

Agenda

Health and Well-Being Board

Tuesday, 15 February 2022, 2.00 pm
County Hall, Worcester

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Health and Well-Being Board

Tuesday, 15 February 2022, 2.00 pm,

Council Chamber, County Hall

Membership

Full Members (Voting):

Cllr Karen May (Chairman)	Cabinet Member for Health and Well-being
Simon Adams	Managing Director, Healthwatch Worcestershire
Dr L Bramble	CCG Locality Lead for Wyre Forest
Dr Kathryn Cobain	Director of Public Health
Dr R Davies	CCG Locality Lead for Redditch and Bromsgrove
Paula Furnival	Strategic Director for People
Julie Grant	NHS England
Cllr Adrian Hardman	Cabinet Member for Adult Social Care
Dr A Kelly (Vice Chairman)	CCG Clinical Director for Mental Health and Well-being
Cllr Andy Roberts	Cabinet Member for Children and Families
Tina Russell	Worcestershire Children First
Dr Ian Tait	NHS Herefordshire and Worcestershire CCG
Simon Trickett	NHS Herefordshire and Worcestershire CCG

Associate Members

Cllr Lynn Denham	South Worcestershire District Councils
Kevin Dicks	District Local Housing Authorities
Sarah Dugan	Worcestershire Health & Care Trust
Supt Rebecca Love	West Mercia Police
Cllr Nyear Nazir	North Worcestershire District Councils
Jo Newton	Worcestershire Acute Hospital Trust
Jonathan Sutton	Voluntary and Community Sector

Agenda

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2	Declarations of Interest		
3	Public Participation <i>Members of the public wishing to take part should</i>		

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

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

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	<i>notify Legal and Democratic Services in writing or by e-mail indicating the nature and content of their proposed participation on items relevant to the agenda, no later than 9.00am on the day before the meeting (in this case 9.00am on 14 February 2022). Further details are available on the Council's website. Enquiries can be made through the telephone number/e-mail address listed in this agenda and on the website.</i>		
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10	Worcestershire Safeguarding Adults Board Annual Report, 2020-2021	Prof Keith Brown	35 - 38
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12	Annual Report of the Herefordshire and Worcestershire Child Death Overview Panel	Adrian Over	45 - 50
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15	<p>Future Meeting Dates</p> <p>Public meetings (All Tuesday at 2pm)</p> <ul style="list-style-type: none"> • 24 May 2022 • 11 July (Monday 10.00am) (Please note additional date) • 27 September 2022 • 15 November 2022 <p>Private Development meetings (All Tuesday at 2pm)</p> <ul style="list-style-type: none"> • 29 March 2022 • 21 June 2022 • 18 October 2022 	

Webcasting

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Minutes of the Health and Well-Being Board

Council Chamber, County Hall

Tuesday, 16 November 2021, 2.00 pm

Present:

Cllr Karen May (Chairman), Simon Adams, Supt Steph Brighton, Dr Kathryn Cobain, Cllr Lynn Denham, Kevin Dicks, Paula Furnival, Cllr Adrian Hardman, Dr Anthony Kelly (Vice Chairman), Cllr. Nyear Nazir, Jo Newton, Cllr Andy Roberts, Tina Russell, Jonathan Sutton, Dr Ian Tait and Simon Trickett

Also attended

Matt Fung and Dr Jonathan Wells

624 Apologies and Substitutes

Apologies had been received from Dr Louise Bramble, Dr Richard Davies, Sarah Dugan and Julie Grant.

625 Declarations of Interest

None

626 Public Participation

None

627 Confirmation of Minutes

The minutes of the previous meeting held on 28 September 2021 were agreed to be a correct record of the meeting and were signed by the Chairman.

628 Joint Strategic Needs Assessment Annual Summary

Matt Fung, Public Health Consultant, gave a presentation on the Joint Strategic Needs Assessment (JSNA) Annual Summary. Generally, health in Worcestershire was good relative to England but there were some persistent indicators which remained of concern and more recently, COVID-19 related issues, such as long-COVID, bereavement and mental health problems had become more of a concern. COVID-19 had not affected the population of

Health and Well-Being Board Tuesday, 16 November 2021
Date of Issue: 31 January 2022

Worcestershire equally, exacerbating inequalities with regard to who got COVID-19, who had received the vaccination and how people had been affected, for example children being disadvantaged by lost education time.

When reviewing the priorities of the Health and Well-being Strategy, the 'mental health and well-being throughout life' priority showed fairly stable trends, and it was recognised that the development of the new strategy would take things forward in this area. There were more indicators for the priority 'being active at every age' which were positive and moving in the right direction. For the priority 'reducing harm from alcohol' indicators there was also improvement, with the numbers completing treatment increasing, however, the data did not yet cover the COVID-19 period meaning it should be treated with caution.

The Local Government Association's (LGA's) input to the Health and Well-being Board's recent governance review suggested the JSNA had been previously well-researched, but highlighted room for improvement, particularly with regard to the narrative supporting data and how it could be used for the good of the local population. Matt Fung explained the intent for the JSNA to become more of a living document for use by all partners, including the Voluntary and Community Sector and District Councils, driving strategies.

Finally, it was proposed that an Observatory function be introduced in Worcestershire with information and narrative available from County level through to Ward level, integrating NHS dashboards.

In the following discussion various points were raised:

- With regard to the JSNA annual summary and information presented, there was a query as to why some areas had an increase in life expectancy and others, a reduction. It was explained that it depended on where the figure started and noted that it was still too early to fully understand the impact of COVID-19.
- For the new strategy in development, it was cautioned that indicators should be selected carefully and include those related to social care demand; for example, mental health problems in parents could have an effect on families and potential services needed for children. It was agreed that input from Worcestershire Children First (WCF) would be welcomed.
- It was felt that some families were not identified as needing help until they were in an emergency situation. There needed to be a way to identify them at an early stage; perhaps by the different organisations being better at sharing information, to enable early intervention and potentially prevent them needing acute care at a later date.
- A District Councillor highlighted the frequency that constituents raised housing issues, but were also suffering with their mental health; suggesting such wider determinants of health be included as indicators given the profound impact on an individual's well-being.

- It was recognised that one of the challenges of the integrated care journey was joining up the multiple sources of information and then equipping professionals with the skills to be able to use the information, both for treatment and also for strategies and resource allocation.
- Matt Fung clarified that the Observatory would provide more joined-up population data for the system, enabling targeting of services to support gaps in provision. The intention was to further engage and work with partners to support strategy development. Members agreed that there should be a focus on the virtual concept and outcomes.
- It was explained that there were existing collaborations which looked at national data sets, but the Worcestershire Observatory would deal with local needs. The data would enable actions to be taken earlier in the process to reduce the amount of more extensive interventions later on.
- It was suggested that rather than trying to implement a new system, realism was needed to improve the systems and services which were already in place, such as lifestyle advisors and social prescribers. It was recognised that there was a lack of resources and funding, and a risk that improved systems were talked about but not implemented.

RESOLVED that the Health and Well-being Board:

- a) noted the wide-ranging consequences of COVID-19, and disproportionate impact on those most deprived in Worcestershire;**
- b) noted previous progress against Joint Health and Well-being Board indicators and need for careful selection of new Joint Health and Well-being Strategy (JHWS) indicators;**
- c) noted the proposed changes and direction of travel of the JSNA as a result of the LGA review; and**
- d) supported exploring how a Worcestershire Observatory could provide a way forward.**

629 Joint Health and Well-being Action Plans

Assurance was given that work continued under the existing Joint Health and Well-being Strategy (JHWS), which had been extended while the new strategy was being developed. The report detailed some of the progress made against the JHWS's priorities and associated indicators, also noting impacts of the pandemic. It was acknowledged that it was important that the correct indicators were developed for the new strategy, so that it would be possible to accurately assess outcomes.

Board members made the following comments:

- The Cabinet Member with Responsibility for Children asked whether automatic mental health assessments for young people entering care would be introduced. It was explained that a project was underway creating mental health teams in schools under a national programme, with additional money was provided locally. The project was still in the pilot stage across half of the county, but there was an acceptance it would be rolled out to all schools in the future. The issue of mental health assessments for young people entering care would be followed up after the meeting.

RESOLVED that the Health and Well-being Board:

- a) noted the actions taken in the last 12 months to deliver JHWS 2016/2021 priorities;**
- b) agreed to continue to ensure that each partner represented played an active role in the JHWS implementation; and**
- c) noted the progress relating to the overarching theme for the new JHWS; “Better mental health and emotional wellbeing”, supported by healthy living at all stages in life, safe and healthy homes, and good jobs.**

630 Primary Care Network Priorities

Dr Jonathan Wells gave an update about the Primary Care Network’s (PCN) priorities, with a particular look at the Redditch District Collaborative.

There were 10 PCNs in Worcestershire and priorities had been identified: Mental health, frailty, diabetes and obesity, and respiratory. Five district collaboratives were emerging across Worcestershire; Bromsgrove, Redditch, Wyre Forest, Wychavon and Malvern, and Worcester City; each with their own priorities.

Redditch District Collaborative had effective working relationships between the seven member organisations (the PCN, the District Council, the CCG, the County Council, the Voluntary Sector, the Health and Care Trust and the Acute Hospital Trust) and the key principles were to utilise collective resources to address inequalities; secure a greater understanding of the key determinants of poor health and wellbeing; tackle root causes through prevention and to escalate and address locally any issues arising. The collaboratives would help the preventative agenda, which would pay dividends in the longer term. Redditch District Council were finding that people were willing to forego their organisation’s demands and work for the best outcome of an individual and were pleased to be part of something which was producing positive results. The governance approach involved regular meetings and commitment from a senior level, and ensuring progress between meetings by setting up task and finish groups for the three Redditch priority areas.

County-wide work was being translated into a Redditch footprint to deliver the Integrated Well-being Offer, using the four building blocks; building resilient communities, providing comprehensive and accessible information and advice to enable self-help, providing supported information and advice, and integrating services.

Redditch was hoping to highlight the benefits of working in a collaborative. Noting that, by bringing together services, it could be demonstrated to GPs that other organisations provided services which could help the local population and improve the sustainability of health services.

In the following discussion various points were raised:

- There was a question over Worcester City’s progress and priorities, as it was felt there was little acknowledgement of the wider determinants of

health or of inequalities within the City. It was explained that the well-being offer and local development was still in early development. PCNs would be tasked to consider local inequalities and strive to make improvements in their areas.

- It was queried why there were no specific priorities around children presented. Assurance was given that Redditch would continue to engage with WCF. In addition, many priorities addressed the whole population, not only adults. It was suggested that there should be a more explicit focus on children to enable primary prevention to be successful.
- The Director of People provided positive reflection on the progress of the District Collaboratives, recognising their role in the developing Integrated Care System, and noting how the Worcestershire Executive Committee was considering their contribution and shared learning. Similarly, the representative from the Acute Hospital Trust admired the work being done by the Redditch collaborative and felt the joint working in Worcestershire was quite progressive.
- It was queried how the District priorities, such as homelessness, fit with the Public Health and County strategies where this was not explicit. It was acknowledged that this would be explored, and the intention was for the JSNA to support this, with data to inform the strategies, and potentially also direct resource. It was noted that although a short list of priorities had been agreed however, work still continued in other areas.
- Following on with the point that other issues would be dealt with as well as the priorities, it was queried how and where resourcing issues would be resolved, as it was recognised that there was not enough resource to work on all identified issues.
- The Healthwatch representative was encouraged to see health positively engaged at primary care level, and wondered where the voice of the public entered the process. It was acknowledged there could be greater public engagement, with local Councillors fully briefed, but this should not slow progress. A District Councillor was able to reassure the Board that Councillors were kept informed.
- Redditch District Council was excited about the opportunity to address health inequalities and felt it was very important to invest the time to ensure it progressed. The Board was also reassured that although the JSNA provided information to inform strategy, that was checked against experiences 'on the ground' before resources were committed.
- It was hoped that collaborative working should be able to bring extra resource to the area, although it was pointed out that the PCN areas were not co-terminus with the District Council areas.
- A Board member further commended Redditch's visionary approach, commenting that district collaboratives were a solution to the problem of how to engage with all GPs. The collaboratives were also a way to break down the 'illness' model, using positive language, such as 'healthy weight' rather than 'obesity' to engage children and families and put individuals at the heart of the service, instead of making available a range of services which the population could access. He felt other areas would be keen to follow Redditch's lead.

RESOLVED that the Health and Well-being Board noted the contents of the Worcestershire Primary Care Networks (PCNs) prioritisation 'plan on a page' 2021/22.

631 Integrated Commissioning Executive Officers Group (ICEOG) Annual Update

The report set out an update of the joint work which had been happening in terms of children's services, such as the joint response to the Special Educational Needs and Disabilities report and the Discharge to Assess pathways for adults' services. A review of Section 75 arrangements was currently underway.

A Board member was pleased to note that there would be increased services for autism and although the initial offer would be small, it was recognised that the offer would need to increase as there was high demand.

RESOLVED that the Health and Well-being Board noted the update report on ICEOG.

632 2021/22 Better Care Fund

A Better Care Fund manager was being recruited and once in post, the Board would receive greater detail on the impact and outcome of where Better Care Funds were spent.

RESOLVED that the Health and Well-being Board noted the 2021/22 Period 6 Better Care Fund Budget Monitoring position, and the upcoming requirement to agree the 2021/22 Annual plan, in line with national requirements.

633 Future Meeting Dates

Public meetings (All Tuesday at 2pm)

- 15 February 2022
- 24 May 2022
- 27 September 2022
- 15 November 2022

Private Development meetings (All Tuesday at 2pm)

- 25 January 2022
- 29 March 2022
- 21 June 2022
- 18 October 2022

The meeting ended at 3.40pm.

Chairman

HEALTH AND WELL-BEING BOARD

15 FEBRUARY 2022

INTEGRATED CARE SYSTEM DEVELOPMENT UPDATE

Board Sponsor

Simon Trickett, Chief Executive Designate, Herefordshire and Worcestershire Integrated Care System

Author

David Mehaffey, Director for Integrated Care System Development in Herefordshire and Worcestershire

Priorities

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

"No" answered as the report is not specifically addressing these areas

Safeguarding

Impact on Safeguarding Children	No
Impact on Safeguarding Adults	No

Item for Decision, Consideration or Information

Information and assurance
Decision

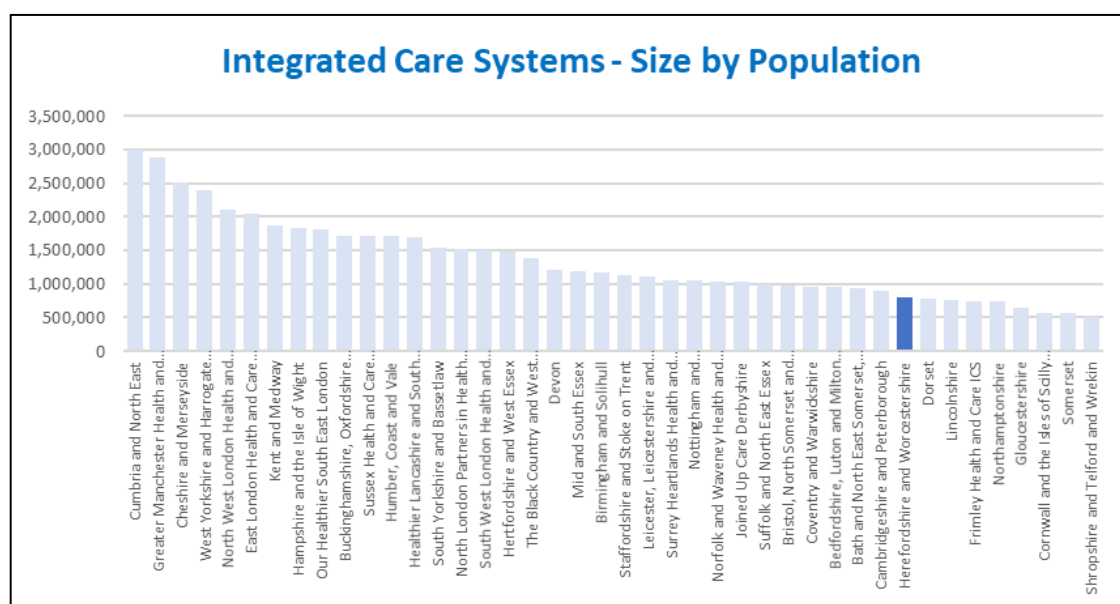
Recommendations

1. The Health and Well-being Board is asked to:
 - a) Note the changes to the legislative timetable;
 - b) Note the progress made on recruitment to the ICB Unitary Board;
 - c) Agree to the Transition Plan for the Integrated Care Partnership outlined in this report; and
 - d) Agree to including appropriate content in future Health and Wellbeing Board development sessions to enable it to take on the responsibilities on behalf of the Integrated Care Partnership.

Background

2. The NHS in England is now organised around 42 Integrated Care Systems. They range in size from the smallest population of 500,000 (Shropshire, Telford and

Wrekin) to the largest of 3,000,000 (Cumbria and the North East). At around 800,000, Herefordshire and Worcestershire is one of the smallest in the country.



3. The Health and Care Bill 2021 is currently at the committee stage in the House of Lords. If it passes as intended, then it will be enacted as law for July 2022, putting integrated care systems on a statutory footing.



4. The purpose of the legislation is to remove the barriers that prevent local NHS, Public Health and Social Care services from being truly integrated. It will create the opportunity to plan and deliver services that are wrapped around the needs of individuals.

Update on Key Changes

5. To support the cultural change required to achieve the ambition, deliver the objectives and achieve the change that is sought, there are a number of structural changes that are being made. Two of the key areas that have most relevance to the Health and Well Being Board are:

- Creation of the new Integrated Care Board
- Creation of the new Integrated Care Partnership

The Integrated Care Board

6. If the legislation passes as expected, on 1 July 2022 the Integrated Care Board will replace the Clinical Commissioning Group. The CCG's statutory duties and functions, and its staff will transfer to the ICB. A new Unitary Board will be created to replace the CCG Governing Body. The ICB will have a wider range of responsibilities than the CCG, including:

- a) Developing a plan and allocating resources to provider, collaboratives and places to deliver that plan using outcomes-based contracts *(rather than specifying activity levels in contracts)*.
- b) Establishing the joint working arrangements and governance structures required to support the delivery of the strategic plan *(such as establishing and supporting place-based partnerships and provider collaboratives, which is not a duty of the CCG)*.
- c) Arranging for the provision of services and let contracts to entities to deliver those services, including providing oversight and assurance on delivery by those providers *(currently undertaken regionally by NHS England)*.
- d) Commissioning of services such as Pharmacy, Dentistry, Optometry, Specialised Acute and Specialised Mental Health and Prison Health *(currently undertaken regionally by NHS England)*.
- e) Leading new strategic planning responsibilities in areas such as Capital & Estates, Digital, Workforce, Green Agenda, Social Responsibility *(currently undertaken individually by separate organisations with no specific local coordination responsibilities)*.
- f) Delivering new duties regarding the management of emergencies and resilience of services, learning lessons from the pandemic. *(The CCG is a category 2 responder, the ICB will be a category 1 responder)*.

7. Good progress is being made on recruitment and appointment of key posts to the Unitary Board:

Group	Role (All designate)	Name
Non-executive Directors	Chair of the ICB	Crishni Waring
	Chair of Audit Committee	No appointment in first round, recruitment to recommence
	Non-Executive for People and Chair of Remuneration Committee	Both roles offered, currently conducting background checks before naming successful candidates
	Non-Executive for Health Inequalities and Engagement	
Executive Directors	Chief Executive	Simon Trickett
	Chief Finance Officer	Mark Dutton
	Chief Nursing Officer	Recruitment process currently live appointment expected in February
	Chief Medical Officer	Recruitment to begin in February, appointment expected in March
Partner Members	NHS Trust Partner Members (3)	Awaiting secondary legislation to be passed before members can be nominated and appointed. Legislation expected in April or May
	Local Authority Partner Members (2)	
	Primary Care Partner Members (2)	

The Integrated Care Partnership

8. NHSE/I has been working with the Local Government Association (LGA) to develop mandatory guidance on the development of Integrated Care Partnerships (ICP). To date we have only seen draft guidance.

9. Integrated Care Partnerships will be statutory committees formed between (as a minimum) the ICB and the Local Authorities that provide social care services. However, it is hoped that the local ICP will contain much broader membership – including organisations such as all district councils, both Healthwatch bodies, housing providers, social care providers, the fire and rescue service, the LEP, wider representation from VCSE partners and other stakeholders who have an interest or role in improving the health of the population and reducing health inequalities.

10. Within the H&W system, we have previously agreed the concept at ICSE and both HWBB's to build the new ICP around the HWBBs. Early view of the mandatory guidance indicates that this will be possible, with some modifications to reflect the fact that Health and Well Being Boards are statutory committees of local authorities in their own right and have specific duties and responsibilities.

11. Our proposal is for the two HWBBs to come together in some form at least twice a year, alongside a wider range of partners that are not typically involved in HWBBs, to form an **Integrated Care Partnership Assembly (ICPA)**. The responsibility of the ICPA will be to set, agree and oversee the delivery of an Integrated Care Strategy for the ICS area.

12. Outside of these ICPA meetings, we hope to pursue two county-based approaches to transacting the requirements of the ICP through the regular meetings of the Health and Well Being Boards. This will reduce unnecessary duplication and ensure that the focus of developing integrated care considers local priorities for the population alongside the national priorities set by Government and NHS centre.

13. Our proposal is to develop an Integrated Care Strategy that is based on three chapters:

- **Chapter 1:** Integration of services in Herefordshire, that are overseen and implemented by the One Herefordshire Partnership, in conjunction with the Herefordshire Health and Well Being Board strategy and plans.
- **Chapter 2:** Integration of services in Worcestershire, that are overseen by the Worcestershire Health and Well Being Board and implemented through the Worcestershire Executive Committee.
- **Chapter 3:** Integration of services at system level, where both “Places” do it once and in the same way, where implementation is managed directly by the ICB.

14. The first meeting of the ICP each year will be to set and revise the strategy, with the second meeting of the ICP being focused on receiving a report on progress and achievement – with a view to revision in the following year. The ICP will therefore have a role in holding “chapter owners” to account for the delivery of their aspects of the strategy.

15. Under current proposals, the first Integrated Care Strategy will need to be written during this calendar year, with implementation applying from 01 April 2023. To meet this timetable, we propose the following timeline:

Month	Meeting	Purpose
Establishment cycle		
Jun 2022	Inaugural meeting of ICP (limited membership)	To agree terms of reference, membership and operating arrangements
Sep* 2022	First meeting proper of the ICPA	To set the direction for the strategy
Dec* 2022	Special meeting of the ICPA	To approve the Strategy for implementation from April '23
Regular annual cycle		
May / Jun Each year	Regular meeting 1	To review progress on the Strategy and identify changes required
Dec/Jan Each year	Regular meeting 2	To agree changes and sign off the Strategy for the following year

**Further meetings could be called as necessary to oversee development of the Strategy either full meetings or through a task and finish group.*

16. Our ability as a system to transition from the current arrangements to the new arrangements will be linked to the development of the Health and Well Being Boards, and their willingness to take on the additional responsibilities that may be outlined in the mandatory guidance. The development of the joint agreement between the Worcestershire Executive Committee and the Health and Well Being Board is also relevant to this approach.

17. The proposed transition plan is:

Month	Purpose
February 2022	<ul style="list-style-type: none"> Meetings of the existing Partnership Board and each Health and Well Being Board to agree the proposed transition approach.
February-June 2022	<ul style="list-style-type: none"> Discussions with both Health and Well Being Boards around the mandatory guidance as it emerges. Development of the handover arrangements and plan to enable the HWBBs to pick up work currently done by the Partnership Board.
June 2022	<ul style="list-style-type: none"> First meeting of the ICP (as per the previous table).

Legal, Financial and HR Implications

18. There will be numerous legal, financial and HR implications associated with the creation of the ICB and ICP, but these will be dependent on the passage of the legislation and can be outlined in a future update. There are no implications specific to this report that the HWBB needs to take account of when making any decisions.

Privacy Impact Assessment

19. There are no implications specific to this report.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Simon Trickett, Chief Executive Designate, H&W ICB

Simon.Trickett@nhs.net

Supporting Information

- No appendices

Background Papers

- No background papers

HEALTH AND WELL-BEING BOARD 15 FEBRUARY 2022

HEALTH AND WELLBEING BOARD AND WORCESTERSHIRE EXECUTIVE COMMITTEE JOINT WORKING AGREEMENT

Board Sponsor

Sarah Dugan, Chief Executive, Herefordshire & Worcestershire Health & Care NHS Trust

Author

Dr Kathryn Cobain

Priorities

Mental health & well-being

Being Active

Reducing harm from Alcohol

Other

Board governance

Safeguarding

Impact on Safeguarding Children

No

If yes please give details

Impact on Safeguarding Adults

No

Item for Decision, Consideration or Information

Decision

Recommendation

1. The Health and Well-being Board (HWB) is asked to ratify the appended joint working agreement between itself and the NHS Worcestershire Executive Committee (WEC), whilst recognising it to be a live working document that will be revised as the arrangements and Integrated Care System (ICS) evolve.

Background

2. The HWB initiated a governance review in June 2021. As part of this, the LGA facilitated a series of interviews and discussion groups in July, the outcomes of which included the need to:

- position the HWB as an effective 'player' in the local health and social system, clarifying its role and purpose;
- define how the HWB priorities are managed;
- ensure its governance is understood across the system, bringing clarity to its, and others, roles and responsibilities; and

- ensure clear leadership and executive support for the HWB, from its organisational and political leaders, to build confidence in it and access executive resource.
3. To deliver this, two organisational development sessions were arranged with Mike Farrar, an external consultant with experience working across the Worcestershire system. The first, with Health and Wellbeing board members, to explore its role and purpose, and the second jointly with WEC members to consider the joint working arrangements.
 4. Following the two sessions, the attached Joint Working Agreement was been drafted reflecting the conversations and progress made to clarify the two distinct roles of both the HWB and the WEC; their purpose, accountability and positioning as they work together to improve local health outcomes.
 5. The draft agreement was reviewed at the Health and Wellbeing Board's development session on 25 January 2022 and feedback from members has been incorporated.
 6. The agreement is considered a live document, which will be frequently reviewed and updated to reflect the changing working arrangements as the board's develop alongside the evolving ICS across Worcestershire.

Legal, Financial and HR Implications

7. There are no legal, financial or HR implications arising as a result of this report. Governance structures are already in place across the relevant organisations to support and service the HWB and WEC.

Privacy Impact Assessment

8. There are no privacy impact implications arising from this report.

Equality and Diversity Implications

9. A full Equality Impact Assessment is not required as a result of this report and the HWB and WEC Joint Agreement.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Dr Kathryn Cobain, Director of Public Health

Email: kcobain@worcestershire.gov.uk

Phone: 01905 844382

Supporting documents

HWB and WEC Joint Working Agreement

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Worcestershire Health and Wellbeing Board and Worcestershire Executive Committee

Joint Working Agreement

Development Session – 6 December 2021

1. Context

Integrated place-based working, across the county and district councils, NHS, the voluntary sector and wider local partners, is central to the new Integrated Care System (ICS) in Herefordshire and Worcestershire. The function of the ICS is to ensure that public sector leaders work collectively with and on behalf of the local population, to reflect their needs and to deliver improved health and wellbeing for all.

The Worcestershire Health and Wellbeing Board (HWB) and Worcestershire Executive Committee (WEC) recognise the importance, especially in the context of a rapidly changing health and care system, of working with a shared purpose and ambition to discharge the place-based leadership function effectively. As such, both boards met to shape and clarify their respective contributions and roles, and look forward to ensuring appropriate synergy, governance and planning to address key issues locally.

This is a record of the discussion, presented in the format of a draft joint agreement between the two boards on their roles, functions and interactions.

2. Role and Functions

Worcestershire Health and Wellbeing Board:

- delivery of its **statutory duties**, to improve the health and wellbeing of the local population, with a focus on **reducing inequalities**
- setting the **strategic direction** for health and wellbeing across Worcestershire
- focused on the needs of the local population, with an emphasis on **prevention** of ill health and addressing the **wider determinants**
- embracing the **whole life course** (starting well in life, living well, ageing well, and dying well), addressing issues for children through to adults
- promoting and embedding **asset-based working** with district councils, district collaboratives and Primary Care Networks (PCNs)
- committed to ensuring that, through membership and supporting forums, it can reflect the **full range of its population**
- operating as conduit, through its sub-groups, between local people, their communities, care providers, councils and the Herefordshire and Worcestershire ICS; identifying **local priorities** to calibrate with national NHS priorities and providing **democratic legitimacy**
- Informing the ICP Integrated Care Strategy and 5-Year Plan as to how NHS services can be delivered to meet local needs.
- delivering a Joint Health and Wellbeing Strategy, shaped by its Joint Strategic Needs Assessment (JSNA), which informs other local strategies to drive collective action to improve **local outcomes**
- primarily committed to taking a **medium to long-term** view of health and care issues, with a remit to consider longer-term strategic solutions to operational challenges.

Current Sub-groups: Children and Young People's Strategic Partnership, Health Protection Group, Health Improvement Group, and Joint Strategic Needs Assessment Working Group

Worcestershire Executive Committee:

- focused on integration, delivery and assurance of **high-quality health and care** across Worcestershire, aligned to the national **NHS priorities**, addressing operational issues in the **local** health and care system, role modelling integrated working and taking action where there are obstacles to progress
- identify and enable **efficiencies** through identifying pathway transformation and productivity improvements
- works differently, role modelling integrated working and striving to achieve **wider access to care**, reduce **inequalities**, and reinforce the principle of **prevention**, with recognition of **wider social determinants**
- promotes the value of **'place'**, working with its constituent provider organisations, including at district, PCNs and collaborative level to actively strengthen integrated care, and providing 'place'-based governance to enable this, including via its sub-committees
- operates with a line of accountability to the Herefordshire and Worcestershire **Integrated Care Board (ICB)**, with specific delegated functions and resources
- escalating to and working with HWB to 'shape **local resource** use' to address wider challenges
- operates largely in the **immediate and short/medium term** and supporting the HWB in considering longer-term strategic solutions to the short-term operational challenges.

Current Sub-groups: Home First, Elective Care, Worcestershire Transformation Group, Worcestershire Clinical and Practitioner Forum, Worcestershire Intelligence Cell, Worcestershire Communication cell, Worcestershire Engagement Cell. Quality and Finance Cells in development

3. Joint Working Agreement

The HWB and WEC, jointly will:

- adhere to the principle of **subsidiarity**, making **place-based, person-centered** health and care decisions;
- bring together **local knowledge** and experience to inform **local priority setting**;
- accept and inform **priorities from the ICS**, and where appropriate escalate issues to the ICB;
- ensure ongoing sharing of high-quality **data** across the Worcestershire system, using mechanisms such as the Worcestershire Intelligence Cell
- ensure that agreed **enabling programmes** are appropriately prioritised and resourced;
- deliver jointly agreed local, **measurable outcomes**; and
- ensure that the ethos of **co-production, partnership working** and **integration** sits at the heart of the Worcestershire system.

Joint governance practicalities include:

- a joint agreement and aligned, complementary work plans to avoid unnecessary duplication and ensure appropriate synergy;
- cross board membership;
- aligned business cycles and dove-tailed meeting rhythm overseen by a 'Core Group' of members from both boards meeting monthly initially, to consider joint issues for collaboration or escalation as appropriate;
- Chair to Chair meetings on a regular repeating basis;
- open and transparent recording of actions and meeting notes wherever possible, in line with the principles of good governance;
- a joint development programme, facilitated through the national support offer;
- scenario testing to enable greater understanding of each board's roles, working and delivering at 'place' level; and
- a periodic review of how the two boards work together (six months initially, then annually thereafter).

HEALTH AND WELL-BEING BOARD 15 FEBRUARY 2022

A CARER FRIENDLY WORCESTERSHIRE AND A COMMITMENT TO CARERS

Board Sponsor

Paula Furnival, Strategic Director of People

Author

Steven Medley, Lead Commissioner, People Directorate

Priorities

Mental health & well-being

Being Active

Reducing harm from Alcohol

Other (specify below)

Unpaid Carers

(Please click below
then on down arrow)

Yes

Yes

Yes

Safeguarding

Impact on Safeguarding Children

If yes, please give details

Yes

The All-Age Carer Strategy and the delivery of an annual all-age carers action plan will contribute to ensuring that Worcestershire is a place for all children and young people to grow up be happy, healthy, and safe.

Impact on Safeguarding Adults

Yes

The All-Age Carer Strategy and the delivery of an annual all age carers action plan will support carers of adults to make safeguarding personal.

Item for Decision, Consideration, or Information

Decision

Recommendation

1. The Health and Wellbeing Board is asked to approve:

- a) the 'Herefordshire and Worcestershire Integrated Care System (ICS) Commitment to Carers'; and
- b) the All-Age Carer's Strategy for Worcestershire (2021 to 2026).

Background

2. The Commitment to Carers and All-Age Carer's Strategy have been developed in consultation with carers, working alongside Health and Social Care partners.

ICS Commitment to Carers

3. The Commitment to Carers provides overarching principles against which all the carers work within Worcestershire will be developed. It is anticipated that local organisations will strive to meet these commitments in whichever ways will have the greatest positive impact on the carers associated with, and employed by, their organisations.
4. The Commitment to Carers statements have been developed based on key national guidance and in consultation with the ICS Carer Reference Group.
5. Organisations that sign up to meet these commitments will be asked to produce an annual report detailing their progress. The format of this report will be developed by the ICS Carer Reference Group.

All-Age Carer's Strategy (the Strategy)

6. The Strategy was developed with a wide range and number of key stakeholders who work with, or have an interest supporting unpaid carers, also with young carers through to young adult and adult carers. The engagement was to ascertain whether the former vision and outcomes for carers were still relevant, what was working well, and to identify gaps and opportunities for improvement. It is also informed by best practice, guidance, and legislation that protects and supports carers.
7. The rationale is to minimise the gap between Adult and Children's Services, to work in partnership to provide a more integrated offer to carers recognising that the vision and outcomes are the same for all carers, albeit supported in different ways with a different ethos. The All Strategy is particularly important to parent carers whereby the cared-for person transitions from Children's to Adult Services.
8. The Strategy details the present situation for unpaid carers within Worcestershire, outlines the future, and identifies how to get there – together. However, it is recognised that it is not a static document; but one that will change as new circumstances arise and the services respond to them.
9. The delivery of Strategy will fall under the remit of Worcestershire's Health and Wellbeing Board. It will be implemented by working groups overseen by the Carers' Partnership.
10. A wide range of partners collaborated to deliver the Strategy, including Worcestershire County Council's Public Health, Young Adults, Learning Disability and Mental Management, Worcestershire Children First/Children Services (including Children with Disabilities and Early Help), Worcestershire Association of Carers, the Stroke Association, YSS, Families in Partnership, the Herefordshire and Worcestershire Clinical Commissioning Group, Worcestershire Health and Care Trust, the University of Worcester and Healthwatch. Other agencies supported with carer engagement including Jigsaw, the Autism Focus Group and Age UK (Dementia Meeting Centre).

11. The annual action plan will be devised in partnership with key stakeholders including carers. The delivery of these actions will make a difference to carers lives and will how services and the public interact with them in their daily lives at home, in education and at work.

Legal, Financial and HR implications

12. There is a legal responsibility to support and include carers of all ages; set out in six key pieces of legislation below. These affect the commissioning of information, advice, and support for Carers. There are other related pieces of legislation such as the Employment Act, Equalities Act, Mental Capacity Act, and the Mental Health Act.

- a) Care Act (2014)
- b) NHS long term plan (2019)
- c) Health and Social Care Act (2012)
- d) Local Government and Public Involvement in Health Act (2007)
- e) Children Act (2004)
- f) Children and Families Act (2014)

13. There are agreed funds for the various elements of the services for Carers, drawn from Adult Services and the Public Health Ring Fenced Grant for example. Other related funding such as Replacement Care and Carer Direct Payments will be considered in the holistic picture of funding for carers.

Equality and Diversity Implications

14. An Equality Impact Assessment has been completed and submitted, with no implications for the attention of the Health and Well-being Board.

Privacy Impact Assessment

15. A Data Protection Impact Assessment has been completed and submitted, , with no implications for the attention of the Health and Well-being Board.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Paula Furnival, Strategic Director for People

Tel: 01905 843628

Email: pfurnival@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Director of People) the following are related background papers: [The Worcestershire All Age Carers Strategy 2015-2020](#)

Appendices:

- Appendix 1 - All-Age Carers Strategy "Carer Friendly Worcestershire – Carer's Strategy for Worcestershire 2021 – 2026" (Available online)
- Appendix 2 - ICS Commitment to Carers

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Our Commitment to Carers

As a Carer¹

1. My experience is valued when developing care plans for the person that I care for.
2. My own physical and mental health needs are recognised and met.
3. I can access relevant information in a format that suits me.²
4. I can access support that meets my individual needs.³
5. I am supported to maintain a life of my own, outside of my caring role.⁴

As an Organisation⁵

1. We proactively identify, register, support, and signpost carers.
2. We co-produce our services and policies with carers to ensure our services meet their needs.
3. We are flexible, to ensure carers can continue to deliver their caring role.
4. We actively involve carers in decisions that may affect their own and/or their cared for's health and wellbeing.
5. We have a carers lead in our organisation who promotes a 'Carer Aware' culture.

¹ The term carer refers to anyone, of any age, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support.

² Information may include but is not limited to details of the cared for's condition; guidance on planning for the future and resources on where to find and how to access support.

³ Support may include but is not limited to: support with coming to terms with the cared for's diagnosis; support to plan for the future; accessing replacement care; carers breaks; peer support; advocacy services; financial advice; relevant training; psychological and emotional support and support when the cared for dies.

⁴ A life of my own may include but is not limited to maintaining links to the local community and its social activities, relationships, work, training or education.

⁵ The term organisation includes but is not limited to: NHS organisations; health and social care; local authority; councils; education providers; charities and the voluntary sector. These commitments apply to both the individuals accessing the organisation and the organisations own workforce.

Supporting Information

- These commitments serve as overarching principles. We anticipate that local organisations will strive to meet these commitments in whichever ways will have the greatest positive impact on the carers associated with and employed by their organisations.
- The statements have been developed based on key national guidance and in consultation with the Herefordshire and Worcestershire ICS Carer Reference Group.
- Organisations that sign up to meet these commitments will be asked to produce an annual report detailing their progress towards meeting these commitments. The format of this report will be developed by the Herefordshire and Worcestershire ICS Carer Reference Group.
- We encourage organisations to take part in carer awareness training, in whatever capacity best serves the organisation. An example of this training is available here: [Carer awareness e-learning | Carer awareness resources | Worcestershire County Council](#)
- Some organisations may also seek to obtain accreditation through organisations such as 'Working for Carers'. Further information is available at: [Home - Working for Carers : Working for Carers](#).

HEALTH AND WELL-BEING BOARD

15 FEBRUARY 2022

MENTAL HEALTH AND WELLBEING STRATEGY

Board Sponsor

Sarah Dugan, CEO Herefordshire and Worcestershire Health and Care NHS Trust and ICS Senior Responsible Officer for Mental Health

Author

Jack Lyons-Wainwright, Mental Health Lead

(Please click below
then on down arrow)

Priorities

Mental health & well-being

Yes

Being Active

No

Reducing harm from Alcohol

Yes

Other (specify below)

Safeguarding

Impact on Safeguarding Children

No

If yes please give details

Impact on Safeguarding Adults

No

If yes please give details

Item for Decision, Consideration or Information

Decision

Recommendation

- 1. The Health and Well-being Board is asked to consider and approve the ICS Mental Health and Wellbeing Strategy.**

Background

2. In autumn 2019 work commenced on the development of a Mental Health and Wellbeing Strategy for Herefordshire and Worcestershire, overseen by the then STP Mental Health Programme Board.

3. Extensive engagement has been undertaken, through public listening and co-production events (see published summary reports in background papers) and circulation at a wide range of forums. In addition to patients and carers, the project team have consulted with professionals across:

- a) Worcestershire County Council
- b) Herefordshire County Council
- c) Worcestershire District Councils

- d) Herefordshire and Worcestershire Health and Care NHS Trust
- e) Primary Care
- f) Worcestershire Acute Hospitals NHS Trust
- g) Wye Valley NHS Trust
- h) Voluntary and Community Sector organisations

4. The engagement work led to the development of 5 key priorities underpinning the aims of the strategy:

- a) Accessible services
- b) Integrated services
- c) Community empowerment
- d) Person-centred services
- e) Prevention and self-care

5. These 5 priorities reflect the local ambition for mental health and wellbeing services, while also aligning with national direction via the NHS Long Term Plan. The strategy also highlights the need to support and build community health assets, utilising existing local enablers such as the Now We're Talking and the development of the Worcestershire Integrated Wellbeing Offer.

6. Delivery of the Mental Health and Wellbeing Strategy will be overseen by the Mental Health Collaborative Executive (previously the STP Mental Health Programme Board), with updates to Health and Wellbeing Boards as required. The strategy is expected to provide a clear direction for mental health service development as Herefordshire and Worcestershire continues its journey to an Integrated Care System, including complimenting the priorities identified by the Health and Wellbeing Board for the Joint Health and Wellbeing Strategy.

7. A high level plan for the next 3 years is included within the strategy, which will be augmented by a detailed action plan following completion of the strategy. From 2024 a refreshed action plan will be developed up to 2026, taking into account developments locally and renewed national strategy expected for the second half of the 10 year LTP.

8. The content of the Mental Health and Wellbeing Strategy has been supported by the ICS Mental Health Programme Board and ICS Partnership Board. Upon submission to the Worcestershire Health and Wellbeing Board on 28 September 2021 several amendments were required, which have been completed.

9. The strategy was subsequently submitted to the Herefordshire Health and Wellbeing Board on 6 December 2021, where it received approval. Worcestershire Health and Wellbeing Board is therefore asked to approve the Mental Health and Wellbeing Strategy, following which the strategy can be published on behalf of the ICS.

Legal, Financial and HR Implications

10. Not applicable.

Privacy Impact Assessment

11. Not applicable.

Equality and Diversity Implications

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

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Jack Lyons-Wainwright, Mental Health Lead

Tel: 07885 246148

Email: jack.wainwright@nhs.net

Supporting Information

- Appendix 1 – Herefordshire & Worcestershire Mental Health and Wellbeing Strategy. (Available online)

Background Papers

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

- Engagement evaluation report Nov 2019 –
<https://www.herefordshireccg.nhs.uk/who-we-are/publications/consultation-and-engagement/2864-mental-health-strategy-engagement-evaluation-report-final-web-version/file>
- Engagement report summary: co-production sessions Jul 2020 -
<https://www.herefordshireandworcestershireccg.nhs.uk/about-us/publications/engagement/additional-engagement-docs/274-mental-health-strategy-summary-engagement-report-final-july-2020/file>

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HEALTH AND WELL-BEING BOARD

15 FEBRUARY 2022

WORCESTERSHIRE SAFER COMMUNITIES BOARD

Board Sponsor

Dr Kathryn Cobain. Director of Public Health

Author

Tim Rice. Senior Public Health Practitioner

Priorities

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

Safeguarding

Impact on Safeguarding Children	Yes
Community safety work will involve a focus on children and young people young individually or as part of their family circumstances	
Impact on Safeguarding Adults	Yes
Safeguarding of vulnerable adults is a significant consideration for the SCB and its areas of responsibility	

Item for Decision, Consideration or Information

Consideration

Recommendation

1. The Health and Well-being Board (HWB) is asked to:
 - a) note the content of the report, aimed at highlighting the role of the Worcestershire Safer Communities Board (SCB), updating on current activity and key areas of focus for all partners; and
 - b) continue to support the work of the Worcestershire Safer Communities Board (SCB), both collectively and as individual agencies.

Background

2. In two tier Local Government, under Section 17 of the Crime and Disorder Act 1998 (the Act), there is a requirement for a county group to take strategic oversight of community safety matters. This complements the work and duties of the statutory Community Safety Partnerships (CSP's), which are set up in north and south Worcestershire and led at District Council level.

3. The SCB discharges its role through an annual Community Safety Agreement and action plan, the oversight of several priority areas, and the governance of groups working on domestic abuse, substance misuse, reducing offending and Prevent and Protect (counter terrorism). It is chaired by the Director of Public Health.

4. Section 30 of the Health and Social Care Act 2012, places upon the Director of Public Health, a responsibility for their Local Authority's role in co-operating with the police, the probation service and the prison service to assess the risks posed by violent or sexual offenders. They should also work with local criminal justice partners and the West Mercia Police and Crime Commissioner (PCC) to promote safer communities. As such, community safety is a category of activity that can be funded by Public Health Ring Fenced Grant.

5. "Responsible Authorities," are, under the Act, required to exercise their functions with due regard and to do all that they reasonably can to prevent crime and disorder, anti-social behaviour, the misuse of drugs, alcohol and other substances, and reduce reoffending. The Responsible Authorities are members of the SCB (and CSP's) and in Worcestershire comprise of:

- Worcestershire County Council (WCC);
- six District Councils;
- West Mercia Police;
- Hereford and Worcester Fire and Rescue Service;
- Herefordshire and Worcestershire Clinical Commissioning Group; and
- the Probation Service.

6. There are additional senior representatives from Worcestershire Children First, the PCC's office, and the Voluntary Community Sector.

Sub-group activity

7. The SCB is positioned to take strategic oversight and has five strategic sub-groups; summarised below with an update on recent activity, priorities and changing legislation.

Worcestershire Domestic Abuse Partnership Board

8. Worcestershire Domestic Abuse Partnership Board is the co-ordination point for supporting a partnership approach to domestic abuse in Worcestershire. There has been the recent implementation of the Domestic Abuse Act 2021, including new duties for Tier 1 Local Authorities (WCC), to provide safe accommodation and support services for victims of domestic abuse and their families. A new Domestic Abuse strategy for Worcestershire has been published and there are a range of actions being developed to ensure that its ambitions are met. A significant area of work is to refresh the policy and procedure on Domestic Homicide Reviews. It is clear from many reviews, the cross-cutting nature of challenges that people have, particularly with mental health problems and substance misuse, which are recurring themes.

Worcestershire Prevent Strategy Group

9. Worcestershire Prevent Strategy Group's current activity includes delivering the duties described in the Counter Terrorism Act 2015 and the Prevent Duty Guidance, as part of the Government's CONTEST Strategy. The focus is on training of staff of Specified Authorities (as described in legislation), Local Authority councillors, and schools. In addition, supporting schools with safeguarding responsibilities who make referrals when necessary. There are excellent working arrangements with all Specified Authorities and notably in the assessment of individuals who are referred to the Worcestershire multi agency Channel Panel, who consider how to support those, who may be at risk of radicalisation.

Worcestershire Protect Group

10. The Government is due to legislate on a new "Protect Duty," which will require improved protective security and preparedness at certain buildings and open spaces, to mitigate the impact of any potential terror attack to places where the public have access. The responsibility for oversight and implementation of the duty will be clarified in the legislation (potentially to be enacted by late 2022). The work of the Worcestershire Protect Group to date is primarily focused upon Local Authorities, as it awaits to see how other public bodies will be affected, such as the NHS.

Worcestershire Substance Misuse Oversight Group

11. Worcestershire Substance Misuse Oversight Group oversees criminal justice and health issues in relation to drugs and alcohol misuse. It is supporting the commissioning of a new five-year Drug and Alcohol Strategy and is an important co-ordination point for the development of commissioning approaches, policy and best practice across the system. The Group reports back to the Worcestershire Health Improvement Group on a cyclical basis.

Worcestershire Reducing Reoffending Group

12. Whilst reoffending is primarily a criminal justice matter, there are many crossovers, particularly in relation to mental health, substance misuse, homelessness, and rough sleeping. A key piece of work for the Worcestershire Reducing Reoffending Group is an assessment of the offender housing and support pathways, to consider the system approach and how better to co-ordinate and improve for the benefit of the individual offender. New reducing violence related statutory duties will be forthcoming and this will require further co-operation between criminal justice agencies and NHS partners.

The Partnership approach

13. Significant co-operation takes place to improve the lives, health and wellbeing of people in Worcestershire. This happens at many levels and includes, for instance, formal co-operation and co-commissioning with the PCC. The PCC's policy ambitions, through the Safer West Mercia Plan, focus on preventive approaches and are well aligned with those of the SCB. There are several relevant significant PCC sub-strategies and action plans, including domestic abuse and the support for and commissioning of services for victims of sexual violence and abuse. Separately a multi-agency needs assessment on the mental health commissioning responsibilities for victims of sexual violence is being finalised.

14. Safeguarding is central to the SCB and its partners work, and the SCB is a signatory to a joint working protocol with the Adults Safeguarding Board, Children's Safeguarding Partnership and the HWB. There have been regular meetings between the chairs of these groups to consider cross-cutting issues. Much strategic and operational activity takes place in this area and notably, a focus on child criminal exploitation overseen and led through Worcestershire GET SAFE. The prevention of crime and its impact on actual and potential victims will continue to be a major priority.

15. The SCB works closely with the Public Health analytical team and ensures that Joint Strategic Needs Assessments products are where necessary, focused upon areas of community safety and health. The team is also supporting work with the Police to consider how data and analysis relating to domestic abuse can be improved and redesigned across the partnership and be more effectively utilised.

16. The implementation of the Integrated Care System (ICS) arrangements, with its focus on 'place' and local communities will be a conduit through which enhanced cooperation between the two boards can take place.

Conclusion

17. The SCB provides significant governance, system oversight and opportunities for joint agency working. There is already well-established co-operation and practical interventions that take place, but there is always more that can be achieved and that would both improve community safety and health and wellbeing. The common themes of mental health, substance and alcohol misuse, and domestic abuse will be areas where both the HWB and SCB members will want to continue to focus their strategic and commissioning intentions. New and forthcoming community safety related legislation, the development of the ICS arrangements, and a stronger focus upon the partnership support and commissioning responsibilities for victims of sexual violence will be continued areas of interest to the HWB.

Legal, Financial and HR Implications

18. There are no legal, financial or HR implications arising from this report.

Privacy Impact Assessment

19. There is no privacy impact resultant from this report.

Equality and Diversity Implications

There are not recommendations arising from this report requiring an Equality Impact Assessment at this time.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Tim Rice, Senior Public Health Practitioner

Tel: 01905 843107

Email: trice@worcestershire.gov.uk

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HEALTH AND WELL-BEING

15 FEBRUARY 2022

WORCESTERSHIRE SAFEGUARDING ADULTS BOARD

ANNUAL REPORT, 2020-2021

Board Sponsor

Director of Adult Services and Health

Author

Bridget Brickley, Board Manager

Relevance of Paper – Priorities

Older people and long term conditions

Mental health and well-being

Alcohol and substance misuse

Relevance - Groups of Particular Interest

People with mental health needs

People with learning disabilities

Older People

Item for Decision, Consideration or Information

Information

Recommendation

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

Background

2. The Annual Report provides an overview of the activity of the Board during 2020 to 2021. This includes the safeguarding activity that took place to protect people in Worcestershire with care and support needs at risk of harm during this period.
3. The guidance provided by the Act clearly sets expectations for the minimum content for Safeguarding Adults Boards (SAB) Annual Reports (Schedule 2.4 (1) a-g). Early in the pandemic the Department of Health and Social Care contacted all Safeguarding Adults Boards (SAB) in recognition of the impact that it might have in meeting its statutory duties, including Annual Reports. The letter stated, given that local challenges may vary, each SAB should decide on whether to delay or reduce the coverage of the report. Whilst the WSAB produced an Annual Report to its normal timescale there has been a slight reduction in the level of data available for this report.

4. Whilst some progress was made against the objectives for the year, this was against a background where statutory partners not only continued to face significant funding pressures and increased workloads, but also when they had to adapt services to meet the demand and needs of COVID-19.
5. For the first six months of the year, some areas of work which were usually undertaken by the WSAB were suspended to ensure that Health and Social Care services had capacity to respond to the demands on their services. This resulted in some objectives being carried over to the following year.
6. Safeguarding Adults Reviews (SARs) continued throughout the year. During 2020/21 there were 8 referrals requesting consideration for a SAR to be undertaken. SARs were commissioned for 2 of these. Of the remaining 6 referrals, 2 resulted in single agency actions being recommended, 3 required no additional actions, and 1 decision was pending with the scoping meeting being held in April 2021.
7. 6 SARs were completed and signed off by the Board during the year. These included the rough sleepers thematic review. All the SARs which were published can be found by following this link. [Safeguarding Adults Reviews](#).
8. Whilst achievements were limited, due to the pandemic, progress was made on some key areas. During the initial stages of the pandemic the Board took a proactive role in ensuring safeguarding information was circulated across statutory and non-statutory organisations on a regular basis. This included the publication on a monthly newsletter. A virtual learning event was also held to share the findings from the Thematic Review into Rough Sleeping.
9. Cross cutting work continued to evolve. A Task and Finish group set up to take forward work on exploitation, produced a research project by the University of Worcester which informed future work areas. The WSAB, South Worcestershire Community Safety Partnership and Public Health also agreed to fund an exploitation coordinator for two years. Strong links were also built with the Strategic Housing Partnership to ensure the delivery of the recommendations from the thematic SAR into Rough Sleeping.
10. Representatives from the reference groups became more engaged in the work of the Board, including supporting a review of the SAR process to improve communication and working closely with the Learning Development Practice and Communication (LDP&C) sub-group to provide advice on information which goes out to the public.
11. Activity data saw a slight decrease in the number of concerns reported compared to the previous year. (Table 4.1). However, the percentage of concerns reported which met section 42 criteria increased significantly to 27%, indicating that the level of awareness around what constitutes a safeguarding concern has improved. In addition, the number of cases that don't meet criteria, but where some level of enquiry has taken place is also now recorded.
12. Finally, the report includes contributions from each of the key partner agencies of the Board. These illustrate the work that is taking place across the County by the partner agencies to protect adults at risk from harm.

Legal, Financial and HR Implications

1. Not applicable

Privacy Impact Assessment

2. Not applicable

Equality and Diversity Implications

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

Supporting Information

- Worcestershire Safeguarding Adults Board Annual Report 2020/21 – Available online via the following link:
[WSAB Annual Report 2020 to 2021](#)

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this report

Name, Bridget Brickley

Job Title: WSAB Board Manager

Tel: 01905- 846572

Email: BBrickley@Worcestershire.gov.uk

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HEALTH AND WELL-BEING BOARD

15 FEBRUARY 2022

WORCESTERSHIRE SAFEGUARDING CHILDREN PARTNERSHIP – ANNUAL REPORT 2020 - 2021

Board Sponsor

Tina Russell - Chief Executive Worcestershire Children First & Director of Children's Services

Author

Stephen Eccleston – Independent Chair WSCP

Priorities

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

(Please click below
 then on down arrow)

Yes
 No
 No

Safeguarding

Impact on Safeguarding Children

Yes

Yearly update on how agencies are work together to safeguard and promote the welfare of children and young people in Worcestershire.

Impact on Safeguarding Adults

No

Item for Decision, Consideration or Information

Information and assurance

Recommendation

- 1. The Health and Well-Being Board is asked to consider the report and highlight any opportunities for collaboration and support between the Board and the Partnership on shared priorities and future work.**

Background

2. The introduction of the Children and Social Work Act 2017 placed a responsibility on the three safeguarding partners in each area, these being the local authority, the local clinical commissioning group and the chief officer of police, to make arrangements to work together to safeguard and promote the welfare of all children in their area.
3. The three safeguarding partners are required to publish a report at least once in every 12-month period detailing their progress, and the report should include how effective the arrangements have been in practice, evidence of the impact of the work

of the safeguarding partners and relevant agencies on outcomes for children, an analysis of where further progress still needs to be made, a record of decisions and actions taken by the partners in the report's period (or planned to be taken) to implement the recommendations of any local and national child safeguarding practice reviews, including any resulting improvements, and ways in which the partners have sought and utilised feedback from children and families to inform their work and influence service provision. The report is made publicly available and must also be shared with both the National Child Safeguarding Practice Review Panel and the What Works Centre for Children's Social Care.

4. Strategic decision making for the Worcestershire Safeguarding Children Partnership (WSCP) takes place within the Executive meeting. The Executive is a small group made up of the safeguarding partner representatives and chairs of the sub-groups, and meets regularly to ensure prompt responses to emerging themes. These meetings are independently chaired. The WSCP Executive also provides the forum for escalation and joint problem solving, for example when Police identified a backlog of referrals within their Harm Assessment Unit, senior partners were able to discuss the current position and the potential impact on other partners and areas of business, offer support and gain reassurance. Similarly, the Executive facilitated a joint problem solving approach to an escalation from Health colleagues in relation to an aspect of information sharing. Further examples of Executive assurance and decision making is provided below.

5. During this reporting year there have been a number of national and local developments to which the Worcestershire Safeguarding Children Partnership (WSCP) has responded. In May 2021 Sir Alan Wood published his follow up report on the new multi-agency child safeguarding arrangements. As a result of this report the WSCP Executive have agreed to develop high-level indicators for children's safety within Worcestershire, beyond the current management information we gather. Further, the Executive Group has identified a need to strengthen links with other local partnerships to better understand issues being identified in relation to the safety of children and young people within Worcestershire, and their responses.

6. In July 2021 Worcestershire Children First received an Ofsted visit, in line with the inspection of local authority children's services (ILACS) framework. Worcestershire Children First were praised for the improvements shown in Children's Services, and particularly the strong progress in improving the quality of practice for children and families in receipt of services at its 'Family Front Door'. Ofsted further noted that "*The local authority and wider partnership have planned and delivered a well-coordinated and effective response to the pandemic*". An example of this was the Safeguarding Babies Programme, led by Worcestershire Children First and supported by the Worcestershire Safeguarding Children Partnership, which was introduced in response to national concerns about the increased risk to babies during the Covid period.

7. During this reporting period the GET SAFE Partnership Group has completed a problem profile of Child Exploitation in Worcestershire, the findings of which will be used to support the effective use of resources, commissioning of services and inform multi-agency training. It has also been used to develop an action plan to build upon the work done during 2019 and 2020 to introduce the GET SAFE approach in Worcestershire. We are seeing the growth of a network of services that support children and young people at risk of exploitation. The West Mercia Police and Crime

Commissioner supported CLIMB service, local Community Safety Partnership provision for young people, supported by third sector agencies and charities and early help offers within schools and colleges are all contributing to keeping children and young people in Worcestershire safe from exploitation. During 2021 guidance has been developed for professionals working with GET SAFE risks and/or vulnerability for young people aged 16-25 years, so bridging that period into adulthood. Young people from local youth groups in Worcestershire have also been engaged on the design and development of this 16-25-year agenda, the accompanying guidance and the new GET THERE website: [Get There | Worcestershire County Council](#). GET THERE is an important development in the Worcestershire response to exploitation of young people within this age group to reduce an area of vulnerability which has been long recognised nationally.

8. The WSCP Quality Assurance Practice and Procedures (QAPP) Group has worked extensively to ensure that the Levels of Need Guidance is well understood and properly applied by all agencies prior to any referral, and that the multi-agency child protection processes that support the Family Front Door functions are of a high quality, and this will remain a priority for the group. This group also uses a range of performance indicators to understand the quality of multi-agency practice as the child or young person's case continues through the child protection system and has completed various targeted multi-agency audits to support that understanding and promote learning across the partnership. This work was recognised by Ofsted inspectors, who noted that *"Leaders have established a positive culture of commitment to continuous improvement across this service area, supported by particularly strong quality assurance arrangements."* The QAPP Group has also developed and used an on-line feedback form to capture the experience of families who have received a service from partners.

9. This year the Child Safeguarding Practice Review (CSPR) Group has conducted three rapid reviews under the new arrangements which have resulted in the commissioning of two child safeguarding practice reviews. These reviews are ongoing. The CSPR Group has also implemented learning from previous serious case reviews and child safeguarding practice reviews, details of which are provided in the main report. In September 2021 the National Review Panel published a report entitled 'The Myth of Invisible Men' which set out the findings from its thematic review on safeguarding children under one from non-accidental injury caused by male carers. As national learning, the local response will be supported by the CSPR Group and will form part of a wider 'Keep Me Safe' strategy.

10. The partnership has published one Child Safeguarding Practice Review during this period. This review, published in April 2021, related to the tragic death of a 17 year old child 'Sarah'. Full details of that review and of the Worcestershire Safeguarding Children Partnership response to the findings can be found here: [CSPR-Sarah.pdf \(safeguardingworcestershire.org.uk\)](#)

11. The Education Head Teacher Safeguarding Steering Group has supported the links between education settings and the Worcestershire Family Front Door, the development of the yearly audit of safeguarding arrangements in schools, the development of Worcestershire early help processes and their relationship to the work of schools and early help services (which attracted positive feedback from Ofsted), the monitoring of developments in relation to Elective Home Education across the county and any impact of Covid on this, and the development of a

safeguarding training pathway and audit for early years settings. In May 2021 Worcestershire was one of the areas visited by Ofsted as part of their rapid review of sexual violence and sexual harassment in schools and colleges, prompted by the 'Everyone's Invited' website. The group has supported a comprehensive response to the findings of this review, details of which are provided within the main report.

12. With the ongoing national focus on the safeguarding of children and young people, and current reviews into both individual safeguarding incidents and overall structures and approaches (the transition from Clinical Commissioning Groups to Integrated Care Systems, and the HM Government commissioned independent review of children's social care being two examples) the next twelve months will be a time of significant change for child safeguarding partnerships. Worcestershire Safeguarding Children Partnership will need to ensure that all agencies continue to work together to develop our multi-agency child safeguarding arrangements, and to ensure we use the learning from these various reviews to strengthen the way in which we safeguard and protect children and young people. Further, we need to focus on those arrangements continuing to work effectively and remain connected as individual agencies embed these national changes within their own services.

Legal, Financial and HR Implications

13. None

Privacy Impact Assessment

14. None

Equality and Diversity Implications

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

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Name: Stephen Eccleston

Job Title: Independent Chair – Worcestershire Safeguarding Children Partnership

Tel: 01905 845466

Email: SEccleston@worcschildrenfirst.org.uk

Supporting Information

- Worcestershire Safeguarding Children Partnership Annual Report (October 2020 – September 2021) (Available online)

Background Papers

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

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HEALTH AND WELL-BEING BOARD

15 FEBRUARY 2022

ANNUAL REPORT OF THE HEREFORDSHIRE AND WORCESTERSHIRE CHILD DEATH OVERVIEW PANEL

Board Sponsor

Dr Kathryn Cobain, Director of Public Health

Authors

Liz Altay, Public Health Consultant

Adrian Over, Herefordshire and Worcestershire Child Death Overview Panel

Independent Chair

Priorities

Mental health & well-being	Yes
Being Active	Yes
Reducing harm from Alcohol	Yes

Safeguarding

Impact on Safeguarding Children	Yes
Impact on Safeguarding Adults	No

Item for Decision, Consideration or Information

Consideration

Recommendation

1. The Health and Well-being Board is asked to:
 - a) note the new arrangements for the statutory revised child death review process and Child Death Overview Panel for Herefordshire and Worcestershire;
 - b) receive the first annual report of the Panel noting the numbers and patterns of child deaths reviewed and the thematic learning to prevent future deaths; and
 - c) support the recommendations of the panel, and to ask the Children and Young People's Strategic Partnership to progress the actions identified.

Background

2. The death of a child is a devastating loss that profoundly affects all those involved. Since 2008, there has been a statutory requirement for a Child Death Overview Panel (CDOP). The Children and Social Work Act (2017) introduced changes to improve and gain consistency to local child death review processes and

the experience of bereaved families. Responsibility moved from Safeguarding Boards to Local Authorities and Clinical Commissioning Groups as Child Death Review (CDR) Partners to take joint ownership of child deaths within their area. Changes were made to the review mechanism and family support functions. CDR partners are expected to review 60 cases annually and for thematic analysis to be undertaken.

3. The Herefordshire and Worcestershire local authority areas have been combined to undertake child death reviews and a new Herefordshire and Worcestershire CDOP established in September 2019. The CDR partners are Herefordshire Council (Public Health), Worcestershire County Council (Public Health) and the NHS Herefordshire and Worcestershire Clinical Commissioning Group.

4. The CDR partners must arrange to review every death of a child aged 0-17 years normally resident in the area and give bereaved families a named key worker for information on the processes and who can signpost them to support. A multi-professional Child Death Review Meeting must be held, attended by professionals involved in the care of the child during life and any involved in the investigation after death. All deaths are then reviewed at an independent multi-agency CDOP, who have not been involved with the child's care, in order to learn lessons and share any findings for the prevention of future deaths. The CDOP should be chaired by someone independent of key providers in the area. The CDOP records the outcomes of their independent reviews on a standardised Final Analysis Form which is submitted to a National Child Mortality Database. The CDOP is required to produce an annual report for CDR partners on local patterns and trends and any lessons learnt.

5. This is the first report of the new two county CDOP which covers the two-year period from April 2019 to March 2021. During this period the CDR partners have reviewed, aligned and embedded the new required child death review processes across both counties. The CDOP continued to review cases during Covid-19 pandemic and responded to the requirements of enhanced notification.

Patterns, Modifiable Factors and Themes

6. There were 103 child death notifications during the two-year period. 27 from Herefordshire, 76 from Worcestershire. Of these notifications 67% were expected deaths and 33% unexpected (not expected 24 hours previously). The number each year were not significantly different than in previous years.

7. The CDOP reviewed 61 deaths during the two-year period. Of the cases reviewed, 49% had a primary category of perinatal/neonatal event; 15% sudden unexpected or unexplained death and 10% had a primary category of chromosomal, genetic and congenital anomalies.

8. Modifiable factors (one or more factors) which may have contributed to the death were identified in 44% of deaths reviewed. The most frequent modifiable factors identified were smoking, unsafe sleeping arrangements, substance/alcohol misuse, maternal obesity, poor communication and information sharing, quality of service delivery and domestic abuse.

9. A thematic analysis was completed for all deaths reviewed in the two counties during the previous five years to inform the work of the panel. This identified that most of the children who died either had complex social needs, or a diagnosed physical or mental health condition. Smoking was a factor across all categories of death. Mental health (predominantly maternal mental health) and complex family or social factors were evident in sudden infant deaths and suicides.

Recommendations

10. The following recommendations have been identified by CDOP from national and local learning to improve outcomes and reduce future child deaths.

1. Herefordshire and Worcestershire CDOP recognises that the timescales for completion of child death reviews could be improved to bring in line with national guidance. It is recommended that CDOPs should aim to review all children's deaths within six weeks of receiving the report from the Child Death Review Meeting.

- Recommend CDOP review the number of cases discussed at each Panel meeting.

Responsibility for action: Herefordshire and Worcestershire CDOP

2. The local thematic analysis identified inconsistencies in safer sleep guidance and the delivery of advice and guidance.

- Recommend the Herefordshire and Worcestershire Safeguarding Children Partnerships implement the refreshed safe sleeping guidance and delivery of the 'Keep Me Safe' strategy to all relevant agencies.

Responsibility for action: Safeguarding Partnerships

3. The local thematic analysis identified a high prevalence of maternal smoking associated with deaths.

- Recommend there is a renewed focus on reducing smoking during pregnancy and ensuring smoke free homes to support mothers postnatally.

Responsibility for action: Herefordshire and Worcestershire Local Maternity and Neonatal System

4. The local thematic analysis identified maternal obesity in pregnancy as a theme which can contribute to complications and premature births.

- Recommend that tackling maternal obesity becomes a key priority.

Responsibility for action: Public Health across Herefordshire and Worcestershire and the Herefordshire and Worcestershire Local Maternity and Neonatal System

5. It was identified from child death reviews there was a need for school and college mental health provision to be strengthened for children, young people and staff to support emotional health and wellbeing.

- Recommend the strengthening and expansion of programmes and interventions in educational settings for children and young people and staff to support emotional health and wellbeing.

Responsibility for action: Herefordshire and Worcestershire Mental Health Collaborative

6. The key findings from a national suicide in children and young people report identified there is a need to improve awareness of the impact a significant personal loss such as bereavement, loss of friendships and routine due to moving home or school or other close relationship breakdown.

- Recommend improving the information and advice available to parents/carers, primary care and community services about identifying the early warning signs of vulnerability and support for children and young people. Including how to identify networks of trusted adults at home, in school and in the community who they might talk to in the event of concerns about themselves or any of their peers

Responsibility for action: Herefordshire and Worcestershire Mental Health Collaborative

7. Local thematic analysis identified there was a need to improve awareness across the children's workforce of children who may have mental health needs that are masked by high academic performance and achievement so that those needs are identified and addressed effectively.

- Recommend an audit of educational providers on provision of mental health training and how this informs their awareness.

Responsibility for action: Herefordshire and Worcestershire Mental Health Collaborative

8. The key findings from the national suicide in children and young people report identified a need for improved support for children and young people in crisis.

- Recommend improved promotion of mental health crisis services and how to access them for children, young people, parents/carers and frontline practitioners working with them.

Responsibility for action: Herefordshire and Worcestershire Mental Health Collaborative

9. Local thematic analysis identified that a challenging family environment where complex social factors are present may indicate that there is higher risk of an infant death.

- Recommend training for frontline practitioners so they are supported to initiate difficult conversations with parents or carers.

Responsibility for action: Safeguarding Partnerships

11. This is the first CDOP report presented to the CDR partners and the Health and Well-being Board. A variety of recommendations are presented for different boards and associated agencies. CDOP suggests the appropriate next step is for the recommendations to be considered and progressed by the Worcestershire Children and Young Peoples Strategic Partnership.

Legal, Financial and HR Implications

1. Legal, funding and HR implications would be considered as the various recommendations detailed within this report are progressed.

Privacy Impact Assessment

There is no required privacy impact assessment at this stage

Equality and Diversity Implications

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

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Name: Liz Altay, Public Health Consultant

Tel: 01905 846503

Email: laltay@worcestershire.gov.uk

Supporting Information

- Herefordshire and Worcestershire Child Death Overview Panel Annual Report 01 April 2019 to 31st March 2021 (Available online)

Background Papers

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

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HEALTH AND WELL-BEING BOARD

15 FEBRUARY 2022

COVID-19 HEALTH PROTECTION BOARD QUARTERLY REPORT (QUARTER 3 2021): DELIVERING WORCESTERSHIRE'S OUTBREAK CONTROL PLAN

Board Sponsor

Dr Kathryn Cobain

Author

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

Priorities

Mental health & well-being
 Being Active
 Reducing harm from Alcohol
 Other: COVID-19

Safeguarding

Impact on Safeguarding Children	No
If yes please give details	

Impact on Safeguarding Adults	No
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Item for Decision, Consideration or Information

Consideration

Recommendation

1. The Health and Well-being Board is asked to:
 - a) Note the delivery of Worcestershire's Outbreak Control Plan (OCP), the arrangements for governance and the current situation of Local Outbreak Response Team (LORT) operation.
 - b) Note the plans for review of future Health Protection Governance and de-escalation of COVID-19 Acute response.

Background

2. This quarterly report from the COVID-19 Health Protection Board will describe the delivery of the Outbreak Control Plan in Quarter 3 2021.
3. Quarter 3 saw changes in Government Guidance for self-isolation. Individuals who received negative Lateral Flow tests (LFT) results on day six and day seven of their self-isolation period no longer had to self-isolate for the full 10 days as long as

they met a set criteria. Specific guidance applies for people working in health and social care settings.

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

Quarter 3 COVID-19 situation

4. As of 1 December 2021, Worcestershire COVID-19 case rate was 496 per 100,000 population which had remained fairly stable in Quarter 3 with delta variant causing most cases. Children and young people had the highest rates of COVID-19 amongst all population groups in Worcestershire, due to spread in education settings and households.
5. Omicron cases began to be detected in Worcestershire during December, with the first case detected in Malvern Hills.
6. As of 14 January 2022, Worcestershire COVID-19 case rate was 1,507 per 100,000 population which has significantly escalated due to COVID-19 omicron variant.
7. Omicron now represents the vast majority of COVID-19 cases in Worcestershire and can spread much more easily than previous variants.
8. Testing regimes have recently changed and confirmatory PCR tests are no longer required after a positive LFT.
9. A reduction in self isolation to five full days with negative lateral flow tests on days five and six will help the economy and organisations with staffing issues, but this is not without risk of additional spread.
10. Due to vaccination, hospitalisations have been kept under control, but do continue to edge upwards. There is currently approximately one hospital admission for every 100 COVID-19 cases in Worcestershire.
11. With such high numbers of COVID-19, people needing care due to COVID-19 will continue to put pressure on the NHS.

Local Outbreak Control Team activity

12. In Quarter 3 the LORT dealt with a total of 1,217 situations and 9,467 individual cases. This was a slight decrease compared to the previous quarter. However, Adult Social Care (ASC) settings saw a significant increase in cases.
13. The number of situations in schools remained similar to Quarter 2. In total there were 457 situations in Quarter 3. There was a slight increase in November 2021 however, this may be due to there being half term breaks in October and December 2021. Schools had the highest number of outbreaks reported to the LORT compared to other settings.
14. Workplace settings experienced a lower number of situations compared to Quarter 2. In Quarter 2 there were 371 situations reported compared to 263 in Quarter 3.

15. ASC settings experienced an increase in cases for Quarter 3. There was a significant rise in December 2021. 140 ASC situations were reported in December 2022 however, 66 were reported in October 2021 and 68 in November. There was also a rise in health care settings in December 2021.

16. Feedback from education colleagues suggests that schools would prefer a lighter touch approach to outbreak management as they have gained significant experience in this during the pandemic. Therefore, a new process was implemented for schools on the return after the Christmas break. However, full support is still available when requested by schools and higher risk settings, such still undergo full risk assessment processes with both LORT and the UK Health Security Agency (UKSHA).

Lateral Flow Testing in schools

17. On 10 November 2021 a new Lateral Flow Mobile Testing Team for schools was implemented.

18. The service attended schools in outbreak and administered LFT on the school site. The aim was to enable earlier identification of positive cases, reducing risk of transmission, and reducing the impact on schools and pupils' education. During Quarter 3 the team visited seven schools and supervised 2,789 tests. There were a total of 17 positive results (0.61%).

Winter preparedness

19. In Quarter 3 winter preparedness toolkits were developed and cascaded to schools and care home settings.

20. The LORT also worked collaboratively with UKHSA and HWCCG to plan for winter and to identify any gaps.

Health protection governance

21. A workshop is being set up to discuss the future of Health Protection governance. The workshop will allow stakeholders to discuss the vision of Health Protection governance going forward and whether potentially merging the Health Protection Sub-Group and COVID-19 Health Protection Board could allow a group that meets the assurance requirements of the Local Authority, but also allows for more dynamic problem solving across the system.

Legal, Financial and HR Implications

22. The Contain Outbreak Management Fund (COMF) was fully allocated for 2021/22, however there has been some natural slippage due to contingency funding not being required and workforce issues. The COMF can now be spent into the 2022/23 financial year. An appropriate and proportionate acute response will remain the priority of the Public Health team. A fully costed acute response de-escalation plan will be presented to COVID-19 Health Protection Board in February 2022. This will decide on a response which satisfies the local needs and can be upscaled to respond to any future variants of COVID-19 if needed. Once this plan has been approved COVID-19 Health Protection Board will reallocate any remaining COMF to

continue to reduce inequalities and protect the most vulnerable against the impacts of COVID-19.

Privacy Impact Assessment

23. As appropriate.

Equality and Diversity Implications

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

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Hayley Durnall, Public Health Consultant

Email: hdurnall@worcestershire.gov.uk

Phone: 01905 844382

Background Papers

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

Worcestershire's Outbreak Control Plan:

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

HEALTH AND WELL-BEING BOARD

15 FEBRUARY 2022

2021/22 BETTER CARE FUND (BCF) P8 Budget Monitoring

Board Sponsor

Paula Furnival & Simon Trickett

Author

Richard Stocks – Senior Finance Business Partner

Priorities

Mental health & well-being

Being Active

Reducing harm from Alcohol

Other (specify below)

(Please click below
then on down arrow)

Yes

Yes

No

Safeguarding

Impact on Safeguarding Children

If yes please give details

No

Impact on Safeguarding Adults

If yes please give details

Yes

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

Item for Decision, Consideration or Information

Information and assurance

Recommendation

- 1. The Health and Well-being Board is asked to note the 2021/2022 Period 8 Better Care Fund Budget monitoring position, in line with national requirements.**

Background

2. HWB's are required:

- to ensure that use of the mandatory funding contributions (Clinical Commissioning Group (CCG) minimum contribution, improved Better Care Fund (iBCF) grant and the Disabled Facilities Grant) has been agreed in writing, and that the national conditions are met; and
- provide an end of year reconciliation to Departments and NHS England/Improvement, confirming that the national conditions have been met, total spend from the mandatory funding sources and a breakdown of agreed spending on social care from the CCG minimum contribution.

3. The national conditions for the BCF in 2021/22 are that:

- Plans covering all mandatory funding contributions have been agreed by the HWB and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006).
- The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation – which is derived by applying the percentage increase in the national CCG contribution to the BCF.
- Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence; and
- CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards.

Funding Contributions – 2021/22

4. *CCG Minimum Contribution* - In line with national guidance, the 2021/22 Better Care Fund for Worcestershire demonstrated 5.5% growth on the CCG's Minimum Contribution (£2.3 million), giving a total value of the BCF of £66,525,499, as shown in **Table 1**. Details of the BCF schemes and forecast year end outturn can be seen at **Appendix A**.

Table 1 – BCF Allocation for 2021/22 compared to 2020/21

Funding Contributions	Year		Movement	%
	20/21	21/22		
	£	£	£	
CCG Minimum Contributions	39,613,250.00	41,896,797.00	2,283,547.00	5.5%
Disabled Facilities	6,163,577.00	6,163,577.00	-	0.0%
*iBCF	18,465,125.00	18,465,125.00	-	0.0%
BCF Total	64,241,952.00	66,525,499.00	2,283,547.00	

* Including £2.38m "Winter Pressures" allocation

5. There has been no inflation applied to the *Improved Better Care Fund* (iBCF) which is allocated to local authorities for 2021/22 and remains at £18.5m. The Health and Well Being Board are asked to note that in line with national guidance issued in 2020/21 the Council has re-classified the Winter Pressures funding of £2.38m as part of the iBCF.

6. *Disabled Facilities Grant* - This Grant has been passported to District Councils in accordance with the national allocated amounts as set out in **Table 2**.

Table 2 – DFG Allocations per District Council for 2021/22

District Council	£
Bromsgrove	1,036,273
Malvern Hills	682,875
Redditch	952,377
Worcester	780,221
Wychavon	1,251,934
Wyre Forest	1,459,897
TOTAL	6,163,577

2021/22 BCF Period 8 Forecast Outturn

7. The 2021/22 BCF forecast outturn is currently reporting breakeven against the budget (£66,525,499), with further detail on a scheme-by-scheme basis at **Appendix 1**.

Legal, Financial and HR Implications

8. Reporting to Health and Wellbeing Board on a quarterly basis is deemed to follow good practice guidelines.
9. The BCF is a ring-fenced grant. It has been agreed that any over- or underspend will be jointly attributable to Herefordshire and Worcestershire CCG and the County Council.
10. There are no HR implications within this report

Privacy Impact Assessment

11. Non arising directly from this report

Equality and Diversity Implications

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

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Stephanie Simcox, Deputy Chief Finance Officer - Service Finance

Tel: 01905 846342

Email: ssimcox@worcestershire.gov.uk

Richard Stocks, Senior Finance Business Partner – Service Finance
Tel: 01905 846514
Email: Rstocks@worcestershire.gov.uk

Background Papers

None

APPENDIX 1

BETTER CARE FUND Period 8 monitoring

Scheme	Funding Split			Total BCF budget for 2021/22	Forecast Outturn 2021/22
	BCF	iBCF	DFG		
Revenue Schemes from CCG contributions (stay in CCG)					
General Rehab Beds	12,399,850	0	0	12,399,850	12,399,850
Intermediate Beds	1,792,767	0	0	1,792,767	1,792,767
Neighbourhood Teams	6,359,242	0	0	6,359,242	6,359,242
Onward Care Team	692,140	0	0	692,140	692,140
Worcestershire IP Unit- Pathway 2	4,032,602	0	0	4,032,602	4,032,602
Total CCG contributions staying in CCG ledger	25,276,601	0	0	25,276,601	25,276,601
Funding transfer from CCGs to Local Authority					
Pathway 1(UPI)	3,700,837	0	0	3,700,837	3,700,837
Contingency	310,193	0	0	310,193	310,193
Contribution to Pathway 1 Call Centre Admin Costs (WCC)	100,000	0	0	100,000	100,000
Rapid Response Social Work Team	370,800	1,263	0	372,063	372,063
Pathway 3 (SPOT DTA)	1,826,225	719,894	0	2,546,119	2,546,119
External placement contingency (Winter Pressures)	0	758,548	0	758,548	758,548
Worcestershire Step-down Unit	185,000	0	0	185,000	185,000
ASWC in Community Hospitals, Resource Centres and DtA Beds- Onward Care Team	286,275	0	0	286,275	286,275
Carers	1,158,022	101,978	0	1,260,000	1,260,000
Implementation of the Care Act - additional demand for Home Care	2,178,997	298,942	0	2,477,939	2,477,939
LD Complex Cases	803,500	0	0	803,500	803,500
WCES	1,162,000	0	0	1,162,000	1,162,000
Winter Pressures Contingency	0	504,000	0	504,000	504,000
Disabled Facilities Grant	0	0	6,163,577	6,163,577	6,163,577
Contribution towards Community reablement	242,000	0	0	242,000	242,000
GP attached Social Workers	310,400	0		310,400	310,400
Total Scheme Funding from CCGs to Local Authority	12,634,249	2,384,625	6,163,577	21,182,451	21,182,451
20/21 Recurrent Growth	1,702,403			1,702,403	1,702,403
21/22 Growth	2,283,543			2,283,543	2,283,543
iBCF		16,080,500		16,080,500	16,080,500
Total Funding Transfer from CCGs to Local Authority	16,620,196	18,465,125	6,163,577	41,248,898	41,248,898
TOTAL BCF	41,896,797	18,465,125	6,163,577	66,525,499	66,525,499

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