

Agenda

Health and Well-Being Board

Tuesday, 23 February 2021, 2.00 pm
Online only

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Agenda produced and published by Abraham Ezekiel, Assistant Director for Legal and Governance, County Hall, Spetchley Road, Worcester WR5 2NP

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

All the above reports and supporting information can be accessed via the Council's website
Date of Issue: Friday, 12 February 2021

Health and Well-Being Board

Tuesday, 23 February 2021, 2.00 pm, Online

Membership

Full Members (Voting):

Mr J H Smith (Chairman)	Cabinet Member with Responsibility for Health and Well-being
Dr L Bramble	CCG Locality Lead for Wyre Forest
Dr Kathryn Cobain	Director of Public Health
Dr R Davies	CCG Locality Lead for Redditch and Bromsgrove
Paula Furnival	Strategic Director for People
Mr A I Hardman	Cabinet Member with Responsibility for Adult Social Care
Dr A Kelly (Vice Chairman)	CCG Clinical Director for Mental Health and Well-being
Mr A C Roberts	Cabinet Member with Responsibility for Children and Families
Tina Russell	Worcestershire Children First
Dr Ian Tait	NHS Herefordshire and Worcestershire CCG
Simon Trickett	NHS Herefordshire and Worcestershire CCG

Associate Members

Cllr Lynn Denham	South Worcestershire District Councils
Kevin Dicks	District Local Housing Authorities
Sarah Dugan	Worcestershire Health & Care Trust
Jo Newton	Worcestershire Acute Hospital Trust
Jonathan Sutton	Voluntary and Community Sector
Sue Thomas	West Mercia Police
Cllr Shirley Webb	North Worcestershire District Councils

Agenda

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1	Apologies and Substitutes		
2	Declarations of Interest		
3	Public Participation		

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	<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 22 February 2021). Enquiries can be made through the telephone number/e-mail address below.</i>		
4	Confirmation of Minutes		1 - 12
5	Rough Sleepers Thematic Safeguarding Adults Review	Derek Benson	13 - 14
6	Autism Strategy	Laura Westwood and Owen Cave	15 - 34
7	Better Care Fund	Paula Furnival and Simon Trickett	35 - 38
8	ICS Development	Simon Trickett	39 - 42
9	Covid 19 Health Protection Board Quarterly Update	Kathryn Cobain	43 - 46
10	Future Meeting Dates Dates for 2021 Public meetings (All Tuesday at 2pm) <ul style="list-style-type: none"> • 25 May 2021 • 28 September 2021 • 16 November 2021 Private Development meetings (All Tuesday at 2pm) <ul style="list-style-type: none"> • 30 March 2021 • 22 June 2021 • 19 October 2021 		

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Health and Well-Being Board

Tuesday, 17 November 2020, Online only - 2.00 pm

Minutes

Present:

Mr J H Smith (Chairman), Dr Kathryn Cobain, Dr R Davies, Lynn Denham, Kevin Dicks, Dr Catherine Driscoll, Mr A I Hardman, Sue Harris, Dr A Kelly (Vice Chairman) Ruth Lemiech, Jo Newton, Peter Pinfield, Mr A C Roberts, Lennie Sahota, Johnathan Sutton and Dr Ian Tait

Also attended:

Derek Benson, Bridget Brickley, Mike Emery, Matt Fung and Rachael Leslie

582 Apologies and Substitutes

Apologies were received from Louise Bramble, Paula Furnival, Simon Trickett and Sarah Dugan.

Lennie Sahota attended for Paula Furnival, Ruth Lemiech for Simon Trickett and Sue Harris attended for Sarah Dugan.

583 Declarations of Interest

None

584 Public Participation

None

585 Confirmation of Minutes

The minutes were agreed to be an accurate record of the previous meeting and would be signed by the Chairman.

The Chairman pointed out that as the minutes had only recently been published if Members subsequently found that they wished to make a comment on the minutes they could be addressed at the next meeting.

586 Digital Exclusion Across NHS Services

Mike Emery, CCG Director of Digital Health and STP Lead for the Digital programme, updated the Board on the work done by health services in Worcestershire on digital inclusion.

A report had been produced by Midlands and Lancashire Commissioning Support Unit for the Primary Care accelerator programme around transforming primary care with technology such as the use of apps and video conferencing. The situation over the last few months had meant there had been a significant increase in the use of

digital services and there was the risk that some of the community would be alienated by this. The report looked at how to identify hard to reach groups and how the use of NHS and self management apps would be promoted.

Digital inclusion looks at people's ability to use digital devices, how easy ere the digital products were to use, as well as connectivity. Digital exclusion was a form of inequality and there was a strong link between digital exclusion and those who were socially disadvantaged with lower incomes, levels of education and quality of housing.

The Acorn classification which uses consumer data and demographics was used to produce a map of the most digitally excluded people in the county. This was shared with partners and can be used to see where support work was needed.

Various groups were already working to aid digital inclusion such as Worcester Housing Association holding drop-in sessions to help residents get online, relate were holding counselling sessions online and Community First were making use of village halls to hold digital sessions. Worcestershire County Council's 5G pilot project would help with connectivity issues in the county.

An Action Plan was starting to be developed. It recognised barriers such as a lack of confidence, skills or motivation to engage with health services. The distribution of equipment such as Alexas was being considered as well as up skilling those who needed help with digital equipment as well as working with people who were isolated. It was noted that the report was largely written pre-covid but things had progressed since then and going forward partners would have to provide detailed plans for the STP on how this work would be progressed.

During the discussion various points were considered:

- The Voluntary Sector wanted to know how they could help advance digital inclusion and were told they would like the opportunity to speak to groups to identify people they could work with to upskill patients or community groups and also to gain knowledge of where there was a deficit in terms of knowledge or connectivity
- It was asked whether enough was being done in the short term to help people as it was accepted that things such as improving connectivity were longer term measures.

- It was recognised that it was difficult to reach some groups such as the homeless, but GPs were aware of the most vulnerable adults
- Ipads had been delivered to some care homes to enable residents to engage with family and health services
- The delivery of services in new ways was being considered. For some people group therapy online was preferable to attending in person
- It was questioned whether hard incentives had been used so that rather than trying to persuade and support people into using technology could they be offered a payment or other incentive? This work could be done along with the private sector. The economic impact of such incentives should be considered but after a cost benefit analysis it was likely that the cost of supplying equipment such as ipads to people to aid in prevention would work out to be much cheaper than treating people in hospital
- The County Council had put up to £15million into improving broadband provision and had carried out a 5G pilot around Tenbury
- The representative of the District Councils in the South of the County was disappointed with the report as 'digital by design' had been talked about for a long time but the report did not seem to cover some of the work already undertaken such as by groups such as Onside Advocacy and also social prescribing. She pointed out that providing hardware or funding for hardware was mentioned but often disadvantaged people could not afford broadband. She felt that important issues such as public wifi and language issues were not being addressed.
- Covid had accelerated some of the work being done. There was also concern whether digital inclusion in health services was being integrated with social care services but Board Members were assured that Partners were working together and looking at population health management. Using digital methods were only used where it was clinically safe to do so.
- Perhaps it should be possible for digital devices, and if need be, support for using it, to be prescribed
- Public health had digital champions across Worcestershire and some of the Public health ring fenced grant could be used for advice and information.

**587 Worcestershire
Safeguarding
Adults Board
Annual Report**

RESOLVED that the Health and Well-being Board noted the findings from the Digital Inclusion review and noted that the recommendations were being taken forward through all work programmes where there was a risk that Digital Exclusion may prevent equity of access to health and care services.

Derek Benson explained that the Safeguarding Adults Annual Report covered the year up to the end of March 2020 but also highlighted how safeguarding had been impacted by Covid-19 since then.

Since March the Board has met more frequently than previously to discuss issues of concern such as scams, referrals and the situation in care homes and rough sleeping. The Safeguarding Adult Review on Rough Sleeping had been recently published. The Annual Report gave details about budgets and the structure of the Board and its sub-groups. There was less data in the report than previous years due to pressure on staff this year and the transfer of systems which meant it had proved difficult to compare data to previous years.

There was a broad range of representation on the Board and good attendance from adult Social Care, the Police, the CCG, Health, Probation, Regulatory Services, PH, District Councils, Housing Services, Care Homes and the Voluntary Sector.

Progress had been made against the Board's objectives:
1 – Ensuring there was an effective pathway for safeguarding concerns – Developments included the introduction of a website created with the Children's Partnership; a newsletter; regular learning events and a revised training strategy,

2- Joint Working with the Children's Partnership – Working together on projects around exploitation and Get Safe,

3 - working with the University of Worcester on how to scope a project around exploitation,

Safeguarding Adult Review of Rough Sleeping: the problem had been addressed in the short term with funding during the pandemic but after the funding stops the issue would still remain. In 2019/20 there were 12 referrals which had led to 5 new SARs. There was also a

lot of work carried over from the previous year. There was an established process for Safeguarding reviews and more were carried out in Worcestershire than in some other areas.

Priorities for this year and going forward were around making the system work around the mental capacity act, Liberty Protection Safeguards, working with Children's Safeguarding and wicked issues such as exploitation and rough sleeping.

The Chairman thanked Derek for the report and wished to place on record his thanks to the District Councils for the work they had done during the pandemic on finding accommodation for rough sleepers.

Board Members made various comments:

- The report was welcomed and partnership working was recognised as necessary for moving issues forward
- There were 2 projects around exploitation, one led by the police had needed to be put on hold but the other project with the University was now progressing and learning was being gained from the excellent work which had been done by Children's services
- It was queried whether the system was robust enough to get through the difficult winter that was undoubtedly ahead, especially concerning rough sleeping and whether the safeguarding board had enough resources. It was hoped that funding for rough sleepers continued because the present situation had shown that with extra funding an impact can be made. The rough sleeping review was being shared with partners at an event shortly. At present partners would not be asked to provide any additional resources for safeguarding but that issue was kept under quarterly review
- Cross cutting work with children's safeguarding would continue. Some areas had to be dealt with separately, but efforts were made to maximise the benefits of joint working
- There was disappointment over the lack of data continuity but Board Members were assured that officers did not have to rely on the data to carry out their roles
- It was queried who would be responsible for ensuring the recommendations of the SAR on rough sleeping were implemented, firstly the Chairman of the Safeguarding Board said he

would take initial responsibility but there needed to be action from other Directors. It was suggested that the Health and Well-being Board should hold the ultimate responsibility through its work with different agencies, including housing, but that highlighted the importance of Partnership working.

RESOLVED that The Health and Well-being Board considered any cross-cutting themes and would 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.

**588 Joint Strategic
Needs
Assessment
Annual
Summary**

The Joint Strategic Needs Assessment was being developed to enable it to provide insight and information rather than just data. Matt Fung presented slides and highlighted the health impacts of Covid-19.

Covid had a complex impact on various aspects of life within the County. At the previous meeting, details had been given about how the JSNA was being reset but it was an on-going process with input from lots of partner organisations required, in order to chart current and future care needs.

Worcestershire was generally an affluent area and people were in good health so for most national indicators the County should aim to be above the England average. The more deprived areas of the County had a higher likelihood of Covid death.

The Annual Report showed the health impact assessment of Covid 19. The information available was constantly evolving and would be updated regularly so would be a fundamental document to help health services. The JSNA could be used to mitigate certain effects such as how it would be possible to enable health services to address some inequalities, catch up with treatments which people had missed; identify high risk groups and address issues such as a fall in the amount of exercise being taken. Alternative forms of delivery could be considered such as making more use of pharmacies as well as digital services.

There was a system wide response to how to deal with the effects of Covid. For children and young people there were concerns around safeguarding, ACEs and disrupted education. Positives had been shown in communities coming together to provide help and support but the housing stock needed to be improved.

Next steps included identifying further mitigation against impacts, especially those due to inequality. The evidence base was constantly evolving but it could be used to ensure the right things were included in the Joint Health and Well-being Strategy when it was renewed in 2021.

In the ensuing discussion, Board Members made the following comments:

- The Cabinet Member for Children and Families was concerned about Children who were moving into care and needed a mental health assessment as well as a physical one. At a recent care conference it was reported that such assessments were vital but they were still not happening
- The Directory of Children's services detailed how badly children had been affected by the pandemic. She agreed with the need for mental health assessments for young people moving into care. She felt there was a lot of work to do but the new Joint Health and Well-being Strategy and Children and Young People's Plan should work together. It was known that the old, young and poor were most affected by Covid. The rate of unemployment of young people had risen but apprenticeship schemes should help. There had been an increase of 2500 children claiming free school meals since April as a direct impact of Covid. Laptops had been given out to children who did not have access to devices at home but it was recognised that some families could not afford broadband. For some children the inequality gap, educational gap, mental health and employment gap had all broadened. Practical partnership responses were required to mitigate those issues
- The pandemic had allowed some people to take better care of themselves and had managed to take a greater role in monitoring their own health for example using blood pressure monitors at home
- It was pointed out that if we do not invest in the poor and young, we would be paying for it for a long time. There was a strong economic case for providing support at an earlier stage
- The VCS had evidence and anecdotes that could help to refine the JSNA, but it was noted that such information could be difficult to access. In the past the VCS infrastructure had not been set up to be able to pass on information easily, but it was hoped that situation could be improved.

**589 Developing a
new Joint
Health and
Wellbeing
Strategy**

RESOLVED that the Health and Well-being Board:

- a) Noted the contents of the JSNA Annual Summary**
- b) Noted the wide-ranging consequences of COVID-19 as described in the health impact assessment tables.**
- c) Wished to ensure that commissioners used recommendations and mitigations in future commissioning and service change activity.**

Rachael Leslie explained that a Joint Health and Well-being Strategy (JHWS) was a statutory requirement but there was no mandated format or time period. The current Strategy had the key aims of increasing physical activity, improving mental well-being and reducing the use of alcohol and had been for 5 years. A new Strategy would be developed for 2021 to meet the needs identified in the JSNA possibly with a small number of priorities but over a longer timeframe.

Joint Health and Well-being Strategies in other areas had been assessed and there was generally a move away from topics towards themes and inequalities and a focus on the wider determinants of health. Most strategies looked at ways of working such as asset-based approaches or tackling ACES and working together to make long term impacts.

Strong engagement and co-production was recognised as being important but it was difficult to bring people together. A small strategic group had held one meeting about the development of the new strategy but it was still possible for the membership of that group to be expanded. The group had looked at what other areas were doing and it recognised that it was necessary to work with the Children's and Young People's Strategy. There was a wealth of intelligence already available but any gaps needed to be identified.

Next steps would be to identify some possible priority areas and check with Partners and the local population that they were working along the right lines. As well as moving towards themes and looking at inequalities or asset-based approaches, it was felt that the time period of the strategy should be longer term, maybe up to 20 years, to give opportunities to measure change. There was a suggestion that a reference group could be

created to detail what changes individuals experienced in their lives each year to show what impact the strategy was having. The high-level document would be supported by more focussed action plans. The strategy would initially be funded by the Public Health Ring Fenced Grant, although other funding was also available for improving health.

Various comments were made by Board members:

- It was queried how members of the public would be invited to engage to ensure that the strategy did not just reflect the views of professionals. It was explained that a large amount of insight and information was already available from various agencies and Worcestershire Children First would be launching a survey which would be going out to all parents, carers and families as well as professionals, to see what was important to them. Following the collection of such information any gaps could be identified and efforts made to engage using various methods such as questionnaires or focus groups
- There were concerns that as the STP covered both Herefordshire and Worcestershire it shouldn't be the driver for the local strategies but rather the Health and Well-being Board should be the driver within Worcestershire. It was agreed that care was needed that duplication did not take place and that a new strategy gave the opportunity to look at engines for delivery.
- It was clarified that the Health and Well-being Board would own the JHWS, which should be considered the 'Daddy strategy' and other strategies needed to be aligned so that work was not duplicated. The JHWS was a strategy for Worcestershire and the right partners needed to be involved. The Directors of the different partnership organisations needed to ensure it was a strategy for Worcestershire.
- It was accepted that there was the potential for 'engagement fatigue' but that could be helped by ensuring that the JHWS was the central strategy, that there was a commonality of language and that consultation was done collectively rather than in pockets. Efforts would be made to reach hard to reach groups
- Healthwatch wanted to be involved in the development of the Strategy and agreed that the work on the wider determinants of health should be brought in. They felt that Board Members had a responsibility to shape the strategy for the people

590 Children and Young People's Strategic Partnership Update

of Worcestershire and the Project Group needed to invite specific people to sit round the table to develop the Strategy rather than hope the right people volunteered

- The VCS representative on the Board stated that he would try to find a VCS rep for the Strategy group. He felt that the strategy should be developed in four stages: analysis, which was being done through the JSNA; reflection, which could be carried out by the Health and Well-being Board; choice of priorities and implementation, either through the Health Improvement Group or other delivery method and then review
- It was suggested that a future Board meeting would be used to carry out an assessment and prioritisation exercise for the strategy.

RESOLVED that the Health and Well-being Board:

- a) Noted the progress made in the development of a new Joint Health and Wellbeing Strategy; and**
- b) agreed the proposed focus and approach.**

Catherine Driscoll gave a brief update from the Children and Young People's Strategic Partnership Group. The group had been in existence for two years and was still finding its feet. Following the end of Children's Trust Boards, the voice of the child in strategic arrangements had been lost but the Children's Strategic Partnership Board was now the place to consider children's issues at a strategic level and was responsible for the Children and Young People's plan (CYPP). The Group was led by the Cabinet Member with Responsibility for Children and Young People and the group achieved good attendance including from District Councils.

Progress had been made since the Children's social care inadequate judgement had been received from Ofsted in 2016. A strong foundation was in place ready for a new plan to be brought in but there was more to do. Although the CYPP needed to be aligned with the JHWS it was a separate strategy which allowed Children's services to have its own voice which was separate from the general population.

Board Members had some concerns about the amount of statistics in the report and it was felt that it was dangerous to rely on averages as that didn't show the full range of experiences. It was confirmed that each of the six district Councils had a member on the Partnership Board and provided input about issues such as housing

and leisure which are district responsibilities.

RESOLVED that the Health and Well-being Board noted for information the summary of the Review of Worcestershire's Children & Young People's Plan 2017-2021 Ultimate Outcomes and the update on consultation and actions to refresh the plan for 2021 onwards.

591 Future Meeting Dates

Public meetings (All Tuesday at 2pm)

- 23 February 2021
- 25 May 2021
- 28 September 2021
- 16 November 2021

Private Development meetings (All Tuesday at 2pm)

- 2 February 2021
- 30 March 2021
- 22 June 2021
- 19 October 2021

Locations to be confirmed

The meeting ended at 4.07 pm

Chairman

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**HEALTH AND WELL-BEING BOARD
23 FEBRUARY 2021****WORCESTERSHIRE SAFEGUARDING ADULTS BOARD
(WSAB) THEMATIC SAFEGUARDING ADULTS REVIEW
INTO ROUGH SLEEPING**

Board Sponsor

Strategic Director for People

Author

Bridget Brickley WSAB Manager

(Please click below
then on down arrow)**Priorities**

Mental health & well-being

Yes

Being Active

No

Reducing harm from Alcohol

Yes

Other (specify below) Homelessness

Safeguarding

Impact on Safeguarding Children

No

If yes please give details

Impact on Safeguarding Adults

Yes

If yes please give details

Item for Decision, Consideration or Information

Consideration

Recommendation

1. **The Health and Well-being Board is asked to:**
 - a) **Consider the recommendations made in the attached Thematic Safeguarding Adults Review which are of relevance to their strategic oversight; and**
 - b) **Provide assurance on how they can work with the relevant organisations to take them forward.**

Background

2. In September 2020 WSAB formally signed off a Thematic Safeguarding Adults Review (SAR) on Rough Sleepers. The SAR, which was undertaken by an independent author, examined the circumstances of 5 rough sleepers from across the county, four of whom had tragically died. The terms of reference for this review can be found on page 6 of the published SAR. The link to the SAR can be found in the appendices

section below.

3. This SAR took a strengths-based approach and throughout the review the author sought to engage stakeholders from across all sectors who work with the homeless and rough sleepers, particularly those organisations that had worked with the subjects of this review.

4. The learning and recommendations from the review can be found from page 29 onwards. Whilst there are not any direct recommendations for the Health and Wellbeing Board, with most being directed at the WSAB and Worcestershire Strategic Housing Partnership (WSHP), there are some which will fall within the domain of health services commissioning, which sit within the remit and interest of this Board. (For example – 1c, 2b, 6 a&b, 10a, 18)

5. It is recognised that many of these are already moving forward through different forums and task groups, particularly since the onset of Covid-19 which facilitated the opportunity to bring the work in relation to rough sleepers together.

6. Whilst the WSAB does not have a mandate to direct that these recommendations are upheld it does have a duty to seek assurance as to whether they are being addressed and ascertain the reason why some may not be progressed.

7. The WSAB acknowledges that some of these recommendations will be dependent on input and/or resources being provided through forums and organisations outside of the Health and Wellbeing Boards domain, including the WSAB and WSHP. The WSAB have already shared the recommendations of this SAR with the WSHP and have begun working alongside them to take these forward.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Name, Bridget Brickley WSAB Manager

Tel: 846572

Email: bbrickley@worcestershire.gov.uk

Supporting Information

- [Link to Thematic Safeguarding Adults Review into Rough Sleepers](#)

Background Papers

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

**HEALTH AND WELL-BEING BOARD
23 FEBRUARY 2021****AUTISM STRATEGY UPDATE**

Board Sponsor

Paula Furnival, Strategic Director for People

Authors

Laura Westwood, Lead Commissioner
Emma Allen, Commissioning Officer

Input from

Jenny Dalloway, CCG
Gemma Halstead/Stephen Fessey, WCF
Stephen Mason, WCF
Autism Partnership Board

(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
If yes please give details

Yes

Impact on Safeguarding Adults
If yes please give details

Yes

Item for Decision, Consideration or Information

Consideration

Recommendation

1. **The Health and Well-being Board is asked to note the progress made on the Worcestershire's All-Age Autism Strategy and Action Plan 2019-2022 and endorse the work in progress on a 2021 Autism Action Plan.**

Background

2. Worcestershire has an Autism Partnership Board co-chaired by a Lead Commissioner for Adult Social Care and an expert by experience of Autism Spectrum Conditions. This board monitors progress on Worcestershire's All-Age Autism Strategy and adherence with the Autism Act.

3. There is currently an Employment and Training Sub Group, as well as two task and finish groups: Adult Pathway Planning and Criminal Justice.
4. The All-Age Autism Strategy (Appendix 1) was re-drafted in 2019 setting out how Worcestershire will fulfil its statutory requirements, the commitments in the NHS Long-Term Plan and achieve its vision.
5. The re-draft was presented and agreed at the Health and Well-being Board on 26th February 2019.
6. The key priorities in the strategy are that:
 1. We will have a clear pathway for diagnosis and support for children, young people and adults with Autism Spectrum Conditions.
 2. We will identify how to improve access to support for children, young people and adults with Autism Spectrum Conditions. This will include universal Health and Social Care services, voluntary and third sector services. We will publicise the wider pathway and links to available support.
 3. We will work to increase awareness of Autism and how to support children, young people and adults with Autism Spectrum Conditions. We will ensure that organisations/individuals know how and where to access autism training and information about the needs of people with Autism Spectrum Conditions.
 4. We will publish good practice information and advice for people with Autism Spectrum Conditions and the organisations who work with them to help prepare for big life changes.
 5. We will work with employers to improve employment opportunities and conditions for people with Autism Spectrum Conditions.

Self-Assessment Framework (SAF)

7. Public Health England set out a national requirement for local authorities to complete Autism SAF returns, which monitor the progress that has made against set areas of service development and delivery.
8. The fifth SAF exercise was completed in December 2018 and the results were published in June 2019. The results of this were due to be presented to Health and Well-being Board last year but that meeting was cancelled during the pandemic.
9. Worcestershire's overall result showed a decline in progress from the SAF completed in 2016. However, this was largely due to more specific descriptors of what could be scored red, amber or green and more detail required in the over-arching questions.
10. The Framework showed improvement from 2016 in relation to:
 - Autism included in our Joint Strategic Needs Assessment
 - Court Services receive Autism Awareness Training

- Waiting times for diagnosis
- Speech and Language Therapy for people **with** a Learning Disability
- Autism included with housing strategy

11. A decline was shown in relation to:

- Engagement with Health
- Individuals signposted for care assessments
- Autism specific Clinical Psychology available
- Autism specific Occupational Therapy Services available
- Speech and Language Therapy for people **without** a Learning Disability
- Autism specific Mental Health Crisis Services
- Autism trained Advocacy Services
- Employment support in transition
- Promotion of employment
- Engagement with criminal justice
- Appropriate Adult in custody

12. The Autism Partnership Board updated the actions in the Autism Action Plan (Appendix 2) to reflect actions needed to address the above areas.

13. The feedback also enabled us to see how Worcestershire compared to neighbouring authorities. The lists below highlight areas where we are generally stronger than other West Midland Authorities: -

- Engagement with carers and people with Autism Spectrum Conditions
- Autism within the Joint Strategic Needs Assessment
- Awareness training for Health and Care staff
- Waiting times for diagnosis
- Autism included in housing strategy

Autism Strategy Action Plan Progress

14. It should be noted that a number of factors have limited progress on the Worcestershire Autism Strategy Action Plan. The significant work required within Children's Services following the OFSTED inspection, improvement plan and subsequent transfer to Worcestershire Children's First has meant limited input from professionals working in services for children until very recently. The coronavirus pandemic has also delayed actions and disrupted some of the work streams, particularly some of those linked to work with health care settings. Progress is now being made, significantly the investment and development of an All Age Disability Offer and Services for 0-25, Autism will be one of the central pillars of this work.

15. The Action Plan in Appendix 2 provides an update on progress the Autism Partnership Board and Sub-Groups have made against the original 2019 Strategic Action Plan. However, there are some key achievements and successes to highlight.

Key achievements/progress

16. The Sustainability and Transformation Plan (STP) Learning Disabilities and Autism Programme has been refreshed to ensure services across Herefordshire and Worcestershire are fully restored following COVID and deliver both national and local priorities. Currently the programme includes the restoration of Autism Diagnosis Pathways for adults and children across Herefordshire and Worcestershire and delivery of the Transforming Care priorities of admission avoidance and reduction in numbers of people with complex needs that are detained in an inpatient environment.

17. Representatives from Families in Partnership are now regular and active attendees of the Autism Partnership Board, meaning the voice of the family carer is an integral part of the work.

18. Adult Services Commissioners and Children Services representatives are working together to ensure that strategic aims for children and families regarding Autism are incorporated into the All-Age Autism Strategy Action Plan and work streams are completed in partnership where appropriate.

19. The Autism Partnership Board held a bespoke session on 'Autism and Criminal Justice' with criminal justice agencies. The session enabled people to share knowledge and improve working relationships for those dealing with individuals with Autism Spectrum Conditions within the criminal justice system. Links have been made with the Criminal Justice Board to facilitate a mechanism for the Autism Partnership Board to raise any issues and a task and finish group has been established to work on actions identified at the session.

20. An Autism Employment page has been created on the County Council website, sharing information regarding employment both for employers and individuals with Autism Spectrum Conditions seeking employment. Work with Plymouth University ensured that Worcestershire was one of the first authorities to adopt a new employment profile tool. The Autism Partnership Board held an employment event in March 2019 and presented at the Chamber of Commerce HR Leaders event in 2020.

Next steps

21. The Autism Partnership Board are awaiting an updated National Autism Strategy (originally due December 2019) and updated statutory duties. Once this is issued work will commence on a new All-Age Strategy for Worcestershire.

22. The Autism Partnership Board's next meeting will focus on the impact COVID has had on people with Autism. The National Autistic Society in partnership with MIND and Healthwatch Worcestershire have undertaken some research to explore this. The Board will consider the findings from these two reports and the impact COVID has had on mental health and emotional wellbeing to further inform the next phase of the strategy and action plan.

23. Work will continue to deliver the priorities identified in STP Learning Disabilities and Autism Programme.

24. Current priorities in the NHS are focussed on COVID recovery, plans will be developed to deliver the remaining health focussed actions when current service pressures reduce.

25. The ambition in the NHS Long Term Plan is that by 2023/24, a reasonable adjustment 'digital flag' in the patient record will ensure staff know a patient has a learning disability or Autism. The flag is a national record which indicates that reasonable adjustments are required for an individual and optionally include details of their significant impairments and key adjustments that should be considered. There are plans to work with National Test Sites during 2021 to develop further guidance for systems to deliver the Long-Term Plan ambition. The STP will be developing plans to fully implement the Reasonable Adjustment Flag by 2023-24.

26. Worcestershire Children's First have set up a steering group to look at a child-focussed appendix to Worcestershire's All-Age Autism Strategy. This group (and any necessary sub-groups) will work to capture key priorities for children with Autism in relation to the priorities identified in the All-Age Strategy, as well as identifying any new or child-specific priorities. The All-Age Action Plan will be updated as a result of this work.

27. The Health and Well-being Board are asked to endorse a new updated 2021 Action Plan in Appendix 3.

Legal, Financial and HR Implications

28. Not applicable.

Privacy Impact Assessment

29. Not applicable.

Equality and Diversity Implications

30. The Strategy was launched in compliance with the Autism Act 2009. Since the launch there are no further implications or need for screening.

Contact Points

County Council Contact Points

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Supporting Information

- Appendix 1 Worcestershire's All-Age Autism Strategy 2019-2022 – (Online)
- Appendix 2 Autism Action Plan 2019 Progress
- Appendix 3 Autism Action Plan 2021

Background Papers

In the opinion of the proper officer (in this case the Director For People) there are no background papers relating to the subject matter of this report:

Autism Strategy Draft Action Plan					
To deliver the strategy					
Action	How will we monitor	Who will deliver	Who will oversee	Timescales	Progress
Review terms of reference for Autism Partnership Board (including core membership)	Participation in the Board	Autism Partnership Board	Health and Wellbeing Board	March 2019	Agreed
Establish terms of reference for Adult Pathway Planning Group (including core membership)	Participation in the group	Autism Partnership Board	Autism Partnership Board	March 2019	Agreed
Review terms of reference for Employment and Training Group (including core membership)	Participation in the Group	Employment and Training Group	Autism Partnership Board	May 2019	Agreed
Set up highlight reporting system between linked groups (including SEND and Autism Board)	Regular highlight reports at Autism Partnership Board	Adult Commissioning Rep SEND Rep	Autism Partnership Board	January 2020	Delayed due to SEND Improvement Plan and COVID. Progress now been made.
Strengthen links between SEND Strategy and Autism Strategy	Update to Autism Strategy	Adult Commissioning Rep SEND Rep	Autism Partnership Board	January 2020	Delayed but progress being made. Children's First representatives agreed and sub-groups being put into place.

Increase engagement from Autism Community and Carers	Participation in the Partnership Board	Autism Partnership Board Members	Autism Partnership Board	October 2019 (ongoing)	Progress made: Lead Commissioner for Adult Social Care has visited Aspie, Your Ideas and Our Way to discuss strategy. Families in Partnership now represented on the board. Increased input from individuals with Autistic Spectrum Conditions but further work to be done.
Improve data collection	Highlight reports to the Board	Autism Partnership Board Members	Autism Partnership Board	October 2019	Progress made in terms of sub-group reports to Autism Partnership Board but COVID has meant a lack of information flow from Worcestershire Children's First and Health sub-group. The NHS digital flag to be introduced will improve data collection.
Priority 1 – Clear pathway for diagnosis and support					
Action	How will we monitor	Who will deliver	Who will oversee	Timescales	
Increase awareness of the Adult Diagnosis Service	Review referral rates Customer feedback	Provider	Adult Pathway Planning Group	March 2020	Completed - Routine contract monitoring received by CCG including referrals rates and client feedback using Patient Reported Outcome Measure (PROM).
Increase awareness of the Umbrella Pathway	Review referral rates	Children's Services Umbrella Pathway Group		March 2020	There is ongoing work on the Umbrella Pathway. Work with WCF will formalise links to ensure Autism Partnership Board receive updates on changes and progress going forward.

Develop a Complex Needs Pathway	Feedback to Groups	Complex Needs and Social Care Commissioning		September 2019	Pathway in place.
Priority 2 – improve access to support					
Action	How will we monitor	Who will deliver	Who will oversee	Timescales	
Roll out Autism Friendly Schools Standard	Review numbers of Autism Friendly Schools	Education & Skills with Babcock Prime as part of Workstream 2 of SEND Improvement Plan	SEND Improvement Board	September 2020	This action has been amended going forward. Work from the new Children's sub-groups will identify education actions required going forward.
Build Partnerships with Housing, Education, Employment, Criminal Justice	Participation in Autism Partnership Board	Co-Chairs	Autism Partnership Board	September 2019	Bespoke criminal justice session held and task and finish group set up to take forward actions. Links made to Strategic Housing Partnership Board. Good links with housing providers. Good links with DWP and Employment services. Housing session being planned in 2021.
Map support available and establish gaps	Support Mapping	Adult Pathway Planning Group SEND Improvement Board	Adult Pathway Planning Group SEND Improvement Board Autism Partnership Board	December 2019	Mapping commenced for adult support/services and Health services - Mapping completed and requires discussion with local Experts by Experience to agree priorities. Children's mapping work commencing to link to graduated response.

					Progress has been delayed due to COVID.
Publish links to Support Available	Review of online information	CCG Adult Social Care SEND Children's Services	Autism Partnership Board	December 2019	Autism pages of the County Council website updated. Further work required to publish support available following mapping work.
Consider all the Healthwatch recommendations regarding: accessing the GP, accessing hospital, accessing support and Mental Health services.	Review steps taken to improve access Customer surveys	CCG Healthwatch Pathway Planning Group	Pathway Planning Group Autism Partnership Board	December 2019 (ongoing)	Recommendations have been shared with relevant service providers. Plan is to refresh discussions with the Primary Care Network (PCN) Clinical Directors.
Review ability to access Mental Health support including Psychology and crisis services	Healthwatch report Support mapping	Healthwatch Pathway Planning Group	Autism Partnership Board	April 2020 (ongoing)	Psychology and crisis services added to action in response to SAF 2018 report. WHCT have Green Light Toolkit Programme to upskill staff in supporting people with a primary MH need and Autism. ASPIE supported to access Suicide Prevention training to better support members who present with urgent difficulties. Some issues identified with ease of access to Healthy Minds for people with Autistic Spectrum Conditions.
Explore access to Occupational Therapy Services	Know what the barriers to entry are	Pathway Planning Group	Autism Partnership Board	April 2021	Action added in response to SAF 2018 report. Scoping and delivery plan to be developed.

	What happens in other authorities				
Explore access to Speech and Language Therapy Services	Know what the barriers to entry are What happens in other authorities	Pathway Planning Group	Autism Partnership Board	April 2021	Action added in response to SAF 2018 report. Scoping and delivery plan to be developed.
Social Care Assessments to be promoted to those with a diagnosis	Monitor Social Care Assessments from those with a diagnosis	Diagnosis Services CCG	Pathway Planning Group	August 2019	Completed. Contract monitoring to be reviewed to capture data.
Carers Assessments to be promoted to people caring for those with a diagnosis	Monitor Carers Assessments	Diagnosis Services CCG	Pathway Planning Group	August 2019	Completed. Contract monitoring to be reviewed to capture data.
Priority 3 – improve awareness and access to training					
Action	How will we monitor	Who will deliver	Who will oversee	Timescales	
Update the GP Pack	Pack produced Survey GPS	Pathway Planning Group/Employment and Training Group Task Group	Pathway Planning Group	September 2020	GP pack and updated with links to Royal College of Physicians data. Awaiting permission to use links.
Look at how the Pack can be used in other organisations	Reports at meeting	Employment and Training Group	Autism Partnership Board	April 2021	Employment and Training Group working on updated training materials.
Improve Autism Awareness in GP Services	Monitor number of GPs accessing Autism Training	CCG	Pathway Planning Group Employment and Training Group	April 2021	Plans to refresh discussions with Primary Care Network (PCN) Clinical Directors once G.P pack is updated.

	Monitor number of GPS who have GP pack				
Improve Autism Awareness in acute services	Monitor number of Acute staff accessing Autism Training	Acute Services	Employment and Training Group	September 2020	Action delayed due to COVID.
Increase Autism Awareness in other services (e.g. housing, education, criminal justice, ambulance services)	Monitor training data from partner agencies	Partner agencies Employment and Training Group	Autism Partnership Board	April 2021	Criminal Justice session enabled updated information regarding autism training. Autism Training Group working on updating online training resource links.
Promote free training and resources	Monitor online information	Employment and Training Group	Employment and Training Group	April 2021	As above.
Ensure Advocacy Services have appropriate autism training.	Work with contracted provider	Adult Services Commissioning	Employment and Training Group	December 2019	Action added in response to SAF 2018 report.
Priority 4 – information about big life changes					
Action	How will we monitor	Who will deliver	Who will oversee	Timescales	
Produce Transition Pack		SEND Young Adults Team			To be picked up under the new Children's actions.
Review Transition pack in terms of what more is required for Autism		Autism Partnership Board	Autism Partnership Board	September 2020	To be picked up under the new Children's actions.
Priority 5 – improve employment opportunities and conditions					

Action	How will we monitor	Who will deliver	Who will oversee	Timescales	
Publish good practice guidance with employers	Guide Produced	Employment and Training Group	Employment and Training Group	December 2019	Employment section on the County Council website set up with relevant guidance documents.
Develop system to record numbers of people in employment	System produced	Employment and Training Group DWP	Employment and training group	December 2019	The group have been unable to find a mechanism to capture this data and action has been revised on the 2021 action plan.
Publish results of Autism Employment Event	Guide produced	Employment and Training Group	Employment and Training Group	June 2019	On the website.
EHCP Plans cover employment (where appropriate)	Review of plans			April 2020	Part of WCF workstream.
Join up with Public Health and Learning Disability work around employment		Autism Lead with SEND Service post 16 team and Young Adults Team	Autism Partnership Board.	June 2019	Links made. Supported Employment Service now supports wider than Learning Disability.

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Autism Strategy Draft Action Plan					
To deliver the strategy					
Action	How will we monitor	Who will deliver	Who will oversee	Timescales	Additional Comments
Set up highlight reporting system between linked groups (including WCF and Autism Board)	Regular highlight reports at Autism Partnership Board	Adult Commissioning Rep WCF Rep	Autism Partnership Board	March 2021	Work has commenced. First engagement session held on 1 st February.
Establishment of Sub-Groups focussed on Children's issues	Regular highlight reports to Autism Partnership Board	WCF	Autism Partnership Board	March 2021	As above
Increase engagement from Autism Community	Participation in the Partnership Board/virtual sub-groups Engagement events	Voluntary sector reps Commissioners	Autism Partnership Board	June 2021	
Improve data collection	Highlight reports to the Board Use of NHS flag system	Autism Partnership Board Members	Autism Partnership Board	Timescale to fit in with NHS flag	
Priority 1 – Clear pathway for diagnosis and support					
Action	How will we monitor	Who will deliver	Who will oversee	Timescales	Additional Comments
Explore and set action plan for Children for this		WCF	Autism Partnership Board	April 2021	Initial engagement meeting held. Sub-groups and workstreams being established

priority (particularly in relation to the Umbrella Pathway)					
Monitor the progress to address any backlog of referrals to the Adult Diagnosis Service as a result of COVID	Referral rates/waiting times. Customer feedback	Pathway Planning Group	Autism Partnership Board	Ongoing	To be reviewed at next Autism Partnership Board.
Re-refresh of the Pathway Planning Group to pick up pathway planning and Health related issues		Pathway Planning Group	Autism Partnership Board	Timescale to be identified following urgent COVID recovery actions	The timescales may be impacted depending on when the NHS are able to re-establish the Pathway Planning Group and progress actions due to COVID.
Develop services under the complex needs pathway	Feedback to Groups	Complex Needs and Social Care Commissioning		September 2021	Two Supported Housing schemes for individuals with complex autism are planned in 21/22.
Priority 2 – improve access to support					
Action	How will we monitor	Who will deliver	Who will oversee	Timescales	
Criminal Justice Task and Finish Group to take forward the actions from the criminal justice session	Highlight reports to the Board	Task and Finish Group	Autism Partnership Board	September 2021	
Workshop regarding experience of the parent through criminal justice	Workshop held	Possibly Children's sub-group	Autism Partnership Board	October 2021	Further work through engagement with families to identify what should be included in this workshop.

Housing workshop to be held to identify housing issues/feed into Supported Accommodation Plan for Worcestershire	Workshop held	Commissioning	Autism Partnership Group	October 2021	Supported Living Strategy and Supported Accommodation Plan will include sections on housing for vulnerable adults and young people.
Employment support information on web		Commissioning	Autism Partnership Board	June 2021	
Map support available and establish gaps	Support Mapping	Adult Pathway Planning Group Children's focussed groups	Adult Pathway Planning Group SEND Improvement Board Autism Partnership Board	Timescales to be identified through new children's work and following urgent COVID Recovery	This will link to the All Age Disability Strategy and mapping of the Child's Journey.
Publish links to Support Available	Review of online information	CCG Adult Social Care SEND Children's Services	Autism Partnership Board	Linked to timescale above	
Discussions with Primary Care Network/Mental Health Services to review progress on Healthwatch recommendations regarding: accessing the GP, accessing hospital, accessing	Feedback from Primary Care	CCG Commissioners	Pathway Planning Group Autism Partnership Board	As above	Discussions with the Primary Care Network (PCN) Clinical Directors.

support and Mental Health services.					
Review ability to access Mental Health support including Psychology and crisis services	Healthwatch report Support mapping	Healthwatch Pathway Planning Group	Autism Partnership Board	As above	
Explore access to Occupational Therapy Services	Know what the barriers to entry are What happens in other authorities	Pathway Planning Group	Autism Partnership Board	As above	Action added in response to SAF 2018 report. Scoping and delivery plan to be developed.
Explore access/graduated offer for Speech and Language Therapy Services	Know what the barriers to entry are What happens in other authorities	Pathway Planning Group	Autism Partnership Board	As above	Action added in response to SAF 2018 report. Scoping and delivery plan to be developed.
Explore support required in response to Coronavirus Pandemic (Healthwatch Worcestershire Report & National Autistic Society/MIND report)	Action plan in place to respond to COVID Issues	Autism Partnership Board	Autism Partnership Board	May 2021	Any national guidance in response to the pandemic will also inform this action going forward.
Priority 3 – improve awareness and access to training					
Action	How will we monitor	Who will deliver	Who will oversee	Timescales	

Circulate updated GP Pack	Feedback from Primary Care Network	Pathway Planning Group/Employment and Training Group CCG Commissioners	Pathway Planning Group	Timescale to be identified following urgent COVID recovery.	
Look at how the GP Pack can be used by other organisations	Reports at meeting	Employment and Training Group	Autism Partnership Board	July 2021	
Improve Autism Awareness in acute services	Monitor number of Acute staff accessing Autism Training	Acute Services	Pathway Planning Group Employment and Training Group	January 2022	
Increase Autism Awareness in other services (e.g. housing, education, criminal justice, ambulance services)	Monitor training data from partner agencies	Partner agencies Employment and Training Group	Autism Partnership Board	October 2021	Criminal Justice session enabled updated information regarding autism training. Autism Training Group working on updating online training resource links.
Promote free training and resources	Monitor online information	Employment and Training Group	Employment and Training Group	June 2021	As above
Priority 4 – information about big life changes					
Action	How will we monitor	Who will deliver	Who will oversee	Timescales	
Produce Transition Pack		SEND Young Adults Team		WCF to identify timescales	Update from WCF
Review Transition pack in terms of what more is required for Autism		Autism Partnership Board	Autism Partnership Board	WCF to identify timescales	WCF

Priority 5 – improve employment opportunities and conditions					
Action	How will we monitor	Who will deliver	Who will oversee	Timescales	
Explore a mechanism to capture and monitor the numbers of people in employment to help inform further action needed to improve employment opportunities		Employment and Training Group DWP	Employment and Training Group	October 2021	
EHCP Plans cover employment (where appropriate)	Review of plans		Autism Partnership Board	WCF to identify timescales	Part of planned work to review for Year 9 plus.

**HEALTH AND WELL-BEING BOARD
23 FEBRUARY 2021****UPDATE ON THE 2020/21 BETTER CARE FUND (BCF)**

Board Sponsor

Paula Furnival & Simon Trickett

Author

Stephanie Simcox

Priorities

Mental health & well-being

Being Active

Reducing harm from Alcohol

Other (specify below)

(Please click below
then on down arrow)

Yes

Yes

No

Safeguarding

Impact on Safeguarding Children

If yes please give details

No

Impact on Safeguarding Adults

If yes please give details

Yes

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

Item for Decision, Consideration or Information

Consideration

Recommendation

- 1. The Health and Well-being Board is asked to consider the current position regarding the expenditure plans for the Better Care Fund for 2020/21 in line with national guidance for 2020/21.**

Background

- 2.** In response to the COVID19 Pandemic Health and Wellbeing Boards (HWBs) were advised that BCF policy and planning requirements would not be published and that they should prioritise continuity of provision, social care capacity and system resilience and spend from ringfenced BCF pots based on local agreement in 2020 to 2021, pending further guidance. Given the ongoing pressures on systems, Departments and NHS England and NHS Improvement have agreed that formal BCF plans will not have to be submitted to NHS England and NHS Improvement for approval in 2020 to 2021.

3. HWB's are required:
- to ensure that use of the mandatory funding contributions (Clinical Commissioning Group (CCG) minimum contribution, improved Better Care Fund (iBCF) grant and the Disabled Facilities Grant) has been agreed in writing, and that the national conditions are met; and
 - provide an end of year reconciliation to Departments and NHS England/Improvement, confirming that the national conditions have been met, total spend from the mandatory funding sources and a breakdown of agreed spending on social care from the CCG minimum contribution.
4. The national conditions for the BCF in 2020/21 are that:
- Plans covering all mandatory funding contributions have been agreed by the HWB and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006).
 - The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation – which is derived by applying the percentage increase in the national CCG contribution to the BCF.
 - Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence (see paragraph 10); and
 - CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards.

Funding Contributions

5. *CCG Minimum Contribution* - In line with national guidance, the 2020/21 Better Care Fund for Worcestershire demonstrated 5.76% growth on the CCG's Minimum Contribution (£2.1 million), giving a total value of the BCF of £47,429,771. Details of the BCF schemes and forecast year end outturn can be seen at **Appendix A**.

Funding Contributions	Year		Movement	
	19/20 £	20/21 £	£	%
CCG Minimum Contribution	37,454,851	39,613,023	2,158,172	5.76%
Disabled Facilities	5,432,123	5,432,123	-	
Winter Funding (20/21 Moved into IBCF)	2,384,625	2,384,625	-	
BCF Total	45,271,599	47,429,771	2,158,172	
IBCF	16,080,500	16,080,500	-	

6. *Disabled Facilities Grant* - This Grant has been passported to District Councils in accordance with the national allocated amounts as set out in the following table.

District Council	£
Bromsgrove	913,295
Malvern Hills	601,836
Redditch	839,355
Worcester	687,629
Wychavon	1,103,362
Wyre Forest	1,286,646
TOTAL	5,432,123

7. Improved Better Care Fund/Winter Pressure Grant - The Health and Well Being Board are asked to note that in line with national guidance we have re-classified the Winter Pressures funding of £2.38m as part of the iBCF – leaving the original £16.8m sitting outside of the BCF total funding of £47.4m.

Legal, Financial and HR Implications

8. The spending plans for the Better Care Fund must be agreed by the Health and Wellbeing Board
9. The BCF is a ring-fenced grant. It has been agreed that any over- or underspend will be jointly attributable to Worcestershire CCGs and the Council.
10. The total of the BCF for 2020/21 is £47,429,771 and, as at the end of November, is expected to be fully committed.

Privacy Impact Assessment

11. As appropriate

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

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Worcestershire Hub: 01905 765765

Specific Contact Points for this report

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Supporting Information

- Appendix 1 - Better Care Fund Monitoring as at end of Month 8 (November 2020)

Background Papers

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

[Better Care Fund: policy statement 2020 to 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/better-care-fund)

APPENDIX 1

BETTER CARE FUND MONITORING AS AT END OF MONTH 8 (NOVEMBER 2020)

Better Care Fund						
Budget Monitoring Period 8						
Scheme	Funding Split			Total BCF budget for 2020/21	Forecast Outturn (£)	Forecast Variance (£)
	BCF	iBCF	DFG			
Revenue Schemes from CCG contributions (stay in CCG)						
Timberdine Nursing and Rehabilitation Unit	1,805,000	0	0	1,805,000	1,805,000	0
Timberdine Therapy	214,000	0	0	214,000	214,000	0
UUPs at Timberdine	218,000	0	0	218,000	218,000	0
Social Work Intermediate Care Night Sitters	117,586	0	0	117,586	117,586	0
The Grange Replacement - Community Services	518,924	0	0	518,924	518,924	0
Social Work Enhanced Care Team	4,134,532	0	0	4,134,532	4,134,532	0
Dementia/RMNs in Intermediate Care	310,000	0	0	310,000	310,000	0
Stroke Rehabilitation - North	477,828	0	0	477,828	477,828	0
Intermediate Care	12,346,501	0	0	12,346,501	12,346,501	0
Wyre Forest Beds	1,708,975	0	0	1,708,975	1,708,975	0
Patient Flow Centre	665,174	0	0	665,174	665,174	0
Palliative care	1,607,741	0	0	1,607,741	1,607,741	0
Winter Pressures County-wide	167,000	0	0	167,000	167,000	0
Additional CCG Minimum contribution	985,340	0	0	985,340	985,340	0
Total CCG contributions staying in CCG ledger	25,276,601	0	0	25,276,601	25,276,601	0
Funding transfer from CCGs to Local Authority						
2 hour response	2,158,172	0	0	2,158,172	2,158,172	0
The Grange Replacement - 5 beds	0	0	0	0	0	0
Urgent Promoting Independence (UPI)	3,915,330	0	0	3,915,330	3,971,626	56,296
Rapid Response Social Work Team	370,800	1,263	0	372,063	372,063	0
Single Point of Access /Rapid Response Nurses	235,400	20,273	0	255,673	250,588	-5,084
Spot purchased Patient Flow Centre placements	1,826,225	719,894	0	2,546,119	2,546,119	0
External placement contingency	0	738,276	0	738,276	637,549	-100,727
Worcestershire Step-down Unit	0	185,000	0	185,000	184,516	-484
ASWC in Community Hospitals, Resource Centres and Discharge to Assess Beds	286,275	0	0	286,275	286,275	0
Carers	1,158,022	101,978	0	1,260,000	1,260,000	0
Implementation of the Care Act - additional demand for Home Care	2,363,997	113,942	0	2,477,939	2,477,939	0
Learning Disability Complex Cases	803,500	0	0	803,500	803,500	0
Integrated Community Equipment Store	606,000	0	0	606,000	656,000	50,000
Additional Winter Pressures Grant - Committed	0	504,000	0	504,000	504,000	0
Contribution to HC Call Centre	100,000	0	0	100,000	100,000	0
Disabled Facilities Grant	0	0	5,432,123	5,432,123	5,432,123	0
Additional CCG Minimum contribution	292,000	0	0	292,000	292,000	0
WASCAS/Twilight Nursing Service	220,700	0	0	220,700	220,700	0
Total Funding Transfer from CCGs to Local Authority	14,336,421	2,384,625	5,432,123	22,153,169	22,153,170	0
TOTAL BCF	39,613,022	2,384,625	5,432,123	47,429,771	47,429,771	0

**HEALTH AND WELL-BEING BOARD
23 FEBRUARY 2021****DEVELOPMENT OF HEREFORDSHIRE AND WORCESTERSHIRE
INTEGRATED CARE SYSTEM (ICS)**

Board Sponsor

Simon Trickett – Chief executive, Herefordshire and Worcestershire CCG and STP/ICS Lead for Herefordshire and Worcestershire

Author

Ali Roberts – Associate director, Integrated care system development, Herefordshire and Worcestershire (H&W)

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 and submission of the Herefordshire and Worcestershire Integrated Care System (ICS) application, seeking designation as an ICS from April 2021, and committing to work with health and care partners on its implementation.**

Background

- 2. At the HWB meeting in February 2020 members received a briefing on the NHS Long term plan (LTP). One of the commitments in the NHS LTP is for all health and care systems nationally to reach ICS status by March 2021. H&W Sustainability and Transformation Partnership (STP) made an application to NHS England and Improvement in December 2020 for designation as an ICS from April 2021. This paper outlines the focus of this work and describes some of the benefits to the local population.**

Integrated care systems

3. The purpose of integrating health and care is to improve health and wellbeing outcomes for all and to reduce the gap between those with the best and worst outcomes by working as equal partners to drive collaboration in NHS and Local Authority for the people we serve. This is delivered through the triumvirate of place leadership, provider collaboratives and system leadership, underpinned by the principle of subsidiarity. The Further information regarding ICSs can be found in the background papers, which contain the most recent NHS policy papers including NHS England and NHS Improvement proposals for legislative change.

Timeline for implementing integrated care

4. It is likely that a decision on the system application will be made nationally in March and in the meantime the local focus remains on delivery of the action plan that was developed as part of the application. Whilst this will formally designate the Herefordshire and Worcestershire health and care system as an ICS, 2021/22 will be a transition year with possible proposals for legislative change currently being developed with an anticipated implementation date of April 2022.

National ICS Implementation Programme

5. Herefordshire and Worcestershire has been nominated by Regional Team to join the National ICS Implementation Test programme, along with only 8 other emerging ICS's nationally. This programme will offer the opportunity to help shape the next steps guidance and benefit from being able to test ideas and plans with regional and national support. There will also be an opportunity to work with and learn from the other sites, all of which are from other NHS regions.

Improving health and care outcomes for the people of Worcestershire

6. ICS partners have developed a broad vision supporting the health and well being of the population, delivered through integrated working between all ICS partners. This has been broadened to encompass the social value that health and care partners can deliver to support improvement in the wider determinants of health for the local population. The role of the ICS leadership is to work with the HWB at place to deliver the local priorities, within the system vision.

Purpose of an ICS:	Improve health outcomes for all and reduce the gap between those with the best and worst outcomes by working as equal partners to drive collaboration in NHS and Local Authority for the people we serve. Delivered through the triumvirate of place leadership, provider collaborative and system leadership, underpinned by the principle of subsidiarity.
HW System Vision:	Working together to enable better health, fulfilment, and safety in our residents' lives

HW System objectives:	1.To ensure healthier, well connected and more resilient communities with targeted support to reduce health inequalities and prevent ill health	2.To provide high quality services through improving access to clinically effective treatments	3.To strengthen the local economy, employing local people, being exemplar employers and investing in local businesses wherever possible	4. To promote a healthier physical environment; reducing our carbon footprint through positive action around our buildings, working practices and digital transformation
2020/2021 focus	We will improve health and wellbeing outcomes by doing all we can to help people recover from the economic and health and wellbeing impacts of COVID 19			

7. As part of the Health and Well Being Board strategy refresh, we will work with local partners to ensure that there is good alignment between the two documents, updating the ICS strategy as appropriate to reflect any new or amended local priorities.

8. Section 7 to 9 provides some examples of where the ICS is supporting and accelerating improvements through the infrastructure and opportunities that are being developed through the programme of work.

Addressing health inequalities and inequities

9. Our development programme for Population Health Management (PHM) is supported by the linked health and social care data set that is being developed through our ICS Digital programme. This is consistent with the NHS long term plan aim to use data to enable sophisticated population health management approaches. This will enable proactive and anticipatory care to be delivered and our aim is to develop the infrastructure and capability across all tiers (ICS, Place, District and PCN). We are developing the roadmaps for making PHM ‘business as usual’ and specifying the critical functions required to make this happen (such as analytics, finance, contracting, care coordination, local assets to support personalised care interventions inc. VCSE partners).

10. COVID-19 has amplified existing health and social inequalities. The ICS approach to addressing health inequalities will focus use Population Health management approach to understand the specific needs across different segments of our population. The Health Inequalities and Prevention Collaborative will complement the focus enabled through the Health and Wellbeing Boards. The ICS group will prioritise prevention and addressing the health inequalities that we need to collectively address at system level, developing proposals and plans in response to these challenges across our system. As with all ICS groups, the Health Inequalities and Prevention Collaborative will subscribe to the principle that decisions should be taken as close as possible to the local population - unless there is clear rationale and benefit for operating at system and regional level.

Mental Health Development Plan

11. As part of our work on the National ICS Implementation Programme, a local plan is in the early stages of development to changing the way in which mental health services are organised within the ICS. The principles of this work are to plan to join up commissioner and provider functions in an integrated team, hosted by NHS Herefordshire and Worcestershire Health and Care NHS Trust. Within this arrangement, the “ICS” will develop an agreed outcomes framework that the provider is expected to work towards with an integrated

budget that amalgamates existing funding streams. This approach will improve patient care by joining up services in a way that puts more ability to “do what’s right for the person” in the hands of local clinicians and clinical leaders. Focus will be on mental health and well being in it’s widest sense – working with community and voluntary sector, employers, schools etc, not just the provision of health funded mental health services. The Initial focus will be on All-Age Mental Health services, with an intention to expand into Learning Disabilities, Autism and the Transforming Care Programme over time.

Digital and Data Programme

12. The last 12 months has seen a significant acceleration in digital transformation across the health and care system. Partners across the Integrated care System (ICS) have increasingly turned to digital solutions to enable them to respond to the challenge faced by the pandemic. This has seen the ICS Digital team deliver over 1000 laptops to primary care and other front line staff to support remote working and equip all GP practices to provide remote consultations by using video, SMS messaging and images with systems that integrate with EMIS. The focus for the next the 6 months is the delivery of phase one of the ICS Shared Care Record. A partner has already been procured, Intersystems, and a programme board involving all health and care partners and Healthwatch has been established. This will enable patients information to be shared not only across Herefordshire and Worcestershire but also Birmingham and Solihull and Coventry and Warwickshire STPs between clinicians, as part of the regional shared care record programme. This will support urgent care pathways, discharges, clinical decision making and in time our population health management programme. Funding of nearly £3m has been awarded to support this work in Herefordshire and Worcestershire.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

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Supporting Information

- None

Background Papers

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

<https://www.england.nhs.uk/integratedcare/integrated-care-systems/>

<https://www.england.nhs.uk/publication/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems-across-england/>

**HEALTH AND WELL-BEING BOARD
23 FEBRUARY 2021****COVID-19 HEALTH PROTECTION BOARD QUARTERLY
REPORT (QUARTER 3): DELIVERING WORCESTERSHIRE'S
OUTBREAK CONTROL PLAN**

Board Sponsor

Dr Kathryn Cobain

Author

Hayley Durnall – Public Health Consultant
Victoria Moulston – Senior Public Health Practitioner

Priorities

Mental health & well-being

Being Active

Reducing harm from Alcohol

Other (specify below)

COVID-19

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

Consideration

Recommendation

- 1. The Health and Well-being Board is asked to note the delivery of Worcestershire's Outbreak Control Plan, the arrangements for governance and the current situation of Local Outbreak Response Team (LORT) operation.**

Background

2. This quarterly report from the COVID-19 Health Protection Board will describe the delivery of the Outbreak Control Plan in quarter 3 of operation.
3. Each Local Authority was required to produce and publish a Local Outbreak Control Plan (OCP) specific to COVID-19 by 30 June 2020. OCPs are used to describe the arrangements and processes for preventing and managing outbreaks and how the wider impacts of COVID-19 on local communities can be reduced.
4. Alongside the development of the plan, each Local Authority was required to establish a governance system to provide oversight of delivery of the plan and enable

Elected Members to lead community engagement in the prevention and response to outbreaks.

5. The OCP was updated on 3rd September 2020 to reflect changes in guidance and legislation related to Covid - 19. This includes the Coronavirus Act 2020, local guidance for managing those who are willing to self -isolate when symptomatic and Health Protection Regulations 2020. It is also due to be updated in January February 2021.

6. The COVID-19 Health Protection Board provides public health leadership and oversight of the Test and Trace budget. Membership includes the Public Health England (PHE), NHS, Environmental Health and District Councils. This group develops key workstreams and provides regular review of situations.

7. District Incident Management Team meetings, chaired by representatives from each of the District Councils, occur regularly and report directly into COVID19 Health Protection Board. The Purpose of the District IMTs is to ensure there is local engagement with key stakeholders across each District and that district specific issues can be identified.

Quarter 3 COVID-19 situation

8. In October 2020 cases rose from 40 / 100,000 to 145/100,000 by the 26th October. From 5th November, a national lockdown was introduced which allowed cases to peak at 248/100,000 but then to fall back to 84/100,000 by 11 December 2020.

9. From 11 December 2020 until 12 January 2021, cases rose continually to reach a peak of 589 / 100,000. A new lockdown came into force on 6th January 2021 which has started to suppress rates in the county.

10. Rates in children and older people remained generally low during the early parts of the 3rd major wave of infection, but have escalated particularly in 17/18-year olds, working aged adults, and also older people towards the end of December and into the New Year.

Local Outbreak Control Team

11. The Local Outbreak Control Team (LORT) continues to operate 7 days a week, 9am – 5pm. The regional Public Health England team continue to be available out of hours.

12. To manage capacity and demand on the LORT Staff have been recruited from Agencies and other departments of the County and District Councils to support existing Public Health staff. Environmental Health Officers and the Infection Prevention Control Team continue to work alongside the LORT.

13. There was an increase of enquiries and activity in quarter 3 compared to quarter 2. Email activity for the LORT rose from 5389 (Q2) to 12,388 in quarter 3.

14. Quarter 3 saw an increase of positive cases in most settings including University, workplaces, Care Homes and Education settings.

Contact Tracing

15. The LORT contact trace cases linked to outbreaks. This provides assurance that individuals are isolating appropriately and gives additional information about measures that are taken. The number of persons contact traced per setting varies according to the level of escalation that the LORT is in.

16. Backwards contact tracing is a valuable tool which looks into the 2 weeks prior to onset of infection and provides insight into where the case may have obtained the infection from. WRS act on behalf of the LORT to backwards contact trace 100 cases per week. The decision on where to focus backwards contact tracing is informed by local epidemiology. This work supports our local understanding of behaviours and sources of infection.

17. WRS and the District Council work closely with the LORT to attempt to contact cases who have not been able to be contacted by the National Test and Trace Team. This involves searching local databases for alternative contact details and in some cases a door knocking team will visit the individual to ensure they are self isolating and provide guidance and support if necessary.

Lateral Flow Testing (LFT)

18. A Lateral Flow Testing Pilot was established in collaboration with the University of Worcester in December 2020. This pilot allowed students to be tested before returning home and provided valuable insight into developing LFT sites. In total 951 student tests were undertaken during this pilot.

19. An additional pilot site was also set up at Redditch Town Hall which tested 880 people from 28th December 2020 to 2nd January 2021

20. The pilot LFT sites allowed WCC to gain an understanding of how LFT could be rolled out across Worcestershire. Several LFT sites are planned for opening in quarter 4 which will be prioritised for key workers, in addition to community pharmacies offering LFT to the general public.

Legal, Financial and HR Implications

21. The Legal and Policy context section of the Outbreak Control Plan describes the powers available to support the OCP. On 17th July 2020, "The Contain Framework" was published nationally, which outlines the powers available to Upper Tier Local Authorities.

22. The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 grant powers to Local Authorities to close individual premises, public outdoor places and restrict events with immediate effect if they conclude it is necessary and proportionate to do so, in order to respond to a serious and imminent threat to public health and control the transmission of COVID-19 in its area. These new powers allow Local Authorities to manage outdoor events and spaces where there is a COVID-19 outbreak or risk of COVID-19 transmission

23. Local guidance for managing those who are unwilling to self-isolate when symptomatic with COVID-19 has been developed collaboratively with Public Health at WCC, West Mercia Police and Herefordshire and Worcestershire CCG. The guidance also outlines the process for escalating any situations that may require the use of schedule 21 to Public Health England.

24. In quarter 3, 2 allocations of the Contain Outbreak Management Fund were received. This was £4.760m in November and a further £1.2m in December.

25. Capacity and demand of the LORT is closely assessed. Systems are now in place to enable Staff to be rapidly employed from Agencies, if required, to meet demand.

Privacy Impact Assessment

26. As appropriate

Equality and Diversity Implications

27. A full Equality Impact Assessment has been carried out in respect of the overall Outbreak Control Plan. Impacts and mitigations are described for protected groups. The recommendations will further support action to prevent and control outbreaks that may affect protected groups.

Contact Points

County Council Contact Points

County Council: 01905 763763

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Specific Contact Points for this report

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Background Papers

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

Worcestershire's Outbreak Control Plan:

https://www.worcestershire.gov.uk/info/20769/coronavirus_covid-19/2273/coronavirus_covid-19_outbreak_control_plan