commissioning Groups

Associate Members

Cllr Lynn Denham	South Worcestershire District Councils
Kevin Dicks	District Local Housing Authorities
Sarah Dugan	Worcestershire Health & Care Trust
Chief Supt Tom Harding	West Mercia Police
Sarah Smith	Worcestershire Acute Hospitals NHS Trust
Jonathan Sutton	Voluntary and Community Sector
Cllr Shirley Webb	North Worcestershire District Councils

Agenda

Item No	Subject	Presenter	Page No
1	Apologies and Substitutes		
2	Declarations of Interest		

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3	Vice-Chairman To appoint a Vice-Chairman.		
4	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 24 February 2020). Enquiries can be made through the telephone number/e-mail address below.</i>		
5	Confirmation of Minutes		1 - 12
6	NHS Long Term Plan	Sarah Dugan / Simon Trickett	13 - 26
7	Oral Health in Worcestershire	Rachael Leslie	27 - 38
8	Health Improvement Group	Rachael Leslie	39 - 44
9	Improving the Mental Wellbeing of Children and Young People in Worcestershire	Louise White	45 - 46
10	Future Meeting Dates Dates for 2020 Public meetings (All Tuesday at 2pm) <ul style="list-style-type: none"> • 19 May 2020 • 29 September 2020 • 17 November 2020 Private Development meetings (All Tuesday at 2pm) <ul style="list-style-type: none"> • 31 March 2020 • 23 June 2020 • 20 October 2020 		

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Health and Well-Being Board

Tuesday, 24 September 2019, Council Chamber, County Hall
- 2.00 pm

Minutes

Present:

Mr A C Roberts (Chairman), Dr L Bramble, Elaine Carolan, Dr Kath Cobain, Kevin Dicks, Dr Catherine Driscoll, Natalie McVey, Peter Pinfield, Jonathan Sutton, Simon Trickett, Shirley Webb and Sarah Wilkins

Also attended:

Derek Benson, Chairman of the Children's Safeguarding Board and Adults Safeguarding Board.
Matt Fung, Public Health Consultant
Tim Rice, Senior Public Health Practitioner

542 Apologies and Substitutes

Apologies had been received from the Chairman John Smith and the Vice-Chairman Carl Ellson so the members present were asked to nominate a Chairman for the meeting. Andy Roberts was nominated and seconded and as there were no other nominations he took the Chair.

Other apologies given were from Richard Davies, Lynn Denham, Adrian Hardman, Marcus Hart, Anthony Kelly, Paul Robinson and Avril Wilson.

Natalie McVey attended for Lynn Denham, Sarah Wilkins attended as Paul Robinson's substitute and Elaine Carolan attended for Avril Wilson.

543 Declarations of Interest

None

544 Public Participation

None

545 Confirmation of Minutes

The minutes of the previous meeting held on 21 May 2019 were agreed to be a correct record of the meeting and were signed by the Chairman.

Peter Pinfield wished to note that Healthwatch Worcestershire Board had endorsed the Time to Change employer's pledge as had been agreed originally at the meeting in October 2017 and was part of the Good Mental health and well-being plan discussed at the

**546 Worcestershire
Safeguarding
Children Board
Annual Report
2018/19 and
Child Death
Overview Panel
Annual Report
2018/19**

previous meeting. He hoped it would be possible to check if other organisations had also signed the pledge.

Derek Benson gave the Board a brief overview of the Worcestershire Safeguarding Children Board Annual Report 2018/19. It was explained that the annual report covered the period up to the end of March 2019. Various points were highlighted.

The report offered an assessment of the effectiveness of the Board and confirmed that the links to other Boards such as the Adults Safeguarding Board, the Community Safety Partnership and the Health and Well-being Board were very important as safeguarding was everyone's responsibility.

Key areas for the Board were the further development of the Neglect Strategy and work with the County Council and West Mercia on exploitation which included areas such as gang activity, trafficking, modern day slavery, forced marriage and criminal exploitation, among others. There had also been significant moves forward with Early Help.

Listening to the voice of the child was a perennial challenge and was an on-going priority for the Board. The Service improvement plan and Ofsted inspections were mentioned in the report and things had continued to move on in a positive way since March. No serious case reviews were commissioned during 2018/19 although learning events had taken place following previous case reviews.

Significant time had been taken to prepare for the new Safeguarding Partnership over the last year. Going forward there was a strong multi-agency commitment to safeguarding with improvement in Children's social care and Early Help which meant he felt more reassured about Children's safeguarding than in previous years.

The Child Death Overview Panel Annual Report detailed 38 notifications and 23 child death reviews. Modifiable factors were found such as lack of parental supervision, maternal smoking, alcohol, bed sharing and young inexperienced drivers. Along with the new Safeguarding procedures there would be new CDOP arrangements.

During the discussion the following comments were made:

- Derek Benson was asked how he saw the various organisations working together to support the

emotional health and well-being of young people. He felt that it was timely that organisations should consider how to make the right identifications of safeguarding issues at the right time and referrals to the right services. The next Joint Targeted Area Inspections would be around adolescent mental health so it would be worth Partners working out where Worcestershire was on this issue

- Following a query about why e-learning had been removed as it was now more difficult to train certain groups of staff; such as those in the Voluntary and Community Sector; it was explained that under the new Partnership Arrangements it was believed the old way of delivering training had not been delivering value or significant benefits. Under the new Partnership arrangements training would be directed at improving multi agency working
- The Chairman highlighted that mental health was an important cross-cutting theme as shown by the references to the Time to Change Pledge, the focus that Children's Services placed on mental well-being, the commissioning of services by the CCGs, the provision of services by the Health and Care Trust, as well as the role schools and social care had in children's mental well-being. It was an issue that should be looked at further.

RESOLVED that The Health and Well-being Board:

- a) Noted the key headlines and conclusions from the 2018/19 Annual Report;**
- b) Considered any points which may inform future work of the HWB in respect of its strategic priorities; and**
- c) Agreed to consider cross cutting themes where the HWB has a role to play in reducing risks to children.**

**547 Worcestershire
Safeguarding
Adults Board**

Derek Benson gave an overview of the Worcestershire Safeguarding Adults Board Annual Report for 2018/19. Work had been on-going around raising awareness of issues; briefings had taken place on how to make referrals at the appropriate time and also the mental capacity Act; and a new website had been created. Representation in the Partnership by people with lived experience was improving, which was helping to make safeguarding personal and improve outcomes for people

with care and support needs.

Work was being done around the changes of the Deprivation of Liberty Safeguards to Liberty Protection Safeguards. More reviews had been undertaken in this area than in other areas, but it was believed that they added value and highlighted issues around domestic abuse, coercive control and information sharing.

For the future work would continue around promoting appropriate referrals and priorities for the year were around effective pathways for referral, the mental capacity act and making safeguarding personal. The pressures on Partners were recognised.

Comments made by the Board included:

- Elaine Carolan thanked Derek Benson for the positive working done by the Safeguarding Board. The priorities for Adult Services were around the work being done with Children's Services around transitions and working together with Partners on the Vulnerable People Programme which follows a national recommendation. Adult Services were committed to supporting providers to be able to get the best outcomes for people in their care
- The Deprivation of Liberty standards had changed to Liberty Protection Safeguards and 16 and 17 year olds would now be covered by the legislation which was expected to be implemented from Autumn 2020. This has meant a big workforce training issue as the implications were being worked through, meaning that Partnership working with Adults and Children's services and different Boards was very important
- It was queried whether the Safeguarding work was being fed back into the Long Term Plan and an assurance was given that Partners were committed to working together
- The Chairman mentioned that information regarding the Get Safe project was being spread around local councils.

RESOLVED that The Health and Well-being Board considered 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.

548 Better Care Fund

The Health and Well-being Board were asked to approve the expenditure plans for the Better Care Fund for 2019/20. The fund consisted of more than £45million

which included money for the Disabled Facilities Grant which was passported straight through to the six districts. It was felt that it would be helpful for the Board to hold a development session to discuss the details of how the grant was being used for various projects.

Various points were discussed:

- When asked how children with profound disabilities living with their families could access the DSG, it was explained that the County Council worked with District Councils to look at how the DFG was utilised. The all age promoting independence service was about to be re-commissioned and it was important that the DFG was used strategically and decisions were made in conjunction with the Strategic Housing Partnership
- It was suggested that the DFG was not always used in the most effective way possible and that was something for District Councils to review. Increased awareness of the needs of children was something that would be considered going forward
- There were concerns that there was very little information available to enable members of the Board to be able to sign off £45 million. More information should have been supplied to be able to justify the spend and show the money was being used in the best way to improve health and well-being within Worcestershire, helping with the Boards priorities and using the funding appropriately
- It was explained that the Better Care Fund had grown in each year of the six years that the fund had been in existence in terms of money and services. Most of the funding for the integrated Health and Social Care teams came from the Better Care Fund and it was important to state that the better Care Fund was there to finance integrated health and care services not the Health and Well-being Board priorities. It was accepted that the presentation and description of services could be improved
- A future development session would be used to look in greater detail at the various areas which were funded by the BCF. The CCG and Adult Services would work on the details and present the information at a development session in 2020.

RESOLVED that the Health and Well-being Board:

a) **Approved the expenditure plans for the**

549 JSNA Annual Summary

- Better Care Fund for 2019/20; and**
b) Agreed that a development session be held on the Better Care Fund to ensure that it is able to exercise strategic oversight of this funding stream.

Matt Fung gave a presentation about the main findings of the JSNA Annual Summary. The JSNA followed a life course approach and presented in a single document the current and future health and well-being needs of the people of Worcestershire. Worcestershire performed well on many indicators of health and well-being compared to England but Worcestershire was an affluent County and indicators were often expected to be better.

Emerging issues included:

- Increased inequalities in life expectancy and healthy life expectancy. This issue was also picked up in the NHS Long Term Plan
- Upward trend in killed or seriously injured on the roads
- Variation in uptake in cancer screening between GP practices
- Upward trend in emergency re-admissions
- Upward trend in smoking in pregnancy
- Increasing numbers of overweight adults. Obesity in children was an existing issue.

Persistent issues included

- Antibiotic prescribing in primary care
- Poor air quality
- Significant inequality in school readiness and educational outcomes for those with free school meal status
- Increasing numbers of children needing social care
- Children's oral health inequality
- Poor breastfeeding initiation rates
- Rise in deaths from drugs misuse

Board Members queried how the data could be used to drive work across the system to improve these issues. They felt that improvement was not being made on certain inequalities. It was important to concentrate on children's issues to prevent issues from escalating in future. Could Public Health guide partners in what needed to be done? It was explained that Public Health could look at the evidence base and advise on what could make a difference. The Children and Young People's Partnership Group and the STP were linking up

to look at Children's issues and some issues had obvious programmes to work on the issue such as the 0-19 Programme and fluoridation programme.

It was suggested that some of the issues were directed to the District Councils so that they could consider work on specific action plans. There were public health consultants to link with each district area but their role was as an enabler rather than telling the Districts what they should do. Districts were encouraged to move health and well-being issues up the agenda and then use County Public Health Consultants as a resource. Some issues were dealt with by the sub groups of the Board – for example the HIG which developed the strategies and oversaw operational activities. The HWB decided on priorities and plans were then created by the HIG and Public Health consultants who worked in conjunction with the Districts.

It was noted that the current Health and Well-being Strategy was coming to an end and discussions would be starting about whether the priorities needed to change in the new Strategy.

RESOLVED that the Health and Well-being Board:

- a) **Noted the contents of the JSNA Annual Summary and compendium of indicators in service planning and commissioning; and**
- b) **Noted the new population health dashboards on the JSNA website.**

550 Housing and Health JSNA

The Housing JSNA came about following a PHE document 'Improving Health and Care through the home' which took note of building regulations, homelessness legislation and Planning for Health. Contributors to this report included the County Council, District Councils and the NHS and Healthwatch.

Housing was a key determinant of health and had an impact on the mental and physical health of the population. With the rise in the numbers of older people it was necessary to get the environment right for healthy living. As Worcestershire was an affluent county it should be possible to say that people had suitable accommodation but that was not always the case. For most public health indicators Worcestershire was similar to England although homelessness in young people was worse than for England.

Non decent housing caused hazards to health and well-

being and increased demands on health and care services. Interventions targeted at the most deprived were likely to have a significant effect on the health of the population.

The recommendations suggested a preventative approach be embedded into planning to maintain people's independence at home and reduce hospital admissions; there should be a focus on issues such as fuel poverty preparing for an aging population; homelessness; falls prevention; children and young people and planning for health.

In the ensuing discussion the following main points were made:

- The Board queried how recent the figures were and it was explained that some of the data was census data which would be refreshed in two years and would then give a ten-year snapshot
- There was a query as to whether care leavers were considered as a specific sub set under homelessness figures. It was agreed that Children's Services would liaise with Public Health about the figures
- The Strategic Housing Partnership had seen the JSNA information and there had been acceptance of the issues. A task group was currently looking to develop a homelessness and rough sleeping strategy and an action plan
- When asked if it was possible to state what actions would be achieved and by when it was accepted that this was something which needed to be looked at
- From an adult care point of view, care packages were being put into homes which were not suitable and people were being forced to move to care homes due to unsuitable housing. As the numbers of older people was increasing in the County, the ability to be able to allow people to live independently at home for longer needed to be considered. A strategic, whole county view was needed to provide suitable houses to give people a choice of where they could live independently.

RESOLVED that the Health and Well-being Board is asked to note and approve the contents and recommendations of the housing and health JSNA.

551 SEND

Sarah Wilkins presented the six-monthly update of the SEND improvement programme. Following an Ofsted

Improvement Programme

and Care Quality Commission inspection in March 2018 significant areas of weakness had been identified which necessitated a written statement of action which detailed how the 12 areas of weakness would be addressed. There were five workstreams which had a cross organisational leadership who came together on a monthly basis and reported to the SEND Improvement Board, the Children and Young People's Strategic Partnership, ICEOG and to the CCG. A re-inspection was now anticipated.

The monitoring that occurred consisted of the DfE and NHS Leads attending Board meetings and listening to the progress being made but also challenge the actions being taken.

Local area leadership had been progressed through having multi-agency leads for the workstreams. The work was extended to schools and to GPs via the CCGs to ensure they knew how to support and signpost children and families. District Councils were also being asked to consider their local offer for SEND. This work was being done to ensure there was a good accessible local offer for SEND.

The data set had been updated and the SEND JSNA was about to be refreshed. A key area of development would be around using the vast amount of information, including information from the NHS, and distilling it down into a useable format.

Financially there was a huge amount of pressure around the specialist services and placements for SEND provision but work was on-going to understand the implications of the Government announcements that there would be more funding for SEND. A high needs recovery plan has been developed with 'building blocks for recovery' which were aligned with areas of the written statement of action to ensure demand was managed through engagement with parents, carers and providers; improving the Graduated Response in schools; ensuring a 19-25 education offer; developing an efficient provision whether within Worcestershire or out of County and reviewing EHC plans.

Board Members made the following comments:

- It was felt that this area showed that Inspection Regimes can be effective in raising the profile of an area and improving partnership working
- In response to a query about whether there should be a communication programme to inform parents

and carers just what would be provided, it was stated that Ofsted pointed out that there was a fragile relationship with parents and carers and it was accepted that communication was important. In anticipation of the next inspection, professionals were looking at what difference the improvement plan might have made to the experience of a parent or carer and how a public progress report might be presented. Work was being done with the parent/carer forum to improve feedback

- It was clarified that the Local Offer sets out what is on offer and has been available for a number of months. With regards to the Graduated Response Worcestershire had a higher proportion of children being placed out of county in specialist schools but the aim was to develop a properly inclusive school system within the County.

RESOLVED that the Health and Well-being Board:

- a) noted the steps taken to address the key concerns identified in the Local Area SEND inspection in particular in relation to Local Area Leadership; and**
- b) having discussed the report made comments regarding the inspection process and communication with parents /carers which could be fed back to the SEND Improvement Board prior to the next meeting on 14 October 2019.**

552 Revised Health and Well-being Board Terms of Reference and Board Working Arrangements

Tim Rice outlined the changes that were being suggested for the updated terms of reference for the Board. The changes had been discussed with the Board Chairman, the Accountable Officer for the CCGs and the Interim Director of Public Health.

As arrangements were changing within the CCGs there were some proposed changes to the Board membership to ensure that the balance between Local Authority and CCG remained. Other membership changes included that the representative of the Housing Authorities should become a permanent non-voting Associate Member of the Board and that Worcestershire Acute NHS Trust and Worcestershire Health and Care Trust should be invited to join the Board as non-voting members. To match what had happened over the last few years it was suggested that the number of development sessions be reduced to 3, the details of the sub-groups had been updated, and there would be one Stakeholder event a year.

**553 Development
Session 22
October 2019 -
Items for
consideration**

The representative from the Voluntary Sector queried what the Board wanted from the Voluntary Sector with regard to some of the sub groups of the Board. He felt they had a role to play but there was a question of remuneration. It was felt the issue could be explored at a future development session.

RESOLVED that the Health and Well-being Board:

- a) **Considered and agreed the refreshed Terms of Reference,**
- b) **Considered the proposed revisions to the membership and agreed to invite any new members as set out in the report to join the Board,**
- c) **Noted that the agreed revised ToR would have to be presented at a full Worcestershire County Council meeting for ratification if required,**
- d) **Considered and agreed the changes to the stakeholder events and the private development sessions.**

Various issues were suggested for the next development session on 22 October:

- Children and young people's mental well-being
- The role of the voluntary sector in Health and Well-being and its participation in the Board's sub groups.
- Where the Board should be going and how it linked to Integrated Care Systems
- Details of the Better Care Fund
- Where healthcare and support sit corporately in the industrial strategy
- Long term plan submission

It was agreed that the Better Care Fund and healthcare and the industrial strategy were topics for next years' development sessions. The long term plan would be discussed at the public meeting on 3 December.

Members felt that previous development sessions had looked at how the Board could be developed and what the future should be for the Board and it would therefore be better to get stuck into some of the important issues such as Children's mental well-being and the role of the Voluntary Sector in health and Well-being and specifically

on the Board and the sub-groups.

RESOLVED that the Board would consider children and young people's mental well-being and the role of the voluntary sector in Health and Well-being at the private development meeting on 22 October 2019.

554 Future Meeting Dates

The next private development session would be held on:

- 22 October 2019 at 2pm

The next public meeting of the Board would be held on:

- 3 December 2019 at 2pm.

The meeting ended at 3.55 pm

Chairman

HEALTH AND WELL-BEING BOARD

25 FEBRUARY 2020

NHS LONG TERM PLAN

Board Sponsor

Joint H&W STP leads:

Simon Trickett – Accountable officer - Herefordshire and Worcestershire Clinical Commissioning Group's

Sarah Dugan – Chief executive – Worcestershire Health and Care NHS Trust

Author

Ali Roberts – Programme lead, ICS development and integration

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

No

Impact on Safeguarding Adults

If yes please give details

No

Item for Decision, Consideration or Information

Information and assurance

Recommendation

- 1. The Health and Well-being Board is asked to note the development of a H&W long term plan and to commit to support its implementation.**

Background

2. In line with the NHS Long term plan (LTP) implementation framework published by NHS England and Improvement, Herefordshire and Worcestershire health and care partners have developed a Long-Term Plan for the local system covering the period ending 2024. The plan is a continuation of the STP (Sustainability and transformation partnership) strategy received by the HWB in 2017. Engagement with patients, partners and other stakeholders continues to form a basis for the plan, focusing on the LTP engagement carried out with Herefordshire and Worcestershire Healthwatch during the summer of 2019.

The LTP vision for the Herefordshire and Worcestershire population

3. “Local people will live well in a supportive community with joined up care underpinned by specialist expertise and delivered in the best place by the most appropriate people”

4. Our 5 aims:

- Improve health and well-being outcomes
- Reduce health and care inequalities
- Improve quality and performance enhancing the experience of care
- Improve productivity and efficiency returning the system to financial sustainability
- Sustain, develop and engage our workforce

5. The LTP outlines how the system will deliver the nationally set out priorities focusing on: Integrated primary and community services, Mental health, Urgent care, Elective care and Cancer care along with broader priorities. The full breadth of commitments with the LTP are in line with the Worcestershire Joint Health and Well-being Strategy 2016 to 2021.

6. The LTP confirms a five-year financial framework in line with the known CCG allocations and provider financial improvement trajectories. As part of the LTP a range of investments are required and will be to understand the return on those investments in terms of improved quality and outcomes, as well as a reduction in costs in other parts of the system. The detailed work for this is being undertaken through the operational planning and contracting process for 2020-21.

7. Further updates will be provided to the HWB as the LTP work programmes progress.

Legal, Financial and HR Implications

8. Not applicable

Privacy Impact Assessment

9. Not applicable

Equality and Diversity Implications

10. The H&W STP have an agreed quality impact assessment process. LTP work programmes undergo an equality impact assessment as part of the programme development process, completion of this is overseen by the H&W STP Programme management office.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Name: Sue Harris

Job Title: Director of Strategy and Partnerships (Worcestershire Health and Care Trust) and STP Communications and Engagement Lead

Tel: 01905 681494

Email: susan.harris2@nhs.net

Supporting Information

- Appendix 1: Herefordshire and Worcestershire LTP summary slides 2020

Background Papers

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

- <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>
- <https://www.longtermplan.nhs.uk/publication/implementation-framework/>

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Herefordshire and Worcestershire's Long Term Plan



Our aims

Our Vision:

“Local people will live well in a supportive community with joined up care underpinned by specialist expertise and delivered in the best place by the most appropriate people.”



1. Improve health and well-being outcomes



2. Reduce health and care inequalities



3. Improve quality and performance enhancing the experience of care



4. Improve productivity and efficiency returning the system to financial sustainability



5. Sustain, develop and engage our workforce

Our core priority areas

As well as specific service developments within these 5 priority areas, we also need to think about how we work to keep people well (prevention), how we ensure care is personalised to each individual's needs, and our individual responsibilities around self-care. Our approach to prevention and personalised care is on the next slide.



Integrated primary and community services



Mental Health



Urgent Care

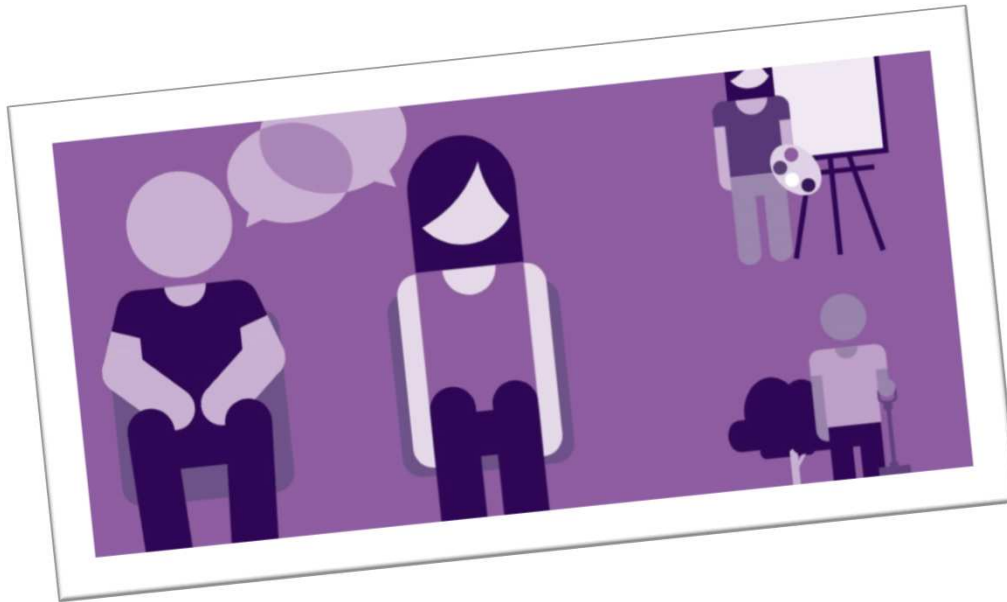


Elective Care



Cancer Care

Prevention and personalised care



Supporting people to maintain **good health and wellbeing**, as well as helping others to change some aspects of their lifestyle to improve how they feel and reduce the likelihood of becoming ill.

- Social prescribing within our GP practices
- Improving access to advice and information to support people to self-care
- New personalised approach to care so people can make decisions on their own health and care of their long term conditions
- End of life care planning

Integrated primary and community services

We have invested in 'out of hospital' teams to ensure hospital stays are as short as possible, and that admissions to a bed are a last resort

For the first time we have developed teams across our communities which bring together District Nurses, Therapists, Social Workers and GPs – **Neighbourhood Teams**

These teams work together in a more joined up way to provide more proactive and responsive care to people in their own homes.

- Reductions in repeat GP appointments
- Reductions in regular avoidable hospital admissions for this group of patients

Improvements in mental health and learning disability services



The Now We're Talking campaign has had a significant impact increasing awareness of Worcestershire Healthy Minds which is a self-referral service for people experiencing stress, anxiety or depression.



- Identify and manage mental health conditions at an early stage to help prevent crises;
- Parity of esteem, especially for people with long term conditions;
- Improving access to urgent mental health services
- Recovery focused mental health approach
- Reduce health inequalities, such as those experienced by people with a Learning Disability or Autism



Urgent Care

- Improving access to out of hospital care
- More GP appointments
- Proactive care planning for people living with frailty
- Reducing the reliance on bedded care.

Elective care

- Joined up services across primary and secondary care.
- Providing 'virtual' outpatient appointments
- Personalised approach to elective care services and better support to self-manage their own conditions.

Cancer

- Smoking cessation support
- Early detection through screening
- Access to health and wellbeing events for a more holistic approach to recovery.

Our key enablers

Workforce – our biggest asset

Key to a sustainable and resilient service is our ability to retain our existing workforce and then recruit and train new staff.

We are developing a range of new roles including Registered Nursing Associates and Social Prescribers.

Co-ordinated approach to recruitment to ensure organisations are managing our workforce as effectively as possible.

The role of digital

- Increased sharing of information between GPs, hospital colleagues and paramedics
- Digital First Primary Care for example the NHS App or Video Consultations.
- Clearer signposting to Health and Care systems we would recommend.

How we are organising ourselves

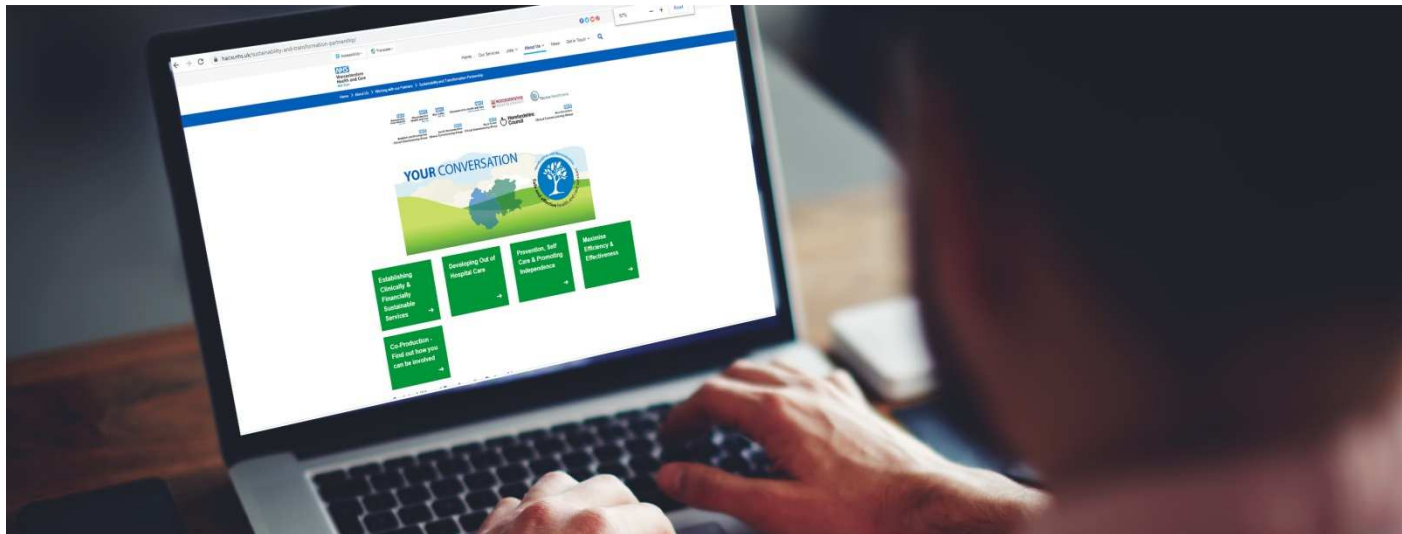
We recognise the importance of all local health and care providers and commissioners **working together to provide the best services we can.**

- In Herefordshire and Worcestershire local healthcare organisations have been working together in partnership (**STP**) for some time
- Now these relationships are in place we are developing even closer ways of working at a system level (**ICS**) to ensure patients get the safest, most effective and efficient services when they are needed.

How to get involved

To keep up-to-date with the latest engagement events and news visit

www.yourconversationhw.nhs.uk



HEALTH AND WELL-BEING BOARD 25 FEBRUARY 2020

ORAL HEALTH IN WORCESTERSHIRE

Board Sponsor

Dr Kathryn Cobain, Director of Public Health

Author

Rachael Leslie, Consultant in Public Health

Priorities

Mental health & well-being	No
Being Active	No
Reducing harm from Alcohol	No
Other (specify below)	Oral Health

Safeguarding

Impact on Safeguarding Children No
If yes please give details

Impact on Safeguarding Adults No
If yes please give details

Item for Decision, Consideration or Information

Information and assurance

Recommendation

- 1. The Health and Well-being Board is asked to note the finding of the Oral Health needs assessment and action plan for Worcestershire.**

Background

2. The World Health Organisation defines good oral health as “a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity.”
3. Oral disease is largely preventable and negatively impacts on overall health and wellbeing. People living in deprived communities consistently have poorer oral health than people living in richer communities.
4. Since the establishment of the General Dental Service in 1948, there have been many improvements in oral health. In the 1940s a large proportion of the population were edentate (toothless); by 1968, 37% of the population had no natural teeth; the

estimated figure in 2007 was only 6%. More recently, the focus of dentistry has switched from pain relief to the provision of preventive care and cosmetic treatment.

5. The NHS Five Year Forward Plan (2019), emphasises the need to focus on prevention, to empower patients to take control of their own oral health and to make the most efficient use of NHS resources. It includes 3 key commitments to improving the oral health of children, people with learning disabilities and autism and people living in care homes.

6. Worcestershire County Council (WCC) has a duty to improve the health of the whole population this also includes oral health as a key factor of overall health (Health and Social Care Act, 2012). WCC has two statutory duties relating to oral health: to provide or commission oral health promotion programmes to improve oral health in the local population and to provide or commission oral health surveys.

7. Worcestershire Health and Care NHS Trust provide an Oral Health Promotion (OHP) service and a Dental Epidemiology Service (DES) to undertake oral health surveys on behalf of WCC. Other services that contribute to wider oral health promotion and improvement include the 0-19 Prevention and Early Intervention Service.

Worcestershire Oral Health Needs Assessment (OHNA)

8. WCC undertook and published an Oral Health Needs Assessment (OHNA) in 2017. The Needs Assessment describes the state of Oral Health in the county and identifies inequalities across the Districts. The OHNA is an important tool for planning and commissioning services, it helps professionals to understand the needs of the population and the interventions with evidence for greatest benefit.

- a. The OHNA identifies that Worcestershire generally enjoys good oral health when compared regionally and nationally, However, people living in Worcester City, Wyre Forest and Redditch are districts are more likely to experience poorer oral health. There is also a clear pattern of poorer oral health amongst deprived communities.
- b. The OHNA made recommendations that have been developed into an Oral Health Action Plan (2019/20). This is available as appendix 1.

Worcestershire Oral Health Steering Group

9. An Oral Health Steering Group has been renewed with cross partner membership. Including WCC Public Health, PHE, Adult and Children's Services, NHSE, Health Watch, the Local Dental Committee and Learning Disability Services. The group aims to improve oral health in Worcestershire and oversees the delivery of the Oral Health Action Plan (2019/20) and take a partnership approach to delivering the objectives of promoting oral health and preventing oral disease.

Improving Children’s Oral Health

10. The Government Green Paper, ‘Advancing our Health: Prevention in the 2020s’, states that ‘to give our children a good start in life, we need to do much better on oral health’. Tooth decay is the most common reason for hospital admission for children aged 5 to 9 years old, and it is largely preventable.

11. Overall, 20% of children enter school in Worcestershire with evidence of tooth decay. The percentage of 5-year olds with any dental decay varies by district, and the two worst areas, Worcester and Wyre Forest, have seen an increase between 2014/15 – 2016/17 (from 27.3% to 29.9%, and 23.6% to 29.3% respectively).

12. There is a strong economic case for investment in oral health programmes for children. These include targeted supervised tooth brushing, targeted provision of fluoride varnish, targeted provision of toothbrushes and paste by post and health visitors and community water fluoridation.

13. The Oral Health Action Plan (2019/20) focusses on delivering campaigns for awareness in parents and people that work with children and families, developing targeted supervised toothbrushing schemes in early years settings and reducing waiting times for dental treatment to reduce the risk of further decay.

Adults with Learning Difficulties

14. Nationally, adults with learning difficulties, experience poorer oral health including higher levels of gum (periodontal) disease, higher numbers of missing teeth and poorer access to dental services and less preventative dentistry.

15. Locally, Healthwatch Worcestershire’s report ‘Going to the Dentist (2019)’, highlights the issues that people with learning difficulties experience in the county. The majority of those surveyed had a positive experience of visiting the dentist, however, many still had a fear of the dentist and didn’t recognise the importance of good oral health.

16. The Oral Health Action Plan focusses on making easy read information accessible, raising awareness in supported living settings and ensuring that oral health information is included in the annual health check for people with learning disabilities.

Older People’s Oral Health

17. By 2030, the number of people aged 65+ in Worcestershire is expected to increase by over 40,000 to 168,800. Whilst many are in good health, others are at risk of poor health due to long term conditions or unhealthy behaviours, that increased the risk of poor oral health or limit the ability to take adequate care of their teeth. Good oral health can also reduce the risk of malnutrition and reduce the risk of acquiring aspiration pneumonia.

18. The Care Quality Commission (CQC) review of oral health in care homes 'Smiling Matters' (2019), found that most had no policy to promote and protect people's oral health and nearly half were not training staff to support daily oral healthcare.

19. The Oral Health Action Plan focusses on including oral health in care plans for older people in residential care and including oral health assessments and mouth care in contracts with Residential care settings.

Fluoridation

20. Around 253,000 people in Worcestershire are supplied with artificially fluoridated water. This includes people living in Bromsgrove and Redditch districts, most of Wychavon and a small area in the east of Wyre Forest. None of the population of Malvern Hills or Worcester City benefit from fluoridated water. The correlation between affluent communities and good oral health could explain why Malvern Hills has better oral health outcomes, despite not being fluoridated. Water fluoridation is an effective and safe measure to reduce the frequency and severity of tooth decay, and narrow inequalities in oral health.

Legal, Financial and HR Implications

21. Public Health Ring Fenced grant allocated to delivering oral health duties.

Privacy Impact Assessment

22. Not applicable

Contact Points

County Council Contact Points

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Specific Contact Points for this report

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Supporting Information

- Appendix 1: Oral Health Action Plan

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:

- NHS long Term Plan (2019) <https://www.longtermplan.nhs.uk/>

Worcestershire Oral Health Action Plan 2019 - 21

Promoting Oral Health at all Ages

Strategic Priority: Worcestershire residents are healthier, live longer and have a better quality of life, especially those communities and groups whose health is currently poorest.

The Oral Health Steering group will focus on: Promoting oral health and preventing oral disease. The focus will be on three groups:

Children

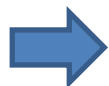
People in residential care
and supported living

People with learning disabilities
and additional needs

To do this we will: Work in partnership to review current provision of Community Dental Services and develop local solutions, using national frameworks and evidence based practice. Particularly within three themes:

1. Primary Prevention

- Providing clear information and advice on caring for your teeth
- Increasing awareness of good oral health
- Targeted Oral Health promotion



2. Access to Care

- Promoting access and referral pathways for all.
- Improving supported access to dental care for people with additional needs.



3. Outcomes

- Reducing the demand for general anaesthetic in children and vulnerable adults

Theme 1: Primary Prevention				
Objective	Action	Measurement of Success	Timescale	Lead
1.1 Review oral health promotion service	Scope and complete a review of the existing Oral Health Promotion Services and make recommendations for future provision.	New evidence based specification for oral health promotion services in place	December 2019	PHE WCC NHSE
1.2 Deliver Oral Health improvement campaigns to: <ul style="list-style-type: none"> Target communities in Worcester, Wyre Forest County wide 	Use Insights Based Social Marketing (IBSM) to understand oral health behaviours and tailor oral health promotion messages. Continue to deliver countywide campaigns for oral health promotion	Tailored campaigns for focussed target communities that influence behaviour change. Monitoring of social media campaigns	Ongoing WCC to provide IBSM toolkit by March 2020	WCC OHP Service provider PHE NHSE
1.3 Promote oral health improvement for babies and children across Worcestershire <ul style="list-style-type: none"> Universally Targeted at areas of highest need 	PEIS Whole Setting Approach: Work with schools to support schools and parents (including special schools), to understand the links between diet and oral health and good routine oral health care.	% of schools/settings working with to develop a whole settings approach/ healthy settings award	Ongoing (recorded annually)	WCC 0-19 Prevention and Early Intervention Service
	Support and promote national campaigns i.e. NHSE Starting Well Campaign and 'A little Trip to the Dentist' and Maternity and Health Visitors provide brief opportunistic advice around oral care and visiting the dentist	Increased number of babies and young children visiting the dentist Long term reduction in D ³ MFT at age 5 in target Worcester City and Wyre Forest	Ongoing (recorded annually)	WCC 0-19 Prevention and Early Intervention Service
	Implement supervised tooth brushing schemes and provision of toothbrushes and toothpaste in areas with higher levels of decay	Long term reduction in D ³ MFT at age 5 in target Worcester City and Wyre Forest	Schemes in place for 2020/21	WCC PHE OHP Service Provider

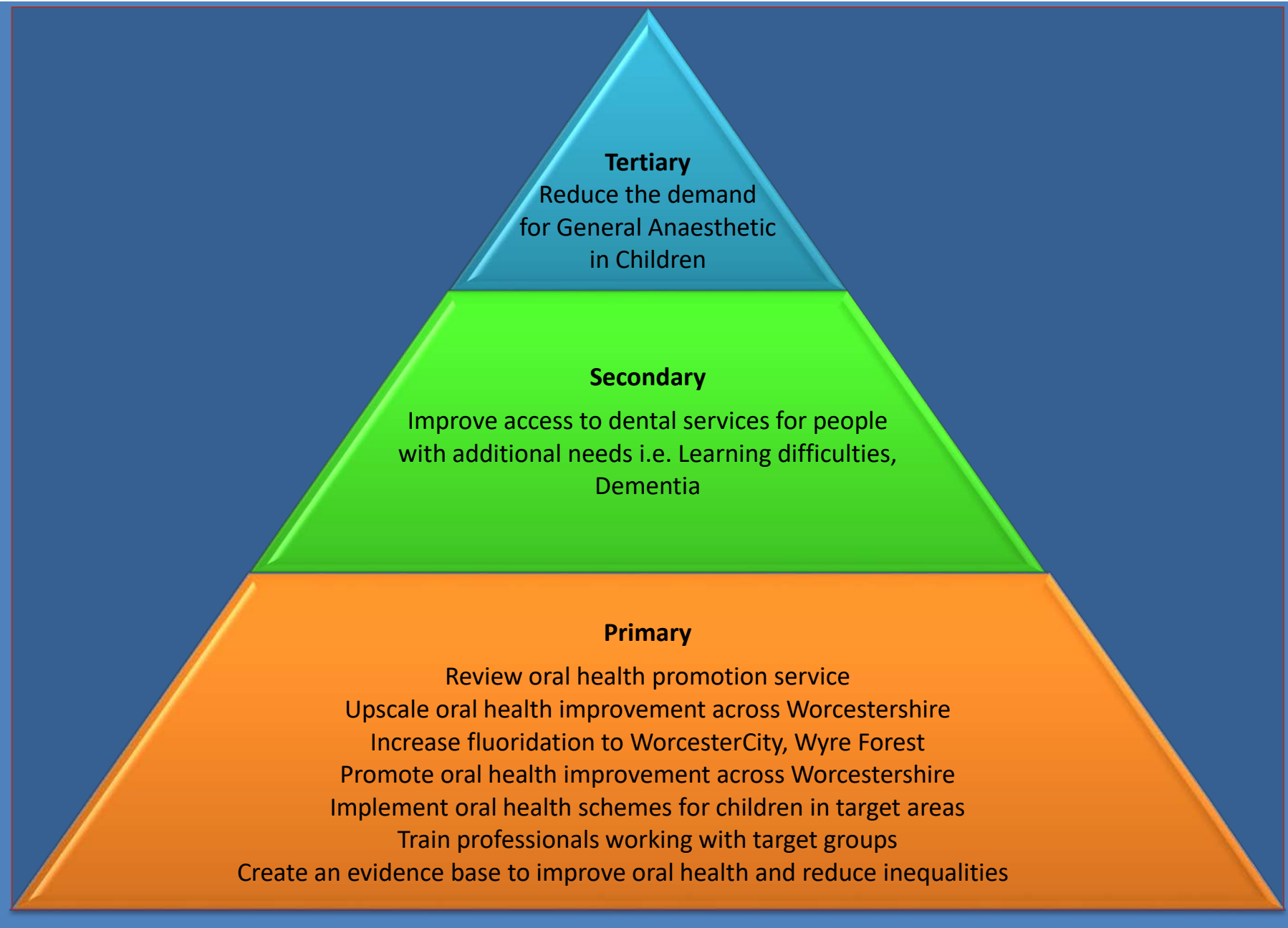
1.4 Targeted advice for families with children receiving general anaesthetic to dental care	Targeted oral health education provided by a dental nurse/OHE at the point of parent/child being assessed for GA to enables parents and carers to improve the diet/oral hygiene/fluoride use for the family	Reduce risk of caries in siblings and further caries in the child receiving GA.	March 2020	NHSE Community Dental Service
	Following GA the discharge letter sent to other relevant professionals working with the child and contains specific requirements of the child in terms of fluoride (brushing) to support other professionals that have contact with the child/siblings with prevention.	Relevant professionals are informed of the oral health needs of the child and are equipped to provide advice	March 2020	Community Dental Service
1.5 Promote oral health improvement for Adults with additional needs <ul style="list-style-type: none"> • Learning Difficulties and disabilities • Substance misuse • Homelessness • People living in Care homes 	Linking to the annual health check, include oral health advice and reminders in health and wellbeing plans for people with Learning Disabilities	Oral health included in LD Annual Health Assessment	December 2020	WCC Primary Care
	Provide easy read resources in dental surgeries for people with learning difficulties	Resources available in dentist surgeries in accessible format for people with LD	March 2020	NHSE CDS LDC WCC
	Work with providers and commissioners to include oral health in care plans for people in residential care and supported living	Oral health assessments and mouth care plans included in care homes as part of contract.	March 2020	WCC Service Providers
1.6 Train professionals working with target groups	Promote e:learning for staff working in residential care, domiciliary care and other supported living settings including special schools	Increase in staff accessing oral health e:learning and following good practice.	March 2021	CDS WCC
1.7 Oral Health is included in strategies for those identified by the OHNA as being of greater risk of poor oral health	Oral Health included in strategies for: <ul style="list-style-type: none"> • Adults with diabetes • Adults who are homeless • Adults who misuse substances • Heavy drinkers 	Oral health included in new strategies for target groups	March 2021	WCC

	<ul style="list-style-type: none"> Tobacco users 			
1.8 Promote oral health in the workplace	Promote good oral health in Anchor Organisations and to Worcestershire Works Well businesses	Included as an optional standard in WWW toolkit	Ongoing	WCC and WWW partners NHS Organisations
Universal provision 1.9 Increase fluoridation across the county to improve outcomes in Worcester City, Wyre Forest	Explore the potential for extending water fluoridation to areas not already covered	Fluoridation implemented across the whole of Worcestershire	Long term	WCC
Theme 2				
Objective	Action	Measure of success	Timescale	Lead
2.1 Improve access to local dentist surgeries for target groups	Provide training for dentists and surgery staff in supporting people with additional needs i.e. learning difficulties, Dementia Ensure easy read guides are available in dental surgeries	Dentists and surgery staff are confident in communicating with and supporting people who have additional needs	March 2021	CDS LDC
Theme 3				
Objective	Action	Measure of success	Timescale	Lead
3.1 Reduce the waiting time for general anaesthetic in children.	Secure increased theatre space for GA	Reduced waiting lists for GA in children	Ongoing	NHSE

	Paediatric services provide acclimatisation and inhalation sedation	Reduced waiting lists for GA in children		NHSE
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Worcestershire Health and Care Trust Action Plan link to Worcestershire Oral Health Action Plan 2019-21.

<https://www.healthwatchworcestershire.co.uk/wp-content/uploads/2019/05/WHCTrust-Healthwatch-Worcestershire-Going-to-the-Dentist-response-Action-Plan.pdf>



Glossary of Terms

Primary - Prevent the problem from occurring

Secondary - Detect the problem and respond

Tertiary - Minimize long term impact and prevent re-occurrence

People in residential care – Covers all ages including people in Supported Housing, Extra Care etc.

Learning difficulties – People with learning disabilities and those with additional needs

People in residential care – Care homes, supported living, extra care

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**HEALTH AND WELL-BEING BOARD
25 FEBRUARY 2020****HEALTH IMPROVEMENT GROUP BI-ANNUAL REPORT**

Board Sponsor

Dr. Kathryn Cobain, Director of Public Health

Author

Rachael Leslie, Consultant in Public Health and Laura Hart, Advanced 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

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:**
 - a) **Consider and comment on progress made by the Health Improvement Group (HIG) between June 2019 and December 2019, and**
 - b) **Ensure that each organisation represented by the Board plays an active part in the delivery of the Joint Health and Well-being Strategy and fully participate in providing the necessary updates and information for the reporting of progress.**

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 19 June 2019 and 4 December. The HIG leads and ensures progress of action to improve health and well-being, focusing on health inequalities and the wider

determinants of health and well-being in Worcestershire. The HIG receives annual progress updates on District Health and Well-being Plans and considers local issues.

3. Attendance at the HIG meetings has improved, although there has been no representation from West Mercia Police and the VCS. Membership and attendance has been considered and Worcestershire Voices are supporting the recruitment of a new VCS representative.

Joint Health and Wellbeing Strategy Annual Update

4. The Health and Well-being Strategy 2016-2021, identified three overarching priorities to achieve the vision of the Board that: Worcestershire residents are healthier, live longer and have a better quality of life especially those communities and groups with the poorest health outcomes. These are:

- Being Active at Every Age
- Good Mental Health and Well-being Throughout Life
- Reducing Harm from Alcohol at all Ages.

5. An action plan has been produced around each priority area. The update report provides a summary of activity and performance indicators to measure progress against each priority at year three. Overall, progress has been made in each of the areas and against each of the objectives. Partners have delivered activities to progress the action plan, however, larger scale systematic approaches are required to really make an impact on reducing risk of disease and reducing inequalities. The HIG agreed to note the progress to date on the delivery of the Joint Health and Well-being Strategy and associated action plans and the need to scale up prevention activities to achieve larger scale improvements in health and wellbeing and reduce health inequalities. The full report is available in the supporting information section at the bottom of this report.

Summary of Progress: District Health and Well-being Plans

Bromsgrove Health and Wellbeing Plan Update

6. The Community Wellbeing Theme Group has continued to meet regularly and covers: Health and Wellbeing; Children and Young People; and Ageing Well. The focus for this group is aligned with priorities within the Worcestershire Health and Well-being Strategy 2016-21.

7. Progress has been made across a number of areas impacting on health and wellbeing. Examples of initiatives taking place across the district include; Activity referral, ESCAPE-pain, NEURO exercise, Active Kitchen, Tell Me What You Want Arts project, Bromsgrove Urban and Rural Transport (BURT), and the Wellbeing in Partnership E-Newsletter. Work around Health and Housing, and the Ageing Well Sub Group was also expanded on.

Wychavon Health and Wellbeing Plan

8. The Wychavon Health and Wellbeing plan priorities are aligned to the Worcestershire Health and Wellbeing Board priorities. Progress has been made across a number of areas impacting on health and wellbeing. Examples of work

taking place across the district includes; Wychavon Wellbeing Week; Evesham Men in Sheds; Neighbourhood Watch Together Event; Everyday Active grants; Countylines project, partnership work on social mobility as well as progress around affordable homes and reducing homelessness. A range of positive activities have been supported in Droitwich West to improve outcomes for the community. Areas for concern and an approach to address were also shared including social mobility, the gap in employment rate between those with a long-term health condition and the overall employment rate, suicide rates and excess winter deaths.

General items

9. Since the previous bi-annual report in May 2019, the HIG has also discussed and considered the following:

Child Poverty Brief

10. The percentage of children living in poverty nationally and locally is increasing. There are a significantly higher number of children in low income families (all dependent children under 20) in Wyre Forest than nationally. Child poverty is linked to health, wellbeing and educational attainment.

Promoting Independence

11. Input was sought on the recommissioning of a revised Independent Living Service, including the adaptations and support to remain independent.

Substance Misuse Needs Assessment

12. Findings from the Substance Misuse Needs Assessment were reported:

- In Worcestershire, just under a third of adults drink alcohol at a level that is hazardous to health (approx 147,372 people).
- There has been an increase in the number of people seeking and completing treatment for alcohol dependence.
- There has been an increase in drug misuse deaths in Worcestershire.
- There has been an increase in the number of people seeking and completing treatment for opiates and non-opiates.
- Stakeholder engagement took place over the summer to inform decisions for the new drug and alcohol service.

Early Help Update

13. Early help is a description of services available to provide early support to parents and families. This includes WCC provision, Babcock International, Barnardo's, Action for Children, Redditch Borough Council, Worcestershire Health & Care NHS Trust, CAMHS, Acute Trust, DWP, West Mercia Police, Library Services. The key areas of focus are CYPP key performance indicators, Early Help Strategy, Healthy Start Programme, and Reducing Parental Conflict. A Reducing Parental Conflict Conference was held in April 2019 which was attended by approx. 120 delegates. During summer 2019, activity was undertaken to raise awareness of the Early Help offer.

Making Every Contact Count (MECC)

14. MECC is an approach to train frontline staff and volunteers to routinely engage in conversations with patients, clients, service users and members of the public about healthier lifestyles to improve health and wellbeing. MECC E-learning is open to all, and frontline workers are recommended to complete E-learning and MECC face to face skills training. Organisations, including the NHS and Councils across the county have been rolling out MECC training to frontline staff and volunteers within their organisation. Train the trainer training is available to deliver MECC at scale across Worcestershire in response to the Herefordshire and Worcestershire Sustainability Transformation Partnership commitment. In Q1-Q2, 479 people completed the MECC e-learning, 144 people completed face to face skills training, and 8 people completed train the trainer. Public Health will continue to work with key partners including the MECC partnership group to roll out at scale over the next 12 months.

Warmer Worcestershire Update

15. The HIG noted progress on the Warmer Worcestershire Fuel Poverty Plan including proposed activity for this year. The Warmer Worcestershire network is a partnership between public and voluntary sector organisation all working towards tackling fuel poverty in the County. In the last year the network has sourced funding for a number of home energy efficiency improvements to support Worcestershire residents. These includes loft and cavity wall insulation and some heating measures and the warm homes fund for first time gas central heating. In the coming year the primary focus will be the delivery of 150 first time gas central heating systems for Worcestershire residents.

Loneliness

16. A needs assessment was completed to inform recommissioning. The needs assessment explored risk factors for loneliness and evidenced based approaches for tackling loneliness. A new tackling loneliness partnership group has been convened with a new action plan following a 'World Café' event. A service to reduce loneliness is currently being commissioned locally, and the service will commence in April 2020.

17. The HIG will next meet in March 2020 and anticipate receiving the following items at meetings before reporting back to the board in autumn 2020; Worcester, Redditch, Wyre Forest and Malvern District Council Health and Wellbeing Plans.

Legal, Financial and HR Implications

18. None

Privacy Impact Assessment

19. None

Equality and Diversity Implications

20. An Equality Impact Assessment is not required

Contact Points

County Council Contact Points

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Specific Contact Points for this report

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Supporting Information

- Joint Health and Well-being Strategy Annual Update (including appendix)
(Available on-line)

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**HEALTH AND WELL-BEING BOARD
25 FEBRUARY 2020****IMPROVING THE MENTAL HEALTH WELLBEING OF
CHILDREN AND YOUNG PEOPLE IN WORCESTERSHIRE**

Board Sponsor

Dr Catherine Driscoll, Chief Executive, Worcestershire Children First

Author

Dr Catherine Driscoll

(Please click below
then on down arrow)

Priorities

Mental health & well-being

Yes

Being Active

No

Reducing harm from Alcohol

No

Other (specify below)

Safeguarding

Impact on Safeguarding Children

Yes

If yes please give details

Impact on Safeguarding Adults

No

If yes please give details

Item for Decision, Consideration or Information

Decision

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

- a) approve the proposed approach to improving mental wellbeing for children and young people, and
- b) ensure that senior system commitment is provided.

Background

2. In recent months there have been a number of strategic and operational discussions about the need to focus on a system wide approach to improving the mental health wellbeing of children and young people. Ofsted's inspection report into children's services, published in July 2019, identified that engagement with partners to deliver timely early help and the availability of a dedicated pathway for the provision of mental health services for children in care were areas for improvement. Partners from across the local area have been discussing the current position in

preparation for an expected Joint Targeted Area Inspection (JTAI) of mental health services.

3. The Children and Young People Strategic Board (CYPSB) discussed mental health services at its last meeting on 29 January 2020. Partners were very pleased to note the CQC Outstanding judgement for CAMHS services in Worcestershire.

However, members recognised that this positive experience was not the same for children and young people with mental health challenges who did not meet the CAMHS criteria and were keen to consider how best to respond to reported growing levels of concern for our children and young people. The Board recognised that no one organisation has the solution and that there is the need to work in partnership to ensure a clear pathway for children and young people.

4. Jenny Dalloway, the CCG lead commissioner for mental health and Sue Harris, the Health and Care Trust's Director of Strategy and Partnerships led the discussion at the CYPSB in the light of the NHS Long Term Plan focus on mental health services and the need to consider evidence based preventative approaches to supporting children and young people with mental health challenges. Members of the Board were agreed that there was a shared and collective agreement that mental health needs were broad and increasing. Jenny and Sue agreed to develop recommendations on how a collaborative approach could identify need and ways to ensure there are responses to this. This work has started and will continue in the coming weeks.

5. The Health and Wellbeing Board are asked to approve this approach to improving mental wellbeing for children and young people and to provide senior system commitment. The outputs of the work will be taken back to the CYPSB and the HWBB for approval.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

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Background Papers

In the opinion of the proper officer (in this case the Director of Children and Families) there are no background papers.