

Agenda

Health and Well-Being Board

Tuesday, 12 May 2015, 2.00 pm
County Hall, Worcester

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Health and Well-Being Board

Tuesday, 12 May 2015, 2.00 pm, Council Chamber, County Hall

Membership

Full Members (Voting):

Mr M J Hart (Chairman)	Worcestershire County Council
Dr C Ellson (Vice Chairman)	South Worcestershire CCG
Mrs S L Blagg	Worcestershire County Council
Mrs E A Eyre	Worcestershire County Council
Mr Simon Hairsnape	Redditch and Bromsgrove CCG / Wyre Forest CCG
Mr B Hanford	NHS England
Mr A I Hardman	Worcestershire County Council
Richard Harling	Director of Adult Services and Health, Worcestershire County Council
Dr A Kelly	South Worcestershire CCG
Clare Marchant	Chief Executive, Worcestershire County Council
Peter Pinfield	Healthwatch, Worcestershire
Gail Quinton	Director of Children's Services, Worcestershire County Council
Dr Simon Rumley	Wyre Forest CCG
Dr Jonathan Wells	Redditch and Bromsgrove CCG

Associate Members

Hannah Campbell	South Worcestershire District Councils
Mrs C Cumino	Voluntary and Community Sector
Supt. A Franklin-Smith	West Mercia Police
Margaret Sherrey	North Worcestershire District Councils

Agenda

Item No	Subject	Presenter	Page No
1	Apologies and Substitutes		
2	Declarations of Interest		
3	Public Participation <i>Members of the public wishing to take part should notify Legal and Democratic Services in writing or by</i>		

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

Date of Issue: Thursday, 30 April 2015

Item No	Subject	Page No
	<i>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 11 May 2014). Enquiries can be made through the telephone number/e-mail address below.</i>	
4	Confirmation of Minutes	Chairman 1 - 10
	For Decision	
5	Autism Strategy	Richard Keble 11 – 26 Strategy to follow
6	Carers' Strategy	Richard Keble 27 – 32 Strategy to follow
7	Acute Hospital Services: Emerging Concerns and Actions	To follow
8	Children and Young People's Early Help Strategy	Hannah Needham 33 - 44
	For Consideration	
9	JSNA: Worcestershire Health Indicators Summary	Frances Howie 45 - 50
10	Health Improvement Group Annual Report	Frances Howie 51 - 58
11	Development of new models of integrated care - The Worcestershire 'Trailblazers'	Frances Martin 59 - 62
12	Better Care Fund 2014/15 Update and 2015/16 Plan	Frances Martin To follow
	For Information	
13	<p>Future Meeting Dates Public Meetings</p> <p>Wednesday 15 July – Pershore Civic Centre Tuesday 30 September – County Hall, Worcester Tuesday 3 November – Malvern District Council Offices</p> <p>All meetings start at 2.00pm.</p> <p>Development (Private) Meetings 2015</p>	

Item No	Subject	Page No
	Tuesday 14 April Tuesday 16 June Tuesday 13 October Tuesday 8 December All held at County Hall at 2.00pm.	

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Health and Well-Being Board

**Tuesday, 3 March 2015, Council Chamber, County Hall –
2.00pm**

Minutes

Present:

Mr M J Hart (Chairman), Dr C Ellson (Vice Chairman),
Supt. J Baker, Mrs S L Blagg, Mrs E A Eyre,
Mr Simon Hairsnape, Mr A I Hardman, Richard Harling,
Mrs A Hingley, Dr A Kelly, Clare Marchant, Peter Pinfield,
Gail Quinton and Dr S Rumley and Jonathan Sutton.

Also attended:

Lynda Dando, Ray Eades, Tim Holman, Richard Keble,
Frances Martin, Sylvia Meyrick, Sue Morgan,
Sharon Paterson, Jo Ringshall, Harry Turner and
Penny Venables.

Available papers

The members had before them the agenda papers
(previously circulated).

**289 Apologies and
Substitutes**

Apologies were received from Carole Cumino. Jonathan
Sutton attended on her behalf.

**290 Declarations of
Interest**

None

**291 Public
Participation**

None

**292 Confirmation of
Minutes**

The minutes from the meeting of 28 January 2015 were
accepted as an accurate record of the meeting apart from
an amendment detailed by Gail Quinton. She clarified
that under the Public Health Report she had raised a
concern about the lack of visibility about understanding
the health outcomes of young offenders. This would be
looked at by the Integrated Commissioning Executive
Officers Group.
The minutes were signed by the Chairman.

**293 Learning
Disability
Progress
Report and
Strategy**

The Co-Chairs of the Learning Disability Partnership
Board, Tim Holman and Richard Keble gave a
presentation about the annual learning disability Self-
Assessment Framework (SAF), the learning disability
strategy and expert members and family carers'
feedback.

The following main points were made:

- The SAF had gone well and had improved from last year. Peer reviewers were positive about progress and impressed with the new Learning Disabilities Strategy,
- Worcestershire had scored itself quite harshly in the SAF; co-production was red due to not enough involvement in all the planning areas,
- The Strategy had been developed through the Partnership Board,
- A joint position statement with children had been developed to ensure there were good joined up plans for children, young people and adults with a learning disability, parents and family carers,
- Collaborative working was continuing between adults' and children's services although an all age Strategy was not currently possible because of wide differences in legislation,
- People with a learning disability and family carers were involved in planning services to ensure reasonable adjustments were made to improve access to universal services,
- People with a learning disability and family carers were listened to through the Partnership Board and sub-groups. A range of partners and the CCGs had also fed in comments,
- A quality impact assessment had been completed on the Strategy.

Expert Members said that they were pleased to be able to have a say at the Partnership Board and sub-groups and noted that Expert Members Co-Chaired these meetings. They also noted that:

- The Learning Disability Strategy promised co-production and the challenge would be to make sure that happened,
- Information would need to be accessible and although more materials were being put into Easy Read this did not always happen,
- They hoped the pledges made at the Peoples Parliament on Future Lives and the internet would be properly fulfilled.

Ray Eades said that carers were pleased with the strategy. The layout of the document meant that it was interesting to read. They were looking forward to the next stage which was the production of an action plan. He wished to particularly thank Sharon Paterson who had worked very hard on the document and looked forward to seeing the same standard of work and co-operation in

the future.

Board members were pleased to see how far the Strategy had progressed and how co-production had been demonstrated.

Following a query about out of county placements it was clarified that:

- Most adult social care placements were actually close to the county borders and were constantly being assessed to see if they could be transferred to Supported Living facilities.
- There were currently 6 hospital placements, 3 of which were due to be discharged imminently. That meant Worcestershire had one of the lowest numbers of people in hospital placements.

RESOLVED that the Health and Well-being Board:

- a) Noted the comments raised by Expert Members with a Learning Disability and Family Carers,**
- b) Agreed to formally respond to the key issues raised by Expert Members with a Learning Disability and Family Carers as set out in paragraphs 8-14 of Appendix 3,**
- c) Noted the Self-Assessment Framework submission on behalf of Worcestershire and requested that an Action Plan to address the 'Red' categories be developed and reported to the LDPB,**
- d) Approved the draft Adults Learning Disability Strategy, and**
- e) Approved the joint position statement of children's and adults' in respect of support for people with learning disabilities.**

294 Future of Acute Hospitals in Worcestershire

Simon Hairsnape explained that the timetable for the review remained the same. The proposed clinical model was being evaluated by the West Midlands Clinical Senate. It was expected that the proposals could be put to public consultation in June or July.

Penny Venables from the Acute Trust agreed it was important to move ahead as safety and sustainability needed to be considered and stressed that the Acute

Trust were committed to working with the CCGs. It was noted that the length of the process was having an effect on staff at the Alexandra Hospital in Redditch. She also confirmed that a group were meeting regularly to monitor the safety and sustainability of services.

In the discussion the possibility of a Health and Well-being Board Statement was raised. It was felt that this could help by reiterating the clinical case for change and stressing that the earliest possible public consultation was desirable, without supporting any particular clinical model. Board members supported this idea

RESOLVED that the Health and Well-being Board thank Penny Venables and Harry Turner for attending the Board meeting and agreed that the Chairman in consultation with the Director of Adult Services and Health would produce a statement about the Future of Acute Services in Worcestershire.

295 Autism Strategy

Board Members were asked to note the progress of the Autism Strategy. A draft all age Strategy was ready for consultation to begin on 4 March. It had previously been hoped that the strategy and consultation would have been completed and ready to be signed off by the March meeting but it was important to allow enough time for the adult's and children's elements to be brought together.

RESOLVED that the Health and Well-being Board noted the progress achieved and approved the consultation on the all age Autism Strategy.

296 Joint Health and Well-being Strategy 2016-21

The current Health and Well-being Strategy ended in March 2016 and work needed to commence to prepare a new strategy.

The key dates were:

- 4 June – Stakeholder event to reflect on the current strategy and principles and what would be required in a future strategy
- 22 September – The HWB would receive an update, agree the content and process of consultation
- November – Stakeholder event held as part of the consultation
- January 2016 – Draft report to the HWB Board
- March 2016 – HWB to sign off final version of the Strategy

As part of the strategy development process Board

**297 CCG
Commissioning
Plans 2015/16**

Members queried whether external challenge would be useful in reviewing the impact of the current Strategy and highlighting lessons learned. They also wished to highlight any 'quick wins' in the new Strategy.

RESOLVED that the Health and Well-being Board agreed the process as outlined in the agenda report to review the current Health and Well-being Strategy and prepare a new Strategy for April 2016.

David Mehaffey, Strategy Manager for South Worcestershire CCG, worked with Mick O'Donnell, Head of Strategy for Wyre Forest and Redditch and Bromsgrove CCGs, to produce their commissioning plans. Three distinct plans had been produced but took account of countywide issues.

South Worcestershire CCG

There were 32 practices for a population of 297,973 people and a commissioning budget of £322million. The CCG had a 5 year strategy in place with priorities of:

- Improving quality and patient safety
- Reducing health inequalities
- More independence for the frail elderly and those living with a long term condition and,
- Better and faster access to urgent care

Under the current funding formula South Worcestershire CCG had the 2nd lowest target and the lowest actual funding allocation in the area, although they were not the most challenged CCG. Half of the budget went on acute hospital services. It was difficult to compare year on year figures but mental health services were to get an increase of 3%, prescribing would increase by 4% and continuing Healthcare would increase by 7%.

Key financial plans for 2015/16 included:

- increasing overall mental health expenditure by £1.2m
- investing £95,000 in a social impact bond to address social isolation and loneliness
- £750,000 to further develop the Worcester urgent care centre
- £1.5m on proactive care services for the frail elderly
- £160,000 on a falls response service

Operational plans include:

- Transforming urgent care

- Commissioning primary care
- Developing new care models

The priorities and performance improvement were then given for urgent care, planned care, cancer care and mental health services.

Redditch and Bromsgrove and Wyre Forest CCGs.

In population Redditch and Bromsgrove and Wyre Forest were about equal to South Worcestershire. In 2015/16 Redditch and Bromsgrove would receive a funding increase of £282,000 while Wyre Forest, which had previously been comparatively over allocated, received a decrease of £398,000. Redditch and Bromsgrove needed to make a saving of 2.9% and Wyre Forest of 2.6%.

The overarching commissioning principles were a greater emphasis on prevention and self-care; an increase in the amount and range of care available in the community and corresponding reduction in hospital care; an increase in the amount of treatments delivered as day cases and an increasing focus and investment on mental health and well-being services.

Over 50% of the budget in both areas was spent on acute hospital services. For 2015/16 this would be £103m for Redditch and Bromsgrove, a small increase on 2014/15; for Wyre Forest a small increase would mean the acute services spend would be almost £68m.

The operational service delivery targets were detailed with targets for A & E waiting times, referral to treatment times, cancer care, infections and improving access to mental health services. 6 out of 11 targets were already being met.

In response to questions it was clarified that:

- the increase in mental health expenditure included prescribing as well as specialist services,
- acute hospital services received over 50% of the budget and therefore the bulk of the savings would have to come out of the acute budget. The CCGs would concentrate on continuing to reduce emergency admissions which had been reduced in the previous 2 years,
- Savings would be made by commissioners through the QIPP programme and providers would work on their own efficiency plans. The CCGs could not negotiate with acute service providers on price and could only reduce activity

298 Primary Care Commissioning Plans

through the actions of GPs and by reducing the numbers of people referred to or ending up in hospital,

- Healthwatch confirmed that they attended CCG Board meetings and stakeholders received reports on a bi-monthly basis. Each CCG also had a patient and public forum and as part of the planning process GPs and patient groups had been involved in the debate about budgets. SW CCG held a budget prioritisation exercise which resulted in the view that ambulance services, cancer care and dementia care were the three areas where the public wished to preserve funding.

RESOLVED that the Health and Well-being Board noted the development of the commissioning plans for 2015/16 of the three Worcestershire Clinical Commissioning Groups.

Lynda Dando, Head of Primary Care Development for South Worcestershire CCG explained that NHS England had invited CCGs to take an increased role in the commissioning of primary care.

Three options were available. South Worcestershire CCG had become one of sixty four CCGs who would be responsible for the management of GP contracts from 1 April 2015. This would enable the CCG to develop new contractual arrangements that encouraged more integrated and sustainable care. At present, recruitment was not a problem but they were aware that a large number of GPs were aged over 50 and the number of new GPs was falling.

The Governance arrangements had been mandated nationally and consisted of a Shadow Primary Care Commissioning Committee which had a Clinical Advisory Group and a Public and Patient group feeding into it.

Simon Hairsnape clarified that Redditch and Bromsgrove and Wyre Forest CCGs had opted for Joint Commissioning arrangements with NHS England for 2015/16. They wished to confirm that the financial challenges were being dealt with and concerns about conflicts of interest were resolved before moving to full delegated commissioning.

RESOLVED that the Health and Well-being Board:

- a) Noted the changes being put in place for GP**

Commissioning, and

- b) **Noted the invitation for a Local Authority member of the Health and Well-being Board to join the Joint Committee between NHS England, Redditch and Bromsgrove CCG and Wyre Forest CCG as a non-voting member**

299 Urgent Care Study - Healthwatch

Following the Urgent Care Strategy which had been published in February 2014, Healthwatch Worcestershire were concerned that not enough account was being taken of why people went to A&E or MIUs and had therefore conducted a survey.

339 patients completed the survey. Those questioned had made their own way to A&E rather than be taken to hospital by ambulance. The numbers questioned were low due to a lack of HWW resources and the fact that the majority of throughput came via ambulances.

Key findings included that there was some confusion about MIUs and NHS 111 and what they could be used for. Most people accessed their most local service and only 10% had heard of the Urgent Care Strategy.

In conclusion people understood A&E and would not change their behaviour easily. There needed to be clear information about alternatives and trust that these would meet people's needs.

The recommendations included that there needed to be improved communication about the role of MIUs, NHS 111, and GP out of hours services regarding their opening hours and the range of conditions they treated.

The CCGs commented that the report largely highlighted issues they were already aware of and that NHS 111 had been designed to help but had added an additional complexity.

RESOLVED that following the consideration of the Urgent Care Survey report the Health and Well-being Board encouraged the implementation of the recommendations by all commissioners and providers of Urgent Care Services.

300 Review of Urgent Care Patient Flow

There had been an increase in demand for health and adult social care services both nationally and locally although this could partially be a result in the way the figures were now recorded.

One way to address this was with discharge pathways. The Patient Flow Centre co-ordinated complex discharges on behalf of the local NHS and the Council. People could either be discharged with support at home on pathway 1; discharged to a rehabilitation bed on Pathway 2 or discharged to a nursing or residential home for further assessment on Pathway 3.

These arrangements had been successful at increasing the numbers of complex discharges but there were still some delays. The local NHS, Council and the VCS were working together to respond to the demand and were increasing the capacity in Hospital and Rapid Response social work teams; increasing capacity in pathways 1 and 2; commissioning additional homecare and piloting 7 day working with home care providers.

The pathways were currently being reviewed and partners would continue to work together.

RESOLVED that the Health and Well-being Board noted this update on urgent care.

301 Better Care Fund

Sue Morgan explained that that the Section 75 Agreement had been updated to include the Better Care Fund and reflect the commissioning intentions of partners. The Agreement did not affect the way that services were provided – but merely described the arrangements for pooling and aligning commissioning budgets.

The report highlighted some amendments and these and the final financial schedule would be agreed by the Council and CCGs by the end of March 2015.

RESOLVED that the Health and Well-being Board:

- a) **Noted the list of services to be commissioned under the Section 75 Agreement in 2015/16,**
- b) **Noted the governance arrangements in place to monitor commissioning under the Section 75 Agreement, and**
- c) **Noted the financial contributions from partner organisations (subject to finalisation of allocations and contracts)**

302 Five Year Forward View into Action - New Models of

In December the Council had applied for the 5 year Forward View into Action Vanguard status. (Now called forerunners). Worcestershire had submitted a countywide bid which was had been judged against 270 others. The bid had not been successful but the work that had been

Care

undertaken had helped to clarify views on integration.

Resolved that the Health and Well-being Board noted the outcome of the Vanguard Bid.

303 Future Meeting Dates

Public Meetings

- Tuesday 12 May
- Wednesday 15 July – Pershore Civic Centre
- Tuesday 30 September
- Tuesday 3 November – Malvern District Council Offices

All meetings start at 2.00pm. To be held at County Hall unless otherwise stated.

Development (Private) Meetings 2015

- Tuesday 14 April
- Tuesday 16 June
- Tuesday 13 October
- Tuesday 8 December

The meeting ended at 4.25pm

Chairman

Autism Strategy for Worcestershire - update

Agenda item 5

Date	12 May 2015																
Board Sponsor	Dr Richard Harling, Director of Adult Services and Health																
Author	Richard Keble, Head of Joint Commissioning																
Relevance of paper	<p>Priorities</p> <table border="0"> <tr> <td>Older people & long term conditions</td> <td>No</td> </tr> <tr> <td>Mental health & well-being</td> <td>Yes</td> </tr> <tr> <td>Obesity</td> <td>No</td> </tr> <tr> <td>Alcohol</td> <td>No</td> </tr> <tr> <td>Other (specify below)</td> <td>No</td> </tr> </table> <p>Groups of particular interest</p> <table border="0"> <tr> <td>Children & young people</td> <td>Yes</td> </tr> <tr> <td>Communities & groups with poor health outcomes</td> <td>No</td> </tr> <tr> <td>People with learning disabilities</td> <td>Yes</td> </tr> </table>	Older people & long term conditions	No	Mental health & well-being	Yes	Obesity	No	Alcohol	No	Other (specify below)	No	Children & young people	Yes	Communities & groups with poor health outcomes	No	People with learning disabilities	Yes
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Mental health & well-being	Yes																
Obesity	No																
Alcohol	No																
Other (specify below)	No																
Children & young people	Yes																
Communities & groups with poor health outcomes	No																
People with learning disabilities	Yes																
Item for	Decision																
Recommendation	<p>1. That the Health and Well-being Board:</p> <p>a) Note the outcome of the consultation about the All Age Autism Strategy; and</p> <p>b) Approve the final draft of the All Age Autism Strategy.</p>																
Background	<p>2. The Health and Well Being Board received a report about the draft All Age Autism Strategy (hereon referred to as the 'Autism Strategy') in March 2015 and agreed formal consultation on this document.</p> <p>3. The Autism Strategy had been developed by the Autism Partnership Group as an adult strategy initially; this was in response to the requirements of the Autism Act 2009 and the National Guidance for Adult Autism (updated in 2015); however it was agreed in November 2014 to develop an All Age</p>																

strategy to ensure integration of support and services for children, young people and adults.

4. Consultation lasted from 4 March until 10 April 2015. The consultation document was distributed to members of the Worcestershire Autism Strategy Partnership Group (which includes adults with autism), CCGs, NHS Trusts and the voluntary and community sector beyond those represented on the Partnership Group. 67 responses were received including from voluntary and community sector agencies, Worcestershire Health and Care Trust, individual clinicians and members of the public.

5. Responses included: requests for further detail; comments about the style of the document; questions about transition of young people into adulthood and how the strategy reflected on this; highlighting of the need for extension of awareness raising and specialist training to housing and police staff; and questions about how the strategy can be implemented in times of constrained public sector funding. A full list of responses received and how these were considered is included at Appendix 1.

6. In the light of the feedback received the Autism Strategy has been revised and the final version is presented for consideration and approval of the content.

Next Steps

7. Once approved by the Health and Well Being Board:

- A detailed action plan will be developed by the Autism Partnership Group and implementation will commence.
- The layout of the Strategy will be updated to ensure that it becomes an accessible and 'lively' document with quotations from children, young people and adults with autism spectrum conditions and their carers.
- An official launch will be planned for the summer of 2015.

Background Documents

- Appendix 1: Autism Strategy Consultation Feedback – April 2015
- Appendix 2: Autism Strategy

Appendix 1: Autism Strategy Consultation Feedback – April 2015

	Comments	By	Our response
1	The strategy does not state what involvement people with autism have had in its development. It does not state that priorities have been identified with people with autism / their carers / co-produced	Health Watch	Now included.
2	It says that the Autism Partnership Group were involved in developing the adult element of the strategy, however it does not state who belongs to this group or if it includes people with autism	Health Watch	Now included.
3	The period of consultation was very short – one month, which includes Easter	Health Watch	The strategy was initially developed in the early part of 2014 and finally consulted upon in early 2015. We therefore suggest that discussions about this strategy have taken place over nine months. There will also be consultation on the Action Plan
4	No specific questions were asked to support people to give feedback – only general comments and feedback requested. We were told this was to minimise requirements of processing feedback, however for most people faced with a lengthy document, it will make it more difficult to provide feedback	Health Watch	Specific questions did accompany the consultation with schools and children's stakeholder groups but resulted in very little feedback
5	Not sure how widely the consultation has been publicised. Not aware of any specific events or focus groups	Health Watch	Via stakeholder list (attached) Focus groups were not arranged as part of this consultation but could be arranged by WAPG when the Action Plan is out for consultation
6	REGs member Our Voice had not received information directly	Health Watch	Parent groups and children's

	from the County Council about the consultation. They feel that as approx. 80% of their members have children with autism they should have been a key point of feedback for the County Council		stakeholder groups, schools and settings were all included in the consultation exercise but we can review contacts lists
7	It states that the Strategy aims to ' <i>outline an action plan of how work will be taken forward in the next three years</i> ' – However the information focuses on background and what needs to be done better, rather than specific information about what will be done and how this will be achieved	Health Watch	Action plan to be developed – see comment in section 10.
8	There is no mention of who will be implementing the Strategy or how the work to achieve the aims will be funded	Health Watch	Action plan to be developed – see comment in section 10.
9	The Strategy is quite long and not set out in a way that would be easy for people with autism or their carers to easily identify key points and priorities	Health Watch	Strategy has been edited and a number of detailed parts moved into the appendix
10	Some areas of the Strategy are very general – e.g. improving access to employment and do not give any specific ways that this would be achieved or who will need to be involved / joint working with partners	Health Watch	Strategy has been edited and a number of detailed parts moved into the appendix. Details of implementation to be developed in action plan.
11	Assessment process resulting in care plan and support required (page 17-18)- o Will this be provided for those who have been assessed previously or just those new to the system? o What will be the impact of funding cuts on being able to provide the support required?	Health Watch	See above
12	Specialised training for those carrying out assessments – this has been highlighted as an important issue and something that does not currently happen. What will be the specific requirements / level of this training?	Health Watch	Training will be developed to ensure compliance with autism guidance. We will also take advice from local clinicians about the levels of training required.

13	Training for all staff working in education, health and social care – this is very important, but what level and format of training will be involved and how will this be funded?	Health Watch	Training will be developed to ensure compliance with autism guidance. We will also take advice from local clinicians about the levels of training required.
14	Pathway for diagnosis and support – there is no mention about the impact of capacity of other services on diagnosis – e.g. recent experience of wait for 10 months for CAMHS assessment to enable completion of Umbrella Assessment delaying diagnosis for a child	Health Watch	Tbc in action plan This has been raised and acknowledged by WHCT - <i>Commitment will be needed to adequately resource such after care from services such as Speech Therapy, occupational therapy and CAMHS.</i>
15	How will cuts to services such as the Autism and Complex Communication Difficulties Team impact on the strategy – feedback from school that visits from this team have been reduced due to capacity	Health Watch	Tbc in action plan There have not been cuts to this service budget, but we do recognise increases in demand for the service. We are working with schools and other education settings to build capacity through the roll out of Autism Education Trust training
16	Needs a clearer commitment in the strategy to ensure there is support that those who do not meet the criteria for social care support or for children who do not receive an Education, Health and Care Plan, for example those with a diagnosis of Asperger Syndrome. This is a particular concern at a time when financial climate / cuts mean that the County Council is reducing services down to those who they have a legal obligation to support	Health Watch	Universal services. Social care assessment available irrespective of autism diagnosis. We need to address the issue of clear signposting to information, advice and guidance in the Action Plan
17	<i>Our issues database shows issues from two parents with adult sons with Asperger syndrome with major mental health issues and lack of support. These are both parents I spoke to in a previous role 10 years ago when they were struggling to find any services as young adults / leaving education for them as</i>	Health Watch	This will be dealt with under the Asperger's contract

	<i>because of their diagnosis of Asperger syndrome they did not meet the criteria for support services available</i>		
18	We have concerns about issues we are picking up around Transition and ADHD and failures in CAMHS transition pathway. The Young Adult team is not commissioned to provide service to groups that do not meet FACs criteria, which is often the case for this group. This means young people will no longer receive services when they move from adult to children's services, although the carers are likely to be eligible for support under the Care Act provisions, but with no services for the person they care for	WAC	A working group is currently looking at ADHD provision for adults. This work is due to be completed in the summer of 2015.
19	Training – the strategy mentions training for staff, but not for carers; whilst some generic training may be suitable, parent carers of service users in this group tell us that this is often not appropriate for them, and that they would prefer to be trained with people in similar circumstances	WAC	Tbc, and this has been discussed with WAPG. Also referenced in how we want to achieve outcomes.
20	The Autism and Carers strategies should be cross-referenced	WAC	Agree; this has been done.
21	I felt the strategy read very well and presents an exciting challenge to all working with people with Autism There is reference to the Umbrella pathway Process that provides a multi-disciplinary assessment process for children & YP with Neurodevelopmental difficulties – at present this process can provide for those up to 18 yrs in full time schooling – it would be good to see a service that can link with adult assessment processes to provide a more seamless service for young people/young adults. Our Community services have many years' experience running assessment processes for children and YP, and this generally works well, but is under-resourced, and like all services has seen cuts to the staff within it, compromising quality.	WHCT consultant	This will be developed via the Autism Partnership Group

22	The strategy implies additional resource implications in terms of a 'care component' to the assessment process and whilst Early help can provide some support to families, often very specialist services are needed to meet the children, YP and families therapeutic needs. Commitment will be needed to adequately resource such after care from services such as Speech Therapy, occupational therapy and CAMHS.	WHCT consultant	All partners in WAPG will need to ensure they work together to deliver a continuum of information, advice, guidance and support. Improved data and information will inform the commissioning of services in the future and this is a priority for the Action Plan
23	The plans for additional training are commendable. We have run staff awareness, assessment and diagnostic support training for community child health staff working within the Umbrella pathway, but this has been on individual trainers goodwill and to extend similar Autism awareness and training programmes more widely needs adequate support and resources.	WHCT consultant	To be discussed with CCGs and social care commissioners
24	It is important that there is representation from within our existing Umbrella pathway team to any working group that takes this strategy forward	WHCT consultant	Agree
25	In general terms the strategy is strong on aspirations to deliver better access to care, clarifying the routes for diagnosis and reducing the number of people who have autism spectrum conditions reaching adulthood without a diagnosis or support. Using the existing Early Help and Umbrella Pathways that are available within children's services effectively would support this and we are reassured to see the proposal to develop this included within the strategy.	WHCT	Agree
26	(Umbrella pathway) ... but the priority for the Trust would be to identify the gaps in delivery and focus on how those can be addressed then subsequently integrate through to the established Umbrella Pathway rather than focusing on marginal	WHCT	Agree work is needed to better understand the gaps in services

	developments within established pathways. The Trust is concerned that the latter approach will not address the gaps in the services in a timely manner; putting additional pressure on current provision which could impact on both quality and patient experience as well as introducing risk through insufficient capacity and appropriately skilled workforce to meet identified need.		
27	The Trust is aware of the current lack of local specialist services and would therefore welcome the development of the clear pathway into services including assessment and treatment which would integrate effectively with community mental health services.	WHCT	Agreed, to be confirmed as part of the Action Plan
28	The Trust would be supportive of widening the strategy to encompass all Neuro-developmental conditions and having a clear route where advice is the same and demarcations where specific differences are necessary.	WHCT	To be confirmed, business case to be developed in action plan
29	The strategy lacks detail with regards to the pathway for complex cases and although it refers to an action plan, that has not been available to review alongside the strategy.	WHCT	To be published
30	The Autism Act 2009 recognised the needs (housing, employment etc) of adults on the autistic spectrum. As the guidance under the strategy is statutory, local councils and local NHS bodies have a legal duty to implement it Would you not therefore agree that for this reason there should be a separate Worcestershire Autism Strategy for Adults?	member of public	No, we go beyond statutory guidance and are therefore more proactive and integrated
31	Can you please also confirm that you (WCC) have read and taken into account the Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy published this March 2015? Adults on the autistic spectrum have been long forgotten until The Autism Act 2009 recognised their needs, and those of their families.	Aspie	Already answered and will be referenced in revised document

32	Add housing	Wyre Forest DC	Agree, in revised document
33	Training to include front line police and housing services	Wyre Forest DC	Agree, in revised document
34	p. 22 "WAPG will work with housing providers and local authorities to provide information on housing need and to ensure a seamless transaction into the appropriate accommodation with the correct advice and support packages in place "	Wyre Forest DC	Agree, in revised document
35	Format of final document to mirror LD strategy	Carer and member of Worcestershire Strategy Partnership Group	Will be referenced in final version
36	Document needs to flow better	Carer and member of Worcestershire Strategy Partnership Group	Agree, in revised document
37	Use of language inconsistent	Carer and member of Worcestershire Strategy Partnership Group	To be agreed with Children's Services and in discussion with WAPG
38	Training proposals lack clarity	Carer and member of Worcestershire Strategy Partnership Group	To be confirmed in final version and in the Action Plan
39	Presentation of transition	Carer and member of Worcestershire Strategy Partnership Group	To be confirmed with Children's Services and in discussion with WAPG
40	Clearer statements around employment	Carer and member of Worcestershire Strategy Partnership Group	To be confirmed with Children's Services and in discussion with WAPG, with detail in the Action Plan
41	Clearer statements from ChS about implementation about their elements to the strategy	Carer and member of Worcestershire Strategy Partnership Group	Will be confirmed with Children's Services and in discussion with WAPG, with detail in the Action Plan
42	I received a copy of the Worcestershire All-Age Autism Strategy this morning, which looks like a real step forward. I sincerely believe that this is an exciting opportunity to make changes and pioneer the education of children and young adults with autism in Worcestershire.	Worcestershire School	Agree
43	This looks fabulous – what a huge piece of work! Wow! I can't	Children's practitioner	Agree and included in the

	<p>see any areas you've missed</p> <p>A huge need, as I see it, is around raising awareness and understanding amongst everyone – professionals and the general public – because potential employers and others are put off by what they believe and by what they don't understand and professionals often don't understand as much as they think they do.</p>		Strategy
44	As we are using the term 'disorder' rather than 'condition' in the Worcestershire diagnostic process it would seem appropriate to be consistent and to use the term autism spectrum disorder in this document. Some people with autism feel that 'condition' doesn't properly describe the impact of their disorder	Practitioner from Children's Services	We acknowledge within the Strategy that different terms are used and to ensure consistency we have used the term autism spectrum conditions, but we do recognise other terminology
45	I feel that the Key Priorities bullet list on p7 should include something like 'Difficulties with building and maintaining relationships' and 'Difficulties with understanding and navigating situations of negotiation and repair'	Practitioner from Children's Services	We can include this in the Action Plan
46	I think that it would be appropriate to provide a commitment to providing appropriate, high quality educational provision, such as, as point four or five of the priorities 'We will provide access to a range of appropriate high quality educational settings for children, young people and adults with autism'. (and repeated on p12)	Practitioner from Children's Services	Agree, we want to ensure provision is of high quality and secures good outcomes for children and young people
47	I feel that the document does describe adequately why the strategy is needed	Practitioner from Children's Services	Accept
48	With respect to the diagnostic pathway providing a service 'including ...education services', high quality and specialist educational input will be ensured if the Specialist Teaching Service teachers, or other equally qualified and experienced staff, are involved. As far as I am aware there is no commitment for this to happen as yet.	Practitioner from Children's Services	The Worcestershire Autism Partnership Group will need to identify working groups for each priority area and this point can be included when the pathway is reviewed
49	For the diagnostic pathway I want to see a robust, multidisciplinary approach, not a regression to a decision made	Practitioner from Children's Services	As above

	by one person or two people with limited information about the person. Both Education and Health need to be involved in both assessments and discussion.		
50	Parents often need support and training both in what autism is and in strategies to use at home that is consistent with those in school. It would be beneficial to build into this document a commitment to provision of this support by someone who will give the same advice to parents as schools are having, i.e. from the same professional, to avoid contradictions	Practitioner from Children's Services	Agree, we need to ensure that information, advice and guidance is consistent and appropriate to meet need
51	To improve outcomes we need to focus on high quality educational provision, including an attitude shift to a 'can do' or 'can adapt the environment/differentiate' approach rather than a 'can't do' attitude and the attitude that 'we shouldn't have to make these adjustment for this child because we don't do it for the others' attitude.	Practitioner from Children's Services	Agree, we need to ensure these are key messages when training is delivered
52	Does the document explain why a strategy is needed? Yes, to a point. The section with this as its title tends to issue a number of statements about what the vision is, what it is based on, what it is linked to. It's a bit like a manifesto. I am sure that if you asked various educational, health and social care professionals why we might need a Worcs strategy, the answers might be a bit more direct, and would maybe highlight some of the provision gaps within the system...ie at Transition from Key Stage to Key Stage, from school to college, from school to HE, from school, FE and HE into employment. If everything was OK at the moment, we possibly wouldn't need a strategy	Practitioner from Children's Services	We can pick up specific areas for work and make sure these are included in the Action Plan
53	Does the strategy address the key challenges? It certainly talks about them and sets out some of the issues, but it is a bit weak in terms of how the issues will be addressed – lots of "objectives and outcomes", "framework and monitoring", "action plans", "transition systems", but little on what these will actually look like, and not much in terms of WHEN. Not to mention how it is all going to be funded.	Practitioner from Children's Services	Agree, we will need to be clear about what, how and by when, and we have included this in the Strategy document. Detail will be included in the Action Plan and will be circulated for further consultation
54	If we are to improve outcomes for children, young people and	Practitioner from Children's	This Strategy does aim to bring

	adults with Autism, what do we need to focus on? PROPERLY WORKING TOGETHER TO THE SAME AGENDA, AND WITH TRANSPARENT FUNDING, NOT SO MANY BITS AND PIECES. Strategic thinking and <u>action</u>	Services	together the planning and delivery of services
55	What do you as stakeholders and partners want to see as part of a diagnostic pathway, and which agencies need to be included? Seamless Transition, as promised...how will that actually work in practice? Training for staff, parents, and possibly the general student population	Practitioner from Children's Services	We have included Transitions and Training as key priorities for this Strategy
56	Who needs to receive training as part of this strategy, and what are the key messages? All teachers and support staff, college tutors and support staff, employers, training agencies. ALL Staff in health, education and Social care should have "neutral" training, which explains the incidence and impact of ASC from the young person's and family's perspective. This training, should use common terminology, be working to the same criteria and terminology for assessment, descriptors, and planned action	Practitioner from Children's Services	Agree
57	What do we need to do to improve access to education and employment? Get the various stakeholders together and discuss not only the needs, but also the positives of employing someone with ASC. Set up proper work experience opportunities. Set up effective life skills training for ASC YP, which is PART of their education package, not just a rushed "add-on". Canvass local employers to see if they are interested in employing YP with ASC, and becoming Champions. Set up a Pathway to Employment programme. My team works with ASC students who have been heavily supported in school, then heavily supported in FE College, then possibly heavily supported again at Higher Education Level, and who may end up gaining a top grade at Degree Level...we have had several who have graduated with at least 2 nd Class Honours. THEN WHAT? It is not acceptable that they then have to suddenly start thinking about how to go about getting a job, doing an application,	Practitioner from Children's Services	We have the opportunity to make this happen through this Strategy and with a commitment from all partners

	practising for interviews, thinking about independent living, etc		
58	The document is over wordy, and has a tendency for repetition – I found it tedious to follow, even as a professional with some knowledge...not sure if it is particularly parent/young person friendly	Practitioner from Children's Services	Agree, we have addressed this following feedback
59	It would be helpful to have a DEFINITIVE term which we can all use, eg does ASC stand for autism spectrum condition, or autism specific condition	Practitioner from Children's Services	We have addressed this in the Strategy document following feedback
60	There doesn't seem to be any mention of the Local Offer	Practitioner from Children's Services	It is included and a link to the site. Also included is the newly launched Your Life Your Choice website
61	The authority has been struggling for over 10 years to join things up, in terms of meeting the various needs of Children and Young People, with not total success. Implementing this strategy is a huge job, requiring cross-discipline working, understanding by professionals of different services' roles and practices, all of which is exacerbated by the commitment to implement this strategy for all ages. And all this, at a time when we are on the brink of being commissioned out to a new provider....how will that work?	Practitioner from Children's Services	We will ensure that all providers working on behalf of WCC are signed up to the Strategy and accountable for delivering services
62	Add: to meet the needs of the person in a respectful and appropriate manner; & to act always in the interest of the person, not just of the school/college/other setting/home/ STAFF	Parent/Carer	We can make sure this is reflected in the Strategy
63	Providing suitable school and college places for all types of autism is necessary. There is a shortage in County. Proper provision [is needed], with properly trained staff, whether in mainstream/base/independent or some 'in between' situation. Settings should be within 10 miles of individual	Parent/Carer	A key priority is to ensure we continue to develop a continuum of high quality provision
64	Support for individual and family [is needed]. Social training and life skills assessments carried out regularly, so that adaptations to planning can be made. Careful career	Parent/Carer	This can be included in work to develop training and transitions work as part of the Action Plan

65	<p>Every teacher/care worker should be aware. Key messages: No empty rooms No child left alone in a room No child 'manhandled' or incorrectly or unnecessarily restrained ; No reduction in the child's school time (part days/weeks) to suit the school- especially if using the child's 'ability to cope' as the excuse ; No sending home of the child because the school cannot cope with their autism. (This type of thing is a potential cause of family strife and badly affected finances.) 100% endeavour to educate as well as 'control'.</p>	Parent/Carer	<p>We will make sure that training includes key messages that ensure people with autism receive appropriate support from practitioners who have the right skill and expertise</p>
66	<p>What do we need to do to improve access to education and employment?</p> <p>Put forward a strategy that allows for more school /training in County; Allow for more flexibility in starting of school (Reception)—I realise there are some moves to this now..... If a school (colleges and work placements would have to bear other things in mind) claims to work with children/young people with autism, they should be prepared to work with whatever the child is likely to do as a result of their frustrations at their own condition, or as a result of their condition. Too many places refuse autistic children if they are deemed 'aggressive' (and this label sticks once put in a Statement/Plan). Many are 'aggressive' because they have been mishandled (sometimes literally) in the past and need extra guidance and training to cope.</p>	Parent/Carer	<p>We have already started to roll out a programme of training and will extend this to cover Early Years and Post 16 providers</p>
67	<p>Worcestershire now has an Autism Strategy. Is there a timetable for its implementation? When it is implemented, it is most important that Professionals know of the service and how to refer those who they feel may benefit from a diagnosis and the appropriate follow-up support. It is important that those who are already diagnosed can also access support services if necessary. There should be a clear pathway to allow this. I look</p>	Carer	<p>Strategy will be implemented via an action plan which will be develop in May/June 2015. Professionals have been made aware of referral pathway. Current provider can offer clinical and non-clinical follow up support</p>

	forward to a better future for those on the Autistic spectrum in Worcestershire.		as per contract.
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Carers Strategy for Worcestershire - update

Agenda item 6

Date	12 May 2015																
Board Sponsor	Dr Richard Harling, Director of Adult Services and Health																
Author	Richard Keble, Head of Joint Commissioning																
Relevance of paper	<p>Priorities</p> <table border="0"> <tr> <td>Older people & long term conditions</td> <td>Yes</td> </tr> <tr> <td>Mental health & well-being</td> <td>Yes</td> </tr> <tr> <td>Obesity</td> <td>No</td> </tr> <tr> <td>Alcohol</td> <td>No</td> </tr> <tr> <td>Other (specify below)</td> <td>No</td> </tr> </table> <p>Groups of particular interest</p> <table border="0"> <tr> <td>Children & young people</td> <td>Yes</td> </tr> <tr> <td>Communities & groups with poor health outcomes</td> <td>No</td> </tr> <tr> <td>People with learning disabilities</td> <td>Yes</td> </tr> </table>	Older people & long term conditions	Yes	Mental health & well-being	Yes	Obesity	No	Alcohol	No	Other (specify below)	No	Children & young people	Yes	Communities & groups with poor health outcomes	No	People with learning disabilities	Yes
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People with learning disabilities	Yes																
Item for	Decision																
Recommendation	<p>1. That the Health and Well-being Board:</p> <p>a) Note the outcome of the consultation about the Carers Strategy; and</p> <p>b) Approve the final draft of the Carers Strategy.</p>																
Background	<p>2. The Health and Well Being Board received an initial report about the Carers Strategy in November 2014. The Chair of the Health and Well-being board met with carer representatives and Healthwatch on 11 December 2015 to agree changes prior to public consultation and these were noted at the January 2015 Board meeting.</p> <p>3. The Strategy supersedes the 2009-14 Carers Strategy – Carers at the Heart of Worcestershire's Families and Communities, in the light of significant changes in legislation at national level and changes to Health and Social Care Services.</p>																

Next Steps

Background Documents

4. Public consultation about the Strategy commenced on 27 February. Consultation took place via face to face meetings with carers, meetings with Carers Action Worcestershire and an online survey from 26 January until 8 March 2015. 59 questionnaires were returned and 6 organisations and networks provided feedback on behalf of carers in Worcestershire. A summary of the comments received during the consultation and how these have been reflected in the final draft are included at Appendix 1.
 5. The Council's Adult Care and Well-being Overview and Scrutiny Panel met on 25 March 2015 and heard evidence from Cllr Sheila Blagg and Richard Keble. Carers and Carer representatives contributed to the discussion at the panel meeting. Their thoughts and recommendations are also appended.
 6. A working group of carers, carer representatives and Council staff amended the consultation document in the light of all submissions and the document attached is the result of these discussions.
 7. Once approved by the Health and Well Being Board:
 - A detailed action plan will be developed by the Carers Consultative Group and other local carer groups and implementation will commence,
 - The layout of the Strategy will be updated to include images and quotes from carers,
 - Further work will take place to renew the commitments by employers and providers in both the public and private sector in Worcestershire to renew the commitments of a Worcestershire Carers Charter,
 - An official launch will be planned during National Carers Week 8 – 15 June 2015, to which carers and other interested parties will be invited. It is proposed that this event will be hosted by the Health and Well Being Board in partnership with local carers organisations.
- Appendix 1: Carers Strategy Consultation Feedback
 - Appendix 2: Carers' Strategy

Appendix 1: Carers Strategy Consultation Feedback

Comments	By	Our response
Funding rationale for carers services to be referenced in strategy	O&S panel	Strategy includes reference to maintaining carers investments since 2013/14
Carers involvement in the final version of the strategy	O&S panel and individual carers during consultation	Agreement made that final text to be agreed by Health and Well Being Board (HWB), whilst more detail about implementation to be discussed with carers and an action plan to be developed once HWB agrees the Strategy.
Joint working at senior level necessary to ensure implementation of the strategy	O&S panel	HWB and senior commissioners of CCGs and WCC will continue to receive updates about service development, implementation of the Strategy and feedback on service quality
Using ICT to support carers	O&S panel, individual carers and carer support organisations	In line with both local and national strategies information will be made available to ensure that carers have access to up to date information. In addition in Worcestershire we have commissioned support services to help carers access the right information online and give advice. We are exploring the possibility of an online 'one stop shop' that support organisations and carers can use to find information.
Carers assessments	O&S panel	O&S panel referenced the number of assessment in relation to the total number of carers assessments undertaken in 2013/14. However, the Strategy explains that not every carer in the county wants or needs a carers assessment; it is however vital that if and when carers need support

		they know how and where to access this. The Strategy caters for this.
Whole family assessments	O&S panel	This is referenced in the Strategy and as part of the Care Act 2014 provisions this will be offered to carers and young carers.
Accessibility of the draft strategy	Individual carers	The document has now been revised with input from carers.
More detail needed about how the strategy would be delivered	Individual carers	The document has now been revised in light of these comments. Once Health and Well Being Board have agreed the document a detailed action plan will be developed.
How will carers be enabled to contribute to future carers engagement and consultation	Individual carers	The Strategy makes reference to the commitment to co-production, building on existing carers consultation and engagement groups. We will further investigate the use of social media to enable more carers to engage with commissioners and providers about the implementation of the strategy
Carers don't always feel valued	Individual carers	A clear commitment has been made in the strategy for all partners to become carer aware and commit to valuing carers. A new Carers Charter will be developed and partners in the public and private sector will be encouraged to sign up to this.
Training for carers	Individual carers	Training provision is already in place. This will be reviewed and re-commissioned during 2015/16. We will use existing local and national information to determine which training will be prioritised.
Carers pathway(s) to be clearly explained in the light of the changes in the Care Act 2014	Individual Carers	Pathways for adult and young carers have been developed and are appended to the strategy.

Individual budgets and Direct Payments for carers need to be explained	Individual carers	This has been appended to the Carers Strategy
Assurance needed that services listed on Your Life Your Choice are safe	Individual carers	Relevant services have to undergo a "quality check". This is based on the level of risk –the higher the potential risk to the user, the more rigorous the quality checks.
Carer support groups may not be the right approach to all carers	Individual carers	Local carer groups are part of a 'menu' of support offers which are and will be made available. We will continue to review the effectiveness of these and will also explore solutions such as 'buddying' systems, social networking solutions in addition to existing commissioned support.
Charging for carer services	Worcestershire Association of Carers; individual carers	This has been clarified in the Strategy – although local authorities have the power to charge (Care Act 2014) Worcestershire County Council will not charge in 2015/16 for services provided directly to carers.
How does Worcestershire's funding commitment compare	Individual carers	The Strategy states that funding for carers support has not decreased in 2015/16.

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Children and Young People's Early Help Strategy

Agenda item 8

Date	12 May 2015																
Board Sponsor	Gail Quinton, Director of Children's Services																
Author	Hannah Needham, Strategic Commissioner – Early Help & Partnerships																
Relevance of paper	<p>Priorities</p> <table border="0"> <tr> <td>Older people & long term conditions</td> <td>No</td> </tr> <tr> <td>Mental health & well-being</td> <td>Yes</td> </tr> <tr> <td>Obesity</td> <td>Yes</td> </tr> <tr> <td>Alcohol</td> <td>Yes</td> </tr> <tr> <td>Other (specify below)</td> <td>No</td> </tr> </table> <p>Groups of particular interest</p> <table border="0"> <tr> <td>Children & young people</td> <td>Yes</td> </tr> <tr> <td>Communities & groups with poor health outcomes</td> <td>Yes</td> </tr> <tr> <td>People with learning disabilities</td> <td>No</td> </tr> </table>	Older people & long term conditions	No	Mental health & well-being	Yes	Obesity	Yes	Alcohol	Yes	Other (specify below)	No	Children & young people	Yes	Communities & groups with poor health outcomes	Yes	People with learning disabilities	No
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Item for	Decision																
Recommendation	<p>1. That the Health and Well-being Board (HWB) is asked to:</p> <p>a) Approve the proposals to refresh the governance arrangement, as outlined in paragraph 21, by replacing the Children's Trust Executive Board as a sub group of the HWB with a Children and Families Strategic Group and strengthen the involvement of other groups (e.g. Health Improvement Group) in overseeing the implementation of the Children and Young People's Plan,</p> <p>b) Note the feedback from the recent Children's Services Safeguarding Peer Review outlined in paragraph 15,</p> <p>c) Consider and agree the role of the Health and</p>																

Background

Well Being Board in leading the development and implementation of the revised Early Help Strategy and its contribution to the wider Children's agenda,

- d) Note the plans to refresh the Children and Young People's (CYP's) Early Help Strategy to capture the role that all partners have in meeting 'early help' demand and to inform future funding/commissioning decisions, and**
- e) Note the timescales for consultation to inform the development of the CYP's Early Help Strategy including using the stakeholder event (4 June) arranged on reviewing the Health and Wellbeing Strategy.**

2. The NHS planning guidance for 2014/15 and beyond, requires CCGs to work with partners to develop a five year strategy for health and social care in Worcestershire.
3. This five year strategy, approved by the Health and Well Being Board in July 2014, brings together the various discrete plans and activities that health and social care partners are committed to delivering in the coming five years. It also provides a clear sense of direction for local partners to work collaboratively to deliver local plans including the Children and Young People's Plan
4. The Children and Young People's Plan (CYPP), also approved in July 2014, outlines how partner agencies across Worcestershire will work together to improve outcomes for children and young people. A key priority within the CYPP is delivering the Early Help Strategy. The Health and Well Being Board delegated responsibility for progressing and performance monitoring the CYPP to the Children's Trust.
5. From April 2015, the Care Act requires the local authority to develop preventive services for adults, and to put the well-being principle at the heart of all it does. It describes three levels of preventive services: primary, secondary, and tertiary. The Care Act creates the opportunity for alignment across ages, so that the Council has a single approach to prevention, developing resilience among people living in Worcestershire, but making sure that, when people do need help, they can get the right help at the right time, before problems get worse.

Early Help Strategy 2011-2015

6. To meet the expected levels of demand, providing impactful 'preventative'¹ services needs to extend beyond the county council remit. Therefore, more needs to be done to recognise and clarify the roles, responsibilities and relationships of wider partners and other commissioned services in preventing issues arising and/or escalating. There also needs to be greater emphasis placed on building individual and community resilience to improve the ability of people and communities to look after themselves and each other. These principles underpin the Connecting Families concept which aims to:-
 - Introduce a whole system response in overcoming challenges that prevent/delay positive outcomes for children and families,
 - Provide greater focus on **prevention, protection and recovery** to help families **thrive**,
 - Develop a common approach to targeting resources (human, capital, system), monitoring and evaluating impact and assessing/understanding need,
 - Build on and 'adds value' to existing good practice seen within models of inter-agency working.
7. The existing CYP's Early Help Strategy (approved in September 2011) focused on developing an 'early help offer' across Worcestershire. The development of this 'offer' focused on Worcestershire County Council's responsibilities and resources and has driven the commissioning of six 0-19 early help service arrangements, one for each District area. It also focused on the alignment of other early help services such as the schools funded Early Intervention Family Support services and the Stronger Families Service².
8. The six 0-19 service arrangements are all now in place and the focus has switched to performance monitoring and evaluating impact on outcomes, which include tackling health inequalities. Performance information does suggest that the existing offer (including Stronger Families) is improving the lives of those individuals and families reached by early help services. However, further evaluation needs to be carried out to ascertain the wider impact on outcomes including cost benefits.
9. Throughout the implementation of the Early Help Strategy the demand on specialist services (e.g. children's social care) has continued to increase, despite the introduction of the early help offer. The financial

¹ Primary, secondary and tertiary prevention

² Worcestershire's response to the national Troubled Families agenda.

Early Help Strategy 2015 onwards

landscape has also changed significantly since 2011 with public sector resources reducing. For example the County Council budget to commissioning 0-19 early help services is set to reduce by c.£4.5million (from £7.7million) by 2017/18.

10. It is therefore intended to refresh the current Early Help Strategy to:-
 - a. shape the future WCC/NHS commissioning intentions,
 - b. seize the opportunity within the Care Act to align preventative and demand management approaches across ages; and to
 - c. provide clarity on the expectations of cross agency / organisation involvement in preventing issues arising and/or escalating.
11. The refreshed strategy will be underpinned by a needs assessment completed by Public Health. The scoping of the needs assessment began in September 14 and the first phase was completed in February 2015.
12. The emerging headlines from the first phase of the needs assessment are:-
 - If we carry on as we are then the need for early help services is **forecasted to grow over the next 5 years**. The main reason for this is a higher and rising birth rate in more deprived communities where the risks of poorer outcomes are greater,
 - Using the PREview model to forecast demand, children and young people living in the most 40% of deprived localities in Worcestershire are most likely to need additional preventive interventions,
 - The rates for all current early help and specialist/critical provision (health & LA commissioned) are significantly higher in more deprived areas,
 - Based on the current number of early help assessments, currently commissioned Early Help Providers are unlikely to reduce projected demand on their own.
13. The needs assessment concluded with a number of statements that will be considered throughout the development of the refreshed Early Help Strategy. These include:-
 - Shift towards better identification and prevention of maternal mental health & depression to improve child outcomes (and save money),
 - Enhance efforts to prevent the need for early help or

Safeguarding Peer Review

- intervention, in particular during the early years through intensive ante-natal and post-natal home visiting for disadvantaged families by strengthening parenting advice/support and by focusing outreach and family support to most vulnerable families,
- Develop a greater focus on the emotional health and wellbeing of children at school,
 - Maximise the benefits of community assets,
 - Target multiple poor behaviours amongst adolescents with evidence-based 'cluster interventions,'
 - Introduce parenting skills classes in secondary school as part of PSHE programme, ideally resulting in a parenting qualification,
 - Integrated services are key to facilitating the holistic approach to connected problems. For example, when tackling adolescent multi-factor risks (youth crime, mental health.)
14. The headline facts, figures and conclusions from the needs assessment will be used over the next six months to consult with a wide range of stakeholders and service users through a variety of forums. The purpose of the consultation is to help co-design the key priorities within the refreshed Early Help Strategy and the actions within the supporting implementation plan. An outline of the consultation activity is in Appendix 1.
15. The County Council recently asked for a Local Government Association (LGA) facilitated Safeguarding Children Peer Review to take place as part of our desire to be a learning organisation. Ahead of the review the identified key areas that the County Council wanted the reviewers to focus on were:-
- Are the structures, systems, processes and management focus right to deliver children's social care services moving forward?
 - Are the current strategies and plans for improvement having impact?
 - A view on corporate support for children's safeguarding,
 - The quality of front-line practice specifically focusing on how the front door is working,
 - A view on the multi-agency partnerships and partners engagement with supporting the improvement of outcomes for children and families.
16. The reviewers spent time with senior managers, front-line staff, members and partners to have open and honest conversations about our services and how we protect and support children and families in Worcestershire.

They identified the following key points in their feedback:

Key strengths

- There is a committed workforce which is keen to make a difference to children and families,
- There is an overall sound strategy and backing from the whole council to make any necessary changes within our service,
- From observations made during their visit, timely decision making at the Access Centre was found and there is good evidence of the rationale of decision making,
- There are many examples of how work is having a good impact. For example, the POD social work model in schools, in-house social worker recruitment drive and the Stronger Families programme,
- There is strong and committed partners and tangible examples of partner engagement,
- Resources have been prioritised and there is a commitment within the financial strategy to address cost pressures within children's services.

Key areas for consideration

- Social care practice is open to further improvement to help keep children safe moving forward,
- The Family Front Door needs simplifying and there needs to be a clearer understanding of where the Multi Agency Safeguarding Hub will fit in,
- Provide clarity on the difference between the Worcestershire-wide early help strategy and the council commissioned early help services,
- The Health and Well-being Board could do more to add a unique children's focus in their current strategy,
- Worcestershire Safeguarding Children Board (WSCB) requires more pace and scrutiny, with some multi-agency areas slow to develop,
- The need to further develop consistent financial projections based on forecast demand and complexity.

17. Whilst all of the above will not be achieved in coming days, it will require a step up in pace and focus in these areas. This includes strengthening the role of the Health and Well Being Board in its contribution to the wider Children's agenda, particular in relation to the Early Help Strategy and wider demand management pressures across Children's Services.

Strengthening the governance across the Children and Families Sector

18. Public Health are also crucial in helping to address the demand management pressures through their focus on prevention and reducing health inequalities. The Peer Review also concluded that greater consideration should be given to integrated commissioning between Children's Services and Public Health around services for children and families.
19. In order to develop and drive through the ambition of the Early Help Strategy (including Connecting Families) and respond to the recent Peer Review feedback, the current governance arrangements across the children and families sector need to be strengthened.
20. The Children's Trust Executive Board (CTEB) is a formal sub-group of the HWB but has no formal decision making responsibilities and therefore seeks to implement the Children and Young People's Plan by influencing the plans and actions of all partners. It is also restricted in membership and therefore does not include some key strategic partners such as the CCGs. This has hampered the ability of the Children's Trust Executive Board (CTEB) to meaningfully add value to the children's agenda. There is also increased emphasis on the Health and Wellbeing Board acting as a key partnership for promoting children's outcomes and owning and integrating commissioning activity across the children's sector. The existing CTEB is therefore no longer the best model to develop these relationships for the future. However, a key strength of the existing Children's Trust arrangements has been the wider stakeholder engagement and it is intended to build on this through the proposed Children and Families Strategic Group.
21. Recognition also needs to be given to the development of Local Children's Trusts, which are different across each district area, and are used as a vehicle for sharing information and discussing local solutions to meeting the needs of children and families. However, there are different facilitation arrangements within each area now the dedicated Children's partnership facilitation support has been removed. In some cases this has resulted in District Councils or Early Help Providers facilitating these groups and this stretches already limited capacity.
22. Therefore the Health and Wellbeing Board are asked to approve the following proposals:-
 - **Disband the current Children's Trust arrangements and replace it with a wider stakeholder group called the Children's and Families Strategic group, which**

will be a sub-group of the HWB.

This Group will:-

- Have a wider membership than the current Children's Trust Executive Board including, Local Members and senior officers of organisations that commission and provide services for children and families in Worcestershire,
- Meet twice a year to review performance across the children, young people (and families) sector, share progress and success and agree areas for development, potentially by using HWB development sessions,
- Create space for strategic/senior officers and Members to focus on the needs of children and families and ensure there continues to be strategic oversight of improving outcomes for children and families,
- Have strategic oversight of the Connecting Families programme. The effectiveness of early help and safeguarding services will be monitored by Worcestershire Safeguarding Children's Board.

- **Encourage Local Children's Trusts to continue with the remit of influencing and managing demand and integrated working across their geographical area.**

They will not be formal sub-groups of the Strategic Group, although Chairs will be invited to form part of the Strategic group. Providers and Commissioners will also be encouraged to continue to use Local Children's Trusts (or equivalent) to seek feedback on local performance, engaging key local partners (e.g. schools, Members) and find solutions to particular challenges. Each Local Children's Trust will need to consider the ongoing facilitation and servicing groups, the role of local Members and the right meeting structure which adds most value.

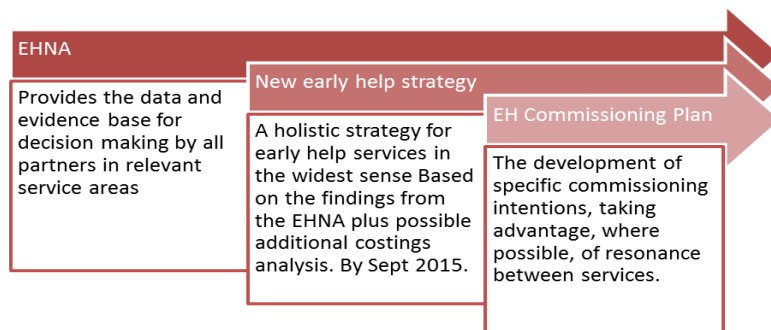
- **Maximise the use of the HWB and the existing HWB sub-groups, including continuing to use the Health Improvement Group, to consider the specific needs of children and young people in relation to the HWB key priorities.**

Next Steps

23. Pending approval from the Health and Well Being Board, initiate the first meeting of the Children and Families Strategic Group. A tentative date has been set for the 23 June 2015.
24. The output of the consultation and needs assessment activity will be used to shape the Early Help Strategy throughout August and September 2015 ready for approval through the respective governance groups,

including the Health and Well Being Board, in November 2015. The Strategy will clarify:

- future service design models that build on the principles of integration and enabling individuals and communities to support themselves,
- what residents (potential service users) and communities can expect;
- the roles, responsibilities and relationships between agencies and organisations from across the children and families sector;
- the next iteration of transformational change across the sector including the opportunities to maximise resources e.g. social finance; and
- the expectations of how services will be evaluated to evidence success.



Background Documents

- Appendix 1 -Early help strategy- consultation and Engagement

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Early Help Strategy - Consultation & Engagement Plan

Month	Activity
<p>April 2015</p>	<p><u>Comparison and Benchmarking</u> Comparisons and benchmarking of our services with other Local Authorities to identify potential best practice.</p> <p><u>Research Evidence Base</u> A review of the relevant academic literature to support the Needs Assessments for the Community Health Services.</p> <p><u>Surveys</u> Parent/Carer, Child/Young Person and Professional online surveys open for Child Adolescent Mental Health Services (CAMHS), Speech & Language Therapy Service (SALT), Children with Disabilities – Community Short Breaks and Sexual Health for Young People until 30 April 2015.</p> <p>Slips and flyers promoting these surveys are being distributed through various channels e.g. schools, short break providers etc. to maximise the response rate.</p> <p>An online survey for Early Help stakeholders is open throughout April until 8 May 2015. The survey will also include some additional questions around Health Visiting/school nursing/other early intervention models.</p> <p><u>Statistical Data</u> Collation of population, referral and demographic data for the relevant services undertaken by WCC Performance & Development Team. A request for data from Health has been submitted for Director approval – outcome pending.</p> <p><u>Focus Groups</u> To supplement the online surveys, focus groups are also being held to gather service user feedback. Existing groups have been identified e.g. Youth Cabinet, WCVYS etc. to hold focus groups which will take place during the end of April and the first 2 weeks of May 2015.</p>
<p>May 2015</p>	<p><u>Comparison and Benchmarking</u> Report detailing findings completed by 6 May 2015.</p> <p><u>Research Evidence Base</u> Report detailing findings completed by 6 May 2015.</p> <p><u>Surveys</u> Report detailing findings completed by 20 May 2015.</p> <p><u>Statistical Data</u> Report detailing finding completed by 20 May 2015.</p>

Month	Activity
	<p><u>Focus Groups</u> Report detailing findings completed by 20 May 2015.</p>
June 2015	<p><u>Needs Assessments</u> Needs Assessments for CAMHS, SALT and CwD – Community Short Breaks submitted to ICEOG and NSPB for approval on 8 & 10 June 2015.</p> <p><u>Workshops</u> 6 stakeholder workshops and 6 Elected Members workshops will take place across the Worcestershire districts. There will also be a separate workshop for the WSCB.</p> <p>4th June - HWB Stakeholder Event</p>
July/August 2015	<p><u>Events/Meetings</u> Children and Young People's Strategic Group Worcestershire Children's Safeguarding Board</p> <p><u>Strategy Drafting</u> The Early Help Commissioning Leads and will draft the revised strategy throughout July/August 2015.</p>
September 2015	<p><u>Workshops</u> Follow up workshops to consult on final recommendations / priorities within the Strategy</p>

Worcestershire Health Indicators Summary

Agenda item 9

Date	12 May 2015														
Board Sponsor	Dr Richard Harling, Director of Adult Services and Health														
Author	Dr Frances Howie, Head of Public Health														
Relevance of paper	<p>Priorities</p> <table border="0"> <tr> <td>Older people & long term conditions</td> <td>Yes</td> </tr> <tr> <td>Mental health & well-being</td> <td>Yes</td> </tr> <tr> <td>Obesity</td> <td>Yes</td> </tr> <tr> <td>Alcohol</td> <td>Yes</td> </tr> <tr> <td>Other (specify below)</td> <td>Yes</td> </tr> </table> <p>Groups of particular interest</p> <table border="0"> <tr> <td>Children & young people</td> <td>Yes</td> </tr> </table> <p>Communities & groups with poor health outcomes</p> <table border="0"> <tr> <td>People with learning disabilities</td> <td>Yes</td> </tr> </table>	Older people & long term conditions	Yes	Mental health & well-being	Yes	Obesity	Yes	Alcohol	Yes	Other (specify below)	Yes	Children & young people	Yes	People with learning disabilities	Yes
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Obesity	Yes														
Alcohol	Yes														
Other (specify below)	Yes														
Children & young people	Yes														
People with learning disabilities	Yes														
Item for	Consideration														
Recommendation	<p>1. The Health and Well-being Board is asked to:</p> <ul style="list-style-type: none"> a) Note the contents of the report, b) Use the information alongside the JSNA and other data to inform the renewed priorities, c) Request the Health Improvement Group to respond to areas of concern; and d) For all partners to ensure that their organisation is fully involved through the groups highlighted in paragraph 6 in addressing the concerns raised. 														

Background

Health and Well-being in Worcestershire

2. The Public Health England reports, Health Profile 2014 and the Outcomes Framework (see website) are produced on a routine basis to allow local authorities to compare themselves against their peers.
3. The Public Health Outcomes Framework Report shows indicators from the Public Health Outcomes Framework displayed in three different ways for comparisons. The information in this report can also be found at www.phoutcomes.info.
4. This report is a brief summary of the information of interest in the reports and the main issues raised by the indicators.
5. In general health and well-being in Worcestershire is better than the England average. Indicators where Worcestershire continues to do particularly well are the same as last year:
 - Overall life expectancy is 79.8 years for men and 83.5 years for women, both significantly higher than the national average (79.4 and 83.1 respectively).
 - Healthy life expectancy, which is the number of years from birth that someone can be expected to live in good health is 65.4 years for both men and women, again both significantly higher than the national average of 63.4 years for men and 64.1 for women.
 - Mortality from common conditions and those considered preventable are all significantly below the national averages. The under 75 mortality rate from cardiovascular disease is 71.9 per 100,000 population compared to 78.2 for England. That for Cancers is 139.2 compared to 144.4 nationally and for causes considered preventable the rate is 167.3 in Worcestershire and 182.9 in England as a whole.
 - Mortality rates for liver disease and respiratory disease in the under 75s are also significantly below average.
 - Infant mortality is 3.1 per 1,000 live births compared to 4.1 for England and is one of the lowest in the West Midlands.
 - The proportion of low birthweight babies is significantly low at 2.2% compared to 2.8% nationally. This is a good indicator of likely health problems in childhood.
 - Breast cancer screening coverage is at 79.4% compared with 75.9 nationally and cervical screening coverage is 75.5% compared to 74.2 for England
 - Injuries due to falls are low both in all people aged 65+ (1,313 per 100,000 for men and 2,055 for

women - England rates are 1,602 and 2,420) and in those aged 80+ at 4,308 per 100,000 compared to 5,015 nationally.

- Emergency readmissions to hospital within 30 days of discharge are lower than the national average at 10.8% compared to 11.8% for England
- Rates of people killed or seriously injured on the County's roads is significantly below the national average and has reduced over the last few years as in the table.

2005-2009 average	2009-2011	2010-2012	2011-2013
50.78	42.24	40.79	39.84
46.28	30.92	29.03	30.72

6. On three indicators the latest figures in this year's reports show a marked improvement on last year.

- **Adult Obesity:** The proportion of obese adults in the population is now in line with the national average where it was high last year. The proportion overweight has also reduced compared to the average, but remains slightly higher. As these are based on data from a sample survey, variation year-on-year
- **Statutory homelessness:** The overall figure is now no longer significantly different to the average and the numbers of households in temporary accommodation is significantly low.
- **Diabetic Retinopathy Screening:** The rate is up from 75% to 89% and now significantly above average.

7. Other indicators where Worcestershire was doing less well last year remain a concern. These are listed below in relation to our four main priorities and with the lead Group for further investigation and improvement work identified:

Obesity – Health Improvement Group and Children's Trust

- **Breastfeeding:** Worcestershire has lower rates of breastfeeding than the England average.

Alcohol - Health Improvement Group and Children's Trust

- **Alcohol-specific hospital stays in under 18s:** the rate of under 18s admitted to hospital for alcohol-specific conditions remains higher in Worcestershire than the England average.

Mental health and well-being - Health Improvement Group

- **Hospital stays for self-harm:** the standardized rate of admissions to hospital for self-harm is still higher than the England average.

Other – Health Improvement Group and Children's Trust

- **Smoking in pregnancy:** the proportion of women in Worcestershire who are smokers at the time of delivery is higher than the England average.
- **School readiness:** The proportions who are considered to have a good level of development has increased by over 10% for all pupils, but remains significantly below the average. The rate for those on free school meals has also increased but remains below average.
- **Successful completion of drug treatment:** the percentage of people successfully leaving drug treatment who do not re-enter treatment within 6 months is lower than last year's figures, with just 23% of non-opiate users and 5% of opiate users who leave the service remaining drug free in 6 months.

Other – Health Protection Group

- **Treatment completion for tuberculosis:** rates of treatment completion are low although note that numbers are small with just 25 people contracting TB during 2010-2012. No new data have been released since last year's figures.

Older people and people with long term conditions – Health Improvement Group

- **Fuel poverty:** the percentage of people experiencing fuel poverty in Worcestershire remains higher than the England average.

Next Steps

8. As in paragraph 6 above, the Health Improvement Group, Children's Trust and Health Protection Group will consider improvement plans in some detail and have oversight of performance. Other monitoring is routinely completed through the Worcestershire County Council Performance Dashboard processes.
9. Work is already in hand in each of the areas highlighted above as being of concern in paragraph 6. For example:
 - a. **Breast feeding:** Current support has been evaluated and refocused on areas of deprivation; and UNICEF baby friendly accreditation has been achieved by all Children's Centres and by the Health & Care Trust. A comprehensive early help needs assessment is nearing final completion, which will give us greater

insight into breast feeding rates and how we can improve them, based on evidence of what works.

- b. **Alcohol-specific hospital stays in under 18s:** A new provider for drug and alcohol services has been commissioned from 01 April with a stronger focus on work with young people, prevention work and working with partners. The Local Authority commissions drug and alcohol services so that people can achieve full recovery and live full lives. In the past focus was on treatment with less emphasis on prevention and recovery. The re-specification redresses the balance towards more prevention and recovery.
- c. **Hospital stays for self-harm:** A briefing on self-harm has been passed to the Children's Safeguarding Board for their consideration to inform their suicide and self-harm guidelines, training of practitioners and future commissioning intentions; school nursing and CAMHS have agreed a revised pathway for self-harm through the Safeguarding Board; the adult mental health pathway is being redesigned with a focus on Primary Care; and the liaison service for inpatient support for self-harm is currently under review.
- d. **Smoking in pregnancy:** A focused piece of work is underway in collaboration with maternity services. We have received some extra funding from Public Health England with matched local funding to implement some aspects of the Baby Clear programme.
- e. **School readiness:** More detail on these data has been produced and made available through the DPH Annual Report which is currently being considered by commissioners in particular with regard to early help commissioners; this is also included in the early help needs assessment.
- f. **Successful completion of drug treatment:** A new provider for drug and alcohol services has been commissioned from 1 April with a focus on achieving recovery through strengthened shared care arrangements and outcomes-based payments and peer support.
- g. **Treatment completion for tuberculosis:** Recent local data shows no concern about completion rates.
- h. **Fuel poverty:** A County wide group is considering

Background Papers

recently published NICE guidance and compiling further evidence on the location of housing without central heating along with learning from other areas such as fuel energy measures on prescription.

- [Worcestershire Health Profile 2014 \(website\)](#)
- [Worcestershire PHOF Area Profile 2014 \(website\)](#)

Annual Progress report from the Health Improvement Group

Agenda item 10

Date	12 May 2015																
Board Sponsor	Marcus Hart, Chair and County Council Cabinet Member for Health and Well-being																
Author	Dr Frances Howie, Head of Public Health																
Relevance of paper	<p>Priorities</p> <table border="0"> <tr> <td>Older people & long term conditions</td> <td>Yes</td> </tr> <tr> <td>Mental health & well-being</td> <td>Yes</td> </tr> <tr> <td>Obesity</td> <td>Yes</td> </tr> <tr> <td>Alcohol</td> <td>Yes</td> </tr> <tr> <td>Other (specify below)</td> <td>Yes</td> </tr> </table> <p>Groups of particular interest</p> <table border="0"> <tr> <td>Children & young people</td> <td>Yes</td> </tr> <tr> <td>Communities & groups with poor health outcomes</td> <td>Yes</td> </tr> <tr> <td>People with learning disabilities</td> <td>Yes</td> </tr> </table>	Older people & long term conditions	Yes	Mental health & well-being	Yes	Obesity	Yes	Alcohol	Yes	Other (specify below)	Yes	Children & young people	Yes	Communities & groups with poor health outcomes	Yes	People with learning disabilities	Yes
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People with learning disabilities	Yes																
Item for	Consideration																
Recommendation	<p>1. That the Health and Well-being Board is asked to:</p> <p>a) Consider and comment on progress made between September 2014 and March 2015; and</p> <p>b) Request that the Health Improvement Group Bi-Annual Report is presented to the Board in November 2015.</p>																
Background	<p>2. The Health Improvement Group (HIG) is a sub-group of the Health and Wellbeing Board. It was set up in March 2014 and its purpose is 'to lead, co-ordinate and ensure progress of action to improve health and well-being, focusing on health inequalities and the wider determinants of health and well-being in Worcestershire'. Full terms of reference and membership are published on the County Council's website. Each Local Authority is represented by a</p>																

Summary of progress: strategic plans

Councillor. The HIG has been well attended by all its members since it was set up in 2014.

3. Part of the role of the HIG is to monitor the delivery of the following Worcestershire strategic plans and associated action plans:
 - Alcohol Plan
 - Mental Well-being and Suicide Prevention Plan
 - Obesity Plan
 - Strategic Drug Plan
 - Tobacco Control Plan
4. The HIG also considers District Health and Well-being Plans with the aim of highlighting and co-ordinating local action and sharing good practice.
5. Since the bi-annual progress report was presented to the Board in November 2014, the HIG has received updates on the Obesity Plan, Alcohol Plan, and Mental Well-being and Suicide Prevention Plan. A summary of progress against these plans is set out below.

Obesity Plan

6. The HIG received an annual update for the Worcestershire Obesity Plan 2013-16 in December. Below is a summary of progress of work in year 2 of the Plan:
 - A programme of targeted support from support workers has resulted in an increase in breastfeeding rates at 6 – 8 weeks, reducing the risk of childhood and adult obesity.
 - A Planning for Health Technical Research paper has been completed (see website) and re-establishes the link between planning and health, it aims to tackle the planning-related components that make up what have been termed the 'social determinants' of health and therefore working to reduce health inequalities
 - The Worcestershire Works Well workplace health scheme has been awarded a Royal Society of Public Health 2-year award. Worcestershire County Council is signed up to the scheme to promote workplace health to its staff. These programmes coincide with the County Council commitment to the national Public Health Responsibility Deal set out by the Government, which aims to encourage businesses and other influential organisations to make a significant contribution to improving public health.
 - A 'Living Well' service for adults has been approved by Cabinet. The commissioned service will support,

tiers one and two of the bariatric pathway. The bariatric pathway describes the progression from general health and healthy weight messages in tiers one and two including promoting lifestyle change, through improved diet, increased physical activity and behavioural interventions. Tiers three and four require specialist interventions and access to intensive treatments such as surgery for morbid/severe obesity when lifestyle changes, restricted diets and drugs have failed to tackle the problem. The Living Well Service will focus on adults living in the most deprived areas or people who have a BMI of 30 or over, with 1-2-1 advice and support by a trained advisor. The service will begin on the 01 April 2015.

- A Maternal Obesity Pathway has been developed to across all agencies in line with adhere to NICE (National Institute of Health and Care Excellence) guidance.

7. In the final year of the Obesity Plan, progress will continue, harnessing the experiences of partners at local level and specifically focusing upon four areas where faster progress and attention is needed;

- Workplace health;
- Creating healthy environments;
- Improving nutritional standards;
- Improving Breastfeeding Rates

Alcohol Plan

8. The HIG received an annual update for the Worcestershire Alcohol Plan 2013-16 in March. Below is a summary of progress of work in year 2 of the Plan:

- Health Chats training now feature a range of information about alcohol misuse, including signposting information to the local support services, which includes Mutual aid services. Mercia Net has delivered training on Alcohol Misuse, Foetal Alcohol Syndrome and Identification and Brief advice to 168 people across Worcestershire since January 2014.
- Initial review of the Blue Light scheme supported by Alcohol Concern. Potential scope for pursuing this across Worcestershire. Blue light has been piloted in a number of areas, resulting in health improvements, cost savings and a reduction in the impact on services.
- Review of the existing clinical pathways to ensure that clients accessing treatment do not fall through the gaps.
- The Drug and Alcohol Treatment Service in Worcestershire has been re-commissioned, with a

new provider, Swanswell, appointed from 01 April 2015.

- A working group has been formally established to develop a review of the existing care pathways between the criminal justice agencies and the Drug and Alcohol Treatment provider. This group has developed an action plan which will be submitted to the Safer Communities Board for review in May 2015.

9. Implementation against the Alcohol Action Plan is progressing well. The HIG will receive the next annual update at its March meeting.

Mental Well-Being and Suicide Prevention Plan

10. The HIG received an annual update for the Worcestershire Mental Well-Being and Suicide Prevention Plan 2014-17 in March. Below is a summary of progress of work in year 1 of the Plan:

- Promotion of the 5 Ways to Well-being through national campaigns including World Mental Health Week and Time to Talk Day.
- Worcestershire County Council (WCC) signed the Time to Change organisational pledge to end mental health discrimination, and will continue to promote its wider adoption.
- Mental Health First Aid Courses have been delivered in Bromsgrove, Redditch and Worcester.
- Local integrated pathways to promote maternal mental health & infant attachment have been developed and agreed. A Needs Assessment of CAMHS Tiers 1-4 has commenced.
- An Early Help Needs Assessment is currently being finalised which has a focus on prevention/early intervention particularly around emotional health & wellbeing.
- Worcestershire Safeguarding Childrens Board has implemented a Suicide Prevention Pathway & Guidance which is being monitored.
- The Worcestershire Suicide Audit Group (SAG) has been set up and quarterly meetings are taking place with key partners to monitor local trends and patterns.
- In relation to the Bromsgrove Highway Footbridge, there have been no reported incidents by the police or partners about this location since the SAG was set up.
- WCC are working in partnership to support the 'Suicide Safe Project' led by the University of Worcester. The Mental Well-being (Finding Mike) event in October 2014 was well attended by over

Summary of progress: district plans

200 students, staff and organisations.

11. Implementation against the Mental Well-being and Suicide Prevention Plan is progressing well. The HIG will receive the next annual update in March 2016.
12. One of the objectives of the HIG is to receive the district Health and Wellbeing Plans and to consider local issues on a regular basis. Since the bi-annual progress report to the Board in November 2014, two districts (Malvern and Worcester) have given a presentation on their Plan. Set out below is the progress made to date.

Malvern Hills District Council

13. The Malvern Hills District Health and Wellbeing Plan 2013-16 outlines local action against the Worcestershire Joint Health and Well-being Strategy 2013-2016. An update of the partnership's achievements in 2013/2014 include:
 - A Community Food Worker has been appointed by Action for Children, they have held a Community Food Networking Event, established a Community Food Partnership and finalised a Community Food Delivery Plan for 2014-15.
 - Malvern Hills District Council have secured a new leisure operator to operate and manage its facilities from 01 April 2015. The new operator will provide targeted programmes and outreach work across the district.
 - Since July 2013, there has been 7 Health Chats Training sessions delivered in Malvern Hills district with a total of 91 people trained.
 - In Malvern Hills district there are currently 3 businesses that are actively working towards their Level 1 accreditation and 2 businesses that are actively working towards their Level 2.
 - A Showcase of Services for Older People was held in December 2013. The 5 Ways of Wellbeing was the theme of the event. Over 60 older people attended the event, more than 20 organisations exhibited.
 - A Digital Inclusion Project was launched on the 1st September 2014 and to date they have had 13 client visits and many more enquiries.

Worcester City Council

14. Healthy Worcester is the new health and wellbeing partnership for Worcester City. It brings together partners from a number of community, voluntary, statutory and faith sector organisations who have an influence on

health. The partnership has developed a health and wellbeing plan which highlights how it is tackling the 4 key priorities highlighted by the Joint Health and Well-being Strategy. Progress includes:

- The Ageing Well project which aimed to tackle social isolation in older adults was completed between March and Dec 2014. Project workers made contact with 500 older people; 174 people were referred onto other agencies for help, advice and support; and 45 people are still receiving support.
- Health Chats Training has trained 461 people in Worcester City (between April 2014 to Jan 2015)
- To date 22 business in Worcester are working towards Worcestershire Works Well workplace well-being scheme
- Sportive funding has enabled 400 young people to engage in sport related activities in the last year.
- Direct access counselling that St Pauls hostel provide has been accessed by 34 of its service users in the last quarter with 11 people on its waiting list.
- Drug and Alcohol workshops are delivered in High Schools in Worcester city. The diversity Football Project has helped to reduce ASB in local area apart from diverting young adults to positive activities.

15. In addition to the updates on the WCC Strategic Health and Well-being Plans and the District Plans, the HIG has considered the following:

- A presentation on Planning for Health.
- The Pharmaceutical Needs Assessment.
- A report on Health Impact Assessment (HIA) asking the HIG to approve the HIA process and progress to date, and to support the development of HIA as a tool for use in supporting the planning process across Worcestershire.
- The Director of Public Health Annual report.
- A briefing on the Care Act.
- Future Lives updates.

16. A forward plan is in place for the year to ensure that the HIG will oversee, implement and support the priorities of the Board, and to monitor progress against health and well-being outcomes.

17. Updated on the Strategic Drug Plan and Tobacco Control Plan will be provided to the HIG in June and September.

18. The six district plans received since the HIG set up have been well received by all partners and it has been

Background Papers

demonstrated how Health and Well-being priorities are being supported and delivered in the localities. District updates will take place annually.

19. A summary of progress for all the Strategic plans will come to the board in November 2015.

- Planning for Health in Worcestershire, Technical Research Paper. (Website)

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**Development of new models of integrated care – The
Worcestershire 'Trailblazers'**

Agenda item 11

Date	12 May 2015																
Board Sponsor	Councillor Marcus Hart, Cabinet Member with responsibility for Health and Well-being																
Author	Frances Martin, Integrated Commissioning Director (Adults)																
Relevance of paper	<p>Priorities</p> <table border="0"> <tr> <td>Older people & long term conditions</td> <td>Yes</td> </tr> <tr> <td>Mental health & well-being</td> <td>Yes</td> </tr> <tr> <td>Obesity</td> <td>Yes</td> </tr> <tr> <td>Alcohol</td> <td>Yes</td> </tr> <tr> <td>Other (specify below)</td> <td>Yes</td> </tr> </table> <p>Groups of particular interest</p> <table border="0"> <tr> <td>Children & young people</td> <td>No</td> </tr> <tr> <td>Communities & groups with poor health outcomes</td> <td>Yes</td> </tr> <tr> <td>People with learning disabilities</td> <td>No</td> </tr> </table>	Older people & long term conditions	Yes	Mental health & well-being	Yes	Obesity	Yes	Alcohol	Yes	Other (specify below)	Yes	Children & young people	No	Communities & groups with poor health outcomes	Yes	People with learning disabilities	No
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Item for	Consideration																
Recommendation	<p>1. That the Health and Well-being Board is asked to:</p> <p>a) Support the development of ‘Worcestershire Trailblazers’; and</p> <p>b) Support the development of revised Terms of Reference for the Strategic Partnership Group and the development and implementation of a countywide support programme.</p>																
Background	<p>2. Following the publication of ‘The Five Year Forward View’ in October 2014; planning guidance issued in late December invited local health and social care economies to be at the ‘Vanguard’ of implementing the proposed new models of care. Guidance on the process for application and guidance for selection was issued by NHS England in January 2015.</p>																

Worcestershire
'Trailblazers' of new
models of care

3. The vision articulated in the Five Year Forward View is consistent with Worcestershire's Health and Care Strategy and our ambitions for joined-up, person centred care.
4. Through the Health and Social Care Strategic Partnership Group (SPG) a single application was made for Vanguard status encompassing three locality variations, reflecting local priorities and the spectrum of development of new models of primary care and alliances between partner organisations and communities.
5. The National team received nearly 300 applications for Vanguard status, and unfortunately the Worcestershire application, although supported by the regional NHS England team, was not in the final shortlist.
6. The process of developing the Vanguard application involved leaders from across our system working together at pace to crystallise and clearly articulate local ambitions. The process confirmed our need to:
 - Support countywide leadership and strategic direction,
 - Recognise local priorities and pace of implementation,
 - Focus on the Well Connected enabling workstreams.
7. The April SPG meeting discussed how it could support local areas to pursue the ambitions described in the Vanguard bid, reflecting local priorities and the emerging range of new models of primary care and alliances between partner organisations and communities.
8. With agreement from the Health and Well-being Board, SPG proposes to identify three Worcestershire 'Trailblazers' to develop new models of integrated care focused around clusters of GP practices. The intention is to pilot and learn from these models in order to inform integration across the county.
9. To assist the 'Trailblazers', SPG will, under an evolved Well Connected brand, facilitate a menu of support, both from within the county and from the revised national pioneer programme. Each 'Trailblazer' will have access to support including:
 - Programme and project management,
 - Financial and other advice,
 - Assistance to co-produce the new models of integrated care in partnership with citizens,

Governance and accountability

- Learning and resources from the national Pioneer programme,
 - The possibility of capital investment in return for revenue savings.
10. In return 'Trailblazers' will be asked to sign up to a Memorandum of Understanding defining the scope and model of integration, setting out any reward and risk, and including a commitment to sharing their experiences.
 11. Work will continue across the County to:
 - Develop system leadership and greater collaboration and cooperation across the various health and care organisations in Worcestershire,
 - Develop and implement joined up IT systems and resolve barriers to information sharing,
 - Identify the roles and skills that will be required in the future and develop integrated workforce plans.
 12. Identification of 'Trailblazers' will be led by the CCGs based on state of readiness.
 13. As delivery will be assured primarily through local governance, it is recommended that the Terms of Reference for the Strategic Partnership Group are revised to become a quarterly 'whole system forum'. Chief Officers of the principal commissioning and provider organisations will work on a dynamic basis, using their respective governance structures to facilitate enablers and support the 'Trailblazers'.
 14. Public accountability will be provided through quarterly updates to the Health and Well-being Board.

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