

Agenda

Health and Well-Being Board

Tuesday, 24 May 2022, 2.00 pm
County Hall, Worcester

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Health and Well-Being Board

Tuesday, 24 May 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
	Director of Public Health
Dr R Davies	CCG Locality Lead for Redditch and Bromsgrove
Mark Fitton	People Directorate
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 notify Legal and Democratic Services in writing or by e-mail indicating the nature and content of their</i>		

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

Date of Issue: Monday, 16 May 2022

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	<i>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 23 May 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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12	COVID-19 Health Protection Board Quarter 4 Update	Hayley Durnall	69 - 72
13	Future Meeting Dates Public meetings <ul style="list-style-type: none"> • 11 July 2022, 10.00am • 27 September 2022, 2.00pm • 15 November 2022, 2.00pm Private Development meetings <ul style="list-style-type: none"> • 21 June 2022 2.00pm • 18 October 2022 2.00pm 		

Webcasting

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Minutes of the Health and Well-Being Board

Council Chamber, County Hall

Tuesday, 15 February 2022, 2.00 pm

Present:

Cllr Karen May (Chairman), Simon Adams, Liz Altay, Carole Cumino, Cllr. Lynne Denham, Kevin Dicks, Sarah Dugan, Paula Furnival, Cllr Adrian Hardman, Dr A Kelly (Vice Chairman), Rebecca Love, Jo Newton, Cllr Nyear Nazir, Cllr Andy Roberts, Tina Russell, Dr Ian Tait and Simon Trickett

Also attended:

Keith Brown – Chair of Worcestershire Safeguarding Adults Board (For item 10)
 Steve Eccleston – Chair of Worcestershire Safeguarding Children Partnership (For item 11)
 Ellen Footman - (For item 11)
 Adrian Over – Chair of Herefordshire and Worcestershire Child Death Overview Panel (For item 12)
 Tim Rice – Senior Public Health Practitioner (For item 9)
 Dr Jonathan Wells – NHS Clinical Director
 Gary Woodman – Chief Executive Worcestershire Local Enterprise Partnership

634 Apologies and Substitutes

Apologies were received from Dr Louise Bramble, Dr Kathryn Cobain and Jonathan Sutton.
 Liz Altay attended on behalf of Dr Cobain and Carole Cumino attended on behalf of Jonathan Sutton.

635 Declarations of Interest

Councillor Nyear Nazir declared an interest in item 5 – Integrated Care System (ICS) Commitment to Carers, as she worked for Worcestershire Association of Carers.

636 Public Participation

None

637 Confirmation of Minutes

Health and Well-Being Board Tuesday, 15 February 2022
 Date of Issue: 11 May 2022

The minutes of the last meeting held on 16 November 2021 were agreed to be an accurate record of the meeting and were signed by the Chairman.

638 Integrated Care System update

Simon Trickett introduced the report and noted that this was particularly an update on the Integrated Care Board (ICB). He explained that the legislative timeline had slipped for the establishment of the ICB, with the dissolution of the Clinical Commissioning Group (CCG) now taking place on 1 July 2022.

Recruitment to key roles on the ICB were progressing well with the appointment of the new Chair and a Chief Nursing Officer. The Chair congratulated Dr Crishni Waring and Dr Kathryn Cobain on their new appointments.

Simon Trickett continued to explain that the Integrated Care Partnership (ICP) would sit alongside the ICB and would develop an Integrated Care Strategy to meet the health and wellbeing needs of those living in Herefordshire and Worcestershire. This would be based on the Health and Wellbeing Strategies for both counties, with some joint initiatives being shaped, whilst others remaining separate. It was suggested that the Health and Wellbeing Board could utilise future development sessions to focus on the development and delivery of the Integrated Care Strategy.

It was acknowledged that as the legislation was still emerging there could be further amendments to the organisational set up.

The role of Healthwatch was discussed, noting that whilst it would not hold a statutory role on the ICB, it could attend meetings and contribute under public participation. However, Healthwatch did have a statutory position in the ICP and was actively involved in integrated care discussions in Worcestershire.

It was queried how the work at local levels could be escalated up the system, for example all the positive initiatives in progress across the districts. It was felt there was an appetite to work differently, together, to achieve better health outcomes for the people of Worcestershire. Discussions about the ICS were meaningless unless practical outcomes were achieved. Health needs and inequalities must be better understood locally, then each part of the system should work together on the plan to address them. This included supporting those who had trouble accessing 'the system'. All were in support of continued and improved collaborative working.

RESOLVED that the Health and Wellbeing Board:

- a) Noted the changes to the legislative timetable;**
- b) Noted the progress made on recruitment to the ICB Unitary Board;**
- c) Agreed to the Transition Plan for the Integrated Care Partnership outlined in the report; and**
- d) Agreed to include 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.**

639 Health and Wellbeing Board and Worcestershire Executive Committee Joint Working Agreement

Sarah Dugan explained that the Joint Working Agreement in the agenda described the proposed joint working principles for the Health and Wellbeing Board and the Worcestershire Executive Committee. This would continue to evolve, but aimed to bring clarity to how the two groups worked together. The document took account of the work that had been done with the Local Government Association to review the Health and Wellbeing Board, as well as workshops which had taken place with the ICS partners around 'place'. The list of subgroups detailed in the document may be amended in time. She advised that a 'Core Group' of members from both the Health and Wellbeing Board and the Worcestershire Executive Committee met regularly to ensure they were responding to the Health and Wellbeing Strategy, with the latter driving delivery, ensuring alignment and avoiding unnecessary duplication of effort.

RESOLVED that the Health and Wellbeing Board ratified the joint working agreement between itself and the NHS Worcestershire Executive Committee whilst recognising it to be a live working document that would be revised as the arrangements and Integrated Care System evolve.

640 ICS Commitment to Carers

Paula Furnival explained that the Council wished to confirm its commitment to carers and the All-Age Carers' Strategy for Worcestershire, which was designed to be in place for the next five years.

It was noted that around three in five people would become a carer at some point in their lives although it was difficult to estimate more exact numbers. COVID 19 had an effect on the numbers of carers and also increased what had been expected of them. Furthermore, social care would be in a difficult position without the contribution of carers. Some organisations had statutory responsibilities towards carers, although some carers were not aware of the support which was available.

Caring responsibilities had an effect on the physical and mental health of individuals, affected people's confidence, with up to 20% at risk of having to reduce their working hours or leave work completely. Various support systems were in place for carers, and organisations across the county had signed the Herefordshire and Worcestershire Commitment to Carers.

The Commitment to Carers had been developed based on what was important to Carers. Physical and mental support needs should be considered as well as ensuring access to information and the ability to have a life of their own. Organisations needed to actively identify and support carers and co-produce services with them, to ensure their needs were met, as well as involving them in decision making. Overall, a 'Carer Aware' culture should be promoted so that carers felt supported and valued, knowing what support was available to them.

The Strategy set out outcomes that carers wanted to achieve and the principles - of co-production, innovation, evidence and best practice informing approach, partnership working and sustainable support. The Carers' Partnership would help to develop the Carers' Annual Action Plan.

Carole Cumino pointed out that the Carers' Strategy was an example of how services could be organised under the Integrated Care System. A system wide commitment to carers, along with a local Carers' Strategy. Communities and organisations would work together to provide slightly different services in local areas.

The Commitment to Carers had been developed over time, with carers involvement, and would be reviewed frequently. The Worcestershire Executive Committee was asked to oversee the challenge of organisations working together to make a difference for Carers in Worcestershire.

In the ensuing discussion it was noted that:

- Although it was easy to sign the Commitment to Carers, taking action was harder. It was suggested that the organisations represented on the Health and Wellbeing Board should lead by example and a working group should be set up to assess how the priorities in the strategy were being met. It was agreed the group would then feed back to the Health and Wellbeing Board on what was being achieved;
- There were often difficulties identifying carers, and when asked how organisations would share that information, the Board was informed that plans would be shared and included in the action plan and tender specification. The Board was assured that, although being able to identify carers was no longer part of the GP contract, it was still important to GPs;
- The Adult Scrutiny Panel had considered the Strategy with constructive challenge which had been addressed in the present version. Carers had reported that they were pleased to be involved in setting the outcomes but had been less involved in the rest of the Strategy; however, they had accepted that they would be involved in the important stage of action planning;
- Carers' play an important role in the community, saving the Council and health services significant sums, whilst putting their personal health and wellbeing at risk. This was considered a group that often experienced inequalities, that every organisation should invest in and support.

The Chair thanked all the unpaid carers whom she considered were heroes in the community.

RESOLVED that the Health and Wellbeing Board:

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

641 Mental Health Strategy

The Mental Health Strategy had been under development since 2019. It was presented to the Health and Wellbeing Board in September 2021, amended in response to comments and received by the Herefordshire Health and Wellbeing Board before returning on the agenda.

The Mental Health Strategy would complement the Health and Wellbeing Strategy. The Mental Health Collaborative would oversee the delivery of the specific programmes of work.

Various points were clarified;

- In response to a query about when outcomes for patients would be seen, it was explained that the outcomes framework was being developed and could be brought back to the Health and Wellbeing Board. How often reports were brought back would need to be considered.
- It was agreed that, although not specified in the report, equality issues should be central to the strategy.

RESOLVED that the Health and Wellbeing Board considered and approved the ICS Mental Health and Wellbeing Strategy.

642 Safer Communities Board

Tim Rice summarised the set-up of the Safer Communities Board (SCB) and explained that it complemented the Statutory Community Safety Partnerships in the North and South of the County. It was made up of 'Responsible Authorities' who must do all that they reasonably could to prevent crime and disorder, and there were a number of sub-groups which concentrated on different areas of activity. Strong partnership arrangements were important in this area of work and cooperation was taking place on various action plans and strategies such as the multi-agency needs assessment on the mental health commissioning responsibilities for victims of sexual violence. In future there would be a return to the meetings of the Safeguarding and Health and Wellbeing Board Chairs to look at cross cutting issues, which had stopped due to the pandemic.

The SCB worked with the Public Health analytical team on community safety areas of the Joint Strategic Needs Assessment and work was ongoing with the Police to improve data and analysis relating to domestic abuse. With the implementation of the ICS, it was anticipated that enhanced cooperation would take place.

Various comments were made by Board Members:

- When suggested that it should be possible for more prevention work to take place in regard to the numbers of children who had died due to domestic abuse, it was replied that various programmes were in place with Get Safe and the Drive Programme with the Police and Crime Commissioner, and that it was the responsibility of all to help to identify and reduce the numbers of perpetrators. It was felt that predictive modelling should make it possible, in some cases, to identify individuals who may become perpetrators,

- A Member reported that the Prevent training had been good and showed that it was relevant to everyone. It was suggested that after the next County elections the training should be mandatory for all new Councillors,
- It was hoped that the new Drug and Alcohol Policy would be considered by the Health and Wellbeing Board,
- Risks which were increasing varied regionally and locally, for example domestic abuse had seen some spikes in other areas and was now beginning to rise in Worcestershire,
- Worcestershire Children First was carrying out targeted preventative work and working to understand associated outcomes. Projects such as the Get Safe and Boys to Men were happening, but more targeted work was needed. It was recognised that substance misuse and mental health issues were major risk factors in parents not being able to safely care for their children. Worcestershire Families Safeguarding and Supporting Families First were multi-disciplinary services which had been receiving funding through the business rates pilot, but it was hoped would become a normal part of Worcestershire Children First services in future,
- Herefordshire HWB was also looking at preventative work based on identifying people who were at risk from the 'toxic trio' of mental health, substance misuse and domestic violence. It was suggested that the two counties could consider working together on a strategy.

RESOLVED that the Health and Wellbeing Board:

- a) Noted the content of the report, aimed at highlighting the role of the Worcestershire Safer Communities Board, updating on current activity and key areas of focus for all partners; and**
- b) Continued to support the work of the Safer Communities Board, both collectively and as individual agencies.**

643 Worcestershire Safeguarding Adults Board Annual Report, 2020-2021

Professor Keith Brown had become Chair of the Safeguarding Adults Board after the period of the annual report, but wished to state that he was enjoying working with the Board.

He presented the report and began by advising that the duty of the Board was to provide assurance that adults at risk were safeguarded from abuse or neglect. He explained that the business objectives for 2021 consisted of the wicked issues of rough sleepers, the role of the lead professional and exploitation. The membership of the Board had been consistent, and achievements had occurred despite the pandemic, such as being able to carry out work virtually and distributing information online. Worcestershire was at the forefront of work on exploitation and had jointly funded a position with the South Worcestershire Community Safety Partnership. Worcestershire was also involved with the Complex Adult Risk Management (CARM) framework.

Eight referrals had been made, with two meeting the criteria for a review to be commissioned. Reviews could take up to two years and cost a great deal and Worcestershire had been part of a pilot for rapid reviews which significantly reduced the time taken and cost of a review. Rapid reviews helped learning to be spread more quickly, and helped families to get closure at an earlier point.

The data showed that Worcestershire had a similar number of referrals to the rest of the Country. Most referrals were due to neglect and abuse. Professor Brown led national research into financial abuse, considered to be a huge issue, as it was believed only about 5% of occurrences were reported. The research was for an All-Party Parliamentary Group and would be reported to parliament.

Professor Brown reflected on the national staffing crisis in the health and care sector considering it to be the biggest risk in terms of safeguarding. He felt it would be important for the Safeguarding Adults Board to develop greater links with the ICS.

The following comments were made by Board Members:

- The Strategic Director for People endorsed the implementation of the rapid review process and agreed that staffing was a concern. The recommendations of the Scrutiny Panel's report 'Care work as a career' were being monitored and following the budget setting process there would be an uplift in carers' hourly rates. The Government had also announced that it was looking at foreign workers coming into the UK as a priority,
- The small number of Safeguarding Adult Reviews were queried, and it was explained that Worcestershire look at more than some areas. The Safeguarding adult reviews were only for the few most serious cases and there were lots of other ways that complaints and data were considered.

RESOLVED that the Health and Wellbeing Board would consider any cross-cutting themes and would refer issues either directly to the Worcestershire Safeguarding Adults Board or through the next Joint Cross Cutting Issues meeting to be held between the Chairs of the four Boards.

644 Worcestershire Safeguarding Children Partnership - Annual Report 2020-2021

Steve Eccleston became Chair of the Board in April 2021; he explained that report belonged to all the safeguarding partners which were the CCG, Worcestershire Children First and West Mercia Police. The purpose of the report was to detail the effectiveness of arrangements, evidence the impact of outcomes for children, consider the information and evidence on what was best for children, analyse what future progress was needed and

explain the local response to national reviews and how feedback was sought.

The report looked at the second year of the Partnership which had to deal with a number of significant national developments. Centrally there had been review work over how the Partnerships were working, were they effective and what was best practice.

The pandemic had affected children and there had been a national increase in non-accidental injuries to babies, and the Partnership were quick to implement a safeguarding babies response. A backlog in referrals was identified and actions were put in place to address the issue. There had been two national reviews, the 'Out of routine' report was published in July 2020 and in September 2021 there was a national review panel thematic review 'The myth of invisible men' which looked at non-accidental injury in children. Following the report 'Everyone's invited,' a robust response had been put in place. Within Worcestershire there had been one safeguarding practice review – 'Sarah', and The Partnership would ensure learning from the review was embedded. A major focus over the first two years of the Safeguarding Partnership had been the implementation of the Get Safe programme.

Looking ahead there were various issues to consider:

- Online exploitation,
- Following the national review 'Arthur,' Worcestershire systems would be checked against the recommendations,
- How the Partnership could work more closely with partners within the ICS.
- A programme with the University of Worcester was looking at Early Help,
- The National Review Panel's thematic review on families where domestic abuse was a concern; and
- The Keep me Safe Strategy which was joint work with Herefordshire.

Tina Russell, Director of Children Services, felt that the Worcestershire Safeguarding Partnership was the most collaborative and supportive that she had seen and there was an effective Senior Management Group which removed barriers and enabled front line workers to build relationships.

Following a query about the review 'Sarah', it was noted that making the correct recommendations was important and work was done with experts to see how the recommendations would work in practice.

RESOLVED that the Health and Wellbeing Board considered the report and highlighted any opportunities for collaboration and support between the Board and the Partnership on shared priorities and future work.

645 Annual Report of the Herefordshire and Worcestershire Child Death Overview Panel

Health and Well-Being Board Tuesday, 15 February 2022

Adrian Over, Chair of the Panel, detailed how the new joint Herefordshire and Worcestershire Child Death Overview Panel began reviewing cases in November 2019. Due to the pandemic the Panel met virtually bi-monthly. Four sources of data were used in the report; 61 cases which were reviewed in the two-year period, comparative national data, a thematic review and a regional themed review on suicide.

Liz Altay explained that all deaths of under 18s were reviewed. Overall half of the deaths were in the perinatal period which was a bigger proportion than seen nationally. 44% of deaths saw modifiable factors, either having poor physical health or living in complex social situations with the majority involving smoking.

Work was ongoing around the governance of the Panel. The Children and Young People Strategic Partnership would look at the recommendations from the first report and decide what actions were needed.

Board members commented that;

- With a number of recommendations being listed for the Mental Health Collaborative Liz Altay should be invited to their meeting to give further information,
- Sometimes successful academic achievement could mask children's distress. Young people and carers may not know where to go for support.
- It was requested that if any actions were delegated to the Children and young people's strategic partnership group they should then be reported back to the HWB.

RESOLVED that the Health and Wellbeing Board:

- a) **noted the new arrangements for the statutory revised child death review process and Child Death Overview Panel for Herefordshire and Worcestershire;**
- b) **received 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) **supported the recommendations of the panel, and that the Children and Young People's Strategic Partnership be asked to progress the actions identified; and**
- d) **that the Children and Young People's Strategic Partnership be requested to report back to the Health and Wellbeing Board on the outcomes of the actions taken.**

646 COVID-19 Health Protection Board Quarter 3 Update

RESOLVED that the Health and Wellbeing Board:

- a) **Noted the delivery of Worcestershire's Outbreak Control Plan (OCP), the arrangements for governance and the current situation of Local Outbreak Response Team (LORT) operation; and**
- b) **Noted the plans for review of future Health Protection Governance and de-escalation of COVID-19 Acute response.**

647 2020/21 Better Care Fund (BCF) Update

RESOLVED that the Health and Wellbeing Board noted the 2021/22 Period 8 Better Care Fund Budget monitoring position, in line with national requirements.

648 Future Meeting Dates

Future meeting dates were noted, including the additional date of 11 July 2022.

The meeting ended at 4.10pm

Chairman

HEALTH AND WELL-BEING BOARD

24 MAY 2022

DATA AND INSIGHTS FOR ACTION

Board Sponsor

Interim Director of Public Health

Author

Matthew Fung, Public Health Consultant
 Elizabeth Griffiths, Public Health Consultant

Priorities

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

Safeguarding

Impact on Safeguarding Children	No
If yes please give details	

Impact on Safeguarding Adults	No
If yes please give details	

Item for Decision, Consideration or Information

Information and assurance

Recommendation

1. The Health and Well-being Board (HWB) is asked to:
 - a) Set up a time limited “Data for Action” working group reporting to the HWB, the purpose of which is to progress data for action and embed community insight and intelligence into system wide decision making processes; and
 - b) Note progress to date relating to the:
 - JSNA work programme and top line indicators;
 - Worcestershire Insights Hub;
 - Statutory Pharmaceutical Needs Assessment; and
 - community intelligence qualitative research.

Background

2. Public Health embeds evidence-based approaches within its everyday practice. Decisions are made upon the best available scientific evidence, using data and information systems systematically, applying theoretical frameworks, conducting evaluations and audits and disseminating what is learned.

3. A range of tools are produced in Worcestershire's Public Health team to systematically analyse the available evidence, such as the Joint Strategic Needs Assessment¹ (JSNA), JSNA summaries², the Pharmaceutical Needs Assessment, and an interactive web-resource Worcestershire Insights (Instant Atlas)³. These tools are largely quantitative, bringing together data and metrics from both local and national sources to provide an overview of Worcestershire and how it compares locally and nationally. Other bespoke tools have been locally developed over the course of the COVID-19 pandemic such as a multiagency outbreak monitoring and management system called 'Nimrod'. An update on JSNA development is given in *appendix 1*.
4. In the last six months the Public Health team has also increased its use and collection of qualitative data. Qualitative data is non-numerical and includes insight into the lived experiences, views, qualities and characteristics of Worcestershire's residents and those working in the County. This approach provides us with evidence about what it is like to live and work in Worcestershire and gives us some insight into some of the barriers there may be to accessing the support and services available, what may better enable self-management, or where and how residents want to receive support.
5. A range of qualitative approaches, or "community intelligence" approaches have been led by the Public Health Engagement Team (PHET), for example the HWB's consultation on its Health and Wellbeing Strategy has included a detailed ethnographic community research study, 30+ community focus groups and detailed questionnaires. This evidence is currently undergoing analysis, once available the findings will be shared with the Board and system partners.
6. This broad approach to community intelligence gives us an opportunity to gain a deeper understanding of our population when it is used in tandem with our existing quantitative tools such as the JSNA and Population Health Management (PHM). A mutual symbiotic relationship where community intelligence identifies areas that can be explored further using our quantitative data tools, and our quantitative tools identify areas that need further insight which can be provided through community research. Each method playing to its strengths and driving forward insight and intelligence into the needs of our population. This approach will be as useful for County wide initiatives, as it would at local level, for example through the District Collaboratives and utilising Asset Based Community Development

Data for Action

7. **"The ultimate purpose of collecting the data is to provide a basis for action or a recommendation."** W. Edward Deming.
8. If used effectively community insight and intelligence, used in tandem with the JSNA and PHM approaches, can help remove barriers to access, enable self-management/support, target resources where required and enable a more integrated system that better suits and enables the local population.
9. Developing this dual approach requires working through a number of complex issues at both strategic and operational levels, enable us to collectively harness the

¹ [Joint Strategic Needs Assessment | Worcestershire County Council](#)

² [JSNA Summaries | JSNA Summaries | Worcestershire County Council](#)

³ [InstantAtlas Worcestershire](#)

benefits of combining qualitative and quantitative evidence as community intelligence. For example, but not limited to:

- i. Strategic: System-wide agreement that qualitative and quantitative data, insight and intelligence will be considered at the point of decision making.
- ii. Strategic: Recognising qualitative research as having equal weight to quantitative research and data.
- iii. Strategic: Champion the use of qualitative research across the system
- iv. Operational: Methods for data-sharing
- v. Operational: Avoiding duplication
- vi. Operational: Embedding a cyclical process of identifying areas where further insight is required

10. To make this vision a reality it is requested that a Data for Action working group is created, reporting to the HWB, to work through the strategic and operational issues outlined above.

Legal, Financial and HR Implications

11. There are no legal, financial or HR implications arising from this report. Any future financial implications with regard to procurement of a new self-service data system will be considered by Worcestershire County Council as required.

Privacy Impact Assessment

12. There is no required privacy impact assessment at this stage.

Equality and Diversity Implications

13. 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: Matthew Fung, Public Health Consultant

Tel: 01905 845040

Email: mfung@worcestershire.gov.uk

Name: Elizabeth Griffiths, Public Health Consultant

Email: egriffiths1@worcestershire.gov.uk

Background Papers

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

Appendix 1 - JSNA Progress updates

Proposals for Worcestershire's JSNA were presented to the HWBB in October 2021 including the following areas as follows:

- a. Self-service data
- b. Automated reports
- c. Strategic needs assessments
- d. Local level reports and needs assessments
- e. Health service dashboards
- f. Engagement and insight
- g. Population health management

a. Worcestershire Insights (self-service data)

A platform has recently been launched in Worcestershire to provide professionals and the public with easy access to health, wellbeing and wider determinants data. The first phase of build is now complete and we will continue to increase promotion and engagement around this platform.

Worcestershire Insights is available at: <https://data.worcestershire.gov.uk/>

b. Automated reports

A library of core reports have been integrated into Worcestershire Insights. These reports are automatically updated with current data and include thematic areas such as health and wellbeing, crime and community, children and young people, deprivation and poverty, economy and employment. Automated reports can be found at the above link.

The COVID-19 pandemic has required a system wide response, with data and intelligence (for professional and public purposes) offering information for action. One success story has been the publication of online dashboards for Worcestershire COVID cases and vaccinations, which have been accessed in some months more than 46,000 times. There is a clear case for engaging the public through data provision, helping people to make the best decisions about their own health.

c. Strategic needs assessments

Strategic needs assessments continue to be developed needed (and prioritised). Recent examples of joint strategic needs assessments include a stroke needs assessment and mental health needs assessment.

JSNA outputs are available at: <https://www.worcestershire.gov.uk/jsnapublications>

d. Local level reports and needs assessments

Throughout the COVID-19 pandemic, district based incident management teams (IMT) have been meeting regularly to review data and intelligence, using this to

inform data-driven action and response. IMT structures are re-aligning through 'district collaboratives' which will drive forward action towards other priorities. A number of workstreams aim to supply data directly at level, including district profiles & primary care network profiles. In addition, a recent food poverty needs assessment has recently been completed for Worcester City to help underpin initiatives to tackle food poverty.

e. Community Engagement and insight

An update on the progress made by the Public Health Engagement Team is provided in *appendix 2*.

f. Population health management

Population Health Management requires a partnership approach and seeks to help frontline teams understand current health and care needs and predict what people may need in the future. Historic and current data is used to understand factors driving good and poor health outcomes in different population groups. Health and care services can then be tailored to improve outcomes, using 'information for action'. There are several opportunities to pilot PHM in practice including areas such as frailty, diabetes and obesity.

Appendix 2: Public Health Engagement Team (PHET)

1. Public Health Engagement Team (PHET)

The Public Health Engagement Team (PHET) was formed in October 2021 as a pilot engagement programme to support the development of Public Health's approach to community intelligence. During the first six months in post the team have carried out core COVID-19 impact workstreams, piloted new ways of working and begun to strategically align a longer-term vision with the wider system.

The PHET focuses on the commissioning, delivery and analysis of qualitative research - to improve our understanding of the needs of our communities, employ best practice guidance from NICE⁴ and PHE⁵ and create system-wide accessible community intelligence.

2. Structure:

- The PHET sit within the Empowering People portfolio in Public Health
- Contributes to system engagement network

3. Workstreams:

The core workstreams sought to understand the lived experience of people who live and work in Worcestershire and the impact COVID-19 has had on them. The workstreams below demonstrate the variety of engagement delivered from November 21 – April 22.

- COVID-19 Impact Focus Groups x 30 (community grants process)
- Ethnographic Study (formal tender / commissioned delivery partner)
- Health & Wellbeing Board Strategy Consultation 2022 – 2032 (Public Health led)
- Community Profiles (PHET led)

Workstream headlines:

- Engagement reach of 2500+ people who live and work in Worcestershire
- 270+ research participants / 2300 + survey participants
- 7 detailed ethnographies (case studies)
- 30+ focus groups
- A range out of outputs informing community intelligence

Intelligence collected from this work is informing a suite of community intelligence that will add insight to the COVID-19 recovery phase, redesign or development of services and Public Health functions, such as JSNAs and the Health & Wellbeing Board Strategy 2022 – 2032, and wider system work.

⁴ [Overview | Community engagement: improving health and wellbeing and reducing health inequalities | Guidance | NICE](#)

⁵ <http://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches>

4. Next steps:

- Review pilot evaluation recommendations
- Continue to champion qualitative research – starting with a second round of COVID-19 impact research focusing on health and care workforce

5. Wider system context:

Structures that were put in place for the COVID-19 response enabled consistent communication between partners, sharing engagement findings and successfully targeting interventions at specific communities⁶. This work, mainly through District Incident Management Teams (IMTs) and the CCG's Vaccine Inequalities Programme (VIP), has enabled PHET to build on previous engagement, further developing relationships with system partners and community representatives.

In January 2022, the system-wide benefits of community engagement were ratified as the Integrated Care System (ICS) developed strategic and operational groups forming the Worcestershire Engagement Network (WEN).

6. PHET Approach:

a) Communities of interest, experience, engagement

To better understand the lived experiences of our population the PHET have initially focused on engagement with communities of identity, experience and interest. Framing our work like this can add value to, and not duplicate, successful place-based programmes like the work carried out at district authority or community level or through the Asset Based Community Development (ABCD) programme.

b) Best practice delivery and guidance across the system

The PHET are guided by principles of best practice, relevant guidance for community engagement and proven community-centred approaches in health improvement and reducing health inequalities.

New approaches and engagement techniques have been piloted by the PHET with learning and best practice shared. This work aligned with wider system developments and looked to support the aims of the Integrated Care System's Core20PLUS5 approach to reducing health inequalities. Locally, it supports the areas of focus for the 'Working with People and Communities' Engagement Strategy.

As the team develops and tests new ways of engaging in Worcestershire, they will look to provide best practice guidance and share learning across the system. Collaboration and joined-up working is key to mitigating the over saturation of groups willing to engage with the health and public sector.

c) Ongoing engagement with the community - You said, we did

Fundamental to the approach of the PHET is to share findings and actions not only across the system but with the communities themselves. A supportive culture and attitude combined with clear communication, pre-planned and appropriate activities is key to facilitating ongoing and beneficial engagement⁷.

⁷ [evidence-review-5-community-engagement-barriers-and-facilitators-pdf-2368403681 \(nice.org.uk\)](#)

HEALTH AND WELL-BEING BOARD

24 MAY 2022

CHILDREN AND YOUNG PEOPLE'S STRATEGIC PARTNERSHIP UPDATE

Board Sponsor

Tina Russell – Chief Executive, Worcestershire Children First
 Interim Director of Public Health, Worcestershire County Council

Author

Children & Young People's Strategic Partnership

(Please click below
 then on down arrow)

Priorities

Mental health & well-being

Yes

Being Active

Yes

Reducing harm from Alcohol

Yes

Other (specify below)

Outcomes for children and young people across
 Worcestershire

Safeguarding

Impact on Safeguarding Children

Yes

If yes please give details

CYPP aim - Children and Young People tell us they feel Happy, Healthy and **Safe** as they grow up

Impact on Safeguarding Adults

No

If yes please give details

Item for Decision, Consideration or Information

Decision

Recommendation

1. The Health and Well-being Board is asked to:
 - a) note for information the summary of the work of the Children & Young People's Strategic Partnership; and
 - b) approve the content of the refreshed Children & Young People's Plan 2022-23.

Background

2. The Children and Young People's Strategic Partnership (CYPSP) has been established to develop and help implement Worcestershire's Children and Young People's Plan (CYPP), and further support and underpin the all age Joint Health and Wellbeing Strategy (HWS).

3. The partnership is a sub-group of Worcestershire's Health and Wellbeing Board (see APPENDIX A – governance diagram) and has been tasked to bring together senior/strategic leaders from agencies and organisations to take a whole-system response to improving outcomes for children and young people.

In the past twelve months the Partnership has:

- Revised its Terms of Reference and reviewed its membership (see APPENDIX B - ToR)
- Developed the Worcestershire Children and Young People's Plan 2022-24 with clear link into the priorities of the Health and Wellbeing board (HWB) and the children's outcomes of the Integrated Care System ICS (see APPENDIX C),
- Revised and or re-established the subgroups of the CYPSP and governance between subgroups and CYPSP who monitor the progress of their outcomes in the plan regularly and report this to the CYPSP
- Reviewed strategic links and governance between existing and developing boards and partnership with a CYP focus (see APPENDIX A)

Summary reports from each of the subgroups is set out below

Early Help Partnership

4. The **new WCF Early Help Family Support Service (EHFS)** went live on the 12th April 2021. The restructure brought EH level 2 and 3 needs teams together into one service under one Directorate. It became a 0-18 EH Family Support service that is seamless in working with both level 2 and 3 needs across the county. Previously, the level 2 needs team worked with 5-13 year-olds in limited postcode areas, and when a families' needs escalated, the work was moved to a different team. There are now 6 district-based teams, and families and young people can refer directly into their local team via the phone. The changes to the service have been overwhelmingly positively received by partner agencies who feel the service is more equitable and less confusing for children and young people.

5. The EHFS has received **11,239 requests for service** from 1st April 22 – 28th February 2022 which is an average of 1,022 per month. 52% are from police, 16% from schools. The highest presenting needs from these requests are: 30% Domestic abuse, 28% parents struggling with parenting, 13% mental health needs. The EHFS accepts on average 404 new direct work requests for children at level 2/3 needs per month across the six district teams with 76% presenting with level 3 needs. This is appropriate as our partners in the community are working with preventative and level 2 needs such as our 0-19 service delivering parenting support. The practice standard timescale to make a decision is 5 working days, and we achieve 87% with only 13% going beyond this timescale, usually attributed to gaining consent from parents or carers.

6. The EHFS uses **WebStar** to measure impact and outcomes of work alongside service user feedback and audit activity. The data tells us that we have completed 803 forms with 519 families. Families who experienced an improvement in 2 or more areas was 42%.

7. In Spring 2022 the EHFS employed two new **Kick Start apprentices** who are both Worcestershire care leavers.

8. Our EHFS service user feedback has had 167 feedbacks with some really positive comments about the impact and difference made to the lives of families and children:

Parents and carers:

"Absolutely made a positive difference, worker really approachable, very easy, I interacted with her at a time I didn't know where to turn, she gave me tools to get control back, she is a credit. Can't praise her enough wonderful."

She provided fantastic advice and information, delivered this to children brilliantly and gave support to me, managed the circumstances and situation well, very sensitive on how to manage their father and picked up and highlighted things I had not noticed.

Definitely, family have changed already after only a few weeks. Child is now able to open up to family
huge difference made- massive positive impact

Child was going through episodes of destroying the house and harming mum but since having support is now able to regulate their behaviour. The support has turned things completely around for the family and there hasn't been an episode since.

Children and young people:

Yes, Our family is a lot happier,

Yes, 100% brought me closer together with my mum and helped me to open up to her more

Me and mum are spending more time together. We're going out more with friends.

Listening to me and having someone to speak to has helped me

Listened to my angry rants and understood more than I thought which I didn't expect"

"Talked and listened to me, Understood how I felt, Helped me and mum talk again"

9. Levels of Need Guidance - training is being delivered quarterly by WCF and partners: sessions took place in March, June, September and December 21, and were delivered virtually due to the ongoing impact of COVID, with a total of 175 professionals attending.

10. Early help in the Community - In December 2021 the new Early Help Strategy and action plan was completed and launched demonstrating how the partnership will drive and deliver help and support across the county going forward at a preventative and targeted level of need, encompassing the range of early help initiatives and agendas and the government's strategy on levelling up. The Early Help partnership was refreshed in July 2021 with a new co-chair and the terms of reference reviewed.

11. The new **Worcestershire Virtual Family Hub** has been developed and launched, and is in the process of being registered with the National Centre for Family Hubs. Data analysis shows that the pages are accessed an average of 4,275 times per month with an increase in access month on month. The new virtual Family hub pages are popular and support both families and professionals with access to needs led early help resources and support. A social media campaign to raise public and community awareness of this resource took place end of September 21 and is ongoing each month.

12. A new **Worcestershire Early Help booklet** was developed with partners and was launched in September 2021 alongside the new Worcestershire Virtual family hub. WCF and WCC have led the social media campaign which has been repeated monthly to ensure we reach as many people as possible. Physical copies are available for all WCF staff to share with families.

13. The **Early Help in the community portal** was launched in November 2021 which facilitates partners sharing their Early Help Assessments (EHA) with Worcestershire Children First via the Liquid Logic portal. This reporting goes to the Early Help partnership and to date shows we have: 160 partnership EHAs and plans including young carers, schools, early years providers, midwifery and health visiting.

14. The new **Early Help Police Officers** were recruited to by May 2021, their role with Worcestershire is evolving and they work closely with our Early Help teams, attend our Missing Monday's meeting and are part of our Early Help partnership meetings.

15. The first of the **Early Help training** co delivered with partners took place on 18th February 2022 and 57 practitioners across the partnership attended including: youth support, police, parenting teams, housing, voluntary services, Education, health and young carers, district and community leads and Worcester University. Further sessions are planned throughout 2022 quarterly to work alongside the levels of need training.

16. Worcestershire achieved its **Supporting Families** target of 555 claims by the end of February 2022 and therefore will be exceeding this year's target. Mid-March data is indicating 657 claims which demonstrates the positive impact and outcomes for families in Worcestershire.

17. The **Holiday Activities Fund** has delivered 16,140 activity and food experiences to children across Worcestershire from Easter to December 2021. 12,115 primary age and 4,025 secondary school age children.

18. Worcester University has been commissioned to look at the **effectiveness of early help** and its findings will be due summer of 2022 which will inform and support the work of the Early Help Partnership.

19. The Early Help Partnership is working on the development of **Family Hubs** across Worcestershire with partners and stakeholders, recognising the different needs and demands of our six district areas ensuring delivery and access to services is inclusive. A needs assessment has been undertaken to inform the development of a coherent joined up **Start for Life Offer**, for all families across agencies, which will be accessed through Family Hubs.

20. Future planned work includes:

- Increasing the take up of Holiday Activities and Food (HAF) programmes for secondary aged young people, in collaboration with different organisations to deliver key messages e.g. Get Safe, online safety and knife crime. This aims to encourage engagement in post 16 skills and employment as part of levelling up and the next generation of the Worcestershire workforce.
- Developing the HAF strategy to build on the learning from 2021/22 and our ambitions for 22-24/25
- Delivery of six Early Help in the community events throughout June 2022, alongside EH partners, raising awareness of services and support in communities for children, young people, and the adults in their life. This aims to raise professional confidence in leading on early help offers and accessing appropriate and timely support with seamless accessibility to community resources and the move to family hubs.
- Working with education and health partners to deliver emotional health and wellbeing workshops targeted at family support workers in schools. This aims to increase professional confidence in supporting children to access the right help at the earliest opportunity.
- Developing and publishing the Worcestershire Start for Life offer, available to all families pre-birth and with 0-4 year olds. Ensuring the Start for Life offer is accessible through welcoming Family Hubs.
- A series of workshops to develop an appropriate Family Hub model for Worcestershire to commence in July supported by national and regional Family Hub leads.
- Identifying, mapping and reviewing availability and access to universal, targeted and detached Youth Support in each area including engagement with young people.
- Working with and through district collaboratives and the Integrated Care System to support the differing needs of children and young people across the County.
- Co-chairing the regional WMADCS meetings on early help and targeted support with a strong focus on family hubs and the Supporting Families agenda.
- Ensuring that Early Help offers, and work is inclusive and diverse, reaching all our communities and maximising opportunities for collaboration and co-production with both young people and parents and carers.

0-25 SEND & All Age Disability Service

21. In February 2022 Cabinet approved the creation of a new 0-25 SEND & All Age Disability (AAD) Service. This will strengthen and enable a more co-ordinated and

integrated offer to children, young people, and their parent carers. The new service incorporates:

- The Special Educational Needs and Disability service (SEND)
- The Children's Social Care Children with Disability Team (CWD)
- Young Adults Team (YAT) - It is anticipated that YAT staff will TUPE over from WCC to WCF by 1.6.2022

22. A new dedicated post of "Director of 0-25 All Age Disability" has been created and appointed to with a start date of 6th June 2022. The new service has been designed to:

- Improve the experience for children, young people and their families.
- Enable better information sharing and coordination of assessments and plans for its service users.
- Build stronger relationships with the child, young person, and their family, which leads to a more person-centred approach to provide greater consistency for families and avoid information getting lost.
- Ensure preparing for adulthood can run through the entire service, with a broader and better understanding of resources/support for the 17+ cohort.
- Achieve greater collaboration and ownership of the Education Health Care Plan (EHCP) and CYP future planning

23. The SEND Improvement Board has been renamed as "0-25 All Age Disability Partnership" to reflect the wider remit of the service. Membership has been established and meetings will take place monthly, focusing alternately between:

- 0-25 All Age Disability and associated partnership agendas and strategies
- SEND Accelerated Progress Plan (APP) – at this meeting there will be a "deep dive" on progress with the four areas in the plan

24. The APP is set out into four workstreams, each one representing an area where insufficient progress was identified as being made in the Ofsted/CQC re-inspection. The APP was submitted to DfE for comment and, following amendment, should be finalised in a meeting with DfE on 3rd May. The overarching progress and outcomes of the APP will be overseen by the newly formed 0-25 All Age Disability Service. Membership for the four workstream groups has been established and work is in progress. Workstream leads, including representatives from the local authority and health services, will meet ahead of SEND APP board meetings to share data and KPIs which will be brought together in a report on progress against the four areas in the plan. This report will be presented to the SEND APP board meeting.

25. A new parent/stakeholder group has been established to widen WCF's stakeholder involvement in SEND services and to enhance the work of Families in Partnership (FiP). Membership is being established to enable a broad range of organisations and experiences to be represented and the first meeting has taken place.

Worcestershire Safeguarding Children Partnership

26. HWB received an update on the annual report and work of the Worcestershire Safeguarding Children's Partnership at its meeting in February 2022, referenced in background papers for information.

Children & Young People's Mental Health & Emotional Wellbeing Partnership

27. Across the ICS there is a transformation plan for children and young people's emotional wellbeing and mental health. This is refreshed yearly and is published on the CCG website. The 2021/22 plan was published in September 2021. The plan outlines the aims and objectives for improving the emotional wellbeing and mental health of young people across the ICS, it also provides an analysis of local need and current performance. [click here](#) – to access the plan

28. The transformation plan has a delivery plan which is owned and overseen by the separate Herefordshire and Worcestershire Children and Young People's Emotional Wellbeing and Mental Health Partnership Boards. These partnership boards report into their respective Children and Young People's Partnership Boards and Health and Wellbeing Boards and their membership includes public health, children's social care, CAMHS, voluntary sector, schools, early help and acute paediatrics.

29. The delivery plan has ICS wide actions and also place based actions specific to each county. The following is a brief update on key actions within the plan that relate to Worcestershire.

Crisis support

30. Since the beginning of the pandemic there has been an increase in children and young people presenting in crisis and being referred to Tier 4 beds. This is a national as well as local picture. There has been an increase in investment in crisis support. There is 24 hour/ 7 days a week all age crisis helpline that has been operational since April 2020. Funding has been agreed for 7 days a week intensive home treatment team to keep young people in the community and prevent Tier 4 admissions.

Community Eating Disorder service

31. The numbers of young people with eating disorders has also increased and especially those presenting who are physically unwell and need admission to Tier 4. There has been increased investment to meet this increasing demand and to meet the access and waiting times standard. Worcestershire CEDS will require further investment on top of this recent increase. This will be addressed through future Mental Health Investment Standard funding.

Worcestershire Mental Health and Wellbeing in Education subgroup

32. Worcestershire Children and Young People's Emotional Wellbeing and Mental Health Partnership Board decided to form a subgroup specifically to focus on educational settings. Louisa Jones Principal Education Psychologist chairs this group and the membership includes representatives from first, primary, middle and high

schools plus FE colleges and partner organisations. The group will report into the Partnership board and have clear tasks and outputs.

Mental Health Support Teams in Schools

33. Wave 3 went live in November 2021 with 4 teams across Herefordshire and Worcestershire covering 57 schools. The teams are based in schools and take referrals for children and young people with emotional wellbeing needs, they are also involved in improving the whole school approach towards emotional wellbeing and mental health, this includes staff wellbeing and work with parents.

34. Herefordshire and Worcestershire have been allocated 4 more teams across wave 7,8,9 and 10. Wave 7 will commence training in September 2022. The site selection has taken place for this wave and agreed by partner organisations. Wave 7 will be focused on Herefordshire primary schools, with the 20 most in need primary schools being part of the team. Wave 8 will be focused in Worcestershire, the settings haven't been selected yet, this wave will commence training in January 2023.

0-25 service

35. There is a national expectation that all CAMHS services are extended to 25 years to ensure a smooth transition into adult services. As part of this development additional funding is being used to develop an innovative team who will caseload young people transitioning from CAMHS to adult services. This team will consist of professionally qualified youth workers who will develop relationships with the young people and work with them to access support in the community and develop their own aspirations. There is further work being undertaken to develop the 0-25 service over the next 2 years.

Risks and issues

Recruitment

36. Recruiting into mental health roles is difficult, particularly Band 6 mental health practitioners. Herefordshire and Worcestershire Health and Care NHS Trust have undertaken recruitment initiatives and there are various other mitigations such as recruiting lower band staff that can be trained and gain experiences within the service.

Demand

37. It is difficult to predict the change in demand as the pandemic develops and the lasting effects that may cause an increase in referrals. This will need to be monitored closely.

Future priorities

38. The focus in 2022/23 will be on the development of the 0-25 service. A scoping exercise will be undertaken with partners including with colleagues in adult services. This will also include reviewing practice in other areas.

Legal, Financial and HR Implications

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

Privacy Impact Assessment

40. N/A

Equality and Diversity Implications

THE COUNCIL MUST, DURING PLANNING, DECISION-MAKING AND IMPLEMENTATION, EXERCISE A PROPORTIONATE LEVEL OF DUE REGARD TO THE NEED TO:

- ELIMINATE UNLAWFUL DISCRIMINATION, HARASSMENT AND VICTIMISATION AND OTHER CONDUCT PROHIBITED BY THE EQUALITY ACT 2010
- ADVANCE EQUALITY OF OPPORTUNITY BETWEEN PEOPLE WHO SHARE A PROTECTED CHARACTERISTIC AND THOSE WHO DO NOT
- FOSTER GOOD RELATIONS BETWEEN PEOPLE WHO SHARE A PROTECTED CHARACTERISTIC AND THOSE WHO DO NOT

A 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

Tina Russell, Chief Executive WCF and Director of Children's Services WCC

Tel 01905 846354

trussell@worcschildrenfirst.org.uk

Interim Director of Public Health WCC

Supporting Information

- APPENDIX A - CYPSP Governance diagram – Available online with the agenda
- APPENDIX B - CYPSP Terms of Reference– Available online with the agenda
- APPENDIX C – Children & Young People's Plan (CYPP) 2022-23

Background Papers

- Worcestershire Safeguarding Children Partnership Annual Report 2020-21 – [Worcestershire Safeguarding Children Partnership Annual Report 2020 - 2021 \(safeguardingworcestershire.org.uk\)](https://safeguardingworcestershire.org.uk)

At the heart of everything we do

NEW GRAPHIC TO BE ADDED

Worcestershire's Children & Young People's Plan 2022 – 2024

Find out more online:

www.worcestershire.gov.uk/CYPP

Our vision is for Worcestershire to be a wonderful place for all children and young people to grow up and for parents to be equipped with the skills required to provide safe, stable and nurturing care to their children.

	Children and Young People tell us they feel Happy, Healthy and Safe as they grow up.			
Who will lead on this?	Early Help Partnership	Children & Young People's Emotional Wellbeing & Mental Health Partnership	All Age Disability 0-25 Strategic Partnership	Worcestershire Safeguarding Children Partnership
Overarching Outcomes – <i>These outcomes are interrelated and not to be seen in isolation from each other</i>	The best start to life – Early help and support to parents through pregnancy and early years	Access to EHWP and Mental Health support and interventions that promote and enable mental health stability for the individual parent and or child	Promoting physical wellbeing and inclusivity - empowering Children, Young People and their families to be part of their local community	Access to the right education, health and social care interventions – that prevent risks escalating and needs becoming more complex requiring Child Protection and Care
How will this be measured?	Children reach the expected level of development at their Two-and-a-half-year review Childhood obesity	A reducing number of children and young people missing education (CME) due to mental ill health – data to be broken down into subsets of	Increasing number of children who are SEN that do not progress to EHCP Increasing % of children with an EHCP	Successful outcomes of Child Protection plans A reduced % of repeat Child Protection plans

	<p>figures show an improving trend against national data</p> <p>Increased % of children reaching a good level of development at the end of the Early Years Foundation Stage (EYFS), so they have "School readiness"</p> <p>Number of Early Help Assessments (EHA) and interventions completed by agencies across the partnership provide effective support preventing repeat statutory assessments and interventions</p>	<p>CYP at risk of health inequalities</p> <p>CYP absent from school for more than 10 days –data to be broken down into a subset of CYP at risk of health inequalities and those absent due to mental ill health</p> <p>Health assessments for children looked after - % of health checks where mental health needs are identified and met</p>	<p>receiving education in mainstream schools and staying there</p> <p>Increased % annual health checks for children with a disability of where mental health needs identified and met</p> <p>Destination of CYP after statutory school ends – not in education, employment and training (NEET)</p> <p>Destination of CYP after statutory school ends – living arrangements/ level of independence</p>	<p>against England averages</p> <p>A reducing % of children subject to Children protection or Care due to Parental or child mental health.</p> <p>All agencies referring children and families to the correct service at the earliest opportunity.</p>
How will we know if it's working well?	Quality Assurance: Key Performance Indicators : Audit of practice : Service user feedback			

Children & Young People's Plan Governance

The Children & Young People's Strategic Partnership Group (CYPSP) is responsible for delivering the plan and is accountable to the Health & Wellbeing Board (HWB). The subgroups of the CYPSP and the District Collaboratives will monitor the progress of their outcomes regularly and report this to the CYPSP.

The collective partnership will seek to remove challenges and barriers to progress, and will use its links with other operational groups and or strategic forums to facilitate this. The CYPSP will report on overall progress to the Health and Well Being Board.

Children and Young People Health and Wellbeing Worcestershire

Worcestershire Health & Wellbeing Board

This board has the statutory responsibility for the development of Worcestershire's Overarching Health and Well Being Strategy for Adults & Children

Worcestershire Executive Committee

This committee is accountable for the strategic delivery of the HWBB/ICS priorities

Herefordshire & Worcestershire Childrens Board

ICS Children & Young People Board is established bringing together senior members from our ICS to ensure oversight and assurance of the design and delivery of an integrated system to improve health and wellbeing outcomes for Children & Young People. It is proposed that the CYP Board will meet bi-monthly as a strategic Board to deliver the NHS Long Term Plan expectations and to support system partnership and collaboration to reflect place based priorities determined by the Health & Wellbeing Boards

Worcestershire Children & Young People Strategic Partnership CYPSP

Quarterly meetings to set to provide the children's strategic partnership with progress reports against the district and county wide plans.

Worcestershire Integrated Commissioning Group. Responsible for joint commissioning of health and wellbeing services to Children and Adults

Children & Young People Joint Commissioning

Worcestershire Safeguarding Children Partnership

Worcestershire Children's Early Help Partnership

Worcestershire 0-25 All Age Disability Partnership

Worcestershire CYP EHWP Partnership

The above are county-wide partnerships responsible for the planning and delivery of services specific to the remit of the group. They are collectively responsible for the delivery of the Children and Young People Plan for Worcestershire. The CYPP is developed in conjunction with the agreed priorities of the Corporate Plan, HWBB priorities and Integrated Care System

Delivery of the Plan

Early Help Partnership

Vision and Aims: The Early Help partnership is responsible for developing a county wide partnership to deliver preventative and Early Help services to children and young people in line with the Worcestershire levels of need guidance and Working Together 2018. It is co-chaired by senior leadership in Public Health and Worcestershire Children First to give a consistent overview of preventative and early help strategic delivery across Worcestershire and is responsible for the delivery of the Early Help Strategy.

Membership: Worcestershire Children First, Worcestershire County Council, Herefordshire & Worcestershire Health & Care NHS Trust, Herefordshire & Worcestershire Acute Hospitals Trust, 0-19 Starting Well Partnership, Herefordshire & Worcestershire Clinical Commissioning Group, West Mercia Police, Worcestershire Safeguarding Children Partnership, Cranstoun, Young Solutions, Worcester Community Trust, Department for Work & Pensions, Young Carers, Youth Support Services, West Mercia Youth Justice Service, Wyre Forest District Council, Malvern Hills District Council, Worcester City Council, Bromsgrove District Council, Wychavon District Council, Redditch Borough Council

Key Outcome Measures

Action Plan Key Priorities

The best start to life – Early Help and support to parents through pregnancy and early years

Children, Young People and Parents are empowered to become more active - childhood obesity figures show an improving trend against national data

Our system provides access to health and care interventions at the right time

- Embed Early Help across all agencies, partners, and workforce
- Develop the Worcestershire Early Help offer within each local District, local services, and support for local children
- Promote engagement with parents / carers/ children and young people to communicate and shape multi-agency Early Help offers ensuring diversity, inclusion, and accessibility for all across the County, looking for opportunities for co-production and collaboration
- Ensure the development of Family Hubs, co-located services and Here2Help are incorporated into our Early Help offer
- Embedding of children and young people's strategic and associated action plans as part of the Early Help offer e.g. SEND 0-25 All Age Disability Service, youth violence, young carers and Covid-19 recovery.
- Multi agency Early Help measures on the effectiveness and impact of Early Help in Worcestershire

Children & Young People's Emotional Wellbeing & Mental Health Partnership

Vision and Aims: To improve the emotional wellbeing and mental health of children and young people in Herefordshire and Worcestershire. Herefordshire and Worcestershire System Transformation Partnership (STP) has set out the system wide strategic direction and delivery mechanism for mental health provision as outlined in the Herefordshire & Worcestershire STP Strategy.

Membership: The Worcestershire Children & Young People's Emotional Wellbeing & Mental Health (EW & MH) Partnership is chaired by the Clinical Commissioning Groups (CCGs) and is responsible for collaboration across the system to ensure that the vision articulated in the Local Transformation Plan is achieved. It includes representatives from commissioning and provider organisations that work with children and young people, including Child and Adolescent Mental Health Services (CAMHS), voluntary organisations, Healthwatch, the Youth Offending Service, schools and the Clinical Commissioning Groups (including TCP and Safeguarding leads).

Key Outcome Measures	Action Plan Key Priorities
Access to EHWP and Mental Health support and interventions that promote and enable mental health stability for the individual parent and or child	<ul style="list-style-type: none"> • Increase awareness of mental health and emotional wellbeing with children and young people and encourage them to promote good mental health with themselves and their peers • Increase the number of children and young people receiving treatment for emotional wellbeing and mental health needs. • Ensure children and young people with eating disorders have timely access to evidence-based treatment • Monitor impact and effectiveness of services through performance management and co-production with children and young people • Improve mental health support in schools and support schools to adopt a whole school approach to mental health • Improve emotional wellbeing and mental health knowledge and skills of the children's workforce • Prevent inappropriate hospital admissions and facilitating effective discharge from hospital including operation of urgent care pathway • Work towards a comprehensive 0-25 years support offer across the STP • Include digital offers of delivery for children and young people accessing emotional wellbeing and mental health services • Ensure looked after children and care leavers have access to emotional wellbeing and mental health support that meets their needs • A range of evidence-based support and treatment is available for children and young people and parent/carers • Children and young people, parent/carers and other stakeholders are involved in the planning, design and review of services

0-25 SEND & All Age Disability (AAD) Partnership Board

Vision and Aims: *In Worcestershire we want all children and young people with special educational needs and / or disabilities to be truly seen and respected as individuals and to be the best they can be.* SEND Strategy 2022 -2025

Membership: Worcestershire Children First, Worcestershire County Council, Herefordshire & Worcestershire Health & Care NHS Trust, Herefordshire & Worcestershire Clinical Commissioning Group (CCG), Families in Partnership (FiP), Worcestershire Association of Carers (WAC), SEND Information, Advice and Support Service (SENDIASS), Children & Adolescent Mental Health Service (CAMHS), School Phases (First and Primary, Middle, Secondary and High – for LA maintained and Academies), Special Schools, Further Education Partners, Specialist Provision Forum, Service users by experience

Key Outcomes Measures

Mainstream schools provide effective support for children who have SEND

- Number of schools/MAT CEOs attending visionary events and planning
- % of mainstream SENCOs attending training/viewing online
- Quarterly quantitative survey from SENCOs on effectiveness of the hub support
- Number of schools attending district SEND hubs and good practice showcase events
- Number of hits on children's services portal pages related to inclusion
- % mainstream schools accepting an outreach offer
- % of special schools, MABs and AP who offer outreach
- Monthly deep dive to an identified school of concern to provide support, guidance and develop specific school action plan to improve inclusivity
- Attainment and progress data for CYP receiving SEND support
- % of schools attending SEND training and development opportunities
- % CYP remaining in settings following transition
- % mainstream schools returning SEND audit
- % compliance with SEND practice indicators included in the audit

Action Plan priorities

Share outcomes of SEND inspection and Accelerated Action Plan with Head Teachers, Leader of Academy Schools and Trusts and Regional School Commissioners Office at online event (s) and identify and agree additional actions needed to strengthen SEND support in educational settings.

Review and increase attendance of mainstream Headteachers at 0-25 SEND & All Age Disability Partnership Board to represent phases of education to ensure representation from all phases of education. Provide training, support and challenge to schools on outcomes for children and ensure this is incorporated within their Early Help and Graduated Response offer.

Increase the focus on sharing good practice in mainstream schools through the Locality SEND Hubs, e-library and good practice showcase events. Develop Terms of Reference for the Locality SEND Hubs and embed them in practice including evaluation of their impact.

Work with special schools, alternative providers, mainstream schools and Mainstream Autism Bases to agree the approach to sector led improvements and the increasing the reach and impact of outreach. Identify and engage mainstream schools who are not accessing training and development focused on SEND to understand the impact on their inclusion practices and agree what or how support and development opportunities are accessed.

Refresh our guidance and support offer to mainstream schools regarding effective transition between educational settings (including from Early

	<p>Years settings).</p> <p>Produce guidance on curriculum, aspirations and opportunities in Further Education colleges and mainstream and special schools to increase the number of children and young people with SEND who go onto higher education.</p> <p>Develop an annual SEND audit tool and process for mainstream schools to support increased numbers of schools eligible for Inclusion Quality Mark.</p>
<p>Specialist provision meets the identified needs of children and young people</p> <ul style="list-style-type: none"> • Number of CYP awaiting special school placement • Length of time CYP awaiting special school placement • % of CYP going to into independent provision • % of first plans staying in mainstream schools • No of CYP less than a term out of a school year for a special school placement • Planned increase of number of the local specialist provision placements in Worcestershire • Forecast saving to High Level Needs budget due to prevention of out of county/independent placements • % of EY with first time EHCPs attending special and mainstream schools • Reduction of the deferment for a transition to a school place 	<p>Improve our communication to all stakeholders of the decision-making process for placements at special schools.</p> <p>Publish and implement our SEND provision plan which outlines our approach to the development of specialist placements for children and young people with EHC Plans.</p> <p>Ensure that there is an effective Early Years offer to enable children with additional needs to enter mainstream educational provision whenever possible.</p> <p>Review and improve the assessment and decision making for Early Years children in special school, for effective use of specialist provision.</p> <p>Review what is additional and specialist provision in Special Schools outside of the mainstream setting to meet children and young people's needs.</p>
<p>Improved relationships with parents and carers incorporating meaningful engagement and collaboration</p> <ul style="list-style-type: none"> • Number of parent/carers representatives and groups actively involved in SEND coproduction activity in Worcestershire • Number of metrics included in SEND data dashboard related to families experience of the SEND system in Worcestershire • % of parents/carers who agree that their child's SEND is understood by schools and services • % of parents/carers accessing SENDIASS and satisfaction rates around effectiveness of the service (SENDIASS) 	<p>Agree an approach with Families in Partnership to ensure that coproduction and engagement opportunities includes a wider range of parent carer advocates and support groups in Worcestershire.</p> <p>Further develop the SEND data dashboard to include a focus on the findings of case audits and user feedback to ensure there is a focus on families' experience of the SEND system in Worcestershire.</p> <p>Review where, when and how parents access the information that is available to them with regards to the support offer and process for identification, assessment, decision making and role of SENDIASS.</p> <p>Coproduce and publish information about how decisions about educational placements for children and young people with SEND are made.</p>

<ul style="list-style-type: none"> • % of parents/carers who feedback they have been involved in decisions about placement during the EHCNA process • % of parents/carers who believe they had positive experience • % of parents/carers saying communication is satisfactory or better • Number of schools supported by Parent carer forum (FiP) and WAC and stakeholder groups during parent/carers engagement project • % parents/carers who feedback positive changes in schools following involvement in the parent/carers engagement project • % WCF/ HWHCT who have completed e-learning module • % of service delivery, policy and provision changes across social care health and education that include coproduction with parents/carers • % of schools where inclusive practices have been challenged • School journey data (inc. EHCP assessment per setting, admissions, movement from in and out of schools) 	<p>Collate and review number of opportunities parents/carers have to feedback their experiences across education, health and social care and ensure regular analysis of how this information is used to inform service development.</p> <p>Embed approaches to parent carer engagement across mainstream schools, commissioning Families in Partnership to lead on this work. Develop mandatory coproduction e-learning module for staff including WCF and Herefordshire and Worcestershire Health and Care Trust. 0-25 SEND & All Age Disability Partnership Board to monitor all changes to SEND service delivery policy and provision across Health, Education and Social Care to ensure consistent approach to coproduction.</p> <p>Provide information about how WCF challenge concerns about inclusive practice in schools with educational settings and parent carers. How WCF escalate decision making and take action where demonstrable progress is not evident, agree additional steps required in order to strengthen this approach. Parent carers to have an understanding of what support is available to schools.</p> <p>Pilot of Person Centred Planning for Educational Psychology assessments to develop relationships and engagement with parents requesting new EHC Plan assessments.</p>
<p>Good quality Education, Health & Care plans</p> <ul style="list-style-type: none"> • Number of case file audits/moderations undertaken by management team each month • Number of parent carers who provide feedback as part of audit activity • Parent carer satisfaction of their involvement in assessment and producing of an EHC plan • Children and young people's satisfaction of their involvement in assessment and production of the EHC plan • Evidence in each quarterly report shows progress made against identified areas for improvement • Percentage of Audits judged to be Good or Outstanding (Quarter on Quarter KPI%) 	<p>Improve the quality of advice provided from across the partnership agencies to the EHC assessment and review process.</p> <p>Undertake and complete a sample of the early implementation of the new year 9 onwards annual review guidance and toolkit and make amendments as needed to inform full implementation. Use this review mechanism to identify those open to the tri-partite agencies to identify best practice and make amendments.</p> <p>Using any appropriate learning from Year 9 review guidance undertake review and improve year 8 and below.</p> <p>Using agency support complete the backlog of outstanding EHC reviews to bring them all up to date within the cycle timescale and to the expected quality.</p> <p>Review the process for ongoing EHC amendments to ensure timeliness and to prevent a repeat of backlog.</p> <p>Introduction of learning reports for the partnership using quantitative and qualitative data to inform service improvements on quality, timeliness, and service user experience.</p>

Build on and develop Quality Assurance programme for the EHC assessment and review process to monitor KPI measures, quality audit outcomes and service user feedback.

Learning briefing/newsletters for SEND Staff on the key learning and feedback from EHC audits.

Seven-Step Guide on key learning for quality assessment and planning for partner agencies.

Enabling and ensuring that partner agencies are accessing the generic e-learning modules for advice givers including that the advice giver can understand what should be ordinarily available in mainstream provision.

Develop specific training for each agency for staff to provide quality advice.

Training for caseworkers to improve EHC plan writing and agency advice givers to improve plan writing.

Devise and deliver training to all schools, Early Years settings and Post 16 colleges focusing on good practice in annual reviews including person centred planning and the contributions made by children and young people.

Agree a prioritisation of plans that are open to the tri partite partnership under All Age Disability (Prioritise phased transfer).

Worcestershire Safeguarding Children Partnership

Vision and Aims: Our vision is to have in place multi-agency arrangements across our frontline services to enable children and young people to Get Safe and work together at a strategic level to enable them to Stay Safe. Our key principles are:

- Children and young people are at the heart of what we do, and we will make a positive difference to their lives
- We will work together with this as our collective responsibility
- We will have a culture of scrutiny and challenge
- We are a 'learning partnership' and we will promote best practice
- We will share information in an effective way and use it to intelligently inform our work

Membership: Worcestershire Children First, Worcestershire County Council, Herefordshire & Worcestershire Health & Care NHS Trust, Herefordshire & Worcestershire Acute Hospitals Trust, , Herefordshire & Worcestershire Clinical Commissioning Group, West Mercia Police, Young Solutions, West Mercia Youth Justice Service, Probation Service, Malvern Hills District Council, West Midlands Ambulance Service, Bromsgrove & Redditch District Council, Platform Housing, Police & Crime Commissioners Office, Heart of Worcestershire College, Designated Safeguarding Lead Champion representative, Headteacher Steering Group representative, Healthwatch participant observer, Hereford & Worcester Fire & Rescue Service, Primrose Hospice

Key Outcome Measures

Get Safe Partnership

Strengthened partnership approach to prevention, protection, and pursuit in relation to on-line exploitation.
Comprehensive provision of youth and diversionary activities able to meet the different needs of CYP.

A targeted diversional offer for the groups of young people who through the engagement work are identified as at risk of being targeted by criminals.

Learning from 'Sarah' Child Safeguarding Practice Review is embedded in practice

Continuous professional development for practitioners in relation to CCE updated and being delivered.

All identified CCE concerns being shared via the Get Safe Portal in line with the Worcestershire guidance.

Get Safe 4P's approach is fully implemented and embedded

Action Plan Key Priorities

- Our partnership approach to prevention, protection, and pursuit in relation to on-line exploitation across Worcestershire.
- Mapping out all diversionary activities available to victims or those that are at risk of exploitation, to ensure that the different agency offers provide efficient and comprehensive support across all age groups.
- Ensuring all recommendations from the 'Sarah' Child Safeguarding Practice Review are embedded in practice. This will include an audit of cases discussed at MACE to ensure that where a young person meets the threshold for child protection, the appropriate processes are used.
- Providing continuous professional development for practitioners around changing and emerging risks, local problem profile findings, the national picture of exploitation and the voice of the child.
- Ensuring all identified CCE concerns are shared via the Get Safe Portal and so contribute to our local understanding of risk and harm.

<p>within CSP's and tactical SOC focused groups. Clear Communications Strategy for Get Safe in place. Voice of the child or young person influences GET SAFE services Children excluded from education or electively home educated (EHE) linked to GS process. Clear understanding of charges, convictions, use of civil orders, NRM referrals in relation to CCE via Police data. Clear co-ordination of the 4P's approach to exploitation in Worcestershire at a strategic level Understand the problem profile for online exploitation. Development of guidance for multi-agency partners for their use that sets out tactical options and pathways to pursue perpetrators of CCE.</p>	<ul style="list-style-type: none"> • Strengthening the influence of children and young people's views on GET SAFE services with a particular focus on commissioning processes. • Ensuring that the Get Safe approach is fully supported and embedded within other local partnership groups where their priorities and activities contribute to keeping children and young people safe from exploitation
<p>Quality Assurance Practice and Procedures Group</p> <p>A robust audit programme and completed audits in specific areas of the multi-agency child protection system, leading to learning being shared with all partner agencies to improve services. All agencies referring children and families to the correct service at the earliest opportunity, measured by appropriateness of referrals to Early Help services and Family Front Door. Local and Regional child safeguarding procedures are up to date, accessible to practitioners and support them in their day-to-day work. Multi-agency learning and development opportunities are available to partners to support the development of strong practice in key areas of our multi-agency work. The voice of children and families is captured and is used to improve services.</p>	<ul style="list-style-type: none"> • Completion of the Early Help project in conjunction with the University of Worcester • The development of multi-disciplinary audits at the Family Front Door between Social Care, Education and Early Help to look at the quality of referrals and application of the levels of need to promote system learning and the Early Help agenda. • Support the Get Safe Partnership Group in embedding the learning from the 'Sarah' Child Safeguarding Practice Review. • Ensure that a multi-agency plan is in place to ensure Worcestershire can effectively respond to any Joint Targeted Area Inspection (JTAI). This will include support for agencies to understand their role, expectations and resourcing commitments of such an inspection. • Continue to deliver multi-agency audits in areas identified as requiring further scrutiny and use the learning from those audits to improve services to children and young people. The audit activity within this coming reporting period will include how effectively agencies capture the voice of SEND children within our safeguarding processes.
<p>Child Safeguarding Practice Review Group</p>	<ul style="list-style-type: none"> • improve the timeliness of the completion of safeguarding children practice reviews

<p>Child Safeguarding Practice Reviews and Rapid Reviews are completed in a timely manner and to a high quality. Learning from national and local Child Safeguarding Practice Reviews is used effectively to improve and strengthen local practices.</p>	<ul style="list-style-type: none"> strengthen the multi-agency approach to reducing the risk of non-accidental injury to children under one through the 'Keep Me Safe' strategy, incorporating the learning from the national review completed on these themes.
<p>Head Teacher Safeguarding Steering Group</p> <p>Education settings provide appropriate early help to children and families. Education settings' referrals to the Family Front Door are in line with the Worcestershire Levels of Need Guidance. Education settings have in place systems to encourage the reporting of, and to respond effectively to reports of child on child abuse</p>	<ul style="list-style-type: none"> ensure the learning from the audit of multi-agency responses to reports of sexual violence in schools and colleges is used to further improve the services provided to children and young people build on how learning from Ofsted complaints, which also includes identified best practice, is used to strengthen practice in our education settings support education providers to encourage those who are victims of sexual violence, sexual harassment and other forms of child on child abuse to report those concerns, and have processes in place that promote such reporting through education and guidance, recognising that this is happening in all settings support the relationship between education settings and the Worcestershire Family Front Door and promote the knowledge and understanding of the Levels of Need Guidance through regular joint audit activity and clear guidance and dissemination of learning

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HEALTH AND WELL-BEING BOARD

24 MAY 2022

UPDATE ON DEVELOPMENT OF THE WORCESTERSHIRE VOLUNTARY AND COMMUNITY SECTOR (VCS) ALLIANCE

Board Sponsor

Jonathan Sutton

Author

Carole Cumino - VCS Executive Lead

(Please click below
then on down arrow)

Priorities

Mental health & well-being

Yes

Being Active

No

Reducing harm from Alcohol

No

Other (specify below)

Safeguarding

Impact on Safeguarding Children

No

If yes please give details

Impact on Safeguarding Adults

No

If yes please give details

Item for Decision, Consideration or Information

Information and assurance

Recommendation

1. The Health and Well-being Board is asked to note progress on the development of a new Worcestershire Voluntary and Community Sector Alliance in line with national requirements.

Background

2. So why is the Voluntary and Community sector important in Worcestershire? The county has a well-established and diverse VCS – a Worcestershire Voices report into the sector in 2013 identified 2750 organisations, ranging from very small ones with no paid employees to those with large workforces, including volunteers. In addition, there are many unregistered community and mutual aid groups who contribute to improving society on a daily basis and who have been especially active in the response to COVID-19.

3. The following extract from NHS England 'Voluntary Partnerships' guidance summarises the rationale for involving the VCS

'COVID-19 has acted as a catalyst for even greater integration of VCS services and time and resources are progressively being directed towards facilitating access to employment and education, reducing loneliness and social isolation, intervening on the drivers of fuel poverty and delivering preventative interventions for crime reduction.'

VCS organisations are often embedded in neighbourhoods and have a unique advantage when it comes to engaging the most at risk and rarely heard communities. They play a key role in facilitating dialogue between the system and its residents, making sure that services are co-produced with purpose, with residents at the heart of service provision.

For the VCS to achieve its full potential in the delivery of integrated care, it needs to be recognised fully as a part of the system.

A new Alliance for Worcestershire

4. NHS England Guidance requires Integrated Care Boards (ICBs) to work with local Voluntary and Community partners:

'By July 2022, ICBs are expected to have developed a formal agreement for engaging and embedding the VCSE sector in system-level governance and decision-making arrangements, ideally by working through a VCSE alliance to reflect the diversity of the sector.'

These arrangements should build on the involvement of VCSE partners in relevant forums at place and neighbourhood level.'

5. In Herefordshire and Worcestershire, the Alliance arrangements are being developed at 'place', with a small steering group at ICS level including VCS strategic leads from the two counties and the ICS who will meet to share knowledge and learning and avoid duplication.

6. Whilst in Herefordshire there was an existing partnership that has been able to become their 'Community Partnership', there was a recognition by VCS partners that although there were some forums within Worcestershire, they did not fulfil the requirements set out in the guidance. In addition, Worcestershire County Council were keen to improve their engagement with the VCS to support Health and Well-being Board

priorities and the 'Being Well In Worcestershire' approach (including Integrated Wellbeing work and Here to Help).

7. Both Worcestershire County Council (WCC) and NHS partners recognised that funding would need to be put into building the necessary partnerships and forums. WCC made initial funding available for the employment of a VCS Strategic Lead for a period of 3 years and agreed that this post should be hosted by the Herefordshire and Worcestershire Chamber of Commerce. The new VCS Strategic Lead started in post in January 2022 and since then has engaged extensively with statutory and VCS partners to work towards setting up a VCS Alliance in the County. The NHS has also made funding available to support this work in recognition of the importance of this development.

8. The next stage of development is as follows:

- May: Locality and thematic leads/representatives agreed
- June: Workshop with VCS to discuss and agree Memorandum of Understanding
- July: First official meeting of the VCSE Alliance

9. On VCS Representation on the Health and Well-being Board, it is expected that the VCS Representative will be nominated by the VCS Alliance, but in the meantime, the existing nominee and deputy will remain in place.

Legal, Financial and HR Implications

10. There are no legal, financial or HR implications resulting from this report.

Privacy Impact Assessment

11. There are no privacy issues to report.

Equality and Diversity Implications

12. There are no privacy issues to report.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

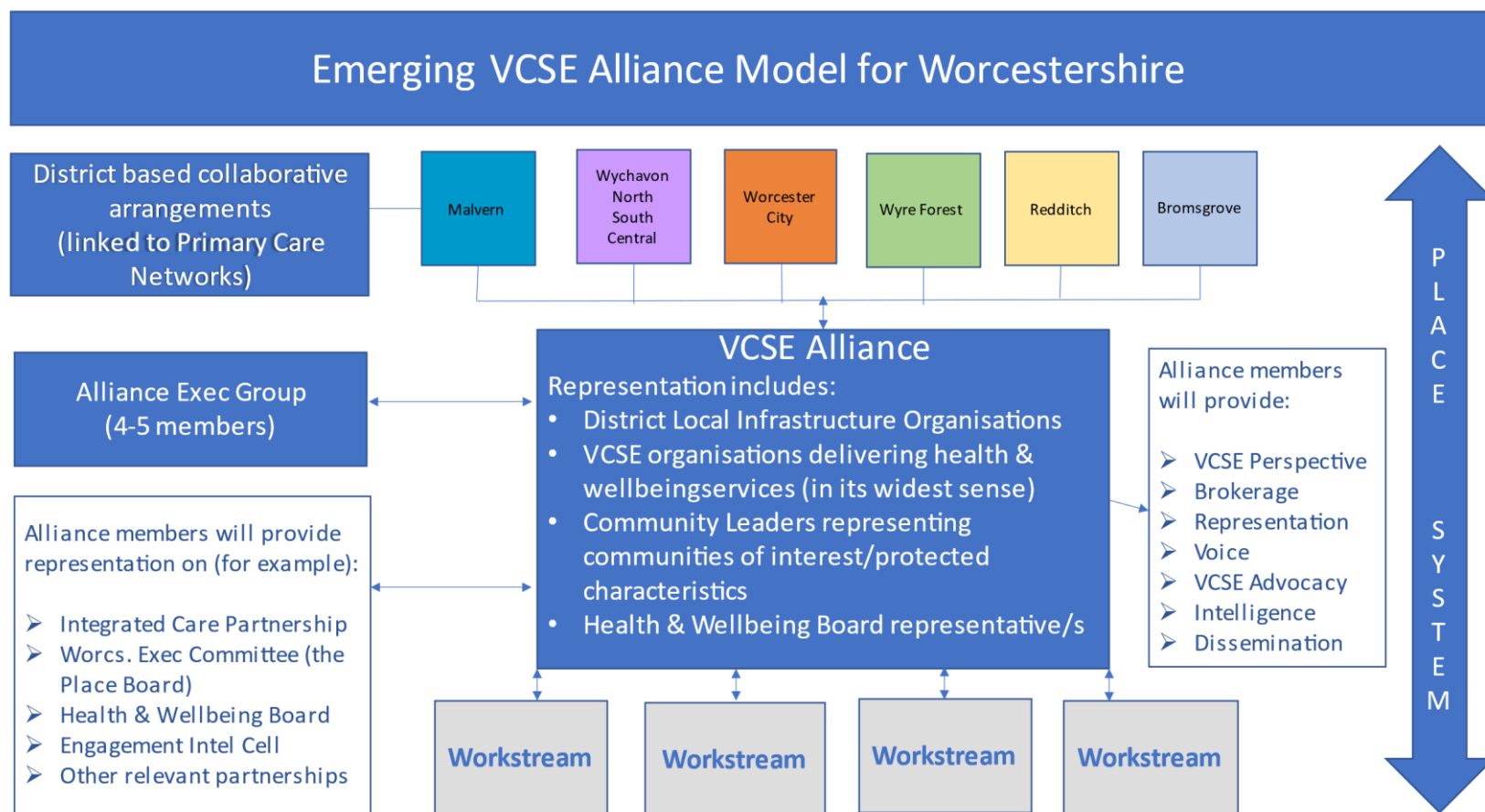
Name, Job Title: Esther Passingham, Worcestershire VCS Strategic Lead

Tel: esther.passingham@hwchamber.co.uk

Email: 07912 389189

Supporting Information

- Appendix - diagram of emerging Worcestershire VCS Alliance



HEALTH AND WELL-BEING BOARD

24 MAY 2022

WORCESTERSHIRE EXECUTIVE COMMITTEE UPDATE

Board Sponsor

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

Author

Ruth Lemiech, Director of Place Development – Worcestershire Partnership, employed by Herefordshire & Worcestershire CCG

Priorities

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

Safeguarding

Impact on Safeguarding Children	No
If yes please give details	

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

Information and assurance

Recommendation

- 1. The Health and Well-being Board (HWB) is asked to note progress to date relating to the establishment and activity of the Worcestershire Executive Committee (WEC) and that evolution of these arrangements is ongoing.**

Background

2. As the NHS moves into a new phase of delivery and Integrated Care Systems are formally created, it is timely to review the progress of the Worcestershire place-based partnership, the WEC. This paper provides an update of the recent activities that have been led through the WEC, associated governance structures, and the evolving synergistic relationship between the activities of the WEC and those of the HWB.

3. The core duties of Integrated Care System (ICS) are to:

- improve outcomes in population health and healthcare;
- tackle inequalities in outcomes, experience and access;
- enhance productivity and value for money;
- support broader social and economic development

4. The key components of the Integrated Care Board are set out at Appendix A.

5. The NHS 'Thriving Places' guidance suggest that place-based partnerships should start from an understanding of people and communities, agreeing a shared purpose; be built by doing and acting together; build on an ethos of equal partnerships across sectors and develop a culture and behaviours that reflect shared values and sustain open, respectful and trusted working relationships.

WEC priorities and activity to date

6. WEC and its associated sub-groups are focussing efforts this year on joining up approaches and integration of services. All of these priority work programmes are increasingly focused on their role in reducing inequalities.

- Improving access to urgent care with the programme managed through our Home First sub-group with escalation to WEC
- Restoring elective care services inclusively managed through the Elective care work programme with escalation to WEC
- Improving access to diagnostics and cancer waits
- Developing Primary Care Network (PCN) and District Collaborative working and plans
- Supporting the implementation of the HWB Being Well strategy
- Developing an integrated approach to frailty including falls
- Delivering a reduction in obesity
- Improvement in infant mortality has recently been identified as a new area of focus.
- Recognising and supporting our workforce challenges by ensuring place priorities are reflected in the ICS People workstream
- Development of a Business intelligence cell to ensure decisions are informed by population health and associated data.

7. Recent NHS planning requirements direct the NHS to focus energy and resources on prevention and early intervention, reducing the number of people who will go on to develop specialist health and care needs. We are embracing the opportunity to further integrate our strategic approaches to prevention and working closely at delivery level across the county – see section below on primary care networks and District Collaboratives.

8. Other headline areas that the WEC have explored include the Carers Strategy, WCC Commitment to Carers, ICS Outcomes Framework, Herefordshire and Worcestershire's Mental Health Strategy and Children and Young People's Strategy. There are also some specific NHS deliverables in terms of prevention, specifically around digital weight management and supporting inpatients to stop smoking, that are being successfully rolled out across the county, in partnership with public health colleagues.

Joint working across the system

9. At the HWB in February 2022, board members received and approved a set of principles for the WEC and HWB, that would govern integrated place-based working across the council, NHS and wider local partners as part of a move to create an ICS across Herefordshire and Worcestershire. The principles incorporated a description of WEC which is the key committee overseeing the integrated delivery of place-based, and primarily NHS priorities.

10. Behind the scenes, there is joined up working across the WEC and the HWB to ensure that agendas are aligned; there is clarity between the respective responsibilities of each and that decision making is clear and not duplicated.

11. The WEC is supported by public health colleagues and, in addition to receiving JSNA reports at a county level, is increasingly overseeing neighbourhood/community health needs being raised through public health leadership. This is leading to increasingly sophisticated data, that alongside local knowledge and insights will equip the District and NHS partners to really understand what will improve the health and wellbeing of their local communities.

12. General Practices across Worcestershire have been required to organise themselves into groups of Primary Care Networks (PCNs), under the leadership of nominated GP Clinical Directors as part of a national contract commissioned by NHS England. This contract requires delivery of a number of additional clinical services for patients and recruitment of additional workforce including non-clinical roles such as Social Prescribers and Health and Wellbeing Coaches. As part of the national contract, PCNs are required to work with their local communities to strengthen collaboration and integrated working.

13. Through the leadership of their Clinical Directors, PCNs have been working with District Councils across the county to agree how collaboration between the NHS and District Councils, at a local level, can deliver benefits for neighbourhoods and local communities. Districts and PCNs are working with a range of other partners, including representatives from the voluntary and community sector, Police, Children's services, Hospital Trusts and building on existing infrastructure such as asset-based community development workers, to deliver tangible improvements for their population. Initial focus areas are reducing and tackling neighbourhood health inequalities, Covid vaccination support including outreach and increasing uptake of screening interventions for example, Bowel and Cervical Cancer.

14. As the PCN's and District Collaboratives mature and the refreshed Health and Wellbeing Strategy is implemented, it will be important to ensure ongoing alignment between partners across the county. WEC members are committed to working efficiently and effectively in this partnership, ensuring their contributions result in a positive impact on the health and wellbeing of the population of Worcestershire.

Principle of subsidiarity

15. The WEC recently considered the recommendations of the Ockenden review, the independent report into maternity services in Shropshire. We are taking the lessons and learning from the report as we seek to build stronger, resilient and more efficient working practices across organisations. The report's findings of failures of governance and leadership, patterns of repeated poor care, poor working relationships and lack of trust between colleague's provide salutary lessons as we seek to bring together our efforts and integrate our services.

16. There are a range of boards that work across the Herefordshire and Worcestershire footprint, notably the Mental Health Collaborative and the People Board, which focuses on our collective workforce challenges. WEC is working with these to ensure that the principle of subsidiarity is followed, meaning that decisions are taken as closely to the individual as possible.

Urgent and emergency care update

17. Home First, a sub-group of WEC, oversees performance of the urgent and emergency care system in Worcestershire. Urgent and emergency pressures across the system continue to be challenging, impacting on ambulance handover delays at Emergency Departments and timeliness of patients seen in Emergency Department. Partners across Worcestershire are actively working together to ensure that alternatives to Emergency Departments are in place and hospital flow is not constrained by ineffective discharge processes.

18. Recently, an incident room with daily senior oversight, has been instigated at Worcester Royal to support the coordination of activities and monitoring of the pressures. Please note that due to the fast-moving nature of this service area, a more up to date position will be provided at the meeting.

Legal, Financial and HR Implications

19. There are no legal, financial or HR implications resulting from this report.

Privacy Impact Assessment

20. There are no privacy issues to report.

Equality and Diversity Implications

21. There are no equality and diversity implications associated with this paper.

Contact Points

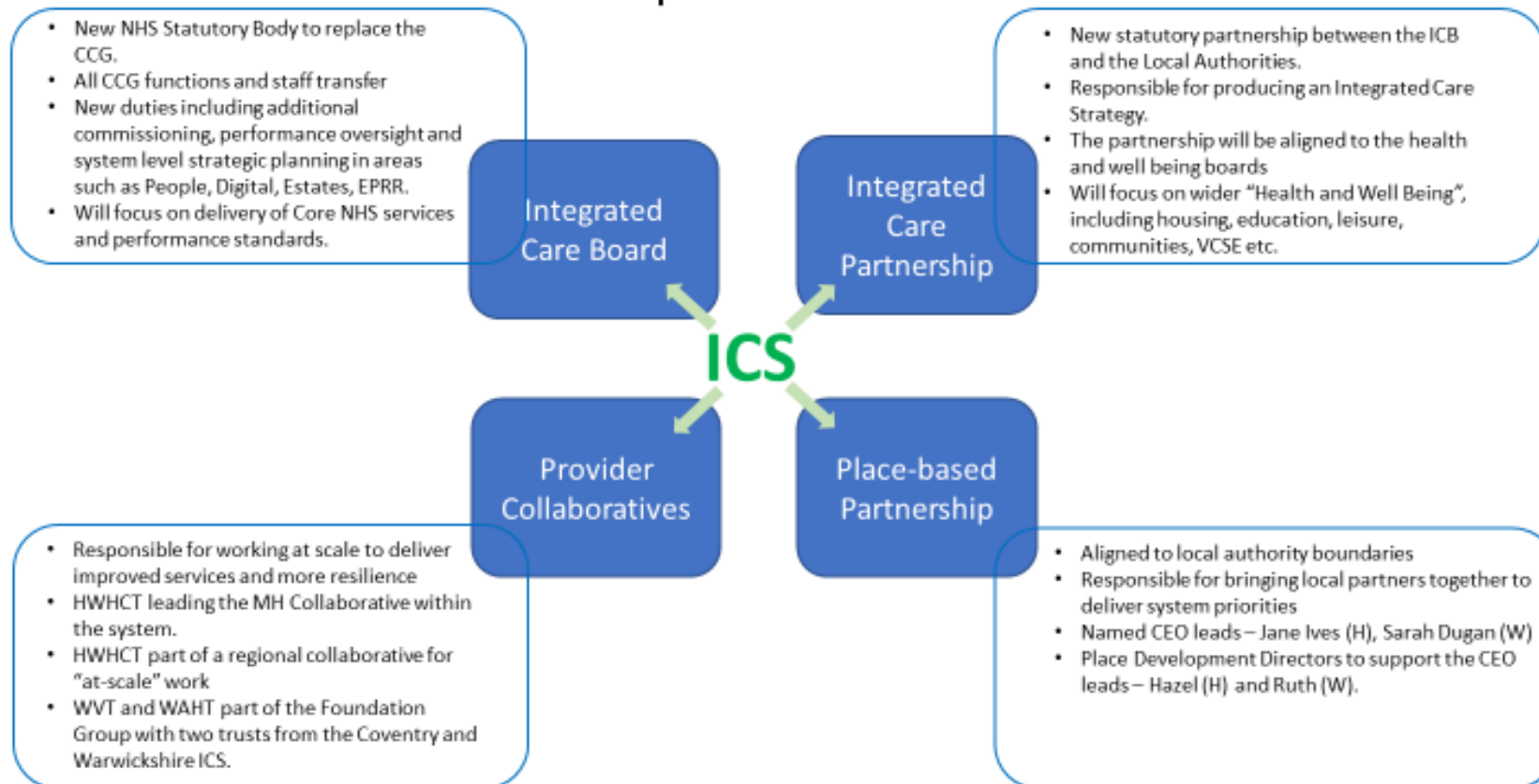
Specific Contact Points for this report

Ruth Lemiech, Director of Place Development – Worcestershire Partnership, employed by Herefordshire & Worcestershire CCG
Email: r.lemiech@nhs.net

Supporting Information

- Appendix A – Core Component of an ICS

Reminder of the core component of an ICS



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HEALTH AND WELL-BEING BOARD

24 MAY 2022

HEALTH AND WELL-BEING BOARD GOVERNANCE

Board Sponsor

Councillor Karen May, Cabinet Member with Responsibility for Health and Well-being

Author

Mark Fitton, Interim Strategic Director for People & Dr Tanya Richardson, Public Health Consultant

Priorities

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

Safeguarding

Impact on Safeguarding Children	No
Impact on Safeguarding Adults	No

Item for Decision, Consideration or Information: Decision

Recommendation

1. **The Health and Well-being Board (HWB) is asked to:**
 - a) **approve the HWB membership and voting proposals at paragraph 12 to enable revised Terms of Reference to be submitted to Council; and**
 - b) **agree the role of HWB sub-groups set out at paragraph 15 to support delivery of the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy (HWBS).**

Background

2. In June 2021 the HWB initiated a governance review; to consider its membership and structure of its sub-groups. This was considered timely as the HWB welcomed its new Chairman, and in response to the developing Integrated Care System (ICS). The purpose of the review was to ensure the HWB effectively meets its statutory duties, to streamline governance to enable delivery of health and wellbeing outcomes, and ensuring oversight and accountability.

3. The HWB invited the Local Government Association (LGA) to conduct a peer review with members and key stakeholders, findings of which were reported back to the HWB in September 2021. Feedback from this review have informed this report. In response to this review, a series of workshops were held, from which Joint Working Principles were developed with the Worcestershire Executive Committee (WEC) to ensure both were working with a shared purpose, whilst also avoiding duplication.

4. Government White Papers on integration, and the recent [Health and Care Act 2022](#), have been brief in their mention of HWBs, though there has been recognition of their continued role and responsibility at place level to bring local partners together, as well as developing the JSNA and HWBS, which ICSs will have regard to.

Membership

5. The [Health and Social Care Act 2012](#) states that a local authority must establish a HWB for its area. This must consist of:
 - at least one Councillor of the local authority;
 - the Director of Adult Social Services for the local authority;
 - the Director of Children's Services for the local authority;
 - the Director of Public Health for the local authority;
 - a representative of the Local Healthwatch organisation;
 - a representative of each relevant Clinical Commissioning Group (CCG), and
 - such other persons or representatives as appropriate.
6. **Appendix A** details the current membership of the HWB.
7. The LGA peer review's findings on membership concluded that:
 - the new Chair brought renewed enthusiasm and understanding of the importance of 'prevention';
 - the HWB should reflect on any missing representation, skills and experience;
 - there was an ask from the districts for increased membership, alongside suggestions that the HWB could better engage with them; and
 - the HWB should assure itself that all partners with a role/impact on its purpose are properly engaged.
8. NHS membership - As the Integrated Care Board (ICB) will replace the CCG in July 2022, the Chief Executive Officer for the ICB will replace the CCG Accountable Officer.
9. The remaining CCG positions on the HWB will no longer exist in the ICB. Instead, other ICS Executives and/or Clinical Directors will require representation. It is suggested this be an ICB Non-Executive Director and ICB Executive Director with responsibility for health inequalities, and a PCN Clinical Director representative.
10. Both the Acute Trust and Health and Care Trust remain as HWB members. Whilst NHS England would no longer be represented, reflecting the transfer of commissioned services to the ICB, such as primary care and dentistry.
11. It is recognised that this membership represents a moment in time, given the evolving local system, and should be reviewed as the ICS develops and 'place' matures. For example, with a potential 'Place' lead as proposed in the recent White Paper on Integration. It is suggested further review takes place in 12-18 months.
12. District representation - Engagement with districts members and officers in December 2021 reflected the LGA feedback that district representation at present (with only North and South representatives), was not as effective it could be for all districts. This was echoed at a HWB development session, and at the district Chief Executives meeting.
13. It is proposed that each district council nominates a representative to be a member of the HWB. District councils could choose either a Member or Chief Executive Officer to operate at this strategic level. Such a proposal would provide a stronger district voice, which would support the delivery of the HWBS with its emphasis on wider determinants of health.

14. Wider representation - Membership should reflect the HWB's role and purpose; its focus on prevention, inequalities, the importance of wider determinants and asset-based working. Current HWB membership includes the Chairman of the Worcestershire Strategic Housing Partnership and West Mercia Police. This reflects the HWBS proposed sub-priority around homes and communities.

15. The Worcestershire Local Enterprise Partnership (LEP) has been invited to recent HWB meetings. It is proposed this membership is formalised, given the importance of the HWBS sub-priority around jobs and local opportunities.

16. The HWB has a Voluntary Community Sector representative, selected in 2013 by Worcestershire Voices. A Voluntary Community Sector Alliance is being established in July 2022; it is appropriate for this new group to nominate the representative.

17. Vice Chairman - Under the HWB Terms of Reference, the Chair and Vice Chairman are appointed by the Leader of the County Council from amongst voting members. The change in CCG membership means the current Vice Chairman will stand down in July 2022. Continuing with an NHS member as Vice Chairman will ensure continued joint leadership and agenda planning. If there is agreement with this approach, NHS voting members will be asked to propose a Vice Chairman from their number.

18. Summary proposals - The proposed membership for the HWB is illustrated in **Appendix B**, with changes summarised as follows. Following consideration at HWB, revised Terms of Reference will be prepared for Council.

- Chief Executive Officer for the ICB to replace Chief Executive Officer for CCG;
- Chair of CCG Board, three CCG Locality Leads and NHS England to be replaced with an ICB Non-Executive Director and ICB Executive Director with responsibility for health inequalities, and a PCN Clinical Director representative;
- all district Councils to be invited to nominate a Member or Chief Executive;
- the LEP to be invited to nominate a representative;
- VCSE Alliance to nominate a representative;
- a Vice Chairman to be proposed from NHS voting members.

Voting

19. The HWB has voting and Associate (non-voting) members. Voting members are the County Council (6 votes), CCG representatives and NHS England (6 votes) and Healthwatch (1 vote). This presents a voting balance between local government and the NHS. This is not a legal requirement, though equal partnership is a fundamental characteristic of HWBs. In practice, the HWB has not voted to date, with decisions rightly made by consensus.

20. In principle there is agreement that the HWB should be built on this ethos of equal partnership across the system, hence the expanding membership. However, voting is less straight-forward due to the Better Care Fund and other potential associated funding integrated care funding pots which fall under the jurisdiction of the HWB. The voting structure was originally devised to reflect both the CCG and local authority as stakeholders of such funding, with Healthwatch having the deciding vote, representing the patient voice.

21. It is proposed this voting balance continues in the interim, enabling ongoing review as the local system evolves. For instance, the February 2022 Government White Paper on Integration suggested increased collaboration and potential pooling of budgets for health and social care. The question of voting should return to HWB in 12-18 months for further consideration. In the meantime, it is proposed that the balance remains, with 3 voting members of the ICB, 3 from the County Council, plus Healthwatch, as shown at Appendix 2.

HWB Sub-groups

22. Sub-groups of the HWB are key to delivery and oversight of its statutory duties. In addition, it is important they are positioned to operationalise the HWBS's priorities (show below in figure 1, as presented in the consultation). The new HWBS will likely give focus to wider determinants of health including housing, communities, jobs and opportunities, therefore the sub-groups must reflect this.



Figure 1.

23. Each sub-group should have a clear purpose and membership which enables it to deliver against the HWBS priorities. They should be supported by, and accountable to, the HWB, reporting bi-annually with a clear line of escalation.

24. There may be further time-limited working groups established and directed by the HWB or its sub-groups to deliver focused actions. For example, the proposed Data and for Action working group (see separate agenda item), to embed community insight and intelligence into system wide decision making.

25. It is acknowledged that there are other groups in place across the Worcestershire system with which the HWB and its sub-groups have a dialogue. It is essential to understand their role and functions in delivering the HWBS priorities.

26. The purpose and membership of the HWB sub-groups are summarised as follows:

a) Health Improvement Group (Being Well Worcestershire Strategic Group)

27. The Health Improvement Group, chaired by the Cabinet member with responsibility for Health and Wellbeing, has historically had a role in developing, implementing and monitoring action plans to deliver the HWBS. In addition, it has acted as a forum to support members and champion community action.

28. With the HWBS due to be published in November 2022, it is proposed that this group is revitalised, with a refreshed purpose to bring **oversight and coordination to the delivery of the HWBS priorities**.

29. This group would no longer be about developing the action plans, but would operate at a sub-strategic level, identifying action against HWBS priorities across the system, collating and influencing it. It would bring together local stakeholders, enabling various groups and organisations to work together and avoid duplication.

30. It would embed the principle of '**Integrated Wellbeing**', ensuring this approach is shared across the system in the delivery of the HWBS priorities. Integrated Wellbeing will act as the connector, with its Steering Group delivering practical actions to support the HWBS priorities, for example, around communications, coordination of information, access and training (i.e. Being Well Connected, Informed, Supported and Integrated).

31. This approach recognises that activity takes place to deliver the priorities across the system, and it is not directed by any one group. However, there is a need for coordination to ensure joint working, with one route of escalation for emerging priorities, or challenges that may need collective action or support.

32. The intention is for the Health Improvement Group to be rebranded as the **Being Well Worcestershire Strategic Group**. Membership should be wide, focused on local engagement, with districts and Primary Care Networks (together representing District Collaboratives), VCSE representatives, and other partners relevant to the wider determinants of health.

33. In line with this refined purpose, and following the consultation and development of the HWBS, the Being Well Worcestershire Strategic Group's membership and Terms of Reference will be reviewed alongside its proposed activity.

34. The diagram at Appendix C visualises delivery of the HWBS priorities, supported by the Being Well Worcestershire Strategic Group and other groups across the system.

b) Children's and Young Peoples Strategic Partnership (CYPSP)

35. Healthy living at all ages, and in particular, ensuring the best start in life, will be key to the new HWBS. The CYPSP is of utmost importance to its delivery, to ensure a whole system response, promoting cooperation between organisations to improve the Health and Wellbeing outcomes of children and young people across the county.

36. The CYPSP is a collaboration of 40 members across multiple agencies, chaired by the Cabinet member with responsibility for Children and Young People. Its purpose is to oversee the design and delivery of an integrated system, developing outcomes and implementing its Children and Young People's Plan. This plan is developed in conjunction with the agreed priorities of the WCC Corporate Plan, HWBS and the wider ICS.

c) Health Protection Group

37. The Health Protection Group was established in late 2017, with membership including the County and District councils, Public Health England (now UK HAS), NHS colleagues and Worcestershire Regulatory Services. Its purpose was to provide assurance that adequate multi-agency arrangements were in place to protect the public from major threats to health and well-being in Worcestershire.

38. At the outset of the pandemic an additional COVID-19 Health Protection Board was formed to provide oversight of the delivery of the Outbreak Control Plan. This was successful in operationalising a Public Health consultant-led Local Outbreak Response Team, and strong relationships were built that supported collaborative working between stakeholders. In line with the Government's Living with COVID Guidelines, the continued requirement for this COVID-19 Health Protection Board has been reviewed in a workshop of members from both this board and the Health Protection Group, to consider how it could be combined into the latter.

39. The purpose for the Health Protection Group has therefore been revised. It will be a collaboration of partner agencies to give assurance, identify inequalities, create resolutions, and problem solve current and predicted threats to the health and wellbeing of Worcestershire residents. It will continue to monitor the impact of COVID-19 and escalate accordingly. It will be chaired by the DPH.

d) JSNA Working Group

40. The local authorities and Clinical Commissioning Groups have equal and joint duty to prepare JSNAs, through the HWB. In reality, all system partners contribute to this primary source of health and well-being related intelligence. It supports the HWB in agreeing a comprehensive local picture of health and wellbeing needs, informing the HWBS in defining its priorities. The group will support a refreshed JSNA, intent on providing a strong narrative for Worcestershire's health and wellbeing and ensure linkage with the ICS outcomes framework.

41. The JSNA Working Group's membership has been reviewed to support joint system ownership of the JSNA, widening representation from across the system. It will continue to be chaired by the Public Health Consultant responsible for intelligence.

Legal, Financial and HR Implications

42. There are no legal, financial or HR implications resulting from this report.

Privacy Impact Assessment

43. There are no privacy issues to report.

Equality and Diversity Implications

44. There are no equality and diversity implications associated with this paper.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Dr Tanya Richardson, Public Health Consultant

Tel: 01905 845141

Email: trichardson@worcestershire.gov.uk

Supporting Information

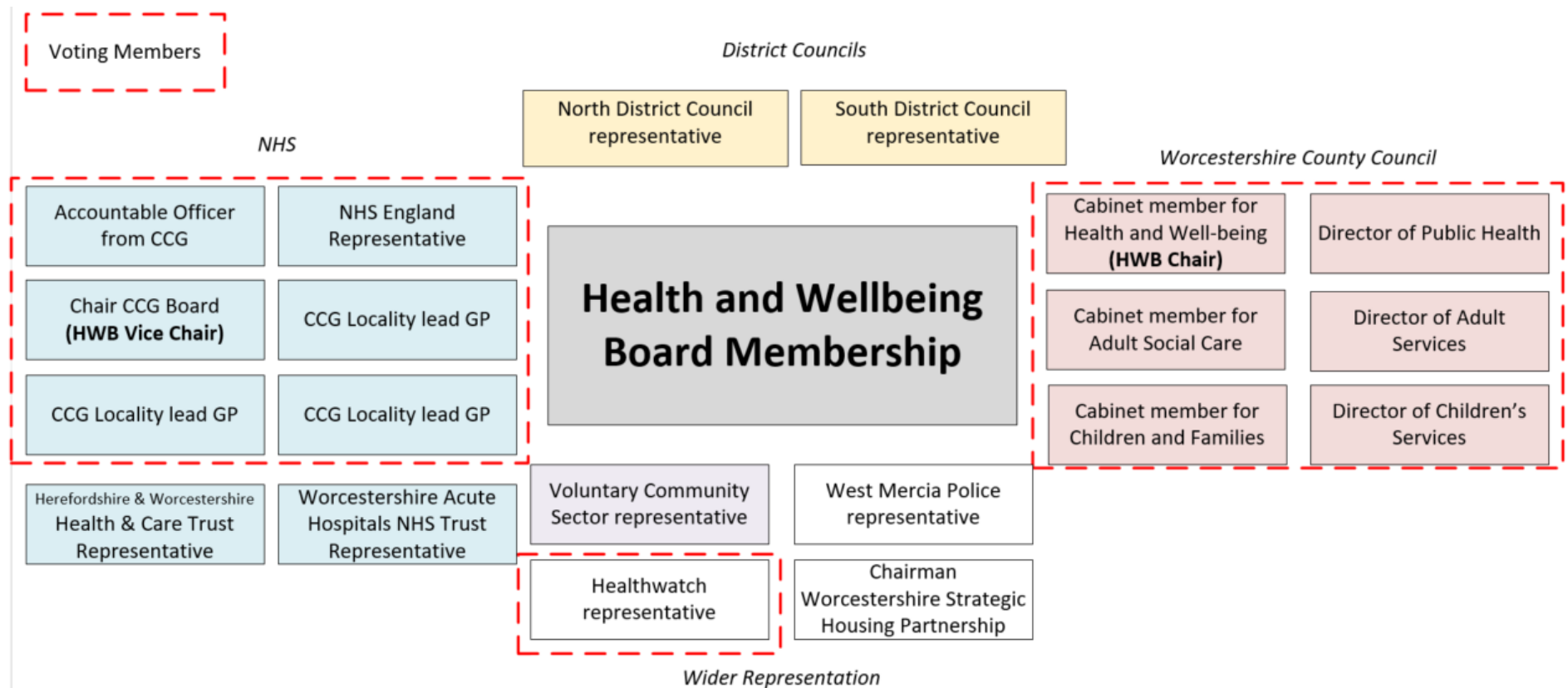
- Appendix A – current HWB membership diagram
- Appendix B – proposed HWB membership diagram
- Appendix C – delivering HWBS priorities diagram

Background documents

45. In the opinion of the proper officer, the following are the background papers relating to the subject matter of this report:

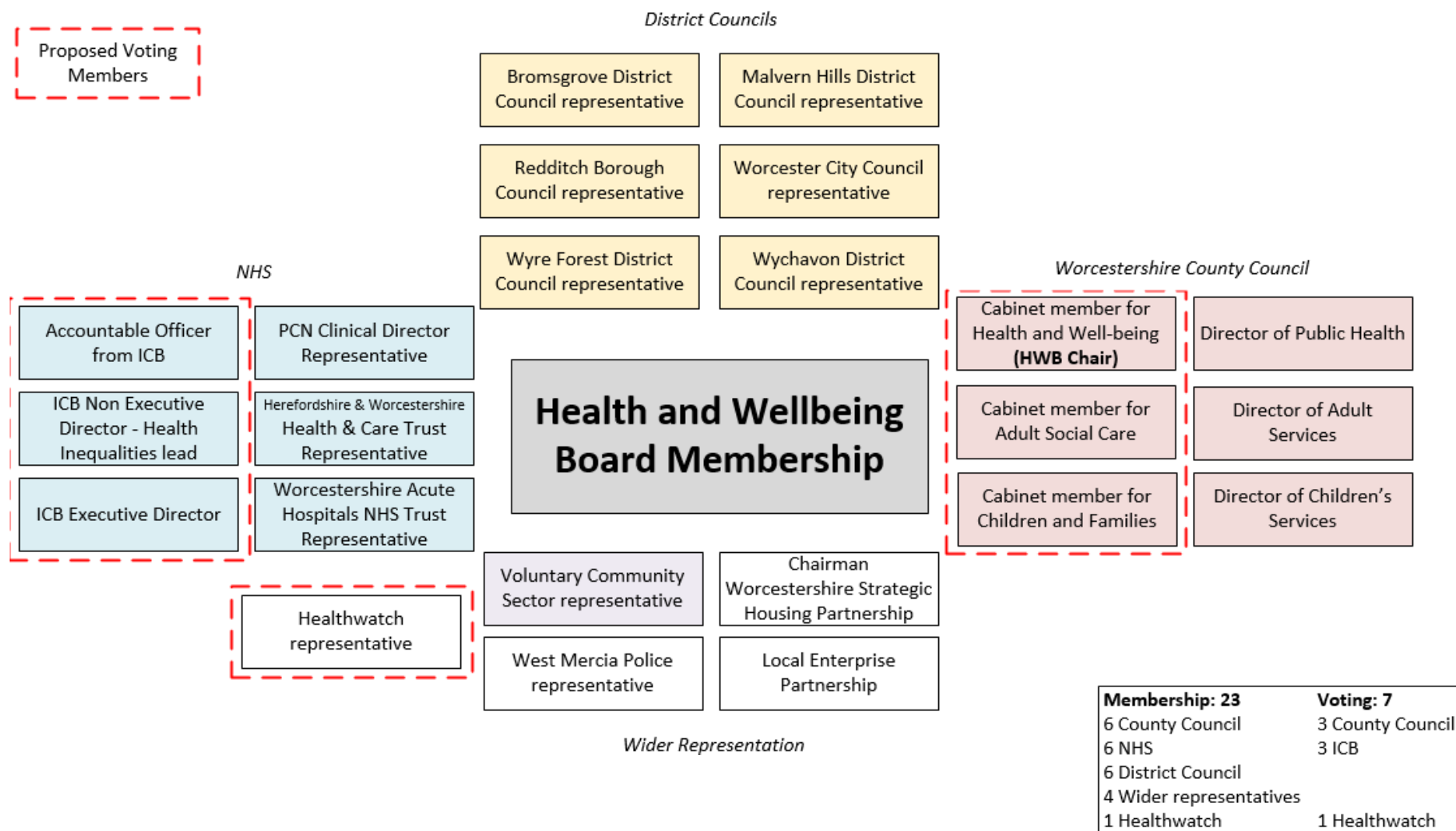
- [Governance Report – HWB Agenda Pack, September 2021](#)
- [HWB & WEC Joint Working Principles - HWB Agenda Pack, February 2022 pg23](#)
- [Integrated Wellbeing Offer and Here2Help Update - HWB Agenda Pack, September 2021](#)

Appendix A – Current HWB membership

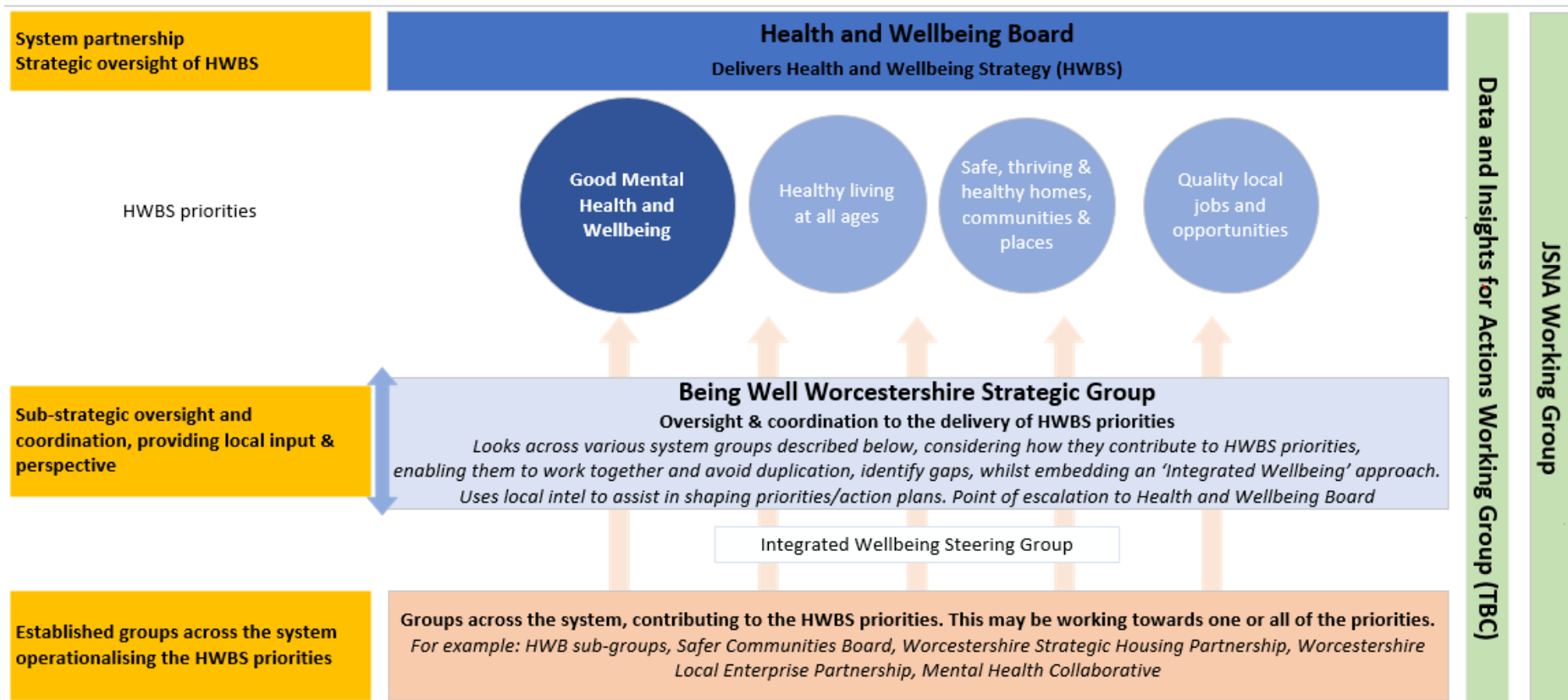


Membership: 20	Voting: 13
6 County Council	6 County Council
2 District Council	
8 NHS	6 NHS (CCG + NHSE)
3 Wider representatives	
1 Healthwatch	1 Healthwatch

Appendix B – Proposed HWB Membership



Appendix C – Delivering HWBS priorities diagram



HEALTH AND WELL-BEING BOARD

24 MAY 2022

2022/23 BETTER CARE FUND (BCF) BUDGET APPROVAL & 2021/22 BCF OUTTURN

Board Sponsors

Mark Fitton & Simon Trickett

Author

Richard Stocks – Senior Finance Business Partner

(Please click below
then on down arrow)

Priorities

Mental health & well-being

Yes

Being Active

Yes

Reducing harm from Alcohol

No

Other (specify below)

Safeguarding

Impact on Safeguarding Children

No

If yes please give details

Impact on Safeguarding Adults

Yes

If yes please give details

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

Item for Decision, Consideration or Information

Decision

Recommendation

- 1 The Health and Well-being Board (HWB) is asked to approve the 2022/2023 Better Care Fund budget and the BCF 2021/22 Outturn, 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 2022/23 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 – 2022/23

4. *CCG Minimum Contribution* - In line with national guidance, the 2022/23 Better Care Fund for Worcestershire demonstrated a 5.66% growth on the CCG's Minimum Contribution (£2.4 million), giving a total value of the BCF of £69,456,192. Details of the allocation of this funding across BCF schemes can be seen at **Appendix 1**.
5. There has been inflation applied to the *Improved Better Care Fund* (iBCF) which is allocated to local authorities for 2022/23 and this funding stream now totals £19.0m (an increase of £0.559m). 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.

Year				
Funding contributions	2021/22	2022/23	Movement	%
	£	£	£	
CCG Minimum Contribution	41,896,797	44,268,155	2,371,358	5.66%
Disabled Facilities	6,163,577	6,163,577	-	0.00%
*iBCF	18,465,125	19,024,460	559,335	3.03%
BCF Total	66,525,499	69,456,192	2,930,693	

* Including £2.38m "Winter Pressures" allocation

6. *Disabled Facilities Grant* – This Grant will be passported to District Councils in accordance with national allocated amounts. The allocations for 2022/23 have been confirmed, the following table shows the breakdown per district.

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 outturn

7. The 21/22 BCF outturn reported breakeven against the budget (£66,525,499), with further detail on a scheme by scheme basis in **Appendix 2**.

Legal, Financial and HR Implications

8. The spending plans for the Better Care Fund must be agreed by the Health and Wellbeing Board
9. The BCF is a ring-fenced grant. It has been agreed that any over- or underspend will be jointly attributable to Hereford & Worcestershire CCG and the Council.

Equality and Diversity Implications

10. 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

Stephanie Simcox, Deputy Chief Finance Officer

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 relevant

APPENDIX 1

BETTER CARE FUND BUDGET 2022/23

Better Care Fund (BCF)				
	Funding			
Scheme	BCF £	iBCF £	DFG £	Total BCF budget for 2022/23
Revenue Schemes from CCG Contributions (Stay in CCG)				
General Rehab Beds	12,794,133			12,794,133
Intermediate Beds	1,849,772			1,849,772
Neighbourhood Teams	7,730,459			7,730,459
Onward Care Team	714,149			714,149
Worcestershire IP Unit- Pathway 2	5,160,828			5,160,828
Total	28,249,341	-	-	28,249,341
Funding Transfer from CCG to Local Authority				
Pathway 1(UPI)	3,700,837		-	3,700,837
Contingency	310,193	-	-	310,193
Contribution to Pathway 1 Call Centre Admin Costs (WCC)	100,000	-	-	100,000
Rapid Response Social Work Team	370,800	1,263	-	372,063
Pathway 3 (SPOT DTA)	1,826,225	719,894	-	2,546,119
External placement contingency (Winter Pressures)	-	758,548	-	758,548
ASWC in Community Hospitals, Resource Centres and DtA Beds- Onward Care Team	471,275	-	-	471,275
Carers	1,158,022	101,978	-	1,260,000
Implementation of the Care Act - additional demand for Home Care	2,178,997	298,942	-	2,477,939
LD Complex Cases	803,500	-	-	803,500
WCES	1,762,000	-	-	1,762,000
Winter Pressures Contingency	-	504,000	-	504,000
Disabled Facilities Grant	-	-	6,163,577	6,163,577
Contribution towards Community reablement	242,000	-	-	242,000
GP attached Social Workers	310,400	-		310,400
Total	13,234,249	2,384,625	6,163,577	21,782,451
BCF Growth	2,784,565	-	-	2,784,565
iBCF	-	16,639,835	-	16,639,835
Total BCF	44,268,155	19,024,460	6,163,577	69,456,192

APPENDIX 2

BETTER CARE FUND OUTTURN 2021/22

Scheme	Funding Split			Total BCF budget for 2021/22	2021/22 Outturn £
	BCF £	iBCF £	DFG £		
Revenue Schemes from CCG contributions (stay in CCG)					
General Rehab Beds	12,580,268	0	0	12,580,268	12,580,268
Intermediate Beds	1,818,852	0	0	1,818,852	1,818,852
Neighbourhood Teams	6,451,769	0	0	6,451,769	6,451,769
Onward Care Team	702,211	0	0	702,211	702,211
Worcestershire IP Unit- Pathway 2	4,091,276	0	0	4,091,276	4,091,276
Total CCG contributions staying in CCG ledger	25,644,376	0	0	25,644,376	25,644,376
Funding transfer from CCG 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
					0
20/21 Recurrent Growth	1,702,403			1,702,403	1,702,403
21/22 Growth	1,915,768			1,915,768	1,915,768
					0
Total Funding Transfer from CCG to Local Authority	16,252,421	2,384,625	6,163,577	24,800,623	24,800,623
					0
iBCF	0	16,080,500	0	16,080,500	16,080,500
					0
TOTAL BCF	41,896,797	18,465,125	6,163,577	66,525,499	66,525,499

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HEALTH AND WELL-BEING BOARD

24 MAY 2022

COVID-19 HEALTH PROTECTION BOARD QUARTERLY REPORT (QUARTER 4, 21/22): DELIVERING WORCESTERSHIRE'S OUTBREAK CONTROL PLAN

Board Sponsor

Interim Director of Public Health

Author

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

Priorities

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

COVID-19

Safeguarding

Impact on Safeguarding Children
 If yes please give details

No

Impact on Safeguarding Adults
 If yes please give details

No

Item for Decision, Consideration or Information

Consideration

Recommendation

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

Background

2. This quarterly report for the COVID-19 Health Protection Board will describe the delivery of the Outbreak Control Plan from January 2022 to April 2022 (Quarter 4).
3. Quarter 4 has seen many changes in the guidance for how to effectively manage COVID-19 while encouraging a return to business as usual.

4. From 24 February 2022, domestic legal restrictions ended and COVID-19 began to be treated as other infectious diseases such as flu. However, self-isolation was still recommended, though no longer a legal requirement.

5. Free testing for the general public ended on 1st April as part of the Living with COVID-19 strategy. However, free COVID-19 tests continue to be available to help protect specific groups including eligible patients and health and care staff.

6. Case rates have been variable between January and March 2022, peaking at 1,862 per 100,000 in January. The lowest rates in the quarter were seen at the end of February with a rate of 348 per 100,000. Omicron and its sub lineages BA.1 and BA.2 were the most dominant variants.

7. Although case rates fell substantially from February through to March 2022, it is suspected that this fall was not a true reflection of community prevalence. This was potentially due to changes in testing, stay at home guidance and isolation rules.

8. The Office for National Statistics COVID-19 infection survey data has provided another source of information to understand patterns of infection. Between 1 in 11 and 1 in 14 people in Worcestershire were modelled to be infected with covid at the end of March 2022 (which had increased significantly). Increasing community infection rates led to increased numbers of patients with COVID-19 in Worcestershire acute hospitals through March, peaking at 177 in patients on 8 April 2022. Although this was the highest number of patients since 11 Feb 2021, presenting illness due to COVID-19 has not been as severe for the majority of people due to the success of the vaccination campaign.

9. In March NHS England launched its Spring Booster Programme, offering a booster vaccine to people aged over 75, who are residents in a care home, and those aged over 12 who have a weakened immune system.

Quarter 4 2022 COVID-19 situation

Local Outbreak Control Team Activity

10. In Quarter 4 the LORT dealt with a total of 491 situations and 1564 individual positive covid cases. This was a significant decrease compared to Quarter 3. This was due to a reduction of cases reported by education settings and workplaces.

11. In Quarter 4, 25 outbreaks were reported to the LORT by schools compared to 457 situations in Quarter 3. The reduction in cases reported to the LORT by schools is attributed to changes in testing guidance and local processes. In February 2022 regular asymptomatic testing in mainstream school settings ended. Schools were also given the option to manage outbreaks independently. However, LORT remained available for schools who required support. The LORT also continued to support outbreaks in special educational needs settings.

12. In Quarter 4, 56 outbreaks were reported to the LORT by workplaces compared to 263 in Quarter 3. The reduction is attributed to the changes in guidance and legal restrictions.

13. There continued to be an increase in outbreaks in Adult Social Care settings in Quarter 4. 319 situations were reported by Adult Social Care settings compared to 274 situations in Quarter 3. There was also a significant rise in individual cases. 1104 individual cases were reported in Quarter 4 compared to 346 cases in Quarter 3.

Contact Tracing

14. In Quarter 4 the LORT contact tracing for positive cases was reduced to only include staff who worked in Adult Social Care settings.

15. Worcestershire Regulatory Services continued to provide the local contact tracing service on behalf of NHS test and Trace, until the legal requirement to self isolate was removed in February 2022.

Reduction in Local Outbreak Response Team Service

16. From May 2022 the Local Outbreak Response Team operational hours and staffing levels will reduce. Mitigations will be put in place for settings who require support outside of LORT operational hours, including access to UKHSA support. The workload of the LORT will be continually reviewed. An infrastructure of active response will be maintained to ensure resilience so that a response can be quickly organised to a variant of COVID-19 if required.

Legal, Financial and HR Implications

17. Of the £15.9 million COMF grant, over £11.5 million was spent in 2021/22, leaving £4.2 million to be spent in 22/23.

18. Allocations for 2022/23 to date include £2,046,199 for Acute Response activities and a further £1,772,986 for other projects. Other projects focus on support for vulnerable groups and targeted community interventions, a total of £1.2million of the allocated funds, for projects which aim to reduce inequalities in communities most affected by COVID-19. Project examples include funding for Enhanced Youth Support, Asset Based Community Builders, Mental Health Support in Schools and further support for people facing homelessness.

Privacy Impact Assessment

19. As appropriate

Equality and Diversity Implications

20. 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