

# Agenda

## Health and Well-Being Board

**Tuesday, 14 July 2020, 2.00 pm**  
**Online Only**

Due to the current Covid-19 pandemic Worcestershire County Council will be holding this meeting in accordance with the relevant legislative arrangements for remote meetings of a local authority. For more information please refer to: Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

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## Health and Well-Being Board

### Tuesday, 14 July 2020, 2.00 pm, Online Only

#### Membership

##### Full Members (Voting):

Mr J H Smith (Chairman)	Cabinet Member with Responsibility for Health and Well-being
Dr L Bramble	Wyre Forest CCG
Dr Kathryn Cobain	Director Public Health
Dr R Davies	Redditch and Bromsgrove CCG
Dr Catherine Driscoll	Director of Children, Families and Communities
Paula Furnival	Strategic Director for People
Mr A I Hardman	Cabinet Member with Responsibility For Adult Social Care
Dr A Kelly (Vice Chairman)	South Worcestershire CCG
Peter Pinfield	Healthwatch, Worcestershire
Mr A C Roberts	Cabinet Member with Responsibility for Children and Families
Dr Ian Tait	NHS Herefordshire and Worcestershire Clinical Commissioning Group
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
Jo Newton	Worcestershire Acute Hospital Trust
Jonathan Sutton	Voluntary and Community Sector
Cllr Shirley Webb	North Worcestershire District Councils

## Agenda

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1	<b>Apologies and Substitutes</b>		
2	<b>Declarations of Interest</b>		

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To obtain further information or a copy of this agenda contact Alison Spall, Scrutiny Officer on Worcester (01905) 846607/01905 844963 or email: [ASpall@worcestershire.gov.uk](mailto:ASpall@worcestershire.gov.uk)

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

Item No	Subject	Page No
3	<p><b>Public Participation</b>  <i>Members of the public wishing to take part should notify Legal and Democratic Services 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 13 July 2020). Enquiries can be made through the telephone number/e-mail address below.</i></p>	
4	<p><b>Confirmation of Minutes</b></p>	
5	<p><b>Covid-19 Impacts</b></p>	1 - 28
6	<p><b>Outbreak Control Plan</b></p>	29 - 32
7	<p><b>Health and Wellbeing Strategy</b></p>	33 - 48
8	<p><b>Children and Young People's Plan</b></p>	49 - 52
9	<p><b>Future Meeting Dates</b>  <b>Dates for 2020</b>  <b>Public meetings</b> (All Tuesday at 2pm)</p> <ul style="list-style-type: none"> <li>• 29 September 2020</li> <li>• 17 November 2020</li> </ul> <p><b>Private Development meetings</b> (All Tuesday at 2pm)</p> <ul style="list-style-type: none"> <li>• 20 October 2020</li> </ul>	

#### Broadcasting of the Meeting

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**HEALTH AND WELL-BEING BOARD**  
**14 JULY 2020****COVID-19 impact in Worcestershire and JSNA review**

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**Board Sponsor**

Dr Kathryn Cobain, Director of Public Health

**Author**

Matthew Fung, Consultant in Public Health

**Priorities**

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

**Safeguarding**

Impact on Safeguarding Children No  
If yes please give details

Impact on Safeguarding Adults No  
If yes please give details

**Item for Decision, Consideration or Information**

Consideration

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

- a) Note the contents of this report and presentation
- b) Note the national Public Health England (PHE) reports on COVID-19 and black, Asian and minority ethnic (BAME) groups, and COVID-19 disparities review (documents embedded in the background papers section)
- c) Commit to action on reducing health inequalities, including recommendations from the aforementioned PHE reviews.

**Background****COVID-19 impact in Worcestershire**

2. Since the first COVID-19 case in Worcestershire (in February 2020), more than 2,000 people have been tested positive for SARS-CoV-2 (coronavirus) locally.

3. There have been 515 registered COVID-19 related deaths as at 26 June 2020.
4. The COVID-19 pandemic has had extreme and wide ranging effects globally, nationally and locally. The attached presentation begins to characterise how COVID-19 has impacted people in Worcestershire.
5. The burden of disease and mortality from COVID-19 is not evenly spread across the population, and analyses have shown increased risk in men, older age groups, differences in geographical area, and BAME groups.
6. Recommendations from the PHE BAME review include:
  1. **Mandate comprehensive and quality ethnicity data collection and recording as part of routine NHS and social care data collection systems**
  2. Support community participatory research
  3. Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities
  4. Accelerate the development of culturally competent occupational risk assessment tools
  5. Fund, develop and implement culturally competent COVID-19 education and prevention campaigns
  6. Accelerate efforts to target culturally competent health promotion and disease prevention programmes
  7. Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health
7. PHE's review into 'Disparities in the risk and outcomes of COVID-19' include:
  1. Age and sex
  2. Geography
  3. Deprivation
  4. Ethnicity
  5. Occupation
  6. Inclusion health groups (e.g. born overseas; no fixed abode)
  7. People in care homes
  8. Co-morbidities

### **Joint Strategic Needs Assessment review**

8. Joint Strategic Needs Assessments (JSNA) are assessments of the current and future health and social care needs of the local population.
9. The JSNA in Worcestershire is continuing to adapt and change, particularly in light of COVID-19. COVID-19 will require a refreshed approach to ensure that our collective understanding about the health and wellbeing of people in Worcestershire is properly understood, and that our organisations and institutions are sensitive, and act accordingly to findings from the JSNA (particularly when preparing or revising commissioning plans)

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

10. Not required.

## Privacy Impact Assessment

11. Not required.

## 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

### Specific Contact Points for this report

Matthew Fung, Consultant in Public Health

Tel: 01905 845040

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

## 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:

Disparities in the risk and outcomes of COVID-19. Public Health England. June 2020

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892085/disparities\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf)



PHE disparities  
review.pdf

COVID-19: understanding the impact on BAME communities

<https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities>



COVID\_stakeholder  
\_engagement\_synth

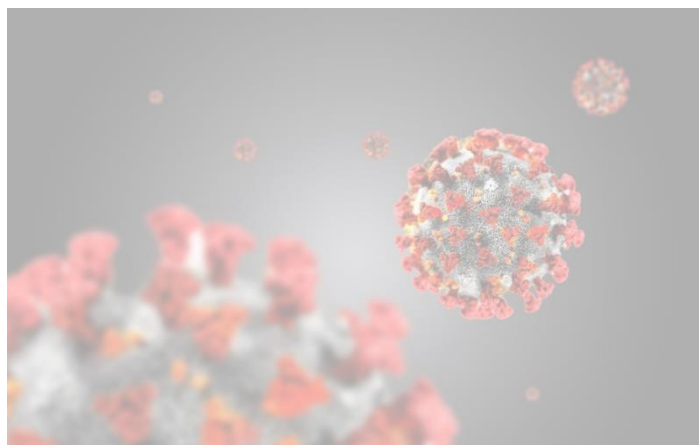
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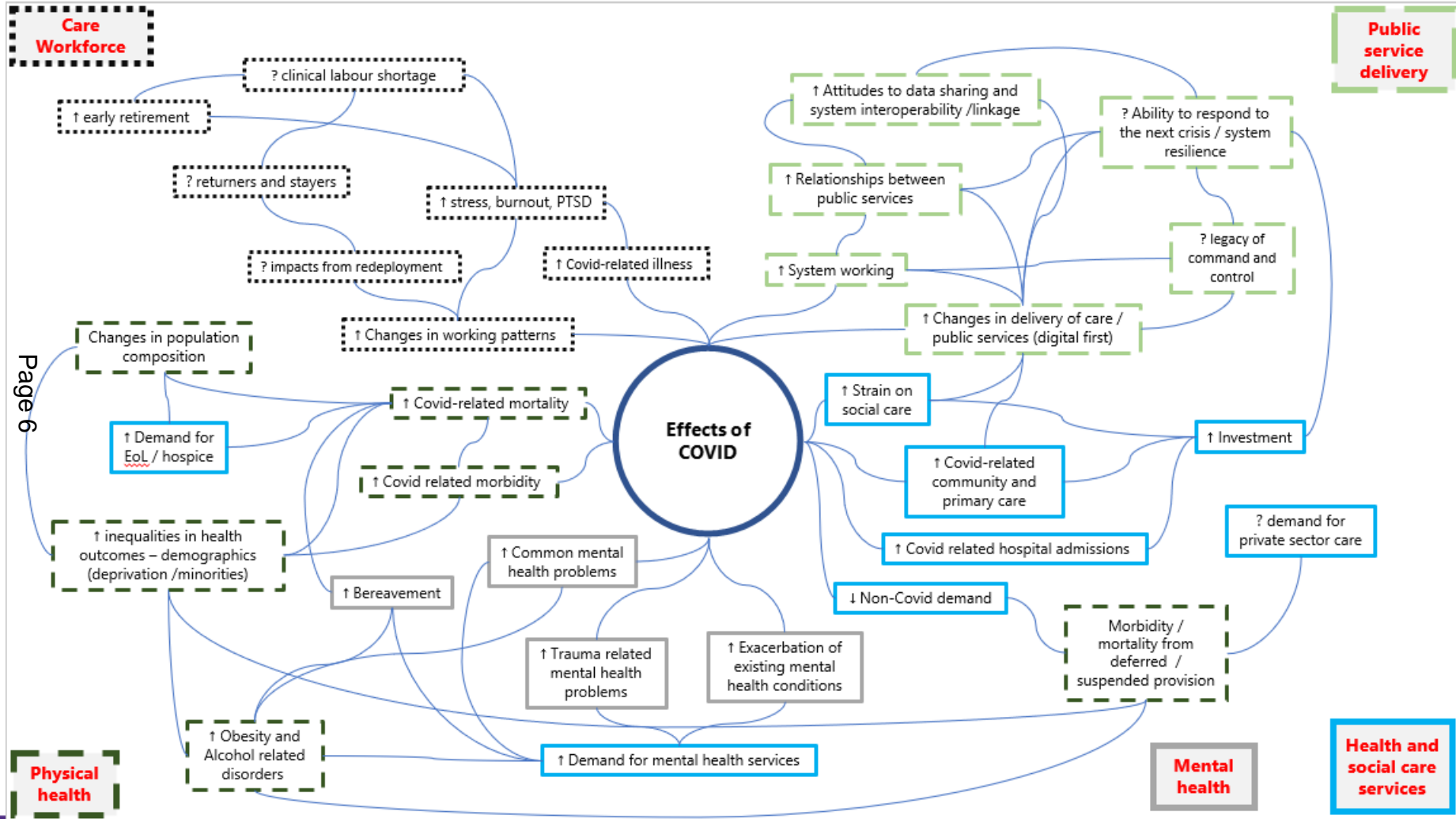
# COVID-19 impact in Worcestershire and JSNA review

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Matthew Fung, Consultant in Public Health



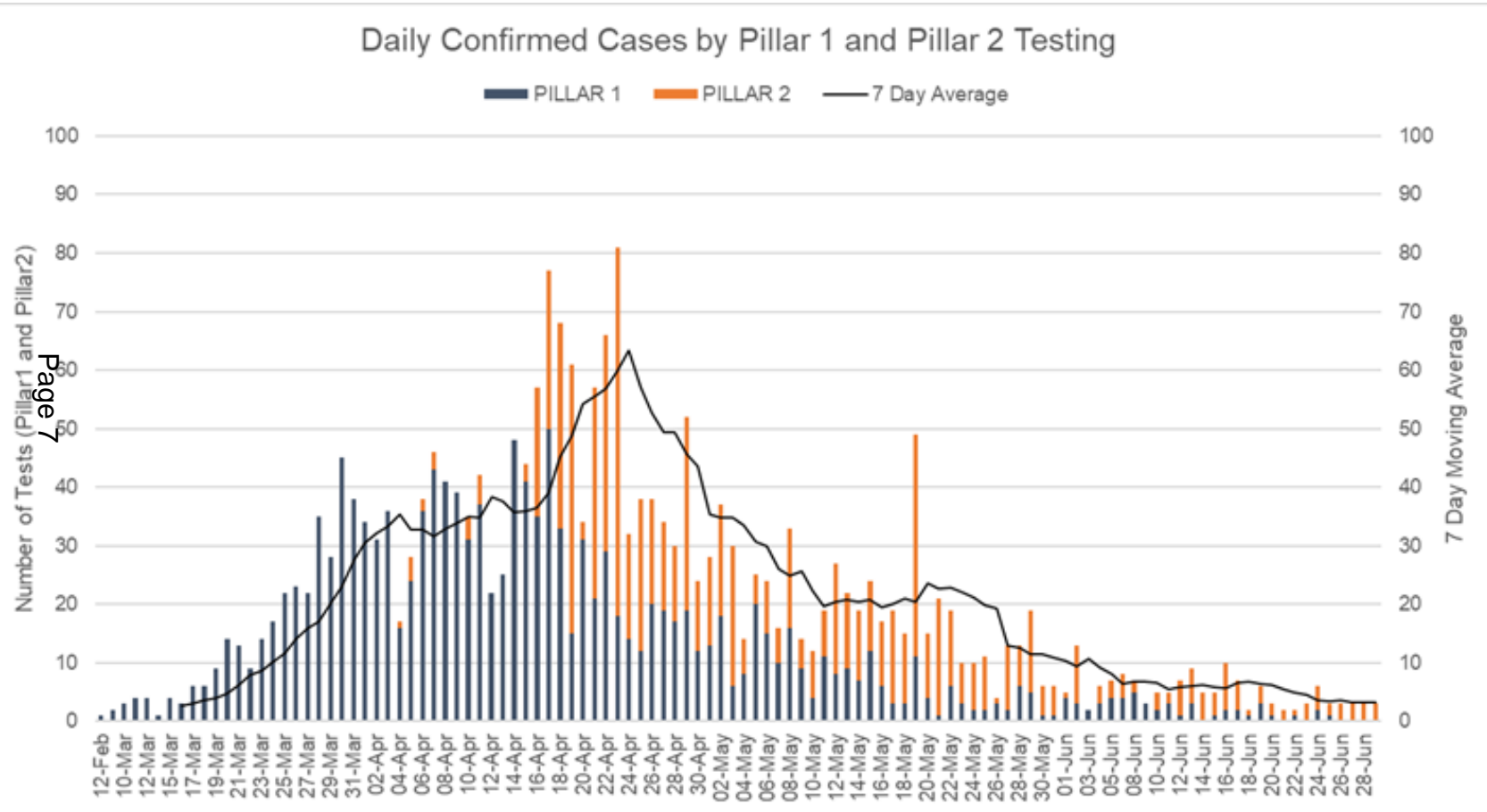
# Population impacts of COVID-19



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# Worcestershire confirmed cases



Total cases:  
**2,332**

# ANALYSIS OF THE FIRST 1,000 CASES

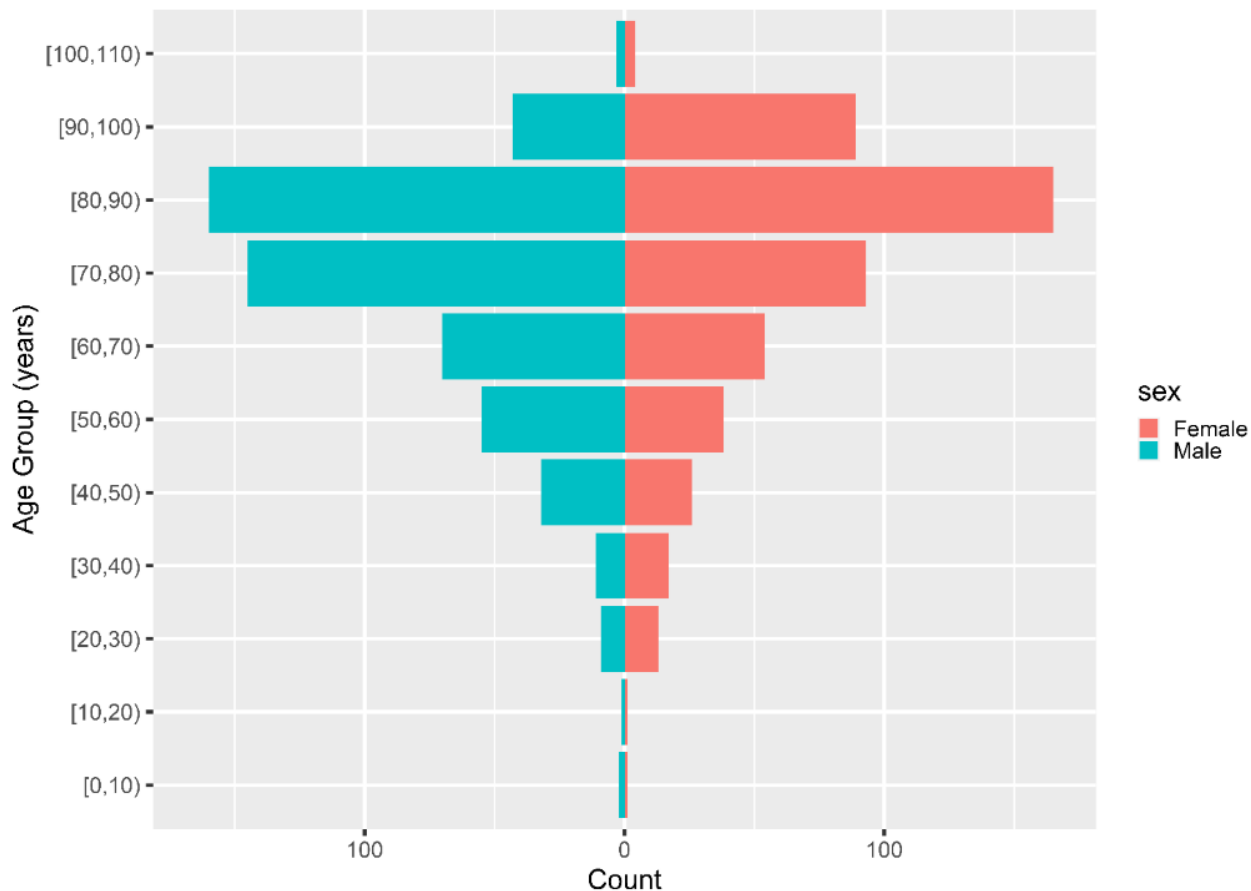
# Cases to 20th May 2020

- There are 1,034 individuals in the dataset
  - 563 (54% - acute), 471 (46% community)
- All had a positive COVID-19 test
- Test dates ranges from 9 March to 20 May 2020.
- The highest number of COVID-19 patients in hospital at peak was **141**.

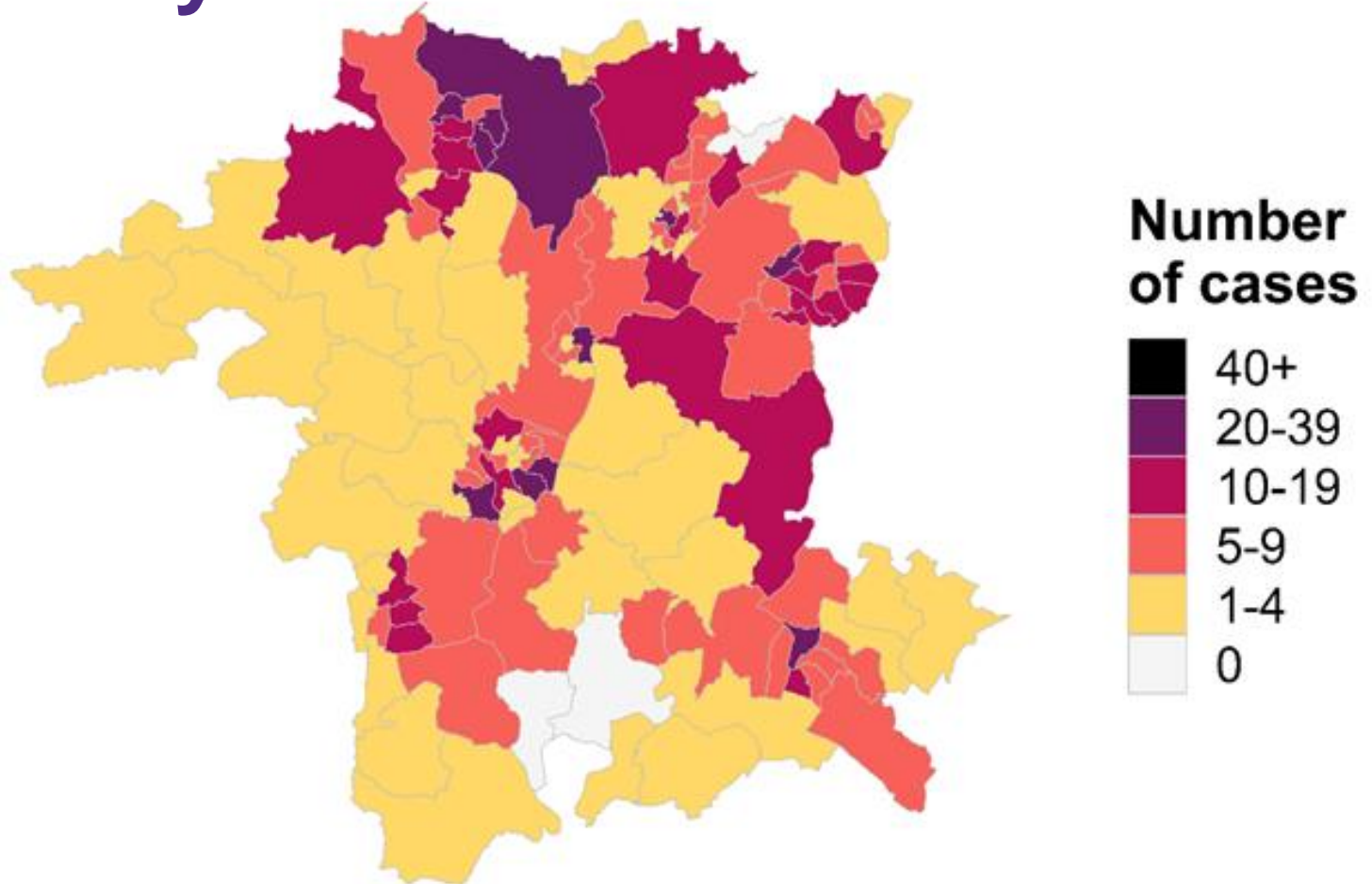
# Demographic data

**Age:** median 77 years; mean 73.1 years, range 1-105 years (IQR 64-85 years)

**Sex:** 501 females (48.5%), 531 males (50.5%)



# Cases by ward



# Ten wards with most cases

Ward	Count	% of Total	Deprivation Decile (IMD2019) 1=most deprived, 10=least deprived
Offmore & Comberton	39	4.1	4
Bedwardine	27	2.8	7
Aggborough & Spennells	27	2.8	4
Droitwich East	26	2.7	5
Batchley & Brockhill	22	2.3	2
Evesham North	22	2.3	2
Sanders Park	22	2.3	2
Wyre Forest Rural	22	2.3	4
Nunnery	21	2.2	2
Franche & Habberley North	21	2.2	4



# Comorbidities

Note that the presented categories are not mutually exclusive, with many individuals having more than one comorbidity. The most common recorded comorbidities were hypertension (67, 6.5%), chronic heart disease (56, 5.4%) and chronic respiratory disease (41, 4.0%).

**Table of frequency of reported comorbidities.**

Comorbidity	TOTAL (n=1034)		
	n	%	
Hypertension	67	6.5%	
Chronic heart disease	56	5.4%	
Chronic respiratory disease	41	4.0%	
Chronic neurological disease	38	3.7%	
Diabetes	38	3.7%	
Obesity	22	2.1%	
Chronic renal disease	17	1.6%	
Immunosuppressive treatment	~~	~~	
Chronic liver disease	~~	~~	
Immunosuppressive disease	~~	~~	

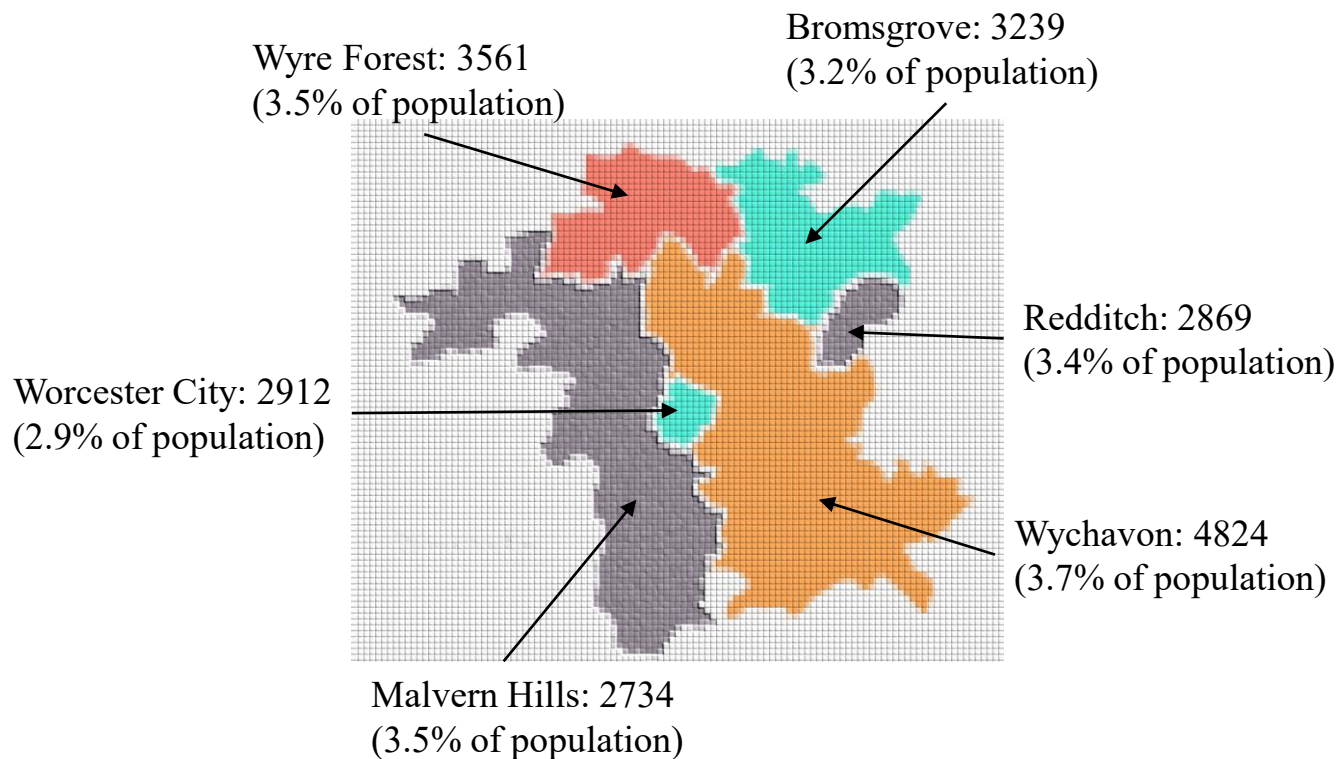
# Mortality

- Of the 1034 individuals in the dataset, 299 deaths were recorded (29%).
  - These consisted of 176 admitted cases (59%) and 123 community cases (41%).
- Of those who died, the median age was 81 years (mean 79.6 years, range 41-100 years).
- 26 of the 176 admitted cases who died had been admitted to the ITU (15%).
- The proportion of deaths of those who were admitted to the ITU was 47% (26/55).

# SHIELDED COHORT

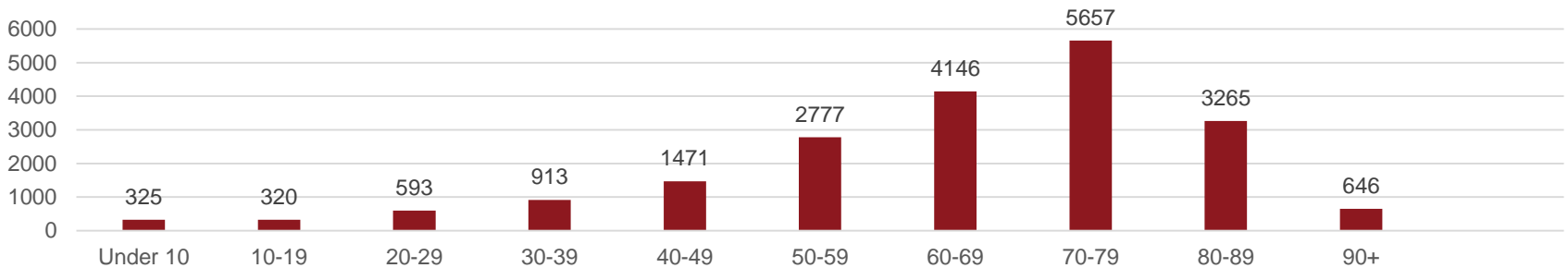
# Shielded cohort

- 20,126 shielded people in Worcestershire



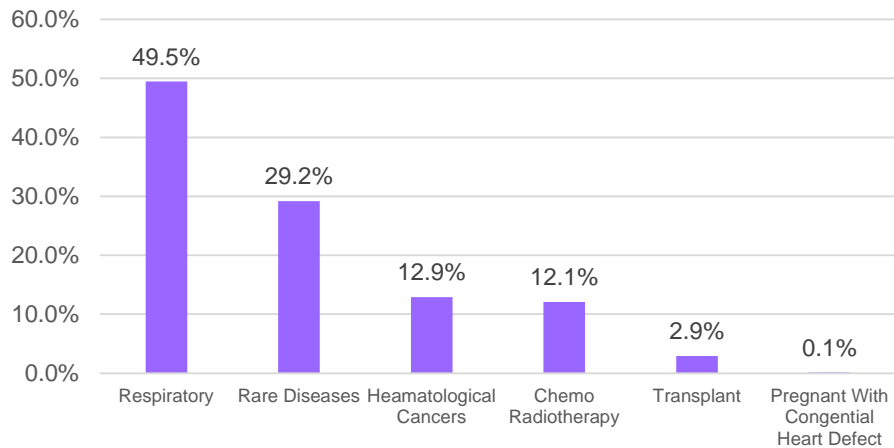
# Shielded cohort characteristics

Worcestershire Shielded Cohort by Age Group, (30/6/2020)

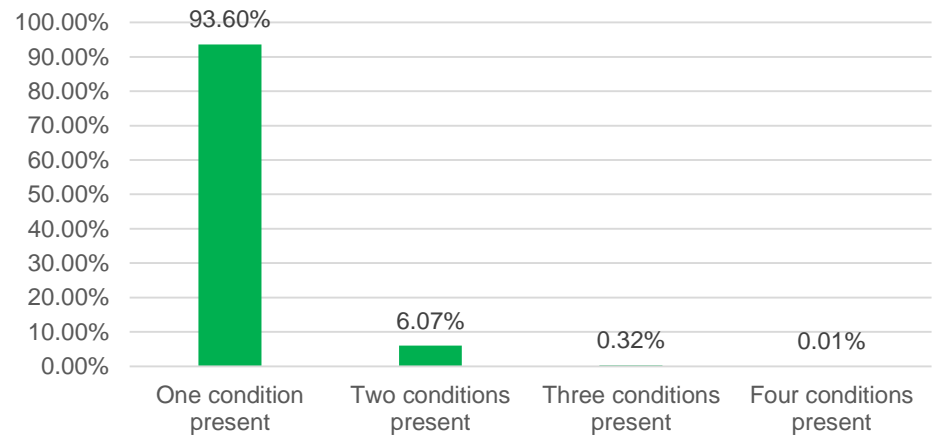


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Worcestershire Shielded Cohort recorded conditions (30/6/2020)



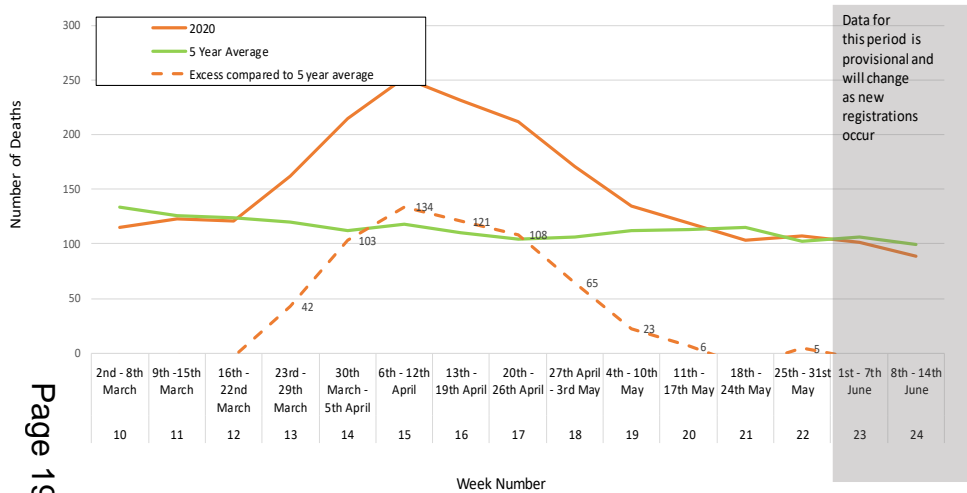
Worcestershire Shielded Cohort, number of conditions present (30/6/2020)



# INEQUALITIES

# Mortality (to 26 June)

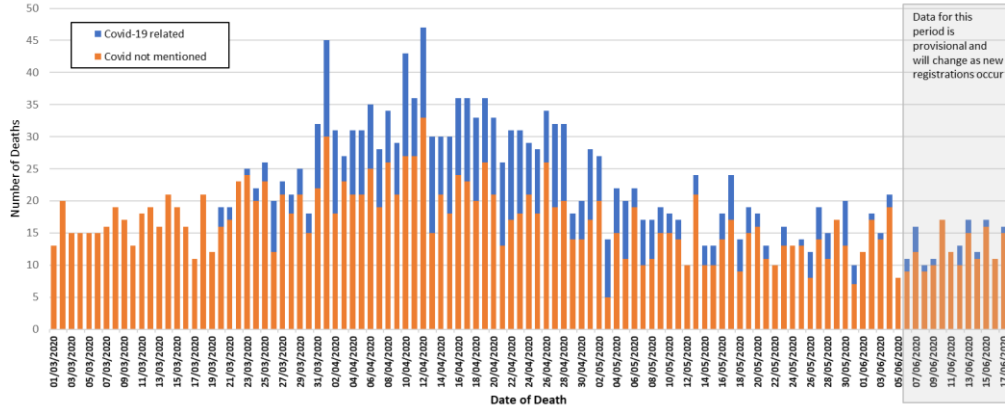
Number of Deaths in Worcestershire from all causes by Week



- 515 registered deaths in Worcestershire which are Covid-19 related since 20 March. 207 deaths (around 40% of total) in care homes
- 604 excess deaths since 20 March relative to 2015-19 average.
- Significant slowdown in mortality during June, close to normal levels now.
- 79% of deaths amongst people aged 75 and over.

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Number of deaths registered in Worcestershire by Date of Death for all causes



Age/gender analysis 26 June 2020

Age Group	Male	Female	Persons	% of deaths
<55	5	5	10	1.9%
55 - 64	17	13	30	5.8%
65 - 74	45	24	69	13.4%
75 - 84	95	74	169	32.8%
85 and over	102	135	237	46.0%
<b>Grand Total</b>	<b>264</b>	<b>251</b>	<b>515</b>	
	51.3%	48.7%		

# Disparities in the risk and outcomes of COVID-19 (PHE report, June 2020)

- Age and sex
- Geography
- Deprivation
- Ethnicity
- Occupation
- Inclusion health groups (e.g. born overseas; no fixed abode)
- People in care homes
- Co-morbidities



# Beyond the data: understanding the impact of COVID-19 on BAME groups (PHE report, June 2020)

1. **Mandate comprehensive and quality ethnicity data collection and recording as part of routine NHS and social care data collection systems**
2. Support community participatory research
3. Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities
4. Accelerate the development of culturally competent occupational risk assessment tools
5. Fund, develop and implement culturally competent COVID-19 education and prevention campaigns
6. Accelerate efforts to target culturally competent health promotion and disease prevention programmes
7. Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health



# JSNA RESET AND PROPOSAL

# Beyond COVID-19

- We are unlikely to be 'beyond COVID-19'
- Probable that this becomes a virus that circulates through populations
- Understanding of treatments and vaccine research progressing
- Longer term consequences of COVID-19 (direct and indirect) are not all understood.

# JSNA 2020

## Retain

- Creativity; infographics; usable information for action;
- Progress towards automation and self service of data
- Progress towards producing shorter insights

## Rethink

- What we want to measure and report on
- Delve into sensitive indicators measuring the 'here and now'
- Structural determinants
- How we measure & influence using quantitative and qualitative data and information
- Greater need for system contribution and use of JSNA

## Retire

- Very long JSNA reports (but retaining detailed background analysis)
- Working in silos

# HIA on COVID-19 + mitigations

## Type of impact

### Positive / opportunity

Impacts that are considered to improve health status or provide an opportunity to do so

### Negative

Impacts that are considered to diminish health status

## Likelihood of impact

### Confirmed

Strong direct evidence e.g. from a wide range of sources that an impact has already happened or will happen

### Confirmed

### Probable

More likely to happen than not. Direct evidence but from limited sources

### Probable

### Possible

May or may not happen. Plausible, but with limited evidence to support

### Possible

## Intensity / severity of impact

### Major

Significant in intensity, quality or extent. Significant or important enough to be worthy of attention, noteworthy

### Major

### Moderate

Average in intensity, quality or degree

### Moderate

### Minimal

Of a minimum amount, quantity or degree, negligible

### Minimal

## Duration of impact

### Short term (S)

Impact seen in 0 – 1 year

### Short term (S)

### Medium term (M)

Impact seen in 1 – 5 years

### Medium term (M)

### Long term (L)

Impact seen in > 5 years

### Long term (L)

## Policy areas

Health and social care

Equality and justice

Specific population groups

Environment and climate change

Housing / wider determinants

Education

# COVID-19 Suggestions for mitigating the impact on health inequalities at a local level

Resource from ADPH/PHE and LGA to support This document has been produced to support local authorities and their partners, to have easy access to information on a range of actions that they could take to help to mitigate the differential impact of COVID-19.

## Cross Cutting Resources and Community Resilience and Social Isolation

Marginalised and disadvantaged communities

Small Charities and Voluntary Groups

**Life course:**

Older people

Children and Young People:

- Early years
- Impact on educational outcomes
- Impact of greater risk of safeguarding issues
- Access to learning resources
- Access to food/healthier food
- Physical activity
- Mental Health

## Socioeconomic, disadvantage and deprivation

Deprived communities

Welfare benefits

Low income micro businesses

Access to work

People who are unemployed/low-income

Social value

- Relationship with community businesses/social enterprises/VCSE at local level
- Utilising learning to identify future action to reduce health inequalities

## Geography/Surroundings

Households who are self-isolating

People living in overcrowded conditions including private rented sector and houses in multiple occupation

Indoor air quality

Fuel poverty

Overheating (in the event of a hot spring/ summer)

Public realm

## Inclusion health and vulnerable groups

Unpaid carers (for any group above)

People experiencing domestic violence and abuse

Vulnerable migrants including asylum seekers, refugees and undocumented migrants.

Sex workers

Modern slavery victims

Homeless- access to health care

Gypsy, Roma, Traveller, and Boater (GRTB) Communities

People who smoke/ who are stopping smoking

Gambling harm

Substance/Alcohol misuse service users

People being released early from prison

Critical Workers

People with mental health problems or recovering from mental health problems

People with serious mental illness

People with autism

People who have a learning disability

People with a sensory impairment

## Protected characteristics

Pregnant women

Race/ethnicity/Black, Asian and Minority Ethnic (BAME) Communities

Religion or belief

Lesbian, gay, bisexual and trans (LGBT) communities

# THANK YOU



**HEALTH AND WELL-BEING BOARD**  
**14 JULY 2020****WORCESTERSHIRE OUTBREAK CONTROL PLAN**

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**Board Sponsor**

Dr Kathryn Cobain

**Author**

Rachael Leslie

**Priorities**

Mental health & well-being	Yes
Being Active	No
Reducing harm from Alcohol	No
Other – Health Protection	

**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**

Consideration

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

- a) note the requirement on all upper tier local authorities to develop a Local Outbreak Control Plan to oversee and deliver multi-agency action to reduce the spread of COVID-19 locally. This plan describes the local response that will work alongside the national NHS Test and Trace programme and the regional role of Public Health England.
- b) note that the local programme will be operationally led by a multi-agency COVID-19 Health Protection Board led by the Director of Public Health, to develop and oversee delivery of a Worcestershire Local Outbreak Control Plan. This Board will provide regular updates to the Health and Well-being Board.
- c) note the establishment of the Member led Local Engagement in Outbreaks Board, providing ownership and public-facing engagement and communication for preventing and responding to outbreaks of COVID-19 in Worcestershire.

## Background

2. The purpose of this report is to provide an update on the Local Outbreak Control Plan for Worcestershire, a plan and system for preventing and managing outbreaks of COVID-19. This plan is a key part of next steps for managing COVID-19 locally.
3. The next phase of the response to COVID-19 is critical. To avoid a second peak and to enable a return to a more normal way of life, it is key that cases are rapidly tested and identified and that contacts of any cases rapidly self-isolate for 14 days. Any emerging clusters or outbreaks must be identified and managed. Alongside this, individuals must continue to maintain social distancing and use good hand hygiene.
4. The NHS Test and Trace service was launched on 28<sup>th</sup> May 2020 and forms a central part of the government's coronavirus recovery strategy. Anyone with symptoms of COVID-19 will now be tested and their close contacts will be traced. Guidance states that those who have been in defined close contact with someone who tests positive must self-isolate for 14 days, even if they have no symptoms, to avoid unknowingly spreading the virus.
5. Nationally, it has been recognised that local government plays a central role in the identification and management of infection locally. Local Directors of Public Health are responsible for building on existing health protection arrangements to put in place measures to identify and contain outbreaks and protect the public's health.
6. Worcestershire's Outbreak Control Plan was launched on the County Council website on 1 July 2020. It builds on established plans and existing processes and describes how Worcestershire will address the seven key themes identified by the Local Government Association (LGA) and the Department of Health and Social Care (DHSC) as critical to outbreak plans for this phase of the pandemic. The plan also draws on the Association of Directors of Public Health (ADPH) Guiding Principles for Effective Management of COVID-19.
7. Strong engagement with communities and settings is key to enable them to do the right thing. This needs strong communication at local level so that people know what steps they can take and understand why certain measures are being introduced and comply with these. A communications and engagement strategy has been produced to work alongside the Worcestershire Outbreak Control Plan.
8. The government has made £300m available to support Local Authorities in England to develop and deliver their plans. Worcestershire has been allocated £2.7m to support the delivery of our plan.

## Worcestershire Arrangements

9. The COVID-19 Health Protection Board will develop and oversee delivery of Worcestershire's Local Outbreak Control Plan. Led by the Director of Public Health, this multi-agency group will include representation from NHS Herefordshire and Worcestershire CCG, Public Health England, Worcestershire Regulatory Services, Worcestershire Children First, Social Care, Communications and the VCS. This group will report at regular interval to the Health and Well-being Board.
10. A new Member led Local Engagement in Outbreaks board will provide local ownership and public-facing engagement and communication for outbreak prevention

and response within Worcestershire. The Cabinet Member for Health and Wellbeing will be the chairman and each of the Worcestershire Districts will be represented along with subject specialists, in the first instance, this group will meet every 2 weeks. This group will report at regular interval to the Health and Well-being Board.

11. Daily management of outbreaks will be undertaken by a Local Outbreak Response Team (LORT) comprising of Consultants in Public Health, Environmental Health Officers and Public Health Practitioners. The LORT will be available Monday to Sunday 9am to 6pm. Working to Standard Operating Procedures (SOPs) developed for different settings and situations, the LORT will provide a single point of contact by email or telephone to respond to complex situations, provide additional capacity in outbreak management or provide a local perspective on settings and communities. The LORT also supports settings in the prevention of outbreaks and support consequence management as a result of managing an outbreak in a complex setting or groups, this may include supporting vulnerable people to access support through Worcestershire's Here2Help service.

12. The Worcestershire Outbreak Control plan will be dynamic document, able to respond to changes in national guidance and learning from local experience. A copy of Worcestershire's Outbreak Control plan is available in the appendices.

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

13. Additional legal guidance is expected by the end of July 2020. The existing legal framework for managing outbreaks of communicable diseases that present a risk to the health of members of the public is contained in the following Acts:

- a) National Health Service Act 2006
- b) The Public Health (Control of Disease) Act 1984
- c) The Health and Safety at Work Act 1974
- d) Civil Contingencies Act 2004
- e) Coronavirus Act 2020

14. Worcestershire has been allocated £2.7m to support the delivery the Local Outbreak Control Plan. Expected costs have been profiled until March 2020. The COVID-19 Health Protection Board will provide budget oversight.

15. Existing Public Health practitioners have been allocated to the Local Outbreak Response teams. The individuals will work inside their existing job descriptions and will receive additional training. To ensure that Worcestershire can continue to meet its other statutory duties, vacant public health practitioner posts will be recruited to.

## **Privacy Impact Assessment**

- As appropriate

## **Equality and Diversity Implications**

An Equality Relevance Screening is being carried out in respect of these recommendations. It has identified that further equality impact analysis will be required in respect of ensuring tailored communication with people with protected characteristics.

## Contact Points

### County Council Contact Points

County Council: 01905 763763

### Specific Contact Points for this report

Name: Rachael Leslie

Job Title: Consultant in Public Health

Tel: 01905 845431

Email: rleslie@worcestershire.gov.uk

## Supporting Information

The Worcestershire Outbreak Control Plan is available at the link below:

[http://www.worcestershire.gov.uk/info/20769/coronavirus\\_covid-19](http://www.worcestershire.gov.uk/info/20769/coronavirus_covid-19)



Worcestershire\_Out  
break\_Control\_Plan\_

## **HEALTH AND WELL-BEING BOARD 14 JULY 2020**

### **Joint Health and Well-being Strategy**

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#### **Board Sponsor**

Dr Kathryn Cobain, Director of Public Health

#### **Author**

Matt Fung/ Rachael Leslie, Consultant in Public Health

#### **Priorities**

Mental health & well-being	Yes
Being Active	Yes
Reducing harm from Alcohol	Yes
Other (specify below)	

#### **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**

Decision

#### **Recommendation**

1. The Health and Well-being Board is asked to:
  - a) Note progress on against the Worcestershire Joint Health and Wellbeing Strategy (JHWS) 2016-2021 and agree to commence and support the development of a new strategy drawing on local need, evidence and consultation
  - b) Approve and support the formation of working group including representatives from Public Health, H&W Clinical Commissioning Group, Healthwatch and Districts
  - c) Consider appropriate methods of stakeholder engagement to shape the new Strategy
  - d) Agree to receive an update on progress made to develop a new Strategy later in the year

## Background

2. Local authorities and clinical commissioning groups (CCGs) have equal and joint statutory duties to prepare a Joint Health and Wellbeing Strategy, through the local health and wellbeing board. The responsibility falls on the health and wellbeing board as a whole and so success will depend upon all members working together throughout the process. As the duties apply across the health and wellbeing board as a whole, boards will need to discuss and agree their arrangements for the development of a strategy including consultation, co-production, implementation, outcomes and evaluation.

3. The Worcestershire Joint Health and Wellbeing Strategy 2016-2021 commits to the following vision: Worcestershire residents are healthier, live longer and have a better quality of life especially those communities and groups with the poorest health outcomes. The strategy adopts six key principles including:

- Working in partnership.
- Empowering individuals and families to take responsibility and improve their own health and well-being.
- Recognising local assets and strengthening the ability of communities to look after themselves.
- Using evidence of what works when developing plans for action.
- Involving the public, patients, service users and carers and ensure that they have an opportunity to shape how services are organised and provided.
- Being clear about the impact we expect from investment and action to improve health and well-being, and open about the progress we are making.

4. The Strategy is a statement of the Health and Well-being Board's vision and priorities, based on the findings of the Joint Strategic Needs Assessment and on consultation with key stakeholders. The strategy has delivered against three key priorities; Being Active at Every Age, Good Mental Health and Well Being Throughout Life and Reducing the Harm of Alcohol.

5. An action plan has been produced around each priority area, and the board receives annual reports on progress from the Health Improvement Group. Overall, progress has been made in each of the areas and against each of the objectives. Partners have delivered activities to progress the action plans, however, larger scale systematic approaches and upscaled engagement from across the system are required to really make an impact on reducing risk of disease and reducing inequalities. Progress against the three priority plans was presented to the board in February 2020 including changes in key performance indicators and updates on health and wellbeing activity (see background papers below).

6. The current strategy expires in March 2021, and there is a significant need for local areas to scale up prevention activities, maximising community centred approaches to achieve larger scale improvements in health and wellbeing and reduce inequalities in the new landscape of system, place and neighbourhood working.

## Legal, Financial and HR Implications

7. As appropriate

## Privacy Impact Assessment

8. As appropriate

## Equality and Diversity Implications

An Equality Relevance Screening has been carried out in respect of these recommendations. It identified that further equality impact analysis will be required in respect of ongoing development of the HWBB strategy.

## Contact Points

### County Council Contact Points

County Council: 01905 763763

### Specific Contact Points for this report

Dr. Kathryn Cobain, Director of Public Health

Tel: 01905 844823

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

## 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:

Joint Health and Wellbeing Strategy 2016-2021



**Joint\_Health\_and  
Well\_being\_Strategy**

Progress on JHWS report and appendix:



**HIG Report Dec  
19\_progress on JHW**



**HIG Report Dec  
19\_progress on JHW**

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# Joint Health and Well-being Strategy Refresh

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**July 2020**

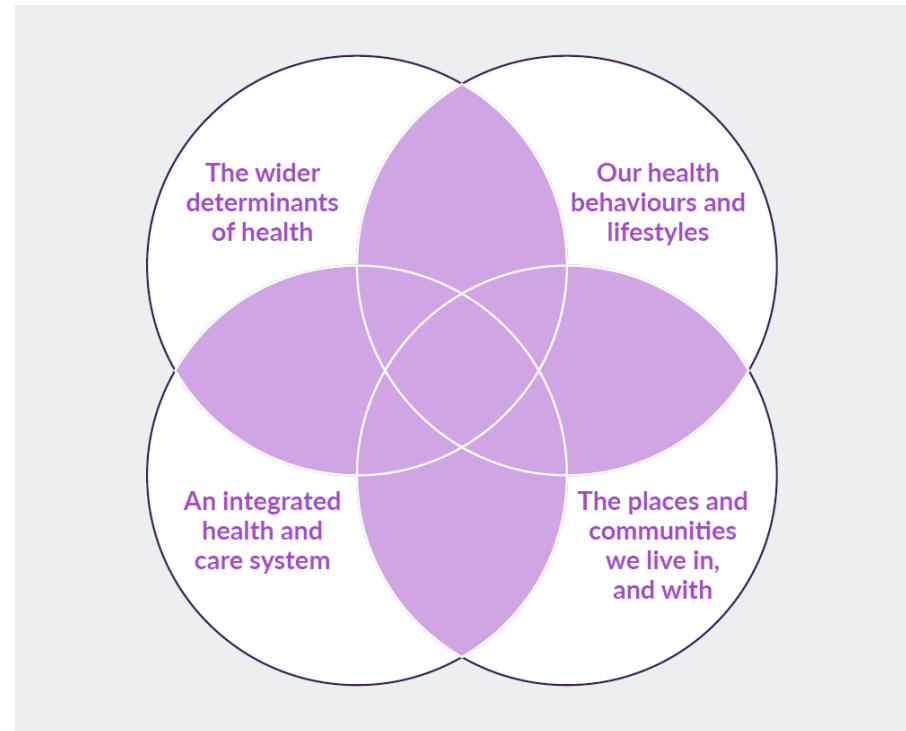
# What are Joint Health and Well-being Strategies?

- JHWSs are mandated strategies for meeting the local health needs identified in the JSNA.
- Like JSNAs, JHWSs must be taken into account by local authorities, CCGs and NHS England when preparing or revising commissioning plans.

# Legislation

- The LA and CCG must:
  - Involve **Healthwatch**
  - Involve **the people who live or work in the area**
  - **Publish** the strategy
- The LA and CCG may include in the strategy **a statement of their views on how arrangements for the provision of health-related services in the area of the local authority could be more closely integrated with arrangements for the provision of health services and social care services in that area.**

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A vision for population health (King's Fund)

# Statutory Guidance on JHWS (2013)

- Unique to each area
- No mandated format
- Must explain what priorities the HWB has set to meet the needs identified in the JSNA
- About setting a small number of strategic priorities for action
- Should set out clear outcomes the board wants to achieve to
- Should inform commissioning
- No mandated timing – HWB must decide when to refresh the JHWS
- Although not required to by legislation the County Council should seek to work with district councils when preparing the JHWS
- Boards may wish to develop local measures to demonstrate progress against their JHWS

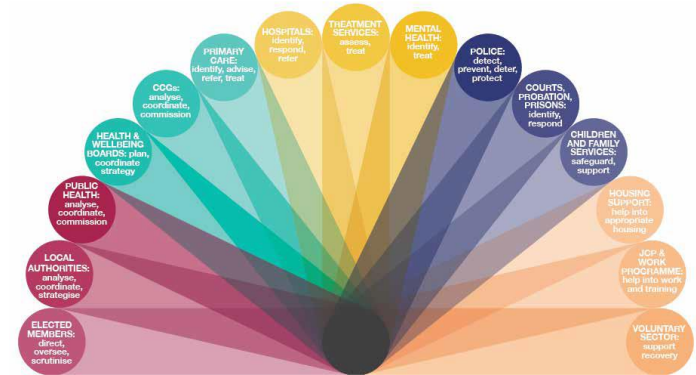
# Characteristics of a Good JHWS

- Co-created through active engagement and involvement of local communities, patients, service users and carers?
- Local providers effectively engaged
- Data and intelligence being used and presented wisely
- Adds value to existing local strategic plans and actions around reducing health inequalities and improving health and care
- Ambitious in addressing wellbeing not just health
- System approach taken to align resources with strategic priorities
- Facilitates and drives integration and joint commissioning
- Mechanisms and structures are in place to deliver the JHWS
- Clarity on accountability for action and outcomes
- Presented in an accessible, compelling and mobilising way

<https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Good-practice-self-evaluation-tool-health-wellbeing-boards.pdf>

# Worcestershire JHWS 2016-21

- **Vision:** Worcestershire residents are healthier, live longer and have a better quality of life especially those communities and groups with the poorest health outcomes.
- **Overarching priorities:**
  - Being Active at Every Age
  - Good Mental Health and Well-being Throughout Life
  - Reducing Harm from Alcohol at all Ages.
- **Development process:**
  - Stakeholder event – JSNA findings, gathering of potential topics and views on which factors should be considered to choose between priorities
  - Prioritisation tool developed and used to score potential topics
  - Draft strategy presented to the Health and Well-being Board
  - Second stakeholder event – consultation on draft strategy
  - Public consultation
  - Revised draft strategy and consultation report presented to Health and Well-being Board for sign off
  - In total **140 people attended stakeholder events** and **188 responses were received during the public consultation.**
- **Learning** – more CCG involvement in the prioritisation of topics needed?



# Evaluation

- Three action plans have been developed
- Overall, progress has been made in each of the areas and against each of the objectives
- Partners have worked hard to deliver activities to progress the action plans, however, larger scale systematic approaches are required to really make an impact on reducing risk of disease and reducing inequalities

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## Worcestershire Health and Well-being Board

### Joint Health & Well-being Strategy 2016-21



Find out more online:  
[www.worcestershire.gov.uk/healthandwellbeingboard](http://www.worcestershire.gov.uk/healthandwellbeingboard)



# Being active at every age

- Healthy Start Task and Finish Group set up to increase use of the Healthy Start Programme
- Falls prevention - Sports Partnership commissioned to co-ordinate Strong and Steady Classes
- Promotion of campaigns including: Change4life, Walking in Worcestershire, Active Ageing and Worc Girl Can
- The data shows that whilst participation in specific interventions is improving, more needs to be done to achieve an increase in physical activity levels and impact on obesity levels as a preventative approach across the local population.

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## Call to action



**Health and social care commissioners** to integrate physical activity into clinical and social care pathways and services.



**County Sports Partnerships** to work with private and public sector organisations to promote workplace physical activity opportunities.



**NHS and other public sector organisations** to support active travel for staff and the public through active travel planning and local activation events.



**Local Enterprise Partnerships** and local authorities planners to invest in cycling and walking infrastructure to support local businesses with active travel and active retail.



**Health and social care providers** and sports and leisure providers to upskill staff to better support inactive people to become active every day.



**Local authorities** to work with leisure, fitness and sport providers to maximise the potential of local physical activity assets.



**Employers** to support staff to be physically active and break up sedentary activity in the workplace.



Work with **community groups** to activate and maximise the potential of parks and green spaces.



# Good Mental Health and Well-being Throughout Life

- Training rolled out including: **Youth Mental Health First Aid, Adult Mental Health First Aid, Self-Harm and Young People, and Mood Masters**
- Campaigns launched to raise awareness of mental health and the support available including: **PHE Every Mind Matters** and the Worcestershire Health and Care NHS Trust '**Now We're Talking**' campaign targeting men to access the Worcestershire Healthy Minds Service
- HWBB committed to sign up to the **Prevention Concordat for Better Mental Health**
- Time to Change Worcestershire established in March 2018. Anti-stigma activity has been taking place including the recruitment of champions to campaign within their communities, local businesses signing the Employer's Pledge and the dissemination of champion funding to support local activity
- Two measures are significantly worse in Worcestershire compared to the England average: **School Readiness** Percentage of children with free school meal status achieving a good level of development at the end of reception and **Estimated Dementia diagnosis rate** (aged 65 and over)

# Reducing Harm from Alcohol at all Ages

- Drug and Alcohol Service for Adults and Young People is being re-commissioned
- Public Health working closely with licensing authorities in utilising its position as a responsible licensing authority under the Licensing Act 2003, in supporting district licensing authorities to promote responsible drinking, tackle alcohol related crime and disorder and encourage responsible alcohol consumption.
- The Blue Light initiative, based on the principles of effective multi-agency working, has been delivered successfully in Worcester City and Redditch throughout 2018/19.
- There has been a significant improvement in the percentage of those in treatment who successfully completed treatment since 2014/2015.

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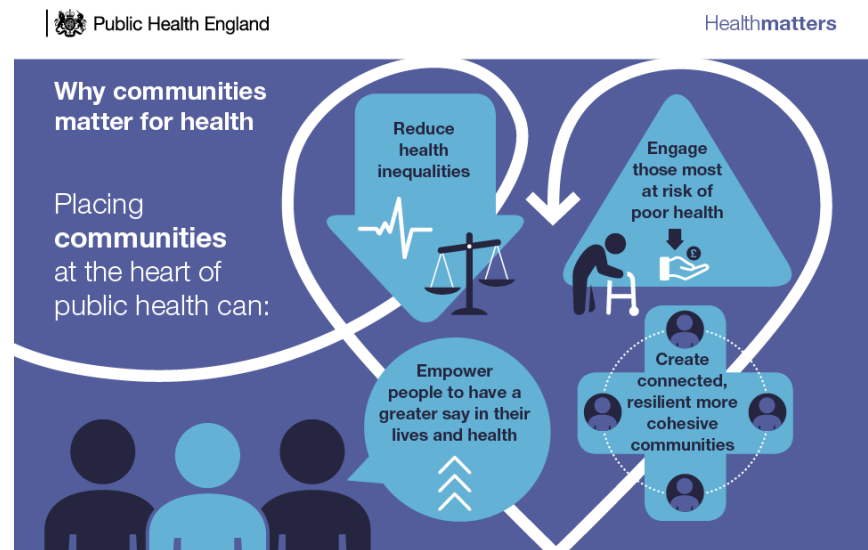
# Other Areas of Progress

- **Social prescribing in primary care** – pilot completed. The CCG are working closely with PCN to build upon the pilot and implement the Social Prescribing Link Worker roles across the County working with local Voluntary and Community Sector organisations.
- **Social prescribing in secondary care** –Public Health in partnership with the Health and Care Trust, Acute Hospitals NHS Trust and Worcestershire Clinical Commissioning Groups are working in partnership to develop a model of Social Prescribing in Secondary Care. Funding for one year pilot has been awarded
- **MECC** - The MECC programme for Worcestershire has been reviewed and re-developed to ensure a consistent offer across the STP footprint.
- **Digital Inclusion** - Digital connectors and digital champions continue to promote and deliver free training in digital confidence and skills at community venues across Worcestershire
- **Health Impacts Assessments (HIAs)** - Planning for Health in South Worcestershire, Supplementary Planning Document (SPD) developed
- **Health Checks** - Between 2014/15 and 2018/19 49.8% of eligible Worcestershire patients have received an NHS Health Check, which is significantly better than the England average of 43.3%.
- **Integrated Wellbeing Model** - An integrated wellbeing model or offer for supporting wellbeing is being developed across the county.
- **Worcestershire Works Well (WWW)** - The WWW workplace accreditation scheme is open to local businesses across the county.

# Next steps?

- Formation of working group including representatives from Public Health, the Clinical Commissioning Group, Healthwatch and Districts
- Thinking on how we can replace the function of large stakeholder events
- Bring back project plan to HWB

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**HEALTH AND WELL-BEING BOARD**  
**14 JULY 2020****Worcestershire Children and Young People's Plan Update**

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**Board Sponsor**

Cllr Andy Roberts – Cabinet Member with Responsibility for Children’s Services

**Author**

Children & Young People’s Strategic Partnership

**Priorities**

Mental health & well-being	Yes
Being Active	Yes
Reducing harm from Alcohol	Yes
Other (specify below)	
Outcomes for children and young people across Worcestershire	

**Safeguarding**

Impact on Safeguarding Children If yes please give details CYPP Ultimate Outcome 1 – Are Safe from Harm	Yes
Impact on Safeguarding Adults If yes please give details	No

**Item for Decision, Consideration or Information**

Information and assurance

**Recommendation**

1. **The Health and Well-Being Board is asked to:**
  - a) **note for information the arrangements for renewal of Worcestershire’s Children & Young People’s Plan 2017-2021**
  - b) **agree whether it would wish to make any input to the CYP plan arrangements**

**Current Children and Young People Plan**

2. The Health and Wellbeing Board approved the current Children and Young People’s Plan (CYPP) which covers 2017-2021. The CYP plan is overseen by the Children & Young People’s Strategic Partnership (CYPSP) which regularly reviews

progress and provides updates to the HWBB as part of its reporting schedule.  
Supporting information – APPENDIX A.

3. The current plan has four high level ultimate outcomes for children and young people to be:
  - a) Safe from harm
  - b) Reach their full potential
  - c) Make a positive contribution in their communities
  - d) Live happy, healthy and fun filled lives.
4. There are eleven priorities that underpin these outcomes and a range of performance indicators that support progress to be measured.
5. A formal review of the outcomes delivered through the current plan will be reported to the HWBB at its meeting in November 2020.

### **Preparation of new CYPP**

6. There is a need to prepare a revised CYP plan for 2021 onwards, building on current progress and responding to the challenges and opportunities that have arisen during the COVID-19 pandemic.
7. The plan will build upon the current priorities and be informed by performance information that identifies areas where more progress is required.
8. The new plan will be informed by the Joint Strategic Needs Assessment.
9. The refreshed CYP plan will be informed by the County Health & Wellbeing (HWB) strategy, which will be refreshed during the same timescale. The CYP plan will be approved by the HWBB during its schedule of meetings and is due for completion by April 2021.
10. The review of the outcomes from the plan and the start of preparations for the new plan were delayed by COVID-19. The CYPSP board met on 18/6/20 and agreed a revised timetable to refresh the CYP plan. Supporting information – APPENDIX B.
11. The CYP plan will be refreshed through a co-productive approach. All CYPSP members will engage with partners, children, young people and parents in gathering views to inform and shape the plan, as outlined in the timetable.

### **Priority areas for the plan**

12. The CYPSP Board has been focused on mental health and wellbeing for children and young people over the last year, as a result of feedback from the Ofsted inspection of children's services in July 2019 which identified this as an area where improvement was required.
13. This work has been delayed by Covid 19 but the partnership has agreed that this work will now be prioritised. It is also important to ensure that the experience of the pandemic is also considered in the light of its impact on mental wellbeing.
14. School readiness continues to be an issue for Worcestershire and will be a priority
15. Narrowing health and wellbeing inequalities, particularly as impacted by the pandemic will also be considered.
16. The engagement and co-production programme will identify priorities to be included in the plan for the HWBB to approve.

## Legal, Financial and HR Implications

17. The legal, financial and HR implications of delivery of outcomes rests with responsible commissioners and providers but will be reviewed as the plan develops.

## Privacy Impact Assessment

18. N/A

## Equality and Diversity Implications

19. The refresh of the CYP Plan will undergo screening for Equality & Diversity Implications.

## Contact Points

### County Council Contact Points

County Council: 01905 763763

### Specific Contact Points for this report

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## Supporting Information

- Appendix A – Children & Young People’s Plan 2017 – 2021



Children and Young  
People Plan Booklet\_1

- Appendix B – Proposed timetable to refresh the Children & Young People’s Plan 2021 onwards



03b Timetable to  
refresh CYP Plan 2021

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