

# Agenda

## Health and Well-Being Board

**Tuesday, 15 November 2022, 2.00 pm**  
**County Hall, Worcester**

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Date of Issue: Monday, 7 November 2022

# Health and Well-Being Board

## Tuesday, 15 November 2022, 2.00 pm, Council Chamber, County Hall

### Membership

#### Members:

Cllr Karen May (Chairman)	Cabinet Member for Health and Well-being
Dr Sarah Raistrick (Vice Chairman)	NHS Herefordshire and Worcestershire Integrated Care Board
Simon Adams	Managing Director, Healthwatch Worcestershire
Liz Altay	Interim Director of Public Health
Cllr Christopher Day	Wychavon District Council
Cllr Lynn Denham	Worcester City Council
Kevin Dicks	District Local Housing Authorities
Sarah Dugan	Herefordshire and Worcestershire Health & Care NHS Trust
Mark Fitton	People Directorate
Cllr Adrian Hardman	Cabinet Member for Adult Social Care
Supt Rebecca Love	West Mercia Police
Cllr Nicky Martin	Wyre Forest District Council
Cllr Natalie McVey	Malvern Hills District Council
David Mehaffey	NHS Herefordshire and Worcestershire Integrated Care Board
Cllr Nyear Nazir	Redditch District Council
Jo Newton	Worcestershire Acute Hospital Trust
Cllr Andy Roberts	Cabinet Member for Children and Families
Tina Russell	Worcestershire Children First
Jonathan Sutton	Voluntary and Community Sector
Simon Trickett	NHS Herefordshire and Worcestershire Integrated Care Board
Cllr Shirley Webb	Bromsgrove District Council
Dr Jonathan Wells	Primary Care Network Clinical Director
Gary Woodman	Executive Director, Worcestershire Local Enterprise Partnership (WLEP)

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# Agenda

Item No	Subject	Presenter	Page No
1	<b>Apologies and Substitutes</b>		
2	<b>Declarations of Interest</b>		
3	<b>Public Participation</b> <i>Members of the public wishing to take part should notify Legal and Democratic Services in writing or by e-mail indicating the nature and content of their proposed participation on items relevant to the agenda, no later than 9.00am on the day before the meeting (in this case 9.00am on 14 November 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>		
4	<b>Confirmation of Minutes</b>		1 - 10
5	<b>Appointment of Vice Chairman</b>		
	<b>Health and Wellbeing</b>		
6	<b>Joint Strategic Needs Assessment (JSNA) Annual Summary</b>		11 - 74
	<b>Sub-group and other board updates</b>		
7	<b>Children and Young People Strategic Partnership Update</b>		75 - 112
8	<b>Herefordshire and Worcestershire Children and Young People Board Update</b>		113 - 150
9	<b>Worcestershire Executive Committee (WEC) Update</b>		151 - 156
	<b>Hereford and Worcestershire Integrated Care</b>		

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 Date of Issue: Monday, 7 November 2022

	<b>System</b>		
10	<b>Integrated Care Strategy Update</b>		157 - 162
11	<b>Future Meeting Dates</b> <b>Public meetings</b> (All Tuesday at 2pm) <ul style="list-style-type: none"> <li>• 14 February 2023</li> <li>• 23 May 2023</li> <li>• 26 September 2023</li> <li>• 14 November 2023</li> </ul> <b>Private Development meetings</b> (All Tuesday at 2pm) <ul style="list-style-type: none"> <li>• 24 January 2023</li> <li>• 28 March 2023</li> <li>• 20 June 2023</li> <li>• 18 July 2023</li> <li>• 17 October 2023</li> </ul>		

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**Minutes of the Health and Wellbeing Board****Council Chamber, County Hall****Tuesday, 27 September 2022, 2.00 pm**

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**Present:**

Cllr Karen May (Chairman), Dr Sarah Raistrick (Vice Chairman), Simon Adams, Liz Altay, Cllr Christopher Day, Cllr Lynn Denham, Kevin Dicks, Mark Fitton, Supt Rebecca Love, David Mehaffey, Cllr Andy Roberts, Jonathan Sutton, Simon Trickett, Cllr Shirley Webb, Dr Jonathan Wells and Gary Woodman

**662 Apologies and Substitutes**

Apologies were received from Sarah Dugan, Cllr Adrian Hardman, Nicky Martin, Nyear Nazir, Jo Newton and Tina Russell.

**663 Declarations of Interest**

None

**664 Public Participation**

None

**665 Confirmation of Minutes**

The minutes of the last meeting held on 24 May 2022 were agreed to be an accurate record of the meeting and were signed by the Chairman.

**666 Health and Wellbeing Board Terms of Reference**

The Chairman welcomed new members of the Board; Dr Sarah Raistrick, Dr Jonathan Wells, Gary Woodman, Cllr Nicky Martin, Cllr Shirley Webb and Cllr Christopher Day.

**667 Integrated Care Board and Integrated Care Partnership Update**

This item was moved earlier on the agenda as it was felt it would be useful to receive this update prior to other reports.

Health and Wellbeing Board Tuesday, 27 September 2022  
Date of Issue: 31 October 2022

David Mehaffey gave a summary of the establishment of the Integrated Care Board (ICB) and the Integrated Care Partnership Assembly (ICPA). He explained that Place based partnerships, operating under each upper tier authority area, were being developed and NHS Trusts were coming together to work as provider collaboratives.

The four strategic aims of the ICS were: Improve population health outcomes; Reduce health inequalities; improve value for money and enable the NHS to make a greater contribution to the economic and social wellbeing of the population.

The new ICP was a joint committee between the ICB and the two local authorities, but it would meet with a larger range of stakeholders and Partners. The ICP would oversee the production of the Integrated Care Strategy for the whole Herefordshire and Worcestershire system. The Integrated Care Strategy needed to be published by December this year and would cover a five-year period with the ability to refresh more frequently.

There was a list of statutory requirements which needed to be considered for the Integrated Care Strategy. It had been agreed that a place based approach would be taken, whether that be through Primary Care Networks or District Collaboratives. The strategy would start from what was being done on the ground. Only when things were identified as not being done in the place-based arrangements would things be done on a system wide basis. The ICS would fill the gaps if actions were not being taken elsewhere in the system and if a clear benefit could be seen in working at a system wide level.

In response to various questions it was clarified that:

- This strategy would be different to previous strategies and it would make a difference as the aim was to improve population health outcomes by working better together, integrating services across health and social care, physical and mental health and across primary and secondary care. The legislation now supported the intention to work better together and there would be an end to separate Acute or Social Care strategies. Priorities needed to be agreed and the system had to see how it could support local partners to deliver changes. It was down to the partners to make the strategy different to ones which had gone before. The national policy and available resources needed to be applied in the best way possible for the people of Worcestershire.
- It was explained that the ICS would have key themes such as cancer, stroke, mental health or wider conditions but it would not drill down to the details. The Health and Wellbeing Strategy would be used as a basis and the ICS would fill in any gaps. The Chairman clarified that the ICS should be based on the Joint Strategic Needs Assessment, reduce inequalities and improve the patient experience. It was explained that a Joint Forward Plan would be produced which would detail a delivery plan



- It was queried whether spending would be per head of population across the ICB area. This was considered an issue for further consideration by the ICP. The current levels and areas of funding could be seen as the baseline and going forward collective decisions would have to be made about whether new resources should be targeted at areas of greatest need or continue to do what has typically been done and allocate resources so that everyone gets a fair share. Some funding was directed by the Government as being available for all, but with other pots of money there was a choice about where it was spent, which services or which geographies. One of the aims of the ICB was to reduce health inequalities
- With regard to whether the strategy would be top down and performance managed by the NHS, the response was that rather than look at performance management, the opportunity should be taken to make a difference at local levels and focus on PCN and district collaboratives, allowing them the opportunity to explain the health needs in their areas.

**RESOLVED The Health and Wellbeing Board**

- a) noted the progress on the establishment of the Integrated Care System for Herefordshire and Worcestershire; and**
- b) agreed that the NHS Joint Forward Plan would be presented at a future meeting of the Board**

**668 Joint Local Health and Wellbeing Strategy**

Lucy Chick, Senior Public Health Practitioner, thanked everyone who had provided feedback through the consultation. The Joint Local Health and Wellbeing Strategy (JLHWS) had been developed by using the Joint Strategic Needs Assessment (JSNA) and various other evidence and it had been decided that the overarching priority for the next 10 years should be good mental health and wellbeing. Following extensive consultation a large proportion of respondents supported this priority.

There would also be a focus on early intervention and prevention and the wider determinants of health. Action plans would be created to support delivery with more detailed outcome measures included.

The Being Well Strategic Group would support the delivery of the JLHWS. An easy read version of the JLHWS would be produced.

During the ensuing discussion the following main points were made:

- The Chairman thanked the 1,627 people who responded to the consultation, as well as the Public Health team and partners for all the work they had put into the development of the JLHWS
- In response to a query about how the JLHWS fit with the Integrated Care System (ICS), there was an acknowledgment that there were

differences between Herefordshire and Worcestershire, but there would be joint approaches where possible

- When asked whether the JLHWS linked well enough to the ICS and sufficiently addressed healthcare provision, it was cited that the JLHWS listed the ambitions which included supporting access to appropriate services and contributing to the work of the Mental Health Collaborative. The NHS contribution to the JLHWS would be through the Worcestershire Executive Committee (WEC) and where implementation at a place level would be overseen. The Chair noted that the JLHWS showed how important the District Councils were in the delivery of the JLHWS. Many of the wider determinants of health sat with the District Councils
- There was a concern about how peoples' behaviours could be changed and members stressed the need for the system culture to focus on prevention rather than cure at local levels
- Board members felt that the team who produced the JLHWS should be congratulated. The process by which the strategy had been developed was clear and the end result could be understood. It was now up to partners to make something of it and implement through their organisations
- There was a query about the outcome measures as it was felt that the Worcestershire Viewpoint Survey was a weak method of getting data. It was anticipated that the outcome measures would be re-assessed, but there needed to be some consistency. It was felt that there should be a customer experience measures included, for example how easy it was to identify and then access a particular service in different areas of the County. It was queried whether there needed to be more work on benchmarking and looking for best practice examples from other areas. The Chairman responded that that could be done through the action plans.
- It was important that the JLHWS went through the necessary governance processes at District Councils and representatives agreed that it would, to seek to endorse and commit to shared delivery
- It was queried whether there would be opportunity for the Voluntary Community and Social Enterprise (VCSE) sector to continue to contribute to the JLHWS. It was clarified that the JLHWS was being signed off by the Board at the meeting and there should not be further considerations and action to implement it should now begin
- It was felt that the relationship between the Health and Wellbeing Board (HWB), Integrated Care Partnership Assembly (ICPA) and WEC was unclear and it would be useful if the governance structure could be clarified at a HWB development session to ensure that the system does not get overloaded with bureaucracy.

**RESOLVED that the Health and Wellbeing Board:**

- a) **approved and committed to the final draft of the Worcestershire Joint Local Health and Wellbeing Strategy 2022-2032 (the Strategy); and**
- b) **noted the next steps and supported the creation of action plans to support the delivery of the Strategy.**

**669 Pharmaceutical Needs Assessment**

Matt Fung, Public Health Consultant, explained that the Pharmaceutical Needs Assessment was a statutory requirement which took place every three years and the Board was asked to approve the document and the set-up of a Herefordshire and Worcestershire pharmacy services working group. The PNA for 2021 had been delayed due to the COVID-19 pandemic.

A variety of stakeholders had been involved in producing the PNA, with a consultation period from June to August 2022. Information came from pharmacy services, public surveys and dispensing practices and a focus group of under-represented groups. Questions were asked to find out how and why people used pharmacy services.

The key findings were that there were generally sufficient numbers of pharmacies in Worcestershire. There were a range of access methods from online, telephone and in-person. People considered pharmacists as knowledgeable and approachable, and people appreciated the additional services which were offered throughout the pandemic. However, it was felt that the great resource of pharmacies could be even better used. Various recommendations had been produced and a working group was suggested to implement them.

The Board made various comments:

- It was explained that there would be an Integrated Care Board representative on the working group and there was also a pharmaceutical committee representative. NHS England currently commissioned community pharmacists but from April 2023 the responsibility would move to the local Integrated Care Board. The provision of pharmacists, dentists and optometrists would be discussed in future by the HWB and the ICPA.
- GP practices recognised pharmacies as an important service and their ability and willingness to take on an expanded role was appreciated. There was a Community Pharmacy consultation scheme which GPs could refer into, which took some of the pressure away from Primary Care. District Collaboratives, as well as the Integrated Care Board (ICB), needed to support local community pharmacies. It was pointed out that as one of the recommendations said pharmacies should be able to signpost to other services, it was incumbent on all partners

round the table to support that aim and help pharmacies gain the knowledge of the services available. It was agreed that district collaboratives could help in that area as they were doing a lot of work on mapping local services.

- It was pointed out that community pharmacies had a new role in delivering COVID-19 boosters.
- It was clarified that regulations stated that during the production of each PNA, each HWB should consult the neighbouring HWB, which had been done as part of the process.
- There was a plea that when pharmacy workforce strategies were considered, secondary care pharmacy services should be considered at the same time.
- It was felt that there needed to be an investment in community pharmacies to ensure they were resilient.

**RESOLVED that the Health and Wellbeing Board:**

- a) approved the 2022 pharmaceutical needs assessment (PNA) for publication; and**
- b) approved the recommendations as noted in the PNA, including convening a Herefordshire and Worcestershire working group to focus on pharmacy services.**

## **670 Better Care Fund (BCF)**

Mark Fitton explained that the HWB were being asked to approve the joint plan for the BCF. The report appeared late in the year because of delays in the assurance and planning process.

The fund of £69.5 million, was paid to health and social care for joint commissioning and investments. It was clarified that the BCF policy was put in place around 2014 and remained a relatively small joint resource that the HWB and the NHS jointly agreed how to use. All the money was tied up in contracts which was mainly the employment of staff.

Board Members queried how the Districts could influence the spend of the BCF as most District Councils did not spend all their Disabled Facilities Grant (DFG) due to blocks in the system, such as the supply of occupational health services. It was agreed that conversations needed to take place about the DFG. Mark Fitton explained that there was money coming through for housing and social care which would link into the strategic housing plan.

Simon Trickett explained that the NHS had to have a balance of zero at the end of each financial year as it was not allowed to carry any money forward; it was therefore useful that the BCF was held by the County Council to facilitate its use. The risk was that any overspend had to be jointly funded by the ICB

and the County Council. It was difficult to accurately predict the spend as many of the contracts were based on activity and the numbers of placements could vary.

It was felt that the HWB should be informed if there was overspending on contracts so it could be seen how much was spent on services in Worcestershire and if there are problems in the system, rather than just seeing the Government return regarding the BCF.

**RESOLVED that the Health and Wellbeing Board:**

- a) **approved Worcestershire's Better Care Fund Plan 2022/2023; BCF Planning Template, Narrative Plan and Capacity & Demand Template; and**
- b) **agreed that at a future development session there should be a full discussion around the BCF and DFGs.**

## **671 All Age Autism Strategy**

Laura Westwood, Lead Commissioner, explained that she was asking the Board to endorse the process for developing a new strategy; to ensure the system was engaged with the process for an all-age strategy across the ICS; and to ensure appropriate officers were engaged. There was a National Autism Strategy based on the Autism Act which had been updated last year, and the local strategy needed to be updated in line with it. The local strategy was looking at the six priorities in the National Strategy.

It was felt there was already good co-production across the ICS with the Autism Partnerships groups and Leads for the different priorities had been identified from across the system, not just from Adult Social Care. An additional priority to the six national ones had been suggested by people with autism, which was keeping safe.

The process was just beginning with issues being identified such as what questions needed to be asked, who needed to be involved, and how people should be engaged. It was planned that there would be a draft strategy in March/April 2023.

Board Members welcomed the development of the strategy and District Councillors felt that more could be done for families with autistic children with the DFG.

It was queried how open schools were to children with SEND as there appeared to be some resistance even though it was believed that it was better for children with autism to attend mainstream schools where possible, as well as being good for the other pupils in the school. It was replied that the All Age Disability Strategy was looking at that issue in more detail.

In response to a query about whether the strategy would cover those who had a diagnosis of autism or whether it would be available to those who self identify

as being neuro diverse it was stated that it would depend on the services in question. The strategy would be all encompassing but some of the funding which had come from Government was specifically linked to those with a diagnosis.

It was clarified that support for families and carers was included in most areas of the strategy, although less so in the criminal justice area. There was still work to do on what each area would include. It was agreed that there should also be reference to the Carers Strategy.

When asked whether the strategy would be standalone or sit withing the HWB or ICS strategies it was explained that a strategic planning framework was being designed to ensure that all strategies were captured and similar areas of work would be identified to ensure they work together.

**RESOLVED that The Health and Well-being Board:**

- a) endorsed that an updated All Age Autism Strategy is produced (2023- 2026) across the Integrated Care System (ICS) footprint to reflect the partnership and strategic approach across Herefordshire and Worcestershire, with place-based elements;**
- b) endorsed the strong all age approach of the Autism Strategy;**
- c) ensured appropriate officers, with decision making responsibility, across all organisations, participate and engage in the workstreams to shape and design the recommendations within the new strategy; and**
- d) receive a further report at a future meeting of the Board as part of the sign off process for the Autism Strategy; and support its delivery by signing off the implementation plan.**

**672 Herefordshire and Worcestershire Learning from Lives and Deaths - People with Learning Disability (LeDeR) Annual Report**

Rachael Skinner, Deputy Chief Nursing Officer, explained that LeDeR was a national service improvement programme which retrospectively reviewed the deaths of people with a learning disability, and since January 2022 autistic people, to identify learning and inform system change. This was an annual update on a programme of work, which was in place to address health inequalities.

It was highlighted that there had been a good collective response to the COVID-19 pandemic, especially to those people with learning disabilities in care settings and the improving numbers of annual health checks had been a success. Unfortunately, there were concerns over the high rate of late stage

diagnosis of cancer and continued concerns around the importance of bowel health.

A three-year LeDeR strategy had been published targeting annual health checks, especially for younger people and with more work planned on mental capacity assessments. In future there would continue to be a push for vaccinations as respiratory problems continued to be the main cause of death in people with a learning disability.

In the following discussion it was clarified that the health checks carried out with people with a learning disability were different to those carried out for those in the general population and were much more involved. However, an annual check was not enough and it was important that healthcare was a multi-agency approach and the ICB needed to work to get messages such as bowel care out to the community. It was also clarified that some people with a learning disability were at greater risk of developing dementia but the rate of diagnosis was lower than was expected.

Board Members were pleased with the programme and felt it was showing its worth now information was being analysed and actions were being taken in response to concerns.

**RESOLVED that the Health and Well-being Board:**

- a) **noted the content of the Herefordshire and Worcestershire LeDeR Annual Report for 2021/22 including progress against 2021/22 priorities.**
- b) **noted the publication of a 3 Year LeDeR Strategy during 2022, priorities in progress during 2022/23 and existing arrangements for the quarterly reporting of progress against agreed priorities.**
- c) **noted the next steps, to include the priority areas of focus for the remainder of 2022/23 and 2023/24.**

## **673 Future Meeting Dates**

**Public meetings** (All Tuesday at 2pm)

- 15 November 2022
- 14 February 2023
- 23 May 2023
- 26 September 2023
- 14 November 2023

**Private Development meetings** (All Tuesday at 2pm)

- 24 January 2023
- 28 March 2023
- 20 June 2023
- 18 July 2023
- 17 October 2023

The meeting ended at 3.55pm

Chairman .....



## **HEALTH AND WELLBEING BOARD 15 NOVEMBER 2022**

### **JOINT STRATEGIC NEEDS ASSESSMENT ANNUAL SUMMARY 2022**

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#### **Board Sponsor**

Elizabeth Altay, Interim Director of Public Health

#### **Author**

Matthew Fung, Public Health Consultant

#### **Priorities**

Mental Health and Wellbeing  
Healthy Living at All Ages  
Homes, Communities and Places  
Jobs and Opportunities

#### **Safeguarding**

This report does not have a direct impact on safeguarding children or adults

#### **Item for Decision, Consideration or Information**

Consideration

#### **Recommendation**

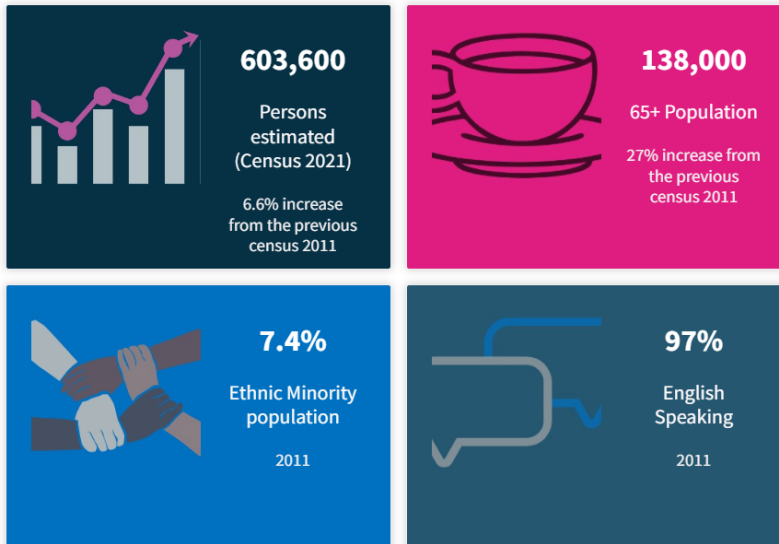
1. **The Health and Wellbeing Board (HWB) is asked to note the content of the Joint Strategic Needs Assessment (JSNA), including:**
  - a) **Emerging focus indicators and needs of Worcestershire's population; and**
  - b) **Key themes:**
    - **Widening inequalities**
    - **Ageing population**
    - **Pressure on health services**
    - **Mental health and wellbeing**
    - **[Worcestershire Insights Tool](#) data platform**

#### **Background**

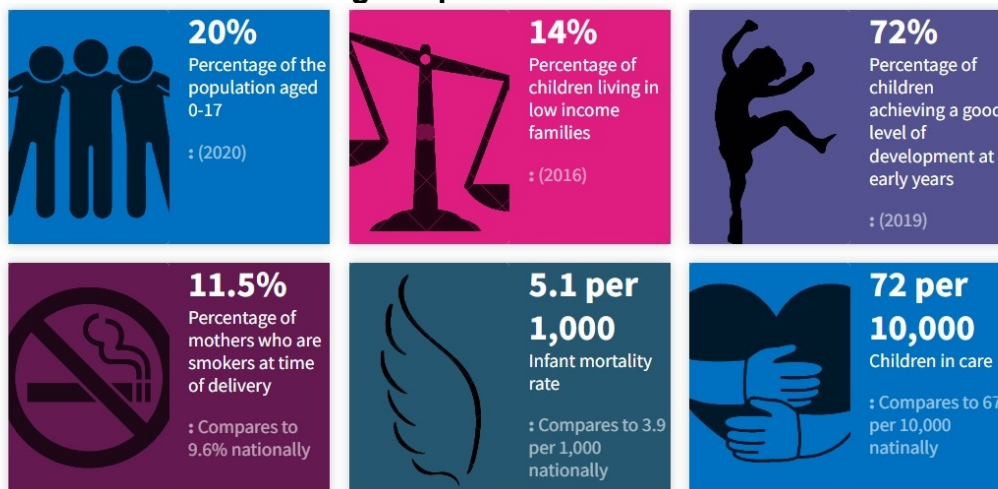
2. The JSNA is used to determine what actions are required to meet health and social care needs, reduce inequalities and to address the wider determinants that impact on health and wellbeing. It is designed to inform and drive future investment priorities to plan services more effectively ensuring services meet the needs of the population.

3. This is a streamlined annual summary that focusses on those topics that have seen the most change in recent years or need the most attention. It can be used as a prompt to explore data further using the [Worcestershire Insights Tool](#).
4. This year's JSNA is split into seven chapters, with infographics providing a brief overview of some of the data contained within each chapter.

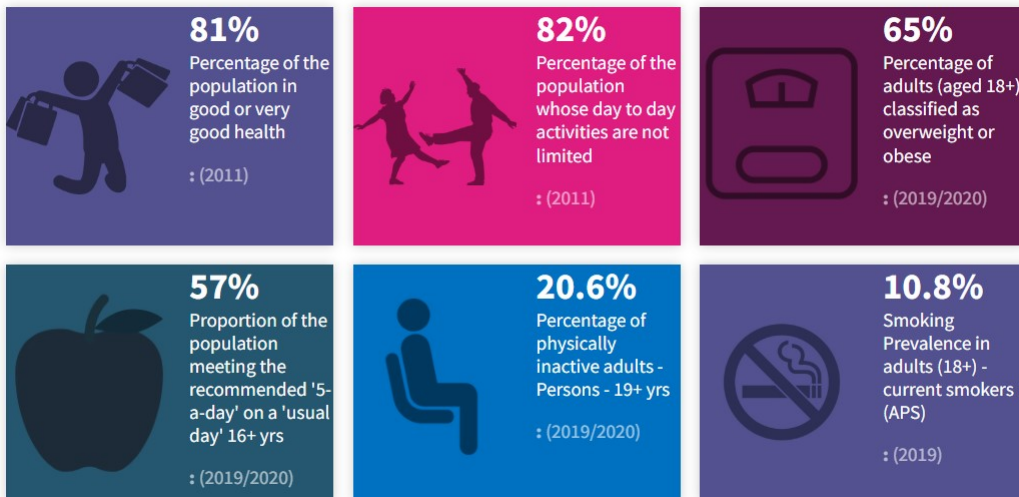
## Chapter 1: Population



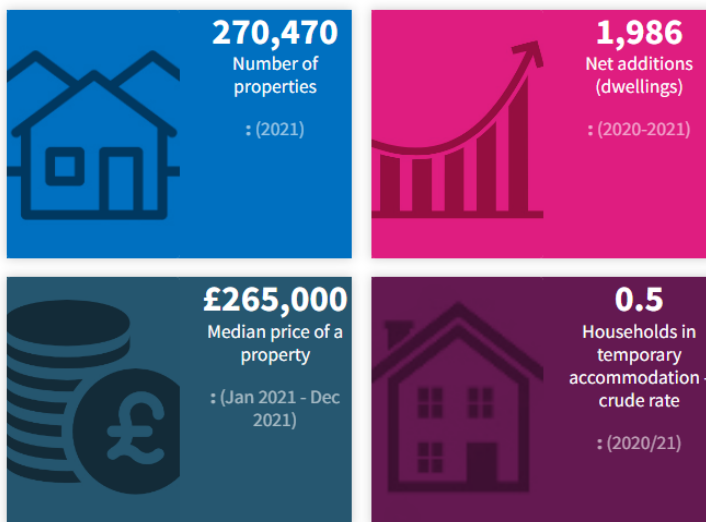
## Chapter 2: Children and Young People



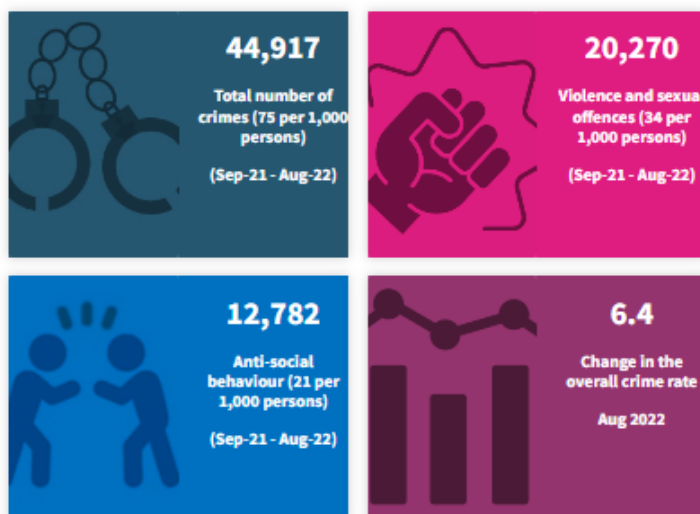
### Chapter 3: Health and Social Care



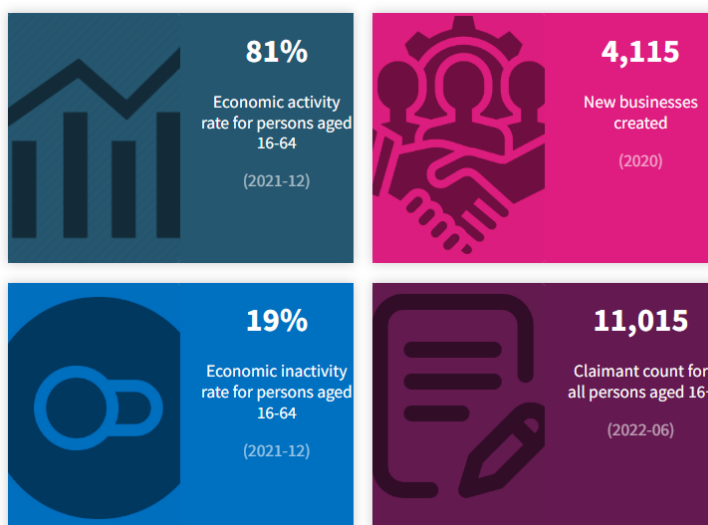
### Chapter 4: Housing



### Chapter 5: Crime and Community Safety



## Chapter 6: Economy and Employment



## Chapter 7: Environment



## Demographics

5. The population in the county has increased by 37,400 (6.6%) since 2011 (566,200 people in 2011, 603,600 in 2021). The number of people aged 65-plus in Worcestershire has increased by almost 29,000 since 2011, a rise of almost 27%. This compares to a rise of just over 20% nationally.
6. The difference in life expectancy between the most and least deprived areas in Worcestershire is 7.9 years for males and 5.6 years for females, with even starker differences in Wyre Forest, Redditch and Worcester City.
7. In 2011, 92.4% of the population in Worcestershire were White: English/Welsh/Scottish/Northern Irish/British. Although we are waiting for the next phase of 2021 census data to be released, we expect this to show a more diverse Worcestershire population since 2011.

## JSNA findings

8. In general, the population of Worcestershire remains healthy. There are many health-related measures where Worcestershire performs consistently better than the national average.
9. However, there are pockets in Worcestershire where people's health is not good and the average masks inequality. Social determinants of health may influence health seeking behaviour in deprived populations. Deprivation may also limit access to transport and increase digital poverty.
10. The rising cost of living will adversely affect the health and wellbeing of many people in Worcestershire. In 2020, the 14.5% of people in Worcestershire were living in fuel poverty<sup>1</sup>, but this will rise significantly affecting even people who have not previously claimed benefits (national estimates now exceeding 50%).
11. The effects of COVID-19 also persist, which have been further assessed by Worcestershire Public Health, through gathering opinions and lived experience of thousands of people who live and work in the County between January and May 2022. Analysis of results revealed five key themes impacting residents, including changes in routines, rising cost of living, mental health, access to services and a loss of trust in health and public services (for example, in relation to communication).
12. Key themes from this year's annual summary include:
  - Widening inequalities – focus on cost of living; targeted interventions; reduction in unwarranted variation; community engagement; prevention focus
  - Ageing population – plan services for an older; more diverse population
  - Pressure on health services – maximise prevention; screening and immunisations; NHS health checks; lifestyles and smoke free; best start in life
  - Mental health and wellbeing – mental health needs assessment; address root causes of mental health issues; universal and targeted interventions
13. Emerging focus indicators are as follows:
  - Cost of living (fuel poverty, healthy eating)
  - Changing demographic profile (including ageing population, asylum seekers)
  - Lower use of preventive services by most deprived and ethnic groups
  - Inequalities in mental health and wellbeing, and lifestyle risk factors
  - Challenges within the health and care system (including waiting lists, emergency department pressures)
  - Oral health
  - Not in education, training or employment
  - SEND
  - Affordability of homes

14. Poor performing indicators are:

---

<sup>1</sup> Fuel poverty is defined as having to spend over 10% of net income on fuel.

- Excess weight in adults and children, and associated consequences such as diabetes
  - Alcohol related admissions
  - Breastfeeding initiation
  - Smoking status in pregnancy
  - School readiness
  - Hip fractures
  - Infant mortality
  - Low dementia diagnosis rate
15. Many of these findings have been considered within Worcestershire's Health and Wellbeing Strategy, and the emerging Integrated Care Strategy.

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

16. There are no legal, financial or HR implications arising from this report. Any future financial implications with regard to data systems will be considered by Worcestershire County Council as required.

### **Privacy Impact Assessment**

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

### **Equality and Diversity Implications**

18. 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

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Tel: 01905 845040

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

### **Background Papers**

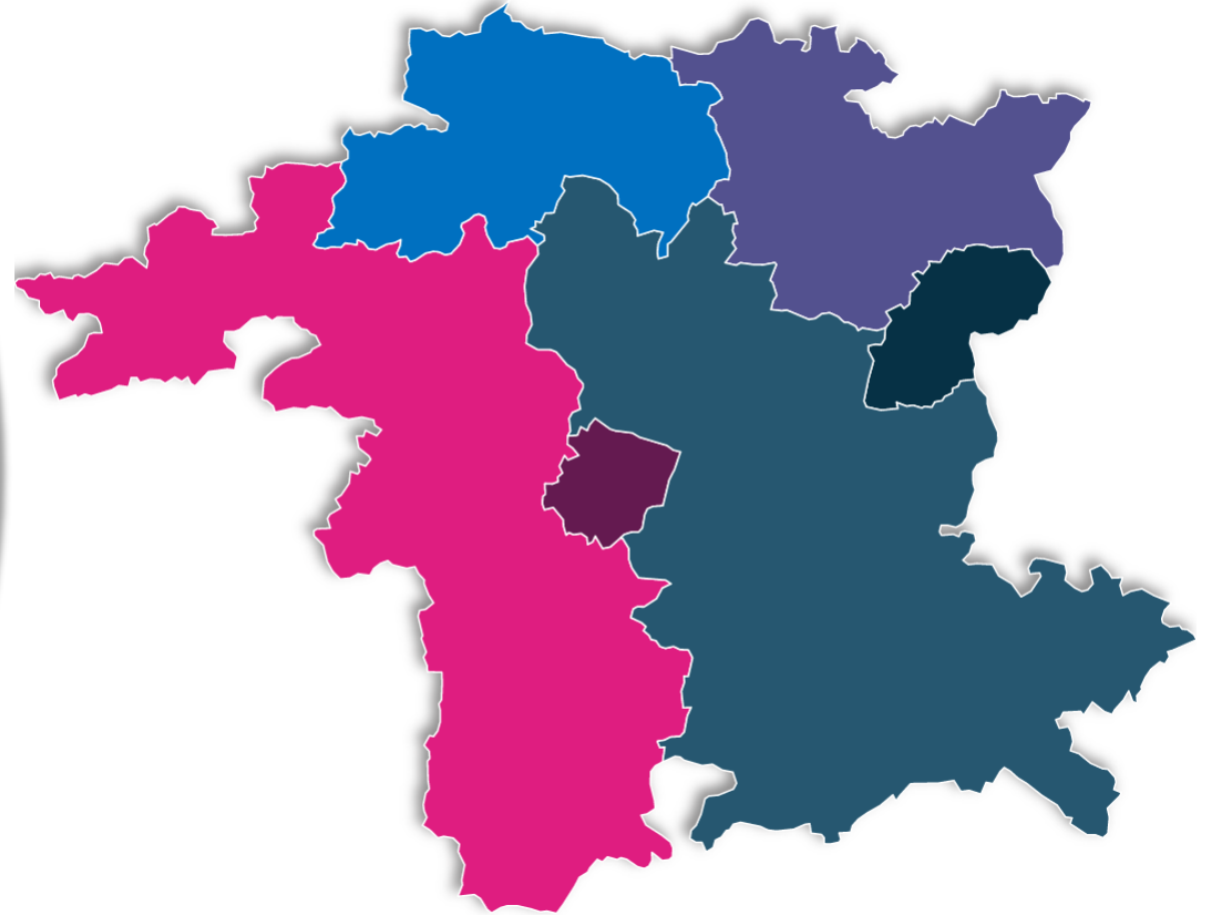
In the opinion of the proper officer (in this case the Director of Public Health) the following are the background papers relating to the subject matter of this report:

- JSNA Annual Summary 2022 (**Appendix A**)

# WORCESTERSHIRE

## JSNA

Joint Strategic Needs  
Assessment 2022



# Worcestershire JSNA Glossary

<b>JSNA</b>	Joint Strategic Needs Assessment
<b>COVID_19</b>	Corona virus
<b>SEND</b>	Special Educational Needs and Disabilities
<b>NEET</b>	Not in Education, Employment or Training
<b>KS2</b>	Key stage 2
<b>KS4</b>	Key stage 4
<b>ECHP</b>	Educational Health Care Plan
<b>CLA</b>	Children Looked After
<b>CIN</b>	Children in Need
<b>CIPFA</b>	The Chartered Institute of Public Finance and Accountancy. Nearest Neighbours model seeks to measure similarity between Local Authorities.
<b>MIE</b>	Moderate Intensity Equivalent
<b>IMD</b>	Indices of Multiple Deprivation
<b>ASB</b>	Anti Social Behaviour
<b>UC</b>	Universal Credit
<b>VAT</b>	Value Added Tax
<b>PAYE</b>	Pay As You Earn
<b>CO<sub>2</sub></b>	Carbon Dioxide
<b>MWh</b>	Megawatt-hour (A unit of energy)
<b>AQMA</b>	Air Quality Management Areas
<b>PM<sub>2.5</sub></b>	Fine particulate Matter
<b>GP</b>	General Practice



# Chapter 1 Population



# Chapter 2 Children and Young People



# Chapter 3 Health and Social Care



# Chapter 4 Housing



# Chapter 5 Crime and Community Safety



# Chapter 5 Crime and Community Safety

# Chapter 6 Economy and Employment



# Chapter 6 Economy and Environment

# Chapter 7 Environment



# Chapter 7 Environment

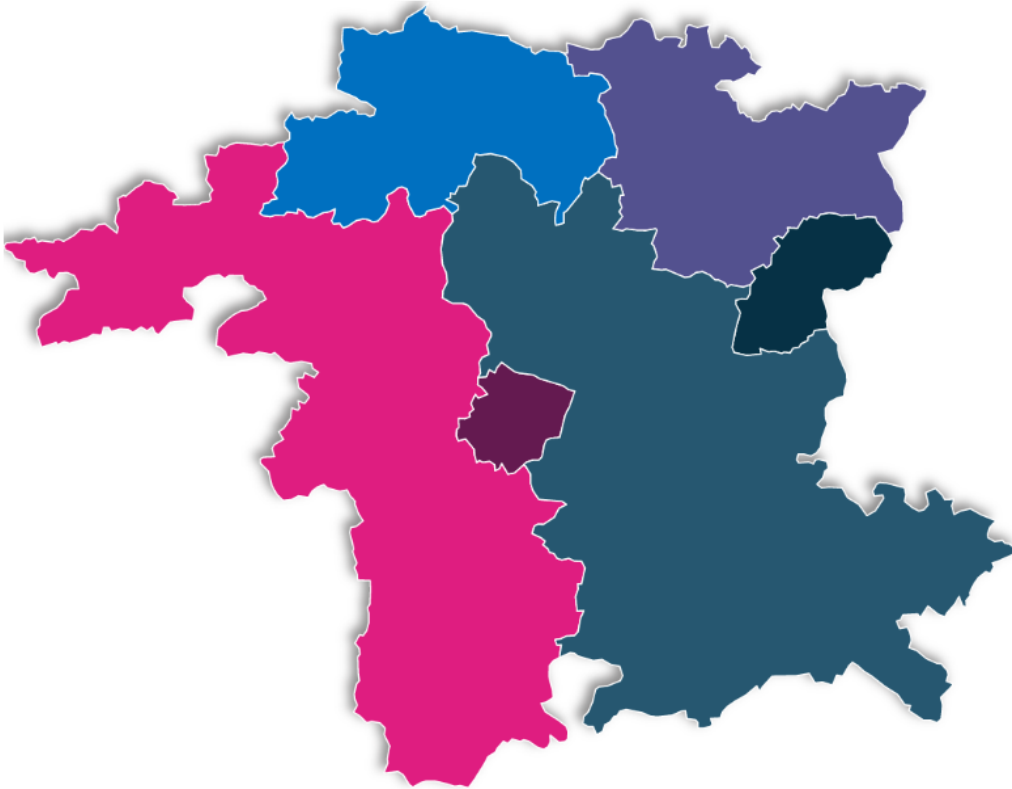
This report has been written by Worcestershire County Council's Public Health Team. We welcome your comments and questions - please contact: [Community.Risk@worcestershire.gov.uk](mailto:Community.Risk@worcestershire.gov.uk)

worcestershire.gov.uk

# Chapter 8 Contacts

# Worcestershire JSNA

## 2022

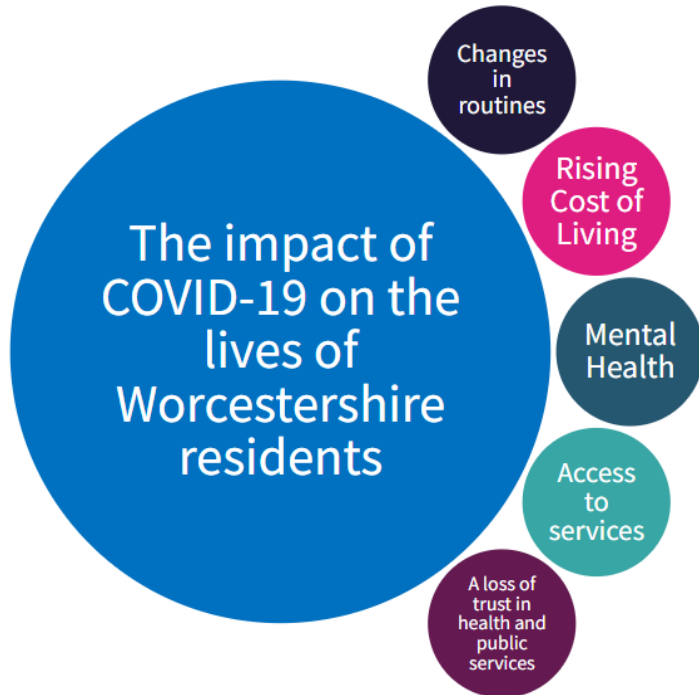


The Worcestershire Health and Well-being Board under the Health and Social Care Act 2012 has a duty to undertake a Joint Strategic Needs Assessment (JSNA) every year. The production of the Joint Strategic Needs Assessment (JSNA) is a continuous process to understand the future health, care and well-being needs of the Worcestershire community.

The JSNA is used to determine what actions are required to meet health and social care needs, reduce inequalities and to address the wider determinants that impact on health and well-being. It is designed to inform and drive future investment priorities to plan services more effectively ensuring services meet the needs of the population.

This is a streamlined annual summary that focusses on those topics that have seen the most change in recent years or need the most attention. It can be used as a prompt to explore data further using the [Worcestershire Insights Webpage](#)

# Worcestershire JSNA Public Engagement



"The lack of daily structure meant I had to find something meaningful to do and there was a huge shift in change of routine, which I had to create for myself." [Older adults living independently 65+ focus group]

"I walk to the supermarket because it saves petrol money and is good exercise. I only buy what we really need, and I look for the red sticker because it is cheaper." [Research participant]

"I'm just worried all the time, I don't even know why I'm worried sometimes, but I just never feel settled lately" [People from different employment sectors focus group]

"Participants agreed that access to information and getting what you want in the right format is something you have to work for" [People with sensory impairments – sight loss focus group]

When the doctors came round, I didn't understand what they were saying, even if they removed their masks, and the nurses couldn't help. There was no interpreter. It was really difficult.' [Deaf and Hearing Loss focus group]

From January to May 2022, Public Health in Worcestershire have spoken to thousands of people who live and work in the County to gain a better understanding of the impact of the pandemic and how people's behaviours, preferences, and situation may have changed.

Thematic analysis revealed five overarching findings that have contributed to the development of Worcestershire's Health and Wellbeing Strategy and the Integrated Care Strategy. The findings will continue to inform the decisions we make and the services we provide.

The full report from our engagement work is available here: [The impact of COVID-19 on the lives of Worcestershire residents.](#)



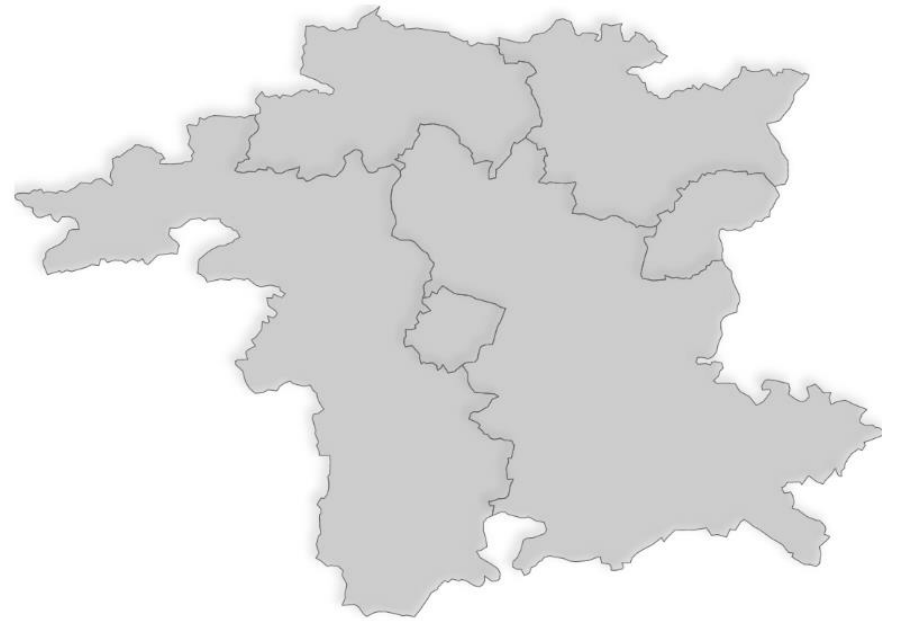
## Worcestershire Characteristics

In general, the population of Worcestershire is healthy. There are many health-related measures where Worcestershire performs consistently better than the national average.

However, there are some pockets of Worcestershire where people's health is not good and the average masks inequality. Social determinants of health may influence health seeking behaviour in deprived populations. Deprivation may also limit access to transport and increase digital poverty.

Worcestershire is in general not a deprived county. There are however 10% of people that live in the most deprived quintile. Proportions living in 30% most deprived areas are particularly high in Redditch at almost 40%, and Wyre Forest at 35%

# Key Themes



## Widening Inequalities

Focus on cost of living; targeted interventions; reduction in unwarranted variation; community engagement; prevention focus



## Ageing Population

Plan services for an older; more diverse population



## Pressure on Health Services

Maximise prevention; screening and immunisations; NHS health checks; lifestyles and smoke free; best start in life



## Mental Health and Wellbeing

Mental health needs assessment; address root causes of mental health issues; universal and targeted interventions

### Well performing indicators

- Life expectancy and healthy life expectancy Worcestershire performs relatively well compared with England
- Between 2017 and 2019 under 75 mortality rates for cardiovascular disease, cancer and respiratory disease were all better than England rates
- The crime rate in Worcestershire is lower than the national average.
- The claimant count in Worcestershire is decreasing and is lower than the national and regional rates.
- Worcestershire performs well across many cancer screening coverage indicators, e.g. for cervical cancer and breast cancer.
- Emergency admissions for falls among people 65-plus is lower in Worcestershire than nationally

### Emerging focus indicators

- Cost of living (fuel poverty, healthy eating)
- Inequalities in mental health & wellbeing, and lifestyle risk factors
- Changing demographic profile (inc. ageing population, asylum seekers)
- Lower use of preventive services by most deprived & ethnic groups
- Challenges within the health and care system (inc. waiting lists, emergency department pressures)
- Oral health
- Not in education, training or employment
- SEND
- Affordability of homes

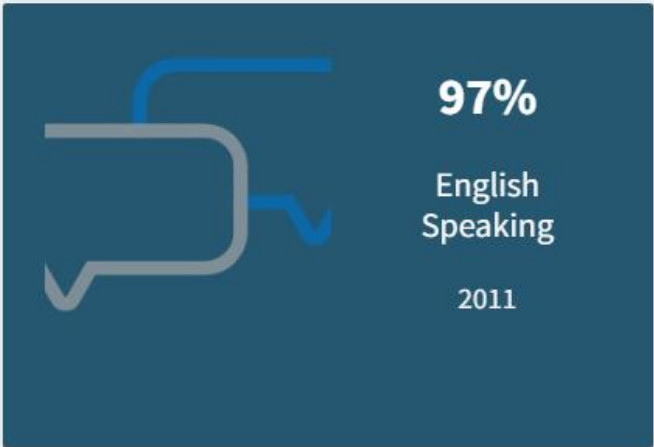
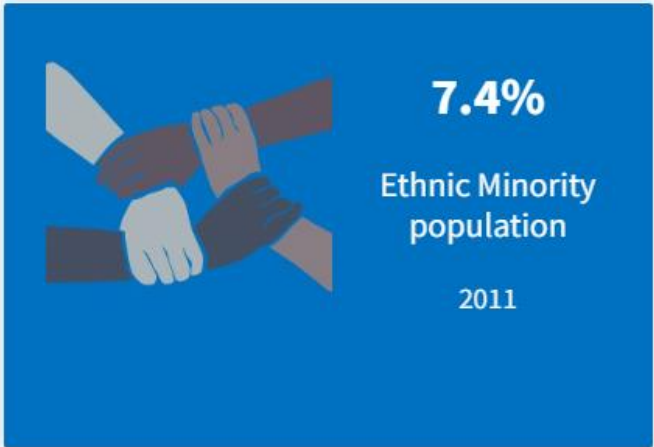
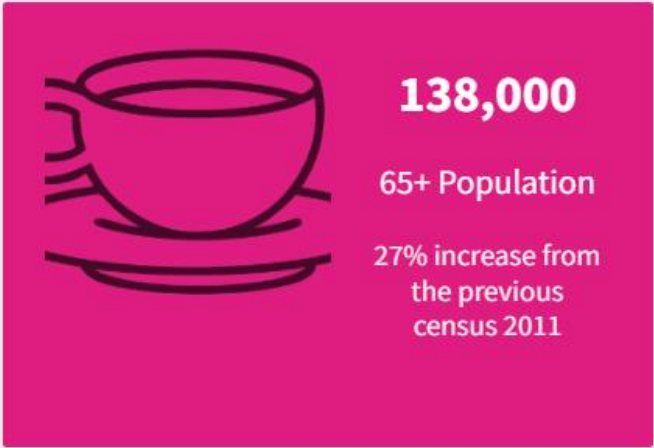
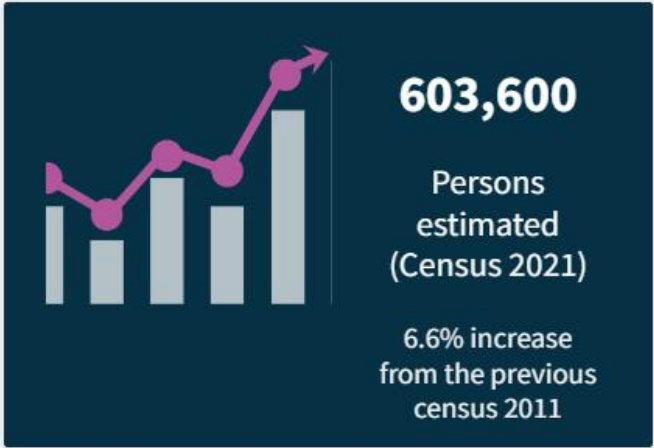
### Poor performing indicators

- Excess weight in adults & children & associated consequences eg diabetes
- Alcohol related admissions
- Breastfeeding initiation
- Smoking status in pregnancy
- School readiness
- Hip fractures
- Infant mortality
- Low dementia diagnosis rate

# Chapter 1 Population

Worcestershire Insights: Population Report

1. [Estimate of total by age group](#)
2. [Projections by age group](#)
3. [Ethnicity](#)
4. [Life Expectancy](#)
5. [Healthy life Expectancy](#)
6. [Deprivation](#)



# Population

## Estimate of total and by age group

The 2021 Census records the Worcestershire population to be 603,600. This is compared to 566,200 in 2011. The population in the county has increased by 37,400 (6.6%) since 2011.

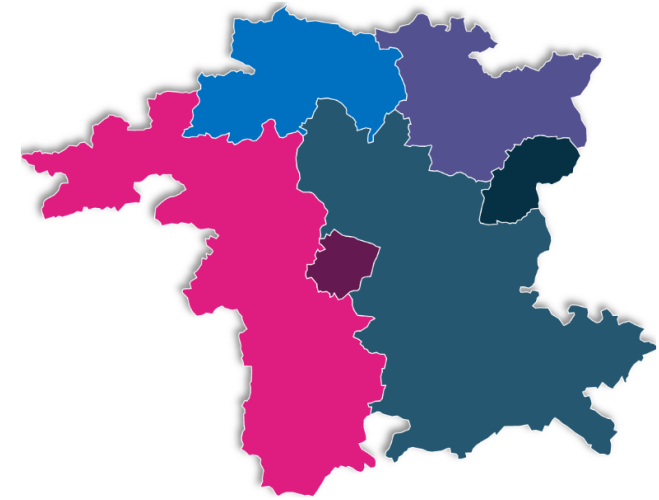
Wychavon has seen the largest percentage increase in its population of more than 13%. Redditch and Wyre Forest have increased by the smallest amounts, both with increases of less than 4%.

The number of people aged 65-plus in Worcestershire is 138,000, almost 23% of all people living in the county. Proportions of people aged 65-plus are particularly high in Malvern Hills (around 28%) and in Wychavon and Wyre Forest, both at around 25%.

The number of people aged 65-plus in Worcestershire has increased by almost 29,000 since 2011, a rise of almost 27%. This compares to a rise of just over 20% nationally.

The 0-19 population has increased by about 1,300 persons (1.0%) since 2011, although the 0-4 population has decreased by almost 5% (around 1,500 persons). Population density (number of usual residents per square kilometer) in Worcestershire is 347.

At a district level population density is high in Worcester (3,122) and Redditch (1,604) and low in the rural districts of Malvern Hills (138) and Wychavon (200).



## 2021 Census Population – 603,600

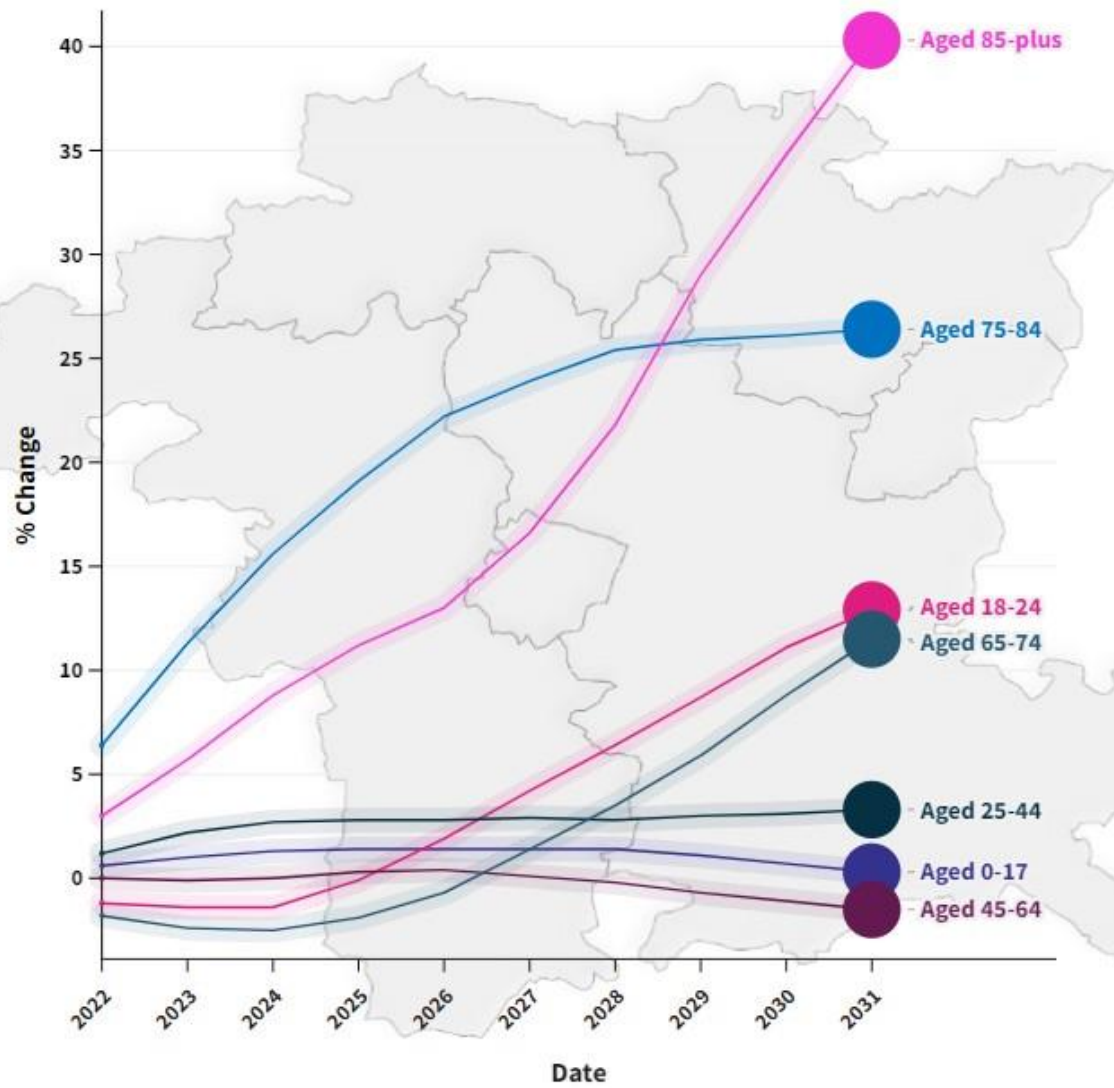


Female

Male



# Population Projections by age group



By 2031...  
 The 65-plus population is projected to increase by almost 29,000 (over 20%)  
 The 75-plus population is projected to increase by over 20,000 (over 30%)  
 The 85-plus population is projected to increase by almost 7,600 (over 40%)

Increases in the 65-plus population is projected to be highest (over 20%) in Worcester, Wychavon and Malvern Hills.

Increases in the 85-plus population is projected to be over 40% in Malvern Hills, Redditch, Wychavon and Wyre Forest.

# Population-Ethnicity

The most recent data on ethnicity remains the 2011 Census – the 2021 census data on ethnicity is scheduled to be released in early November.

In 2011, 92.4% of the population in Worcestershire were White: English/Welsh/Scottish/Northern Irish/British. This compares to a value across the whole of England of just under 80%.

The highest proportion of population outside the White: English/Welsh/Scottish/Northern Irish/British ethnicity in Worcestershire is the White: Other group, at 2.6%. Proportions are particularly high in Redditch, (3.9%), Worcester (3.6%) and Wychavon (3.1%).

0.9% of the population in Worcestershire were Asian/Asian British: Pakistani, including high proportions in Redditch (3.1%) and Worcester (1.9%)

In addition, 1.3% of people in Redditch were Mixed White and Black Caribbean, and 1.2% of people in Bromsgrove were Asian/Asian British: Indian,

Proportions of non-White British were higher in younger age groups, at almost 13% among 25-44 and over 11% among the 0-17 and 18-24 age groups, compared to just over 3% among people aged 65-plus.



# Population Life Expectancy

At a district level, Male Life Expectancy is comparatively low in Wyre Forest (78.7 years), Redditch (78.9 years) and Worcester City (79.2 years) – these are the more deprived areas in Worcestershire. Female Life Expectancy is comparatively low in Redditch (82.4 years) and Worcester City (82.5 years).

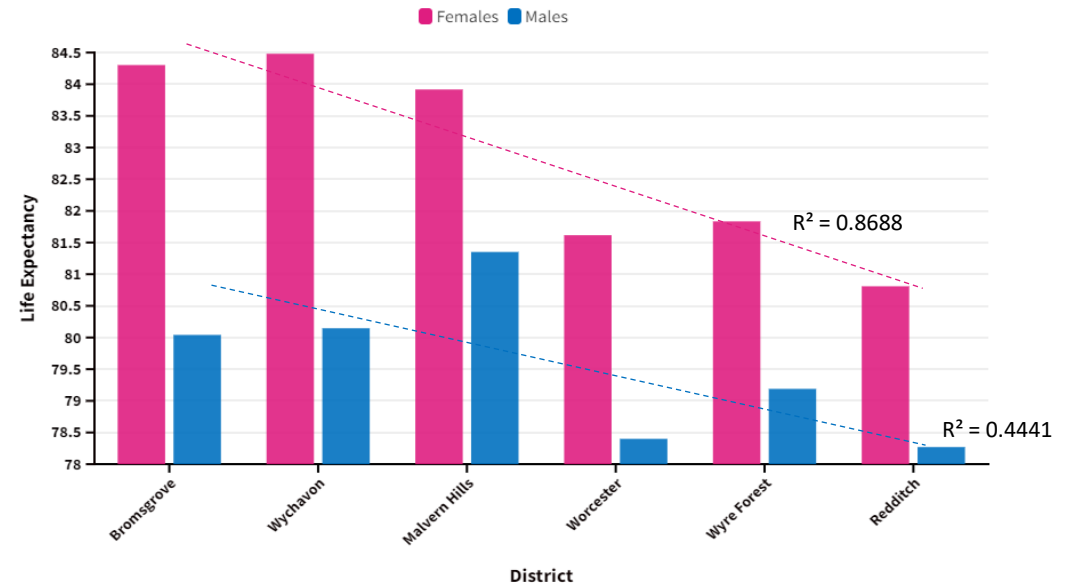
Life expectancy is lower in the most deprived areas, and there are inequalities in life expectancy between the least and most deprived areas. The difference in life expectancy between the most and least deprived areas in Worcestershire is 7.9 years for males and 5.6 years for females.

Inequalities in life expectancy among males are particularly high in Redditch (11.6 years for males and 10.4 years for females), and Bromsgrove (8.8 years for males and 7.7 years for females)

Healthy life expectancy is the number of years a person can be expected to live whilst in good health. Healthy life expectancy in Worcestershire for males is 65.3 years, for women it is 66.2 years.

Life Expectancy in Worcestershire Districts

In order of reducing IMD



## Life Expectancy at Birth in Worcestershire (2020)



Female



Male

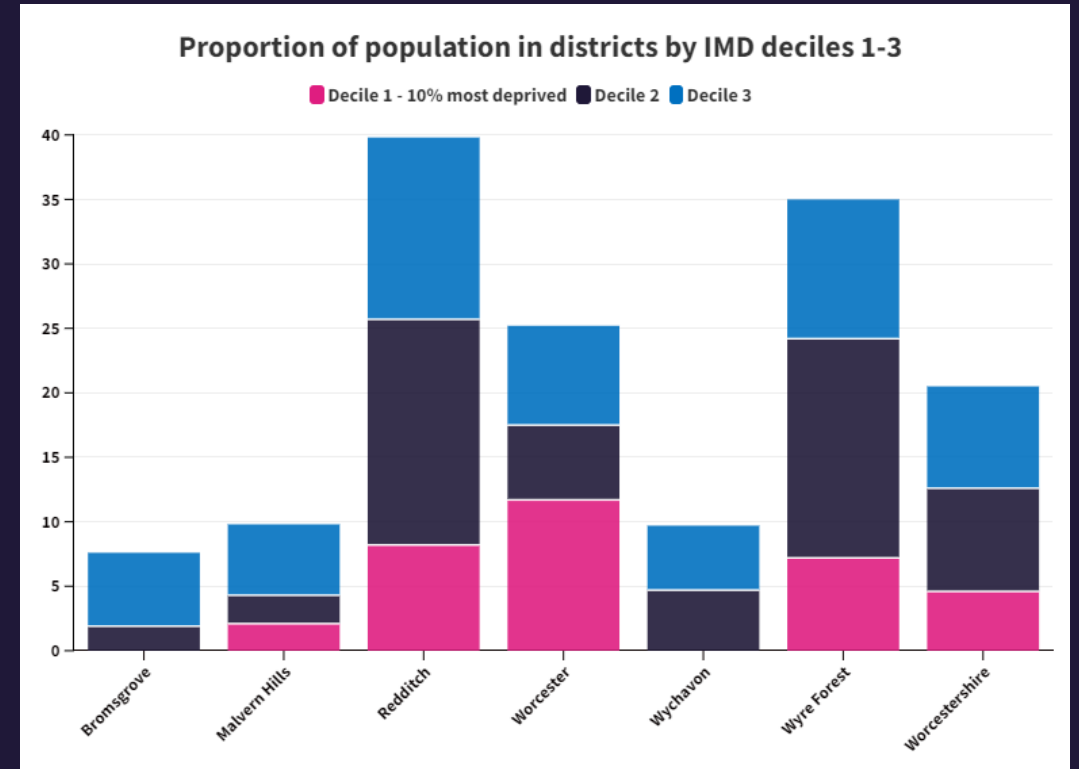
# Population

## Deprivation

27,750 residents in Worcestershire live in the 10% most deprived areas in England (almost 5% of the Worcestershire population).

Proportions living in 10% most deprived areas are particularly high in Worcester at almost 12%, and Redditch at over 8% 123,000 residents in Worcestershire live in the 30% most deprived areas in England (almost 21% of the Worcestershire population).

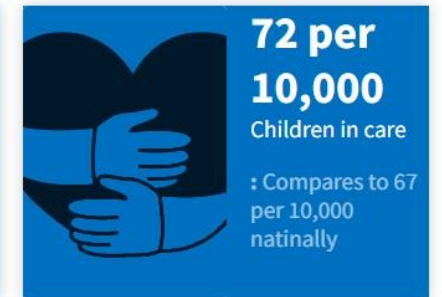
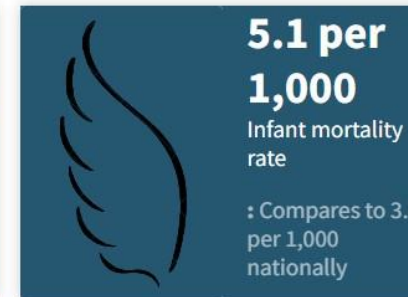
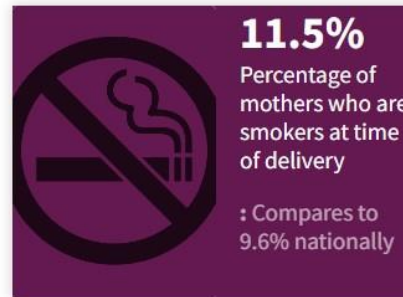
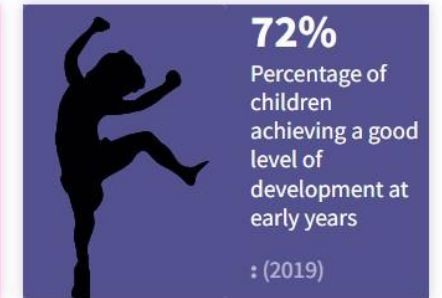
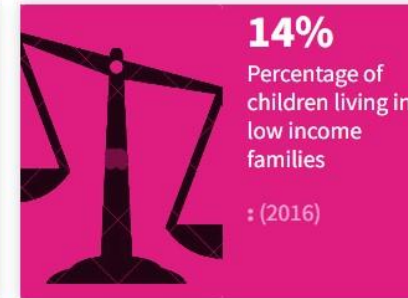
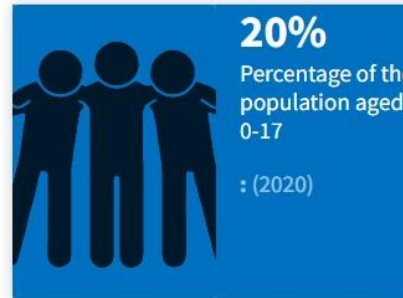
Proportions living in 30% most deprived areas are particularly high in Redditch at almost 40%, and Wyre Forest at 35%



# Chapter 2 Children and Young People

Worcestershire Insights: Children and Young people report

1. Infant Mortality
2. Educational Attainment: Primary
3. Educational Attainment: Secondary
4. Special Educational Needs
5. Vulnerable Children
6. Not in Education, Employment or Training (NEET)

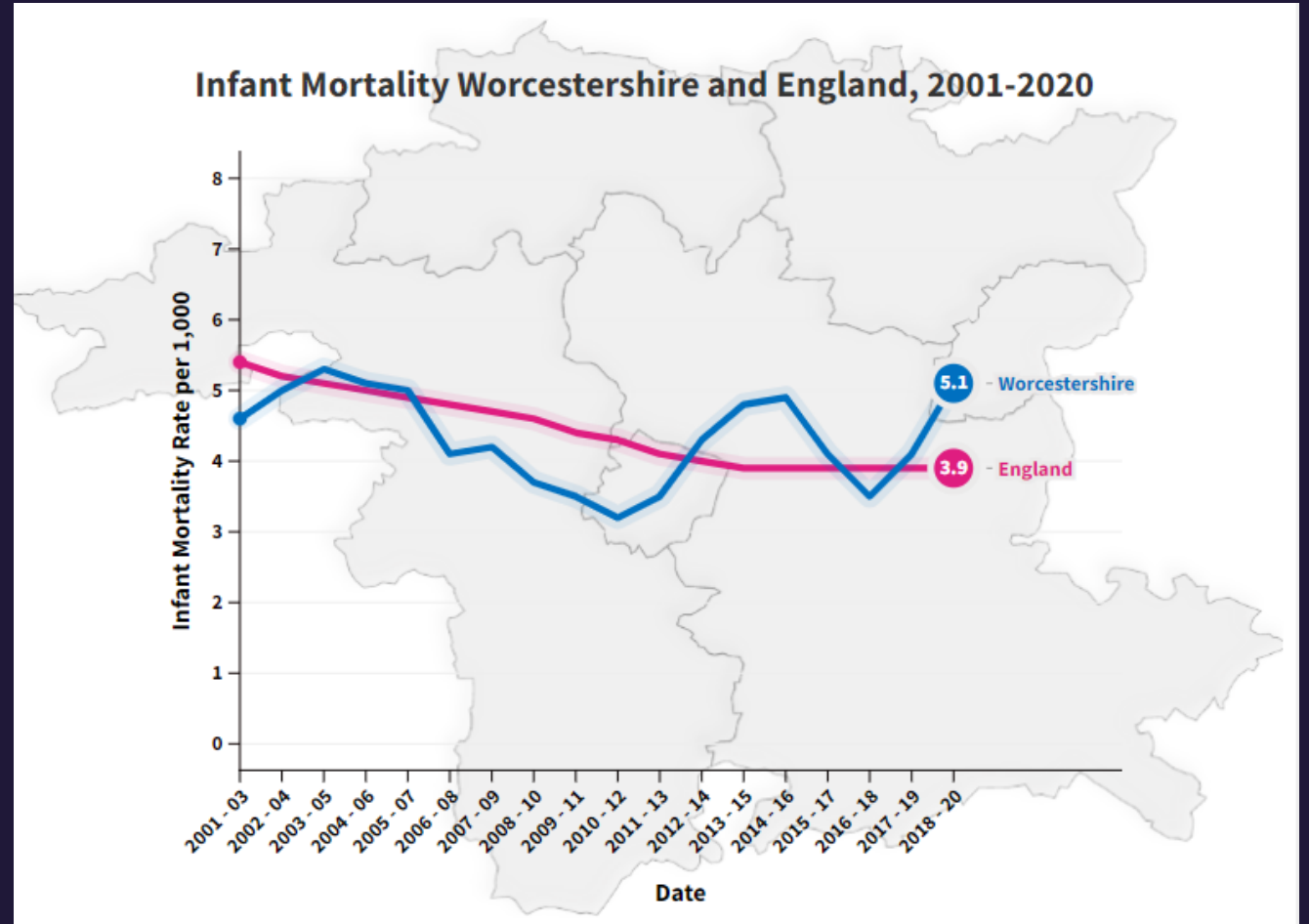


## Children and Young People Infant Mortality

Infant mortality is an indicator of the general health of an entire population.

It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions.

Infant mortality rate in Worcestershire is 5.1 per 1,000 live births. The infant mortality rate in England is 3.9 per 1,000 live births

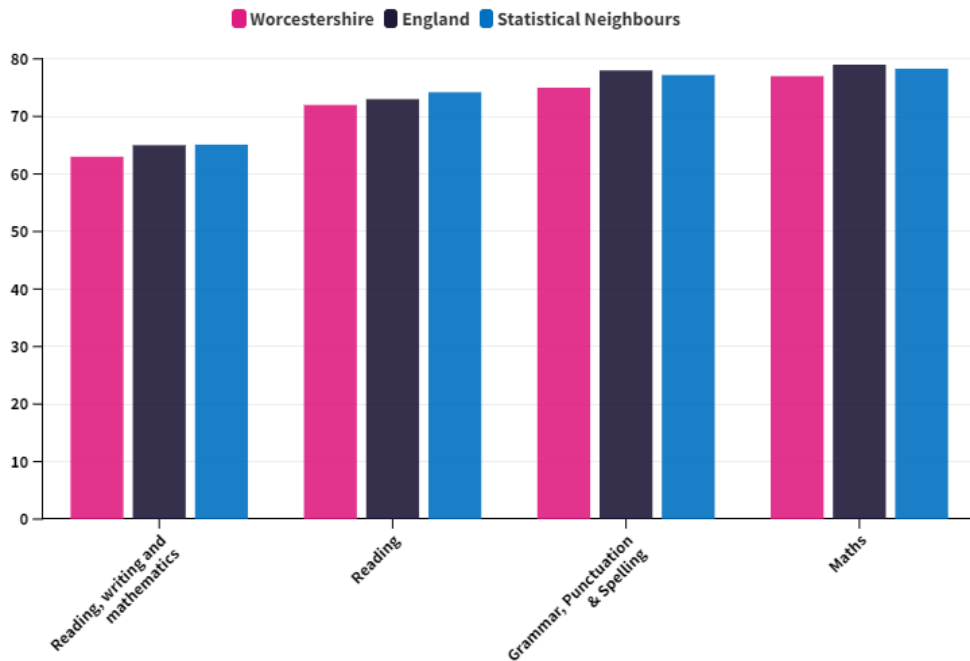


# Children and Young People Educational Attainment

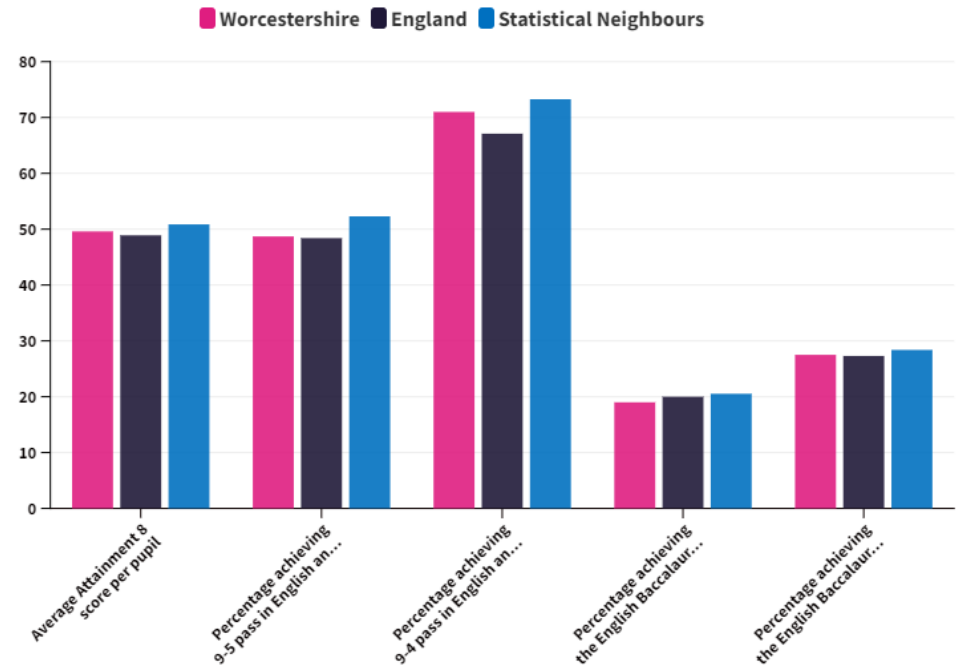
## Primary:

KS2 – Percentage achieving expected standard in reading, writing and mathematics: 63%  
 Pupils in schools in Worcestershire score below the national average across Key Stage 2 results for percentage of pupils reaching required standard.  
 Worcestershire is also below the average across statistical neighbors for these results.

Key stage 2 (All pupils) reaching the expected standard performance, 2019



Key stage 4 performance indicators, 2021



## Secondary:

KS4 – Average Attainment 8 score per pupil: 49.6  
 For Key Stage 4, pupils in schools in Worcestershire score above the national average for percentage for:

- Average Attainment 8 score per pupil,
- Percentage achieving 9-5 pass in English and Maths, and
- Percentage achieving 9-4 pass in English and Maths.

Worcestershire does however score below the average across statistical neighbors for KS4 results, notably in:

- Percentage achieving 9-5 pass in English and Maths, and
- Percentage achieving 9-4 pass in English and Maths.

# Children and Young People Special Educational Needs (SEN)

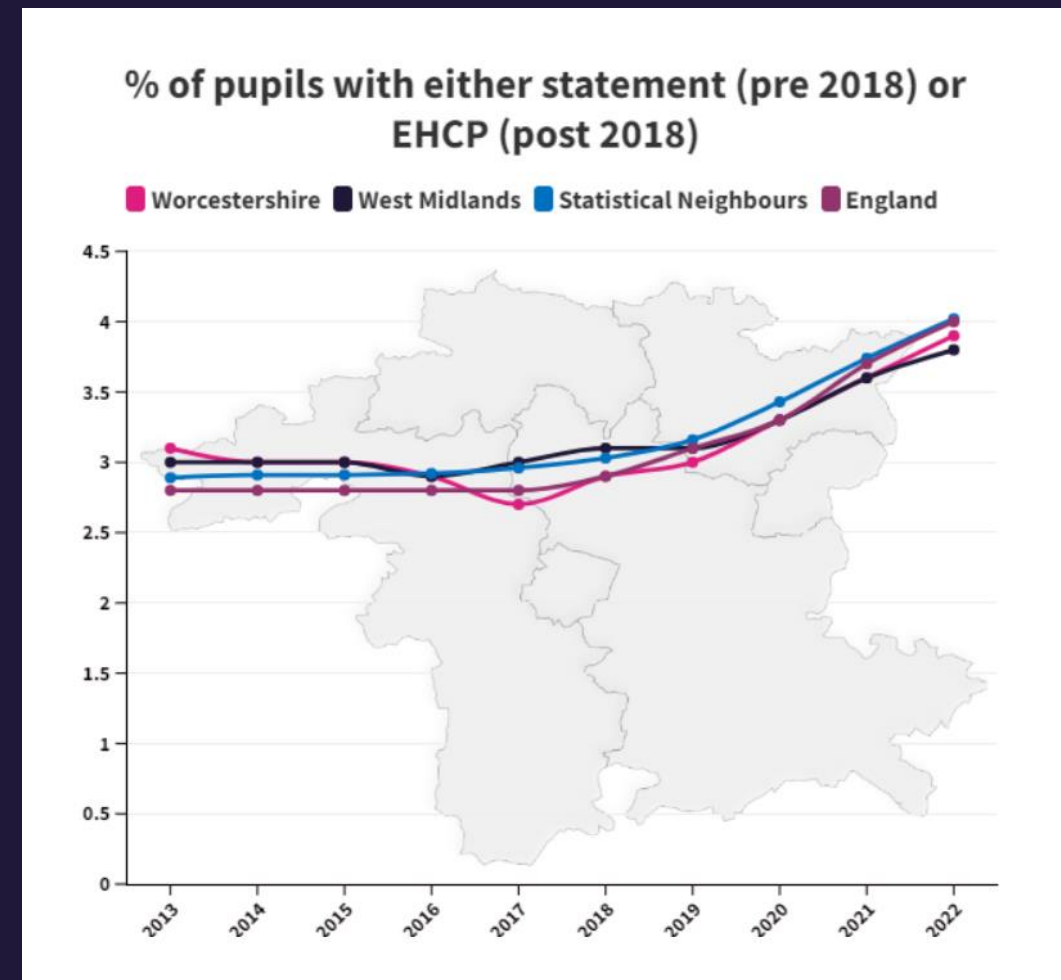
In 2022 there are a slightly lower percentage of pupils in Worcestershire schools with an EHCP (3.9%) than the national average and the average among statistical neighbours (both 4%). Proportions have increased from 2.9% in 2016, although this is in line with increasing national trends.

Proportions are:

- 1.6% in primary schools
- 1.9% in secondary schools

Educational attainment of pupils in Worcestershire schools with an EHCP is mixed:

- 9.0% for KS2 – percentage reaching expected standard in reading, writing and mathematics, similar to national average and higher than statistical neighbours,
- 13.7% KS4 average Attainment 8 score, lower than national average and statistical neighbours.





# Children and Young People

## Vulnerable Children

There were 859 Children Looked After (CLA) in Worcestershire as of 31 March 2021.

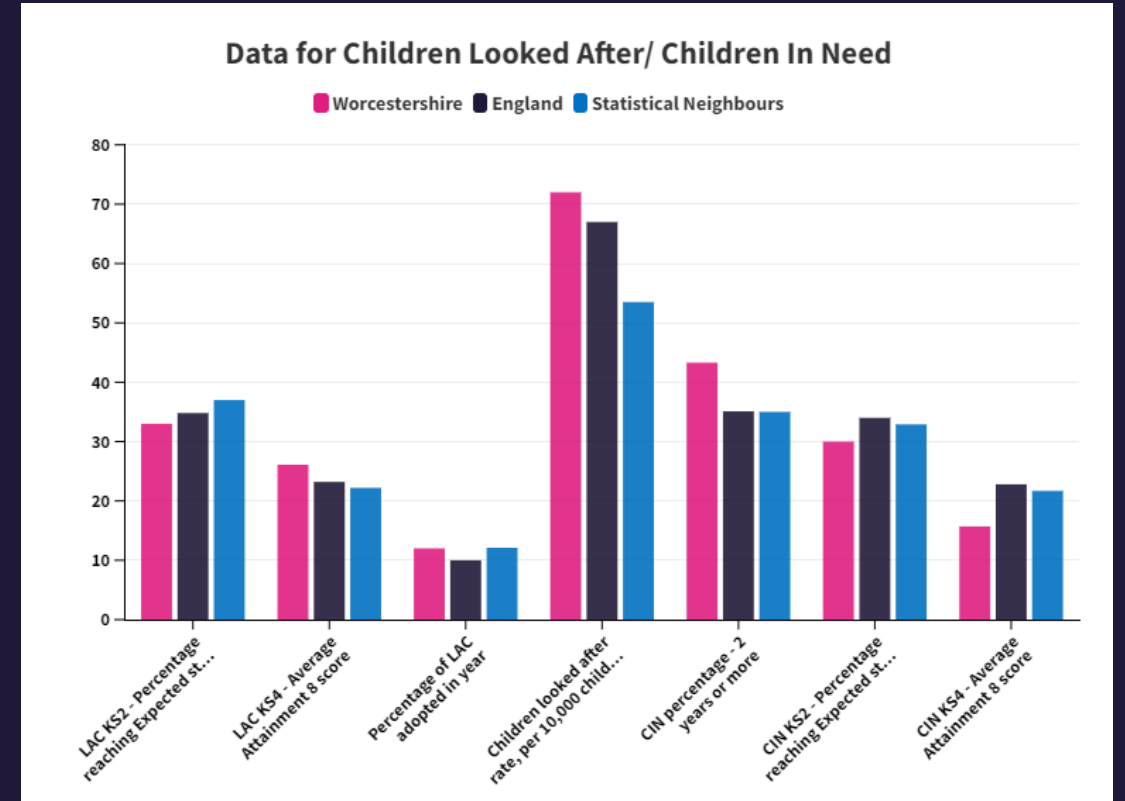
This represents a rate of 72.0 per 10,000 children aged 0-17, higher than the national average (67.0) and average among statistical neighbours (53.5).

12.0% of CLA were adopted in the year ending 31 March 2021, similar to statistical neighbours but higher than the national average of 10.0%.

CLA in Worcestershire have a lower attainment at KS2 than national and statistical neighbours, but higher attainment at KS4.

Children in Need rate is 269 per 10,000, lower than national average and statistical neighbours.

Over 43% of Children in Need in Worcestershire have been in need for 2 years or more. Children in Need in Worcestershire have a lower attainment than national and statistical neighbours at both KS2 and KS4.



## Children and Young People Not in Education, Employment or Training (NEET)

The proportion of 16-17 years olds NEET or whose activity is not known in Worcestershire has increased in recent years, from 4.9% in 2018 to 5.9% in 2020.

The proportion of NEET in Worcestershire was significantly lower than the national average for the years 2016-18, but recent increases has seen the proportion significantly higher than the national average in 2020.

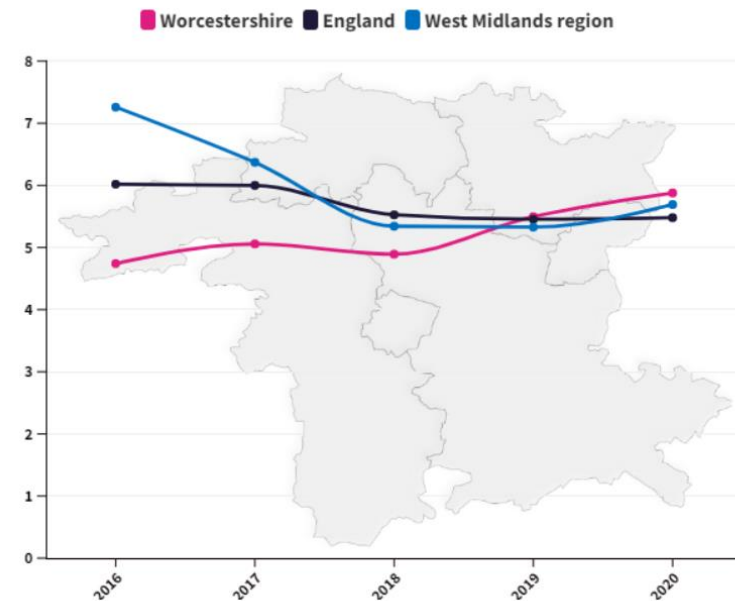
720 16-17- year-olds in Worcestershire are not in education, employment or training (NEET) or whose activity is not known in 2020.

This represents a rate of 5.9%, significantly higher than the national rate of 5.5%. The trend of proportions of NEET in Worcestershire is increasing

### % 16-17-year-olds NEET



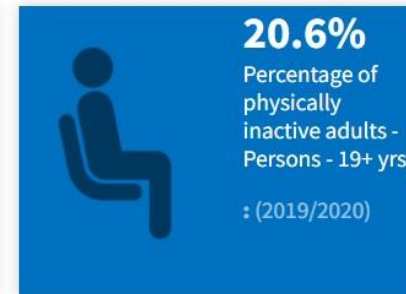
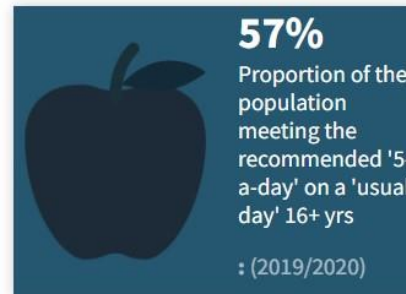
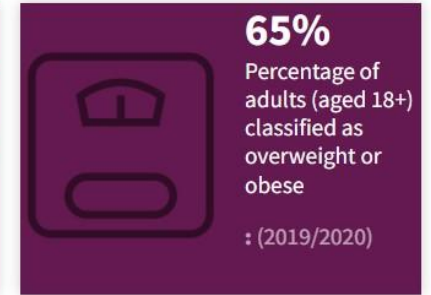
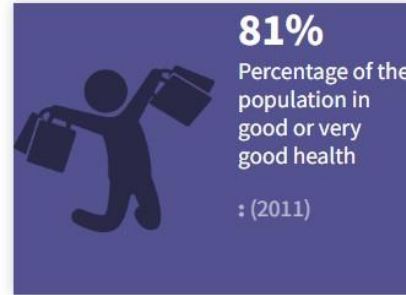
16-17 year olds not in education, employment or training (NEET) or whose activity is not known



# Chapter 3 Health and social Care

Worcestershire Insights: Health and Social Care report

- Covid Vaccinations
- Influenza Vaccination
- Smoking Prevalence
- Drugs and Alcohol
- Smoking and Vaping
- Adult Obesity
- Physical Activity
- Hip fractures
- Long Term Conditions
- Premature Mortality
- Inequalities in Premature Mortality
- Oral Health
- Dementia Diagnosis Rate
- Mental Health
- Inequalities in Acute Care



## Health and Social Care

### COVID Vaccination

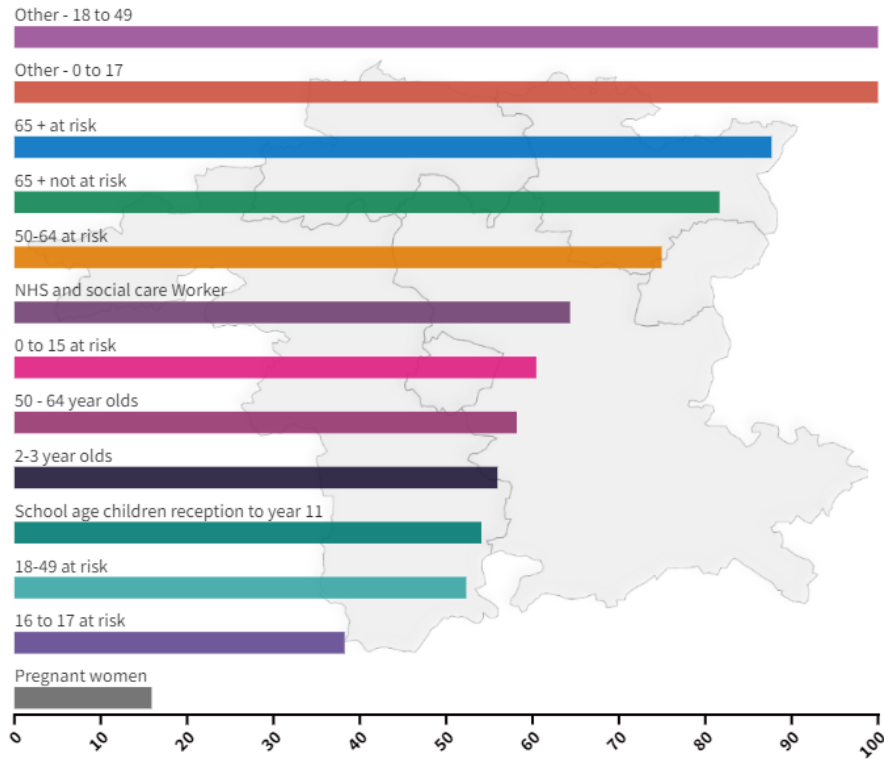
- Over 13% of people aged 5-plus in Worcestershire are unvaccinated – this compares to less than 7% nationally.
- Over 78% are fully vaccinated with both doses.
- Unvaccinated proportion is less than 0.5% among those aged 65-plus
- Unvaccinated proportions are highest in Redditch (over 25%) and Worcester (over 21%)
- Unvaccinated proportions are notably higher in more deprived areas – over 30 in most deprived quintiles are unvaccinated, compared to less than 14% in least deprived areas
- Unvaccinated proportions are higher among non-White British ethnicities



# Health and Social Care

## Influenza vaccination

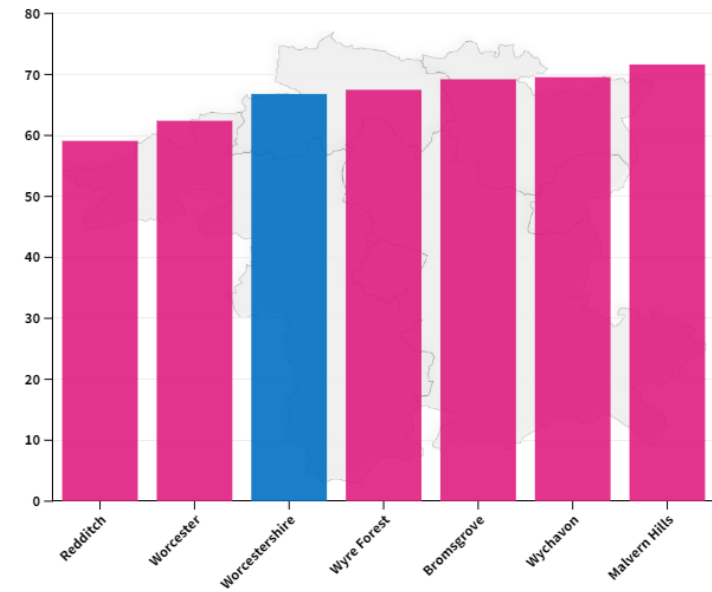
% Vaccinated/Individuals Influenza Vaccine 2021/22



66.8%  
of all  
eligible  
people

## Influenza Vaccine uptake: Worcestershire 2021/22

% Vaccinated/Eligible Influenza vaccine



Rate of uptake notably low in Redditch (59%) and in pregnant women.

Variety in uptake between age groups. Uptake among the 65+ at risk group is almost 88% and 50-64 at risk group is almost 75%.

Uptake is low among 16-17 at risk group at just over 38% and in the 18-49 at risk group, just over 52%.

# Health and Social Care

## Smoking Prevalence and Drugs & Alcohol

### Drugs and Alcohol

Age-standardised mortality rate from drug misuse in Worcestershire for 2018-20 was 4.2 per 100,000 population, similar to the national average. The rate is notably higher among males (6.2 per 100,000) than females (2.3 per 100,000)

Admissions to hospital for alcohol-specific conditions in Worcestershire stand at 473 per 100,000, lower than the national average of 587 per 100,000. Admissions are higher in Redditch (609 per 100,000) and Wyre Forest (570 per 100,000) than other Worcestershire districts.

Age-standardised mortality rate from drug misuse per 100,000 population in Worcestershire is 4.2 per 100,000, similar to the national average of 5.0 per 100,000. The rate among males (6.2 per 100,000) is notably higher than the rate among females (2.3 per 100,000).

### Smoking Prevalence

According to the Annual Population Survey smoking prevalence in Worcestershire is 11.1% in 2020. This compares to the national average of 12.1%.

Smoking levels are particularly high among those in routine and manual occupation, at 18%, as well as those who have never worked or a long-term unemployed, at over 16%.

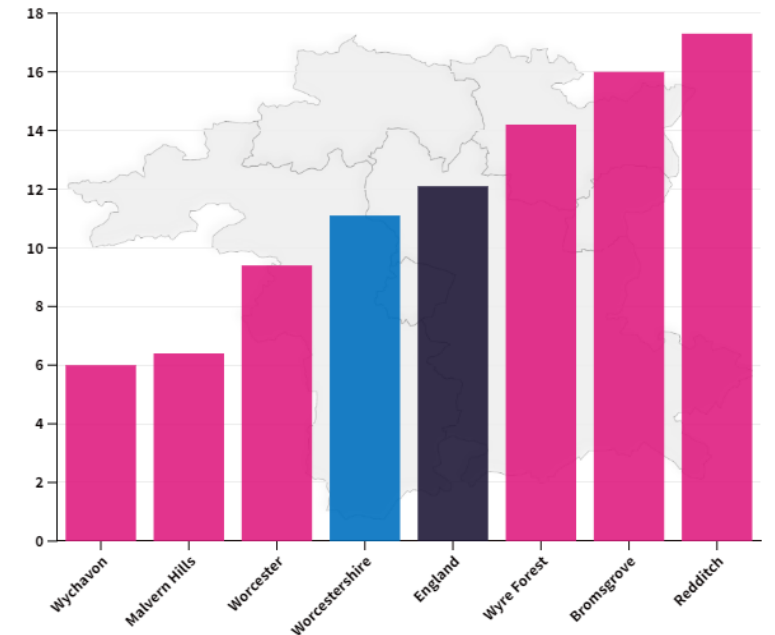
The proportion of mothers known to be smokers at the time of delivery is 11.5% in Worcestershire, significantly worse than the national average of 9.6%, and higher than the estimated overall prevalence in Worcestershire.

Smoking attributable hospital admissions for diseases that are wholly or partially attributed to smoking is 1,426 per 100,000 in Worcestershire, similar to the national average.

## Smoking Prevalence



Smoking Prevalence in adults - current smokers



# Health and Social Care

## Smoking and Vaping in Herefordshire and Worcestershire

Smoking prevalence rates for both counties are similar to the national average and following national trend of declining.

However, smoking prevalence in 15-year-olds in Worcestershire (9.5%) was higher than the national average and four of its five top-ranked CIPFA nearest neighbours.

In Worcestershire 2021 97% of boys and 98% of girls in Year 8 reported never having smoked before, by year 10 this reduces to 87% of boys and 85% of girls.

Limited regional data on current vaping in adults in Worcestershire. For year 8 students: 91% never vaped. For year 10 students: 77% boys and 73% girls never vaped.



# Health and Social Care

## Smoking and Vaping in Herefordshire and Worcestershire

POSSIBLE GROUPS TO TARGET TO REDUCE SMOKING AND VAPING:

YOUNG PEOPLE (15-YEAR-OLDS)

ADULTS WITH LONG TERM MENTAL HEALTH CONDITION

ADULTS ADMITTED FOR SUBSTANCE MISUSE-NON-OPIATES

PREGNANT WOMEN – SMOKERS IN EARLY PREGNANCY

People who are more likely to smoke include **MEN**, people in the **WORKING CLASS**, those aged **25-34 YEARS**, people of **BISEXUAL, GAY OR LESBIAN SEXUAL ORIENTATION**, people who are **PREGNANT**, people of **MIXED ETHNICITY, MIGRANT MEN** and those with **GCSES AS THEIR HIGHEST QUALIFICATIONS**

People who are **UNEMPLOYED**, work in **ROUTINE & MANUAL OCCUPATIONS**, have **NO QUALIFICATIONS**, have **ANXIETY OR DEPRESSION** or another **LONG-TERM MENTAL HEALTH CONDITION** are twice as likely to smoke

People who are **HOMELESS**, suffer from **SERIOUS MENTAL ILLNESS** or have a history of **SUBSTANCE MISUSE** (opiates, non-opiates or alcohol) are more than twice as likely to smoke

People who are more likely to vape include **MEN**, those aged **25-54 YEARS**, and people in the **WORKING CLASS**

People who are **EX-SMOKERS** or **CURRENT SMOKERS** are more than twice as likely to vape

**" I gave up alcohol and drugs. Smoking keeps me from self-harming or worse and helps me keep on the level. Semi-acceptable addiction compared with drugs or self-harming "**



# Health and Social Care

## Adult Obesity and Physical Activity

Physically Active Adults are the proportion of respondents aged 19 and over doing at least 150 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days.

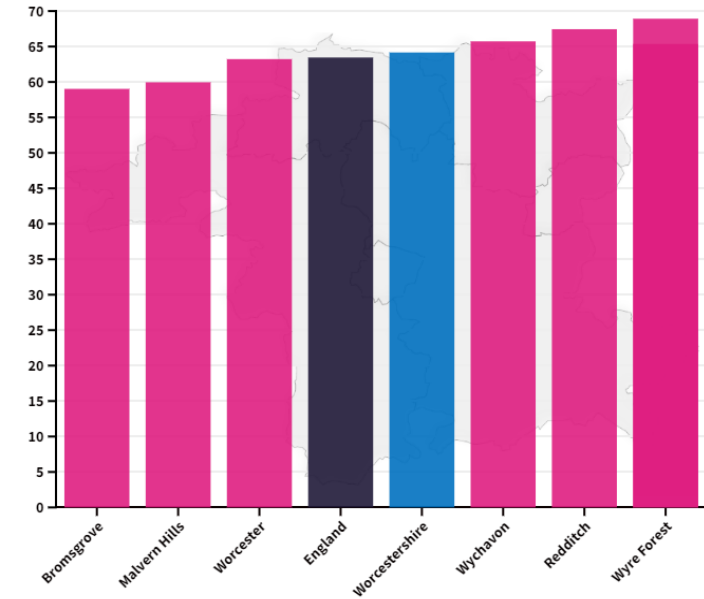
In Worcestershire 67.2% of adults are physically active, similar to the national average of 65.9%

Proportions of physically active adults are significantly better than the national average in Bromsgrove, but significantly worse than the national average in Redditch.

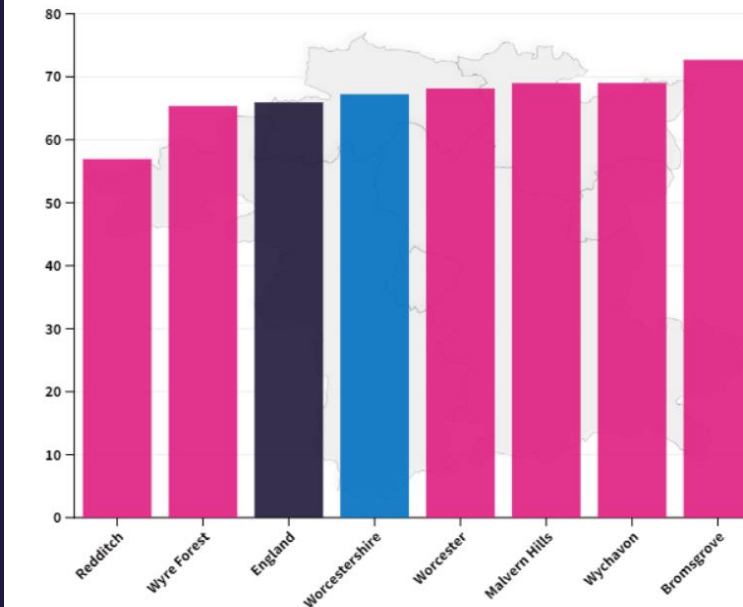
Over 64% of adults in Worcestershire are classified as overweight or obese, similar to the national average of 63.5%.

Proportion of overweight or obese adults are particularly high in Redditch, at almost 69%. The other within Worcestershire have a similar proportion of overweight or obese adults as the national average.

Percentage of adults (aged 18+) classified as overweight or obese



Percentage of physically active adults

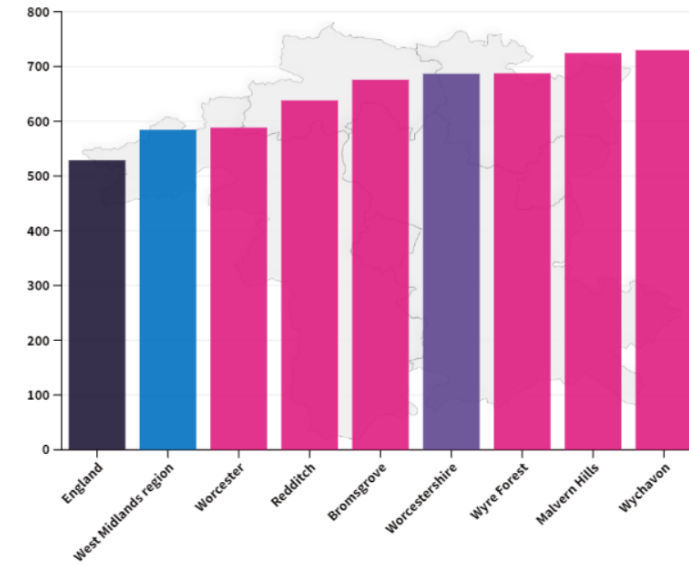


# Health and Social Care

## Hip fractures

Area	Value	Recent Trend	Comparison to England
Worcestershire	686.7	Increasing and getting worse	Worse
Bromsgrove	675.9	No significant change	Worse
Malvern Hills	724.6	Increasing and getting worse	Worse
Redditch	638.0	No significant change	Similar
Worcester	588.3	No significant change	Similar
Wychavon	729.9	Increasing and getting worse	Worse
Wyre Forest	687.5	No significant change	Worse

Hip fractures in people aged 65 and over

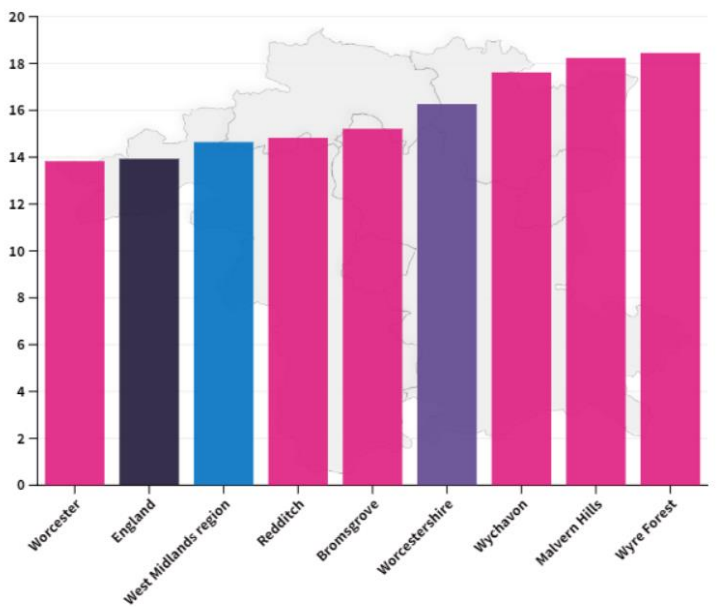


Emergency hospital admissions rate is 687 per 100,000 population aged 65-plus. Compares to 529 per 100,000 nationally.

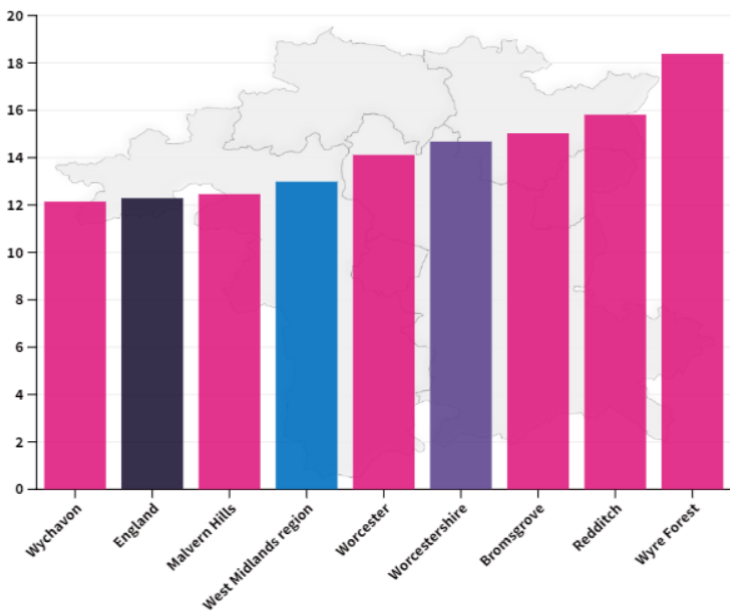
At a district level, emergency hospital admissions for hip fractures are particularly high in all districts except Redditch and Worcester, and are increasing in Malvern Hills and Wychavon

# Health and Social Care Long Term Conditions

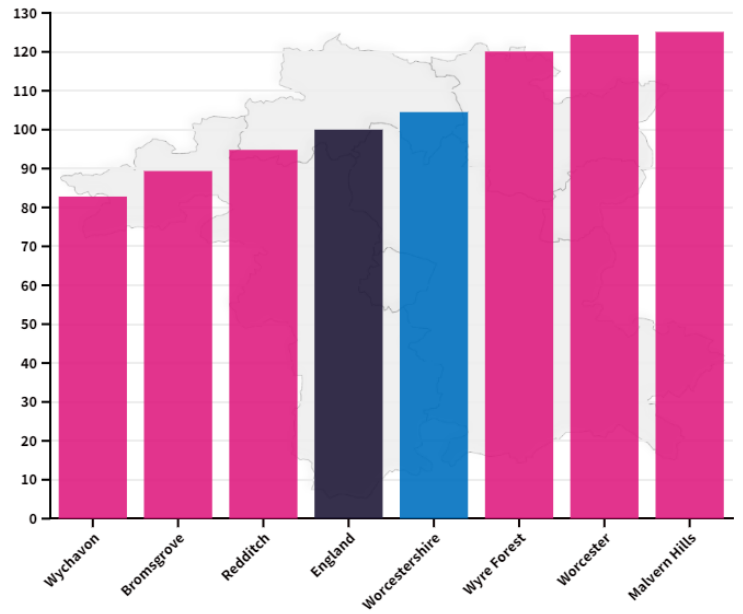
Hypertension: QOF prevalence (all ages)



Depression: Recorded prevalence (aged 18+)



Deaths from stroke, all ages, standardised mortality ratio



The percentage of patients with hypertension in Worcestershire GPs is 16.3%. This proportion is increasing and compares to 13.9% nationally. At a district level levels of hypertension are particularly high in Wyre Forest and Malvern Hills, at over 18%.

The standardised mortality ratio of deaths from stroke for all ages in Worcestershire is 104.5 per 100 over the period 2016–20. This is similar to the national average of 100. Deaths due to stroke are higher than the national average in Malvern Hills, Worcester and Wyre Forest.

The recorded prevalence of depression in Worcestershire among people aged 18-plus is 14.7%. This is significantly higher than the national average of 12.3%. The proportion with depression in Worcestershire is increasing. Proportions with depression are particularly high in Wyre Forest, at over 18%, Redditch at almost 16%, and Bromsgrove at 15%.

17.9% of people in Worcestershire reported having a long-term illness or disability in the 2011 Census. This is significantly higher than the national average of 17.6%. Proportions with a long-term illness or disability were particularly high in Wyre Forest and Malvern Hills, at almost 20%. An update to these figures will be available from the 2021 Census.

# Health and Social Care

## Premature Mortality

Under 75 mortality rate for all causes in Worcestershire is 305.5 per 100,000 persons, significantly better than the national average.

The under 75 mortality rate is higher among males than females but rates in both sexes are significantly lower than the national average.

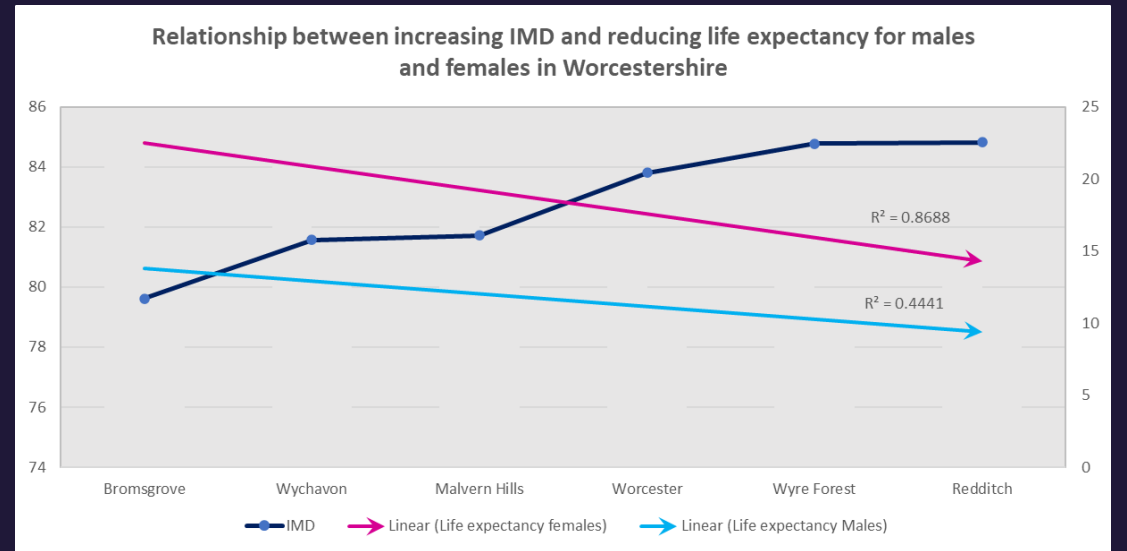
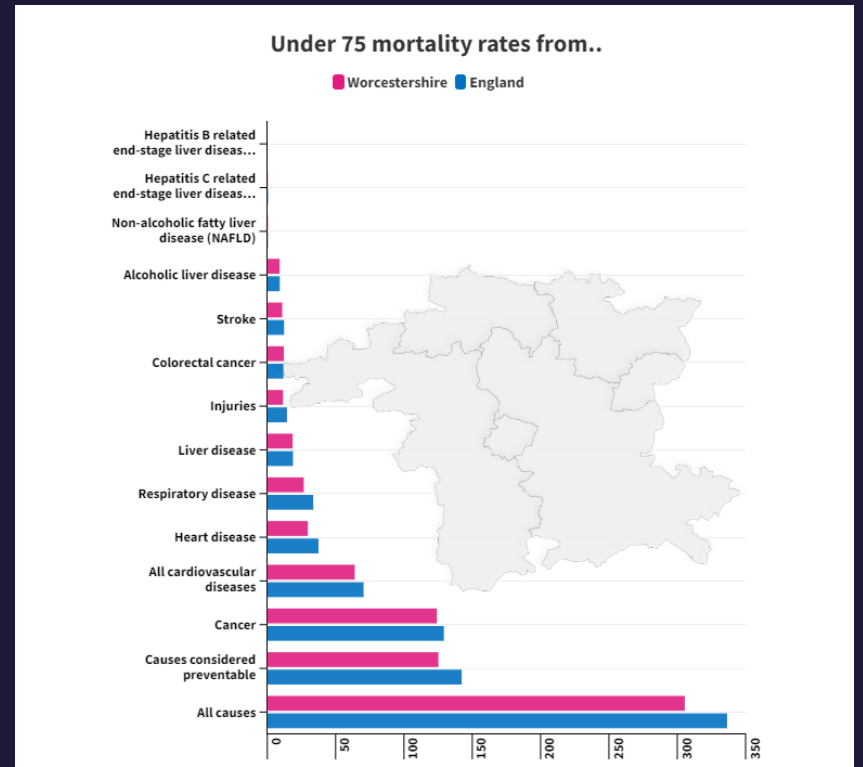
Under 75 mortality rate is highest in Redditch, the only district which is a significantly higher rate than the national average. Under 75 mortality rates in Worcestershire are lower than those seen nationally for all causes.

Premature Mortality (Under 75 mortality rate for all causes)



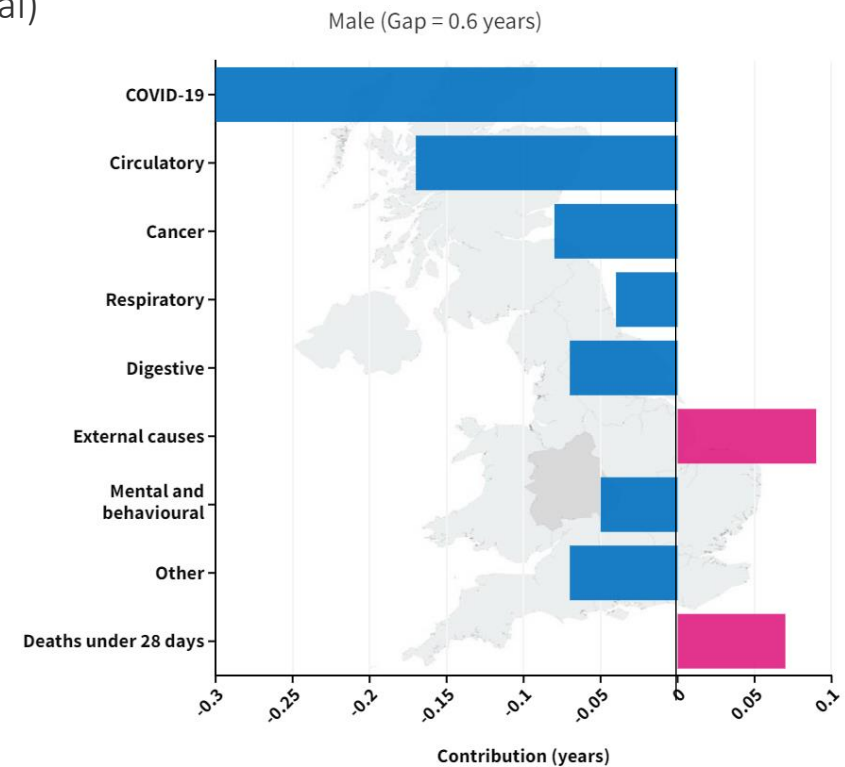
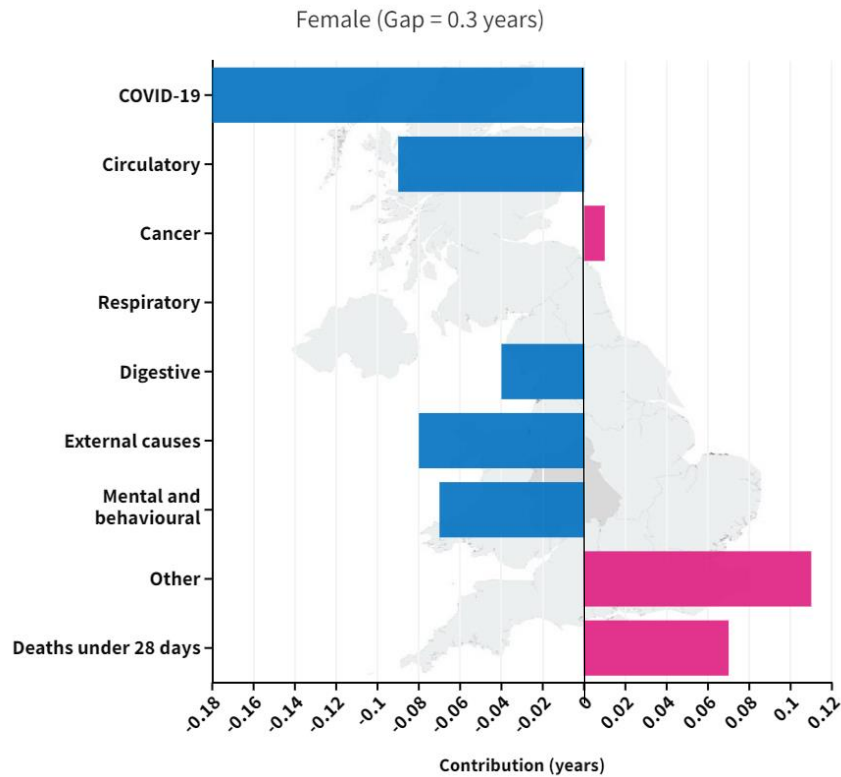
Under 75 mortality rates in Worcestershire are better or similar to the national average for all individual causes.

Among both males and females, people living in the 30% most deprived areas have significantly lower life expectancies than those in less deprived areas, and for the average across the whole of Worcestershire.



# Health and Social Care Inequalities in Premature Mortality

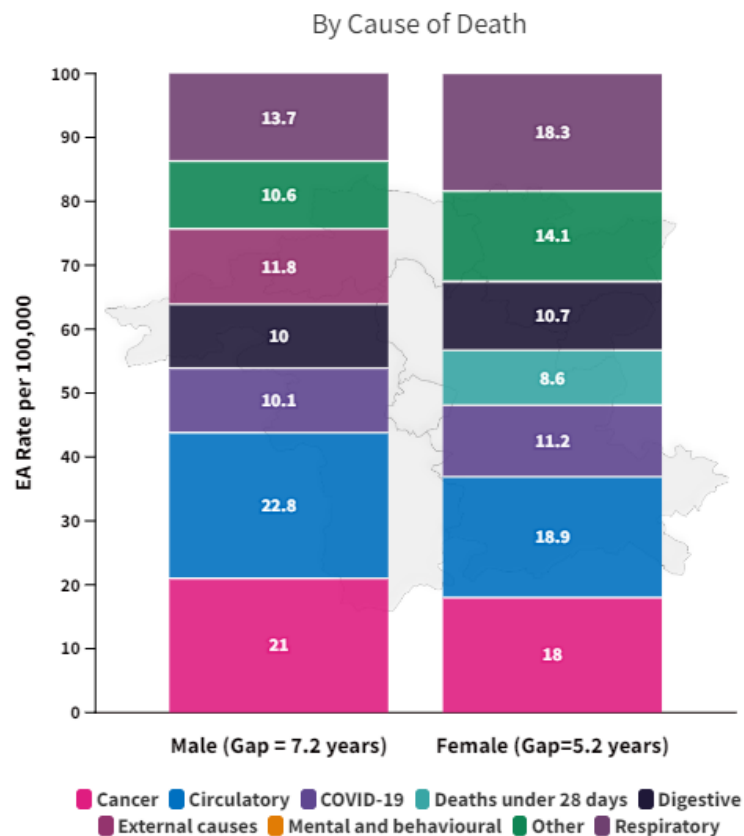
Breakdown of the life expectancy gap between England and Worcestershire by cause of death, age and gender, 2020-2021 (provisional)



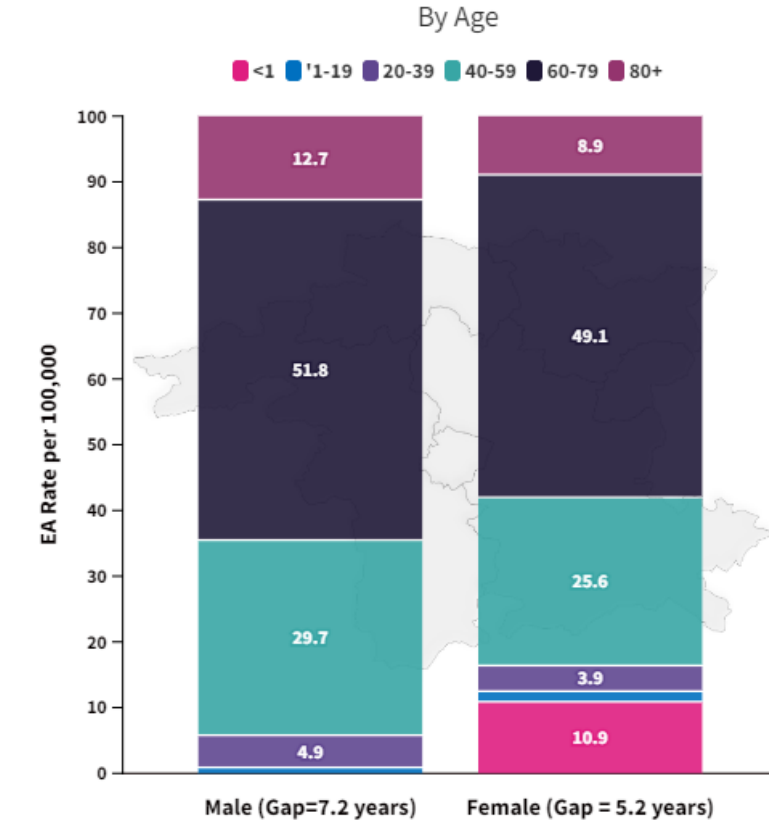
Worcestershire has a higher life expectancy than England for both males and females but has a higher mortality for certain causes of death.

Neonatal deaths, breast cancer, strokes (among females) and suicide (among males) all have a higher mortality in Worcestershire compared to the national average.

# Health and Social Care Inequalities in Premature Mortality



Breakdown of the life expectancy gap between the most and the least deprived quintiles of Worcestershire by cause of death, 2020-2021 (provisional)



Circulatory diseases are the largest contributor to the gap in life expectancy between most and least deprived areas for both males and females, with cancer the second largest for males, and respiratory disease the second largest for females. Covid-19 contributed between 10% and 11% to the gap. Neonatal deaths contribute almost 9% to the gap among females.

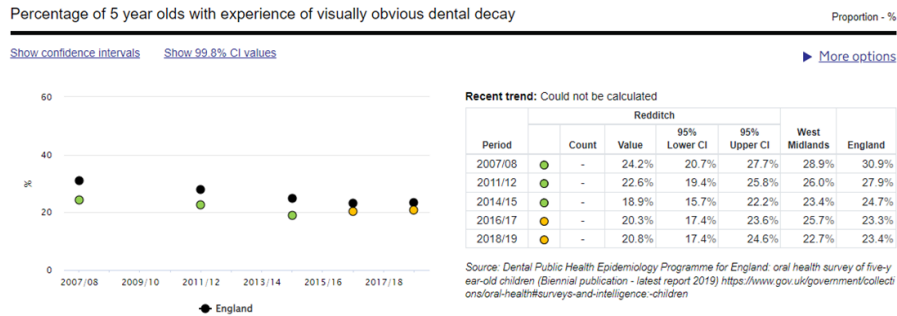
About a half of the life expectancy gap between most and least deprived areas are due to deaths in the 60-79 age group, whilst a quarter of the gap is because of deaths among those aged 40-59. Among females, the contribution to the gap due to infant mortality is especially notable, at almost 11%.

# Health and Social Care

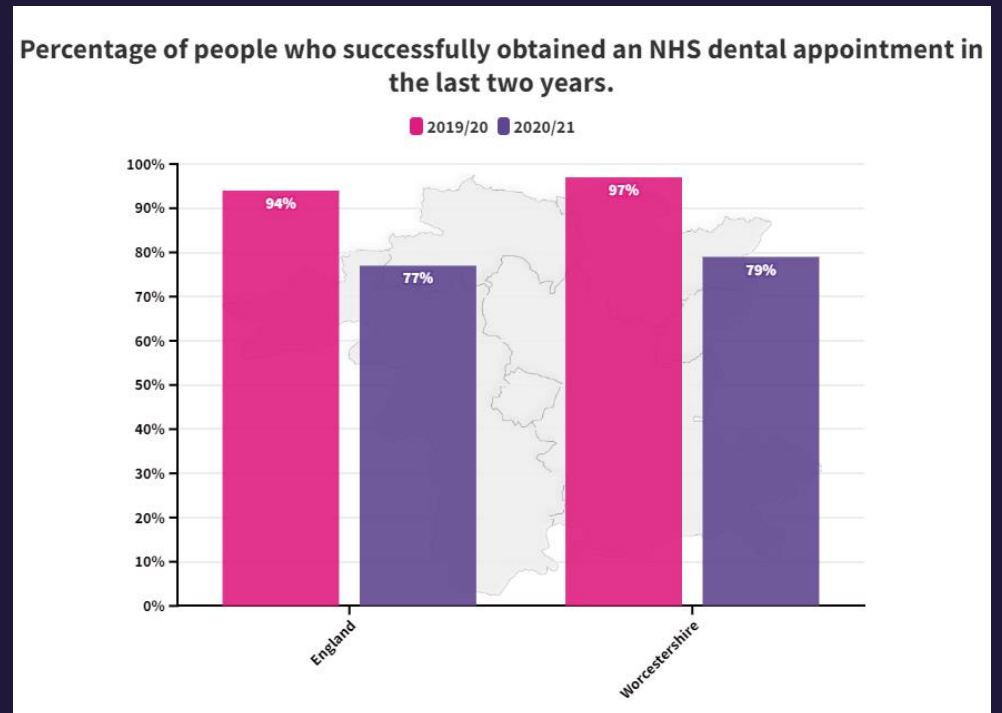
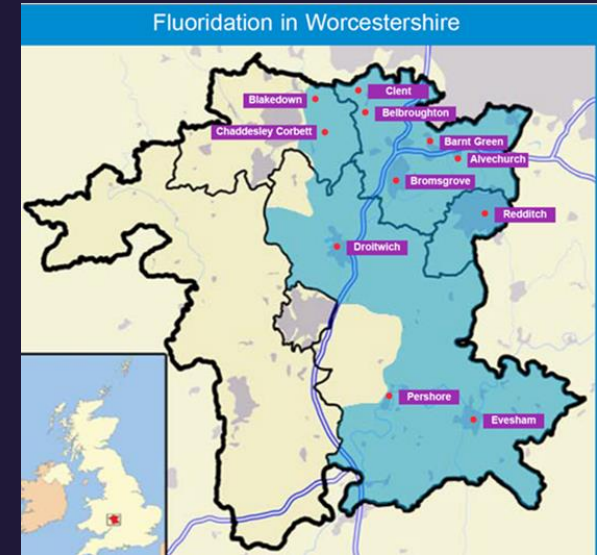
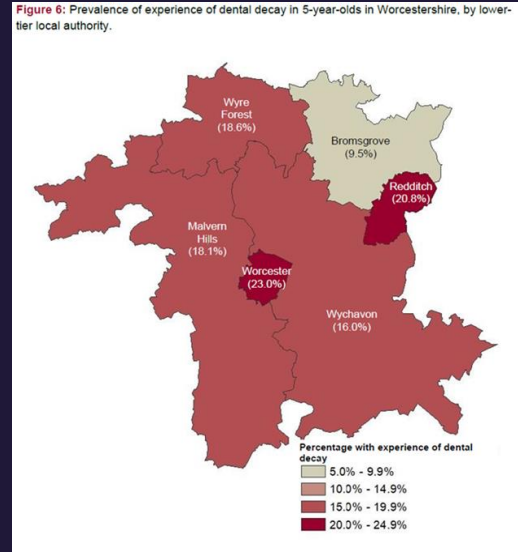
## Oral Health

Oral health is at varying levels across the county. Data for five year olds in Worcestershire from the dental epidemiological survey 2019 shows that non-white ethnic groups along with residents in more deprived areas (higher IMD score) and residents living in non-fluoridated areas have significantly worse oral health. Fluoridation of the county is partial, covering around 40% of population.

Worcester and Redditch have the highest experience of dental decay. Bromsgrove has the lowest. Redditch may be surprising as the water supply is fluoridated. Evidence shows some relative deterioration in Redditch figures is apparent over time.



An annual survey conducted for the NHS (January-March) reports the percentage of people who successfully obtained an NHS dental appointment in the last two years, Worcestershire had a slightly better rate than England. However, there was a marked decrease between 2019/20 and 2020/21 as a result of the Covid-19 pandemic.



# Health and Social Care

## Dementia Diagnosis Rate

This indicator measures the rate of persons aged 65 and over with a recorded diagnosis of dementia per person estimated to have dementia given the characteristics of the population and the age and sex specific prevalence rates of the Cognitive Function and Ageing Study II, expressed as a percentage.

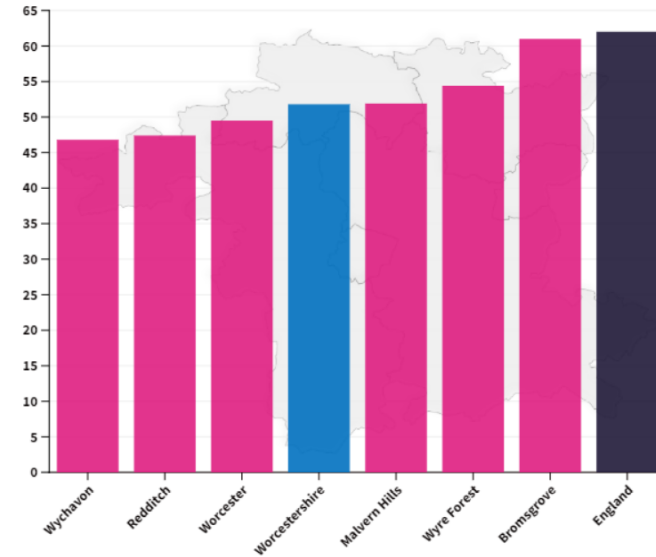
The NHS 2014-15 mandate which set a target of increasing the Estimated Dementia Diagnosis Rate by two-thirds by March 2015 and to sustain this throughout 2015/16

The estimated dementia diagnosis rate in Worcestershire in 2022 stands at 51.8%. This is below the national average of 62.0% and significantly below the recommended benchmark of 66.7%.

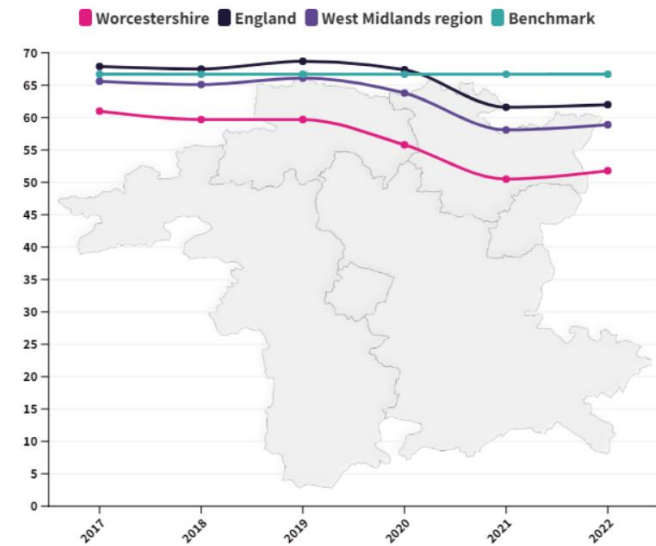
Estimated dementia diagnosis rate is significantly below the benchmark in all Worcestershire districts with the exception of Bromsgrove.

The dementia diagnosis rate in Worcestershire has declined in recent years from 61% in 2017 to less than 52% in 2022. The dementia diagnosis rate has been below the national average and below the recommended benchmark of 66.7% throughout this time period.

Estimated dementia diagnosis rate (aged 65 and over)



Estimated dementia diagnosis rate (aged 65 and over)





# Health and Social Care

## Mental Health

The suicide rate in Worcestershire is similar to the national rate, at 10.5 per 100,000

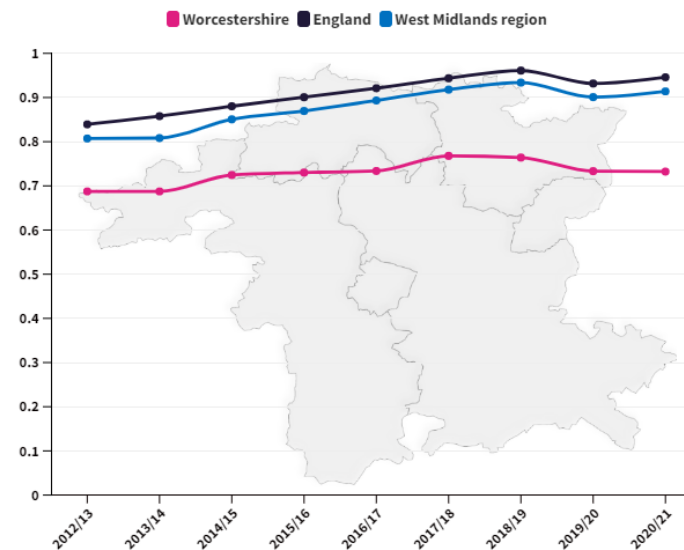
The suicide rate is similar to the national average in all Worcestershire districts with the exception of Bromsgrove, where the rate is significantly lower than both the national and the county average

The suicide rate is notably higher among males (17.2) compared to females (4.2) in Worcestershire. This is broadly in line with national figures.

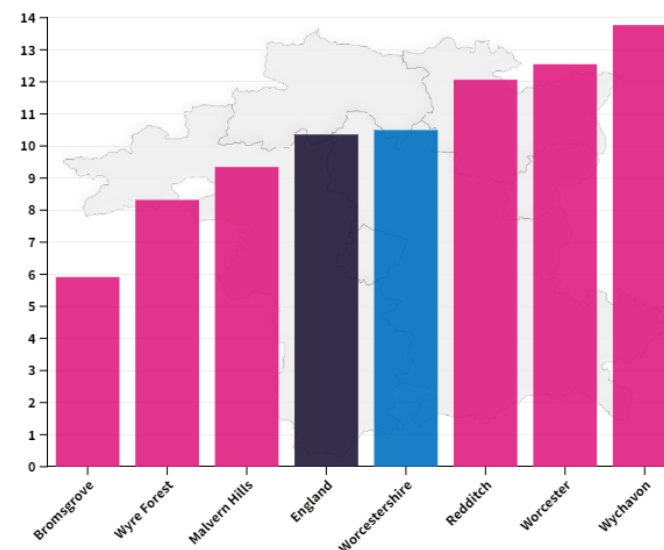
Mental Health prevalence (the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers) is significantly lower in Worcestershire than the national and regional averages.

In 2020-21, mental health prevalence in Worcestershire was 0.73%, compared to the national average of 0.95%.

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers.



Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population



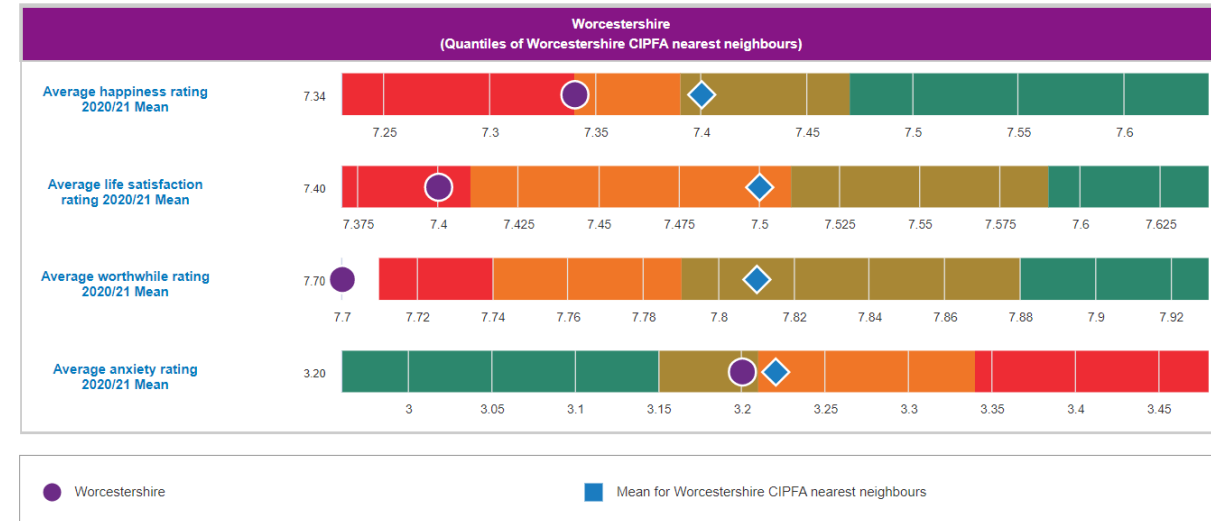
# Health and Social Care

## Mental Health

Average self-reported wellbeing over time for Worcestershire & Worcestershire CIPFA nearest neighbours



Average self-reported wellbeing in Worcestershire & Worcestershire CIPFA nearest neighbours



Data from the ONS Annual Population Survey provides an overview of the four key measures of self-reported personal wellbeing.

These are: Happiness, Anxiety, Life Satisfaction and Worthwhile.

# Health and Social Care

## Inequalities in Acute Health Care

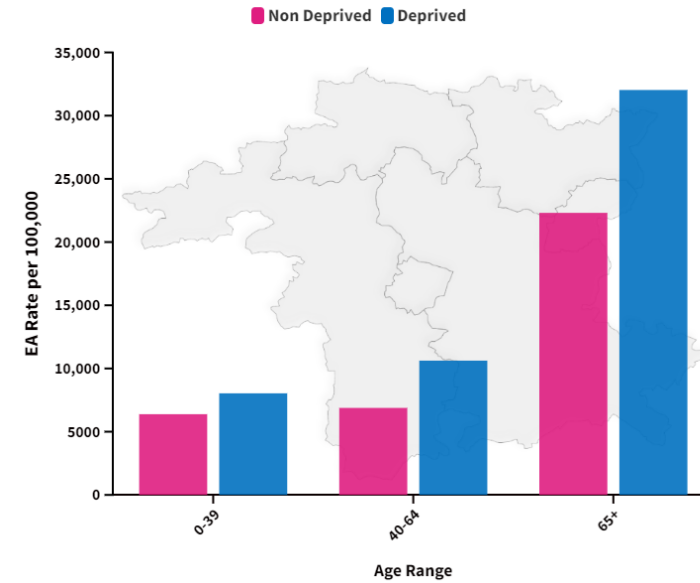
People living in deprived areas of Worcestershire are more likely to require emergency hospital treatment than non-deprived areas (across all age ranges) but are less likely to receive elective (planned) care.

This is partly due to adverse differences in prevention and lifestyle in deprived areas. It is also of concern because of the high costs and pressures of emergency admissions and the disruption that they may cause for elective care.

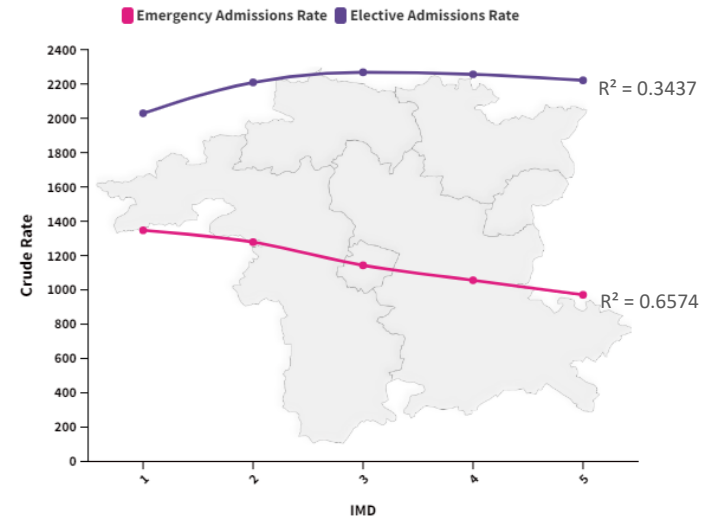
The elective admission rate is 4% lower for areas in the 40% most deprived nationally than other areas, while the emergency admission rate is 24% higher. These differences are particularly marked for respiratory and circulatory conditions.

Emergency Admissions Rate per 100,000 population

All causes



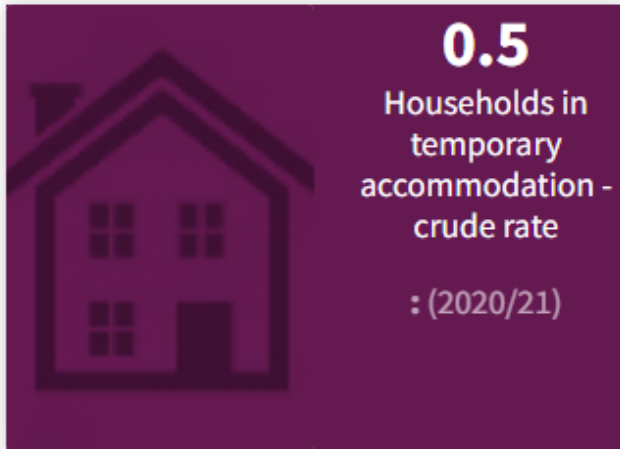
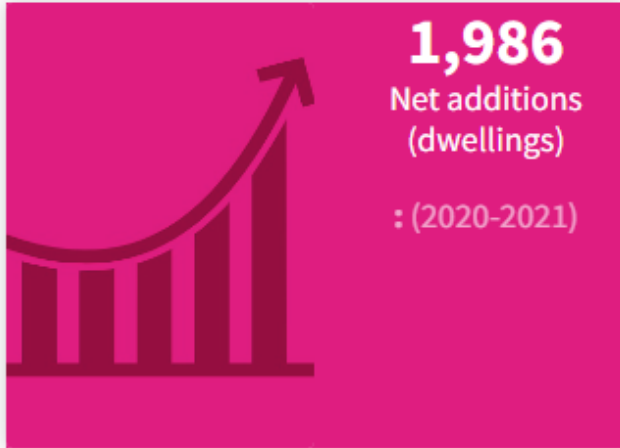
Crude rate emergency admission and elective admission rates per 100,000 population, Worcestershire, 2019



# Chapter 4 Housing

Worcestershire Insights: Housing report

- Household projections
- Homelessness and Affordability



# Housing

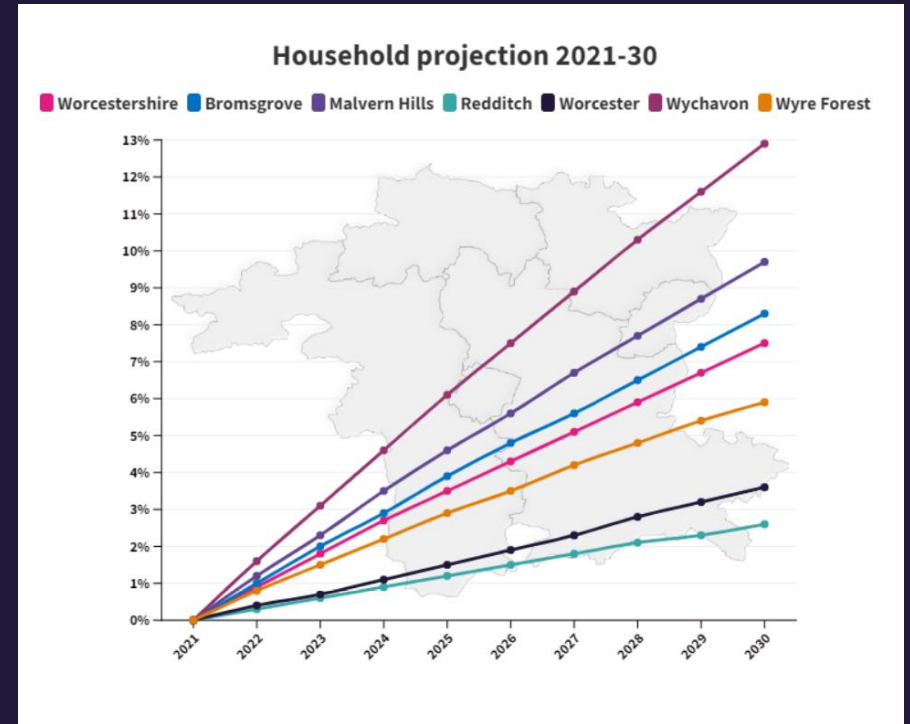
## Numbers and projections

Census 2021 data indicated that there are 259,900 houses with at least one resident in Worcestershire. This is an increase of 20,200 (8.4%) since 2011.

Wychavon has the highest number of houses and the highest increase since the 2011 census, of 7,900 households (16%).

By 2030 there are projected to be over 279,000 households in Worcestershire, an increase of 7.5% on 2021 levels. Projected increases are particularly high in Wychavon at almost 13%, and Malvern Hills at almost 10%

Area name	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
Worcestershire	259,796	262,158	264,452	266,765	268,921	271,025	273,147	275,237	277,290	279,252
Bromsgrove	41,868	42,279	42,685	43,101	43,480	43,859	44,233	44,594	44,960	45,325
Malvern Hills	35,615	36,033	36,451	36,857	37,240	37,616	37,987	38,358	38,725	39,077
Redditch	35,345	35,457	35,557	35,677	35,777	35,876	35,977	36,073	36,165	36,247
Worcester	44,260	44,423	44,586	44,759	44,936	45,109	45,291	45,488	45,684	45,870
Wychavon	56,490	57,388	58,260	59,116	59,939	60,733	61,520	62,299	63,050	63,771
Wyre Forest	46,217	46,578	46,913	47,255	47,550	47,833	48,139	48,423	48,708	48,962



# Housing

## Homelessness and Affordability

The affordability ratio is a measure of the house price to income ratio in an area. It can be used to compare affordability over time and geographies. A larger number reflects a less affordable area. By using a ratio a comparison over time can be made without the need to adjust for inflation.

The ratio of median house price to median gross annual residence-based earnings in Worcestershire currently stands at 8.87. This is slightly lower than the national average of 8.96.

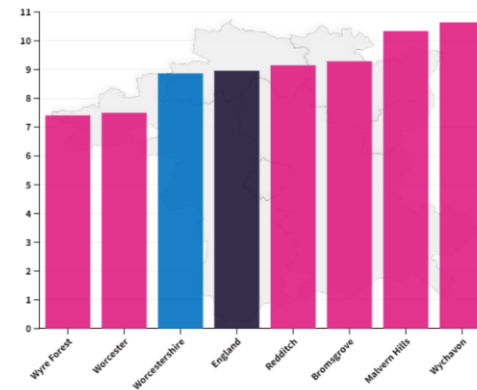
The affordability ratio comparing median house prices to median earnings in Worcestershire has increased from 5.28 in 2002 and from 7.66 in 2019.

The ratio of lower quartile house price to lower quartile gross annual residence-based earnings in Worcestershire is 8.96, higher than the national average of 7.96.

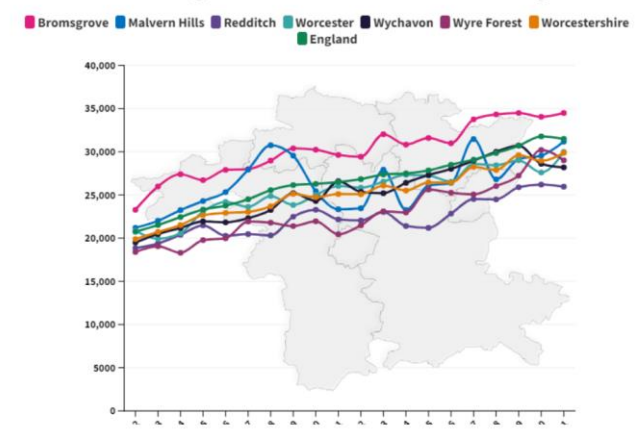
Affordability ratios are particularly high in Wychavon and Malvern Hills for both the median and lower quartile ratios.

In the financial year 2020-21, 1,229 households in Worcestershire were assessed as homeless, 4.77 per 1,000 total households in the county. At a district level proportions are particularly high in Worcester (8.28 per 1,000 households) and Redditch (6.12 per 1,000 households)

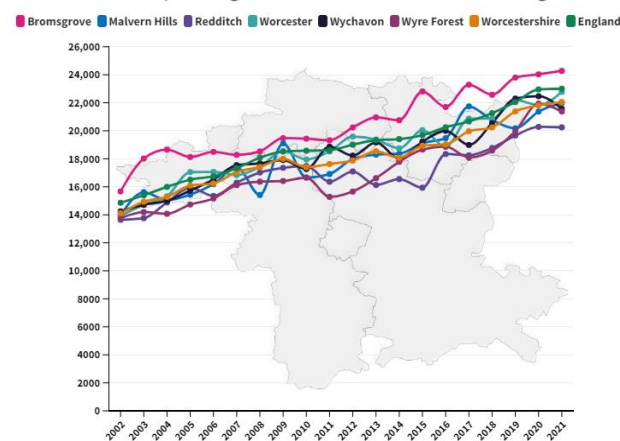
Ratio of median house price to median gross annual residence-based earnings, 2021



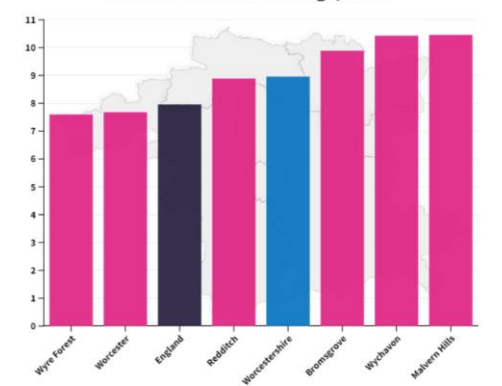
Median gross annual residence-based earning



Lower quartile gross annual residence-based earning



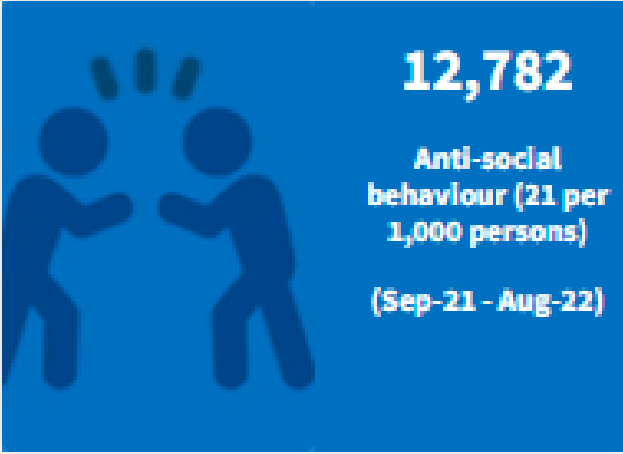
Ratio of lower quartile house price to lower quartile gross annual residence-based earnings, 2021



# Chapter 5 Crime and Community Safety

Worcestershire Insights: Crime and Safety report

- Crime Rates
- Violence and sexual offences
- Anti-Social Behaviour



# Crime & Community Safety

## Rates within Worcestershire

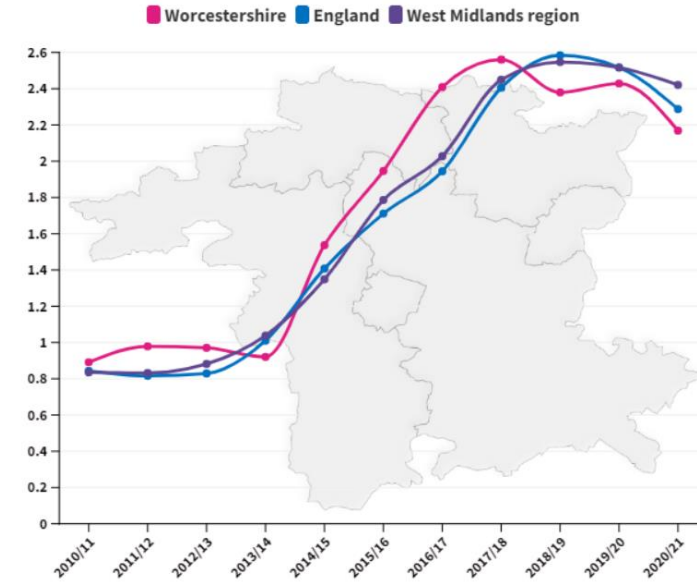
The overall crime rate in Worcestershire in 2021 was 65 crimes per 1,000 people, and the most common crimes were violence and sexual offences,

Worcestershire is among the 20 counties in England, Wales, and Northern Ireland with the lowest crime rate. However, areas within Worcestershire do have notably higher rates of crime, such as Worcester, Kidderminster and Evesham.

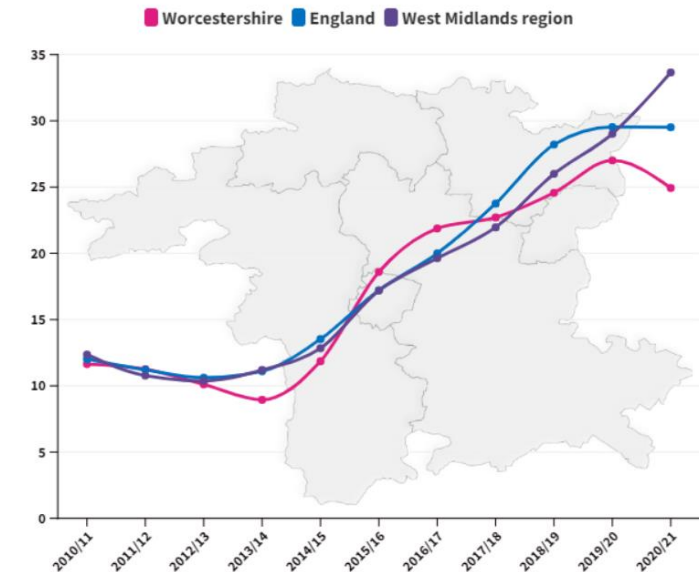
There were over 18,000 violence and sexual offenses in Worcestershire, representing a rate of about 30 per 1,000 residents. The number of violence and sexual offences in Worcestershire is increasing.

There were over 20,600 Anti-Social Behaviour (ASB) offences in Worcestershire, representing 34.7 per 1,000 residents.

Violent crime - sexual offences per 1,000 population



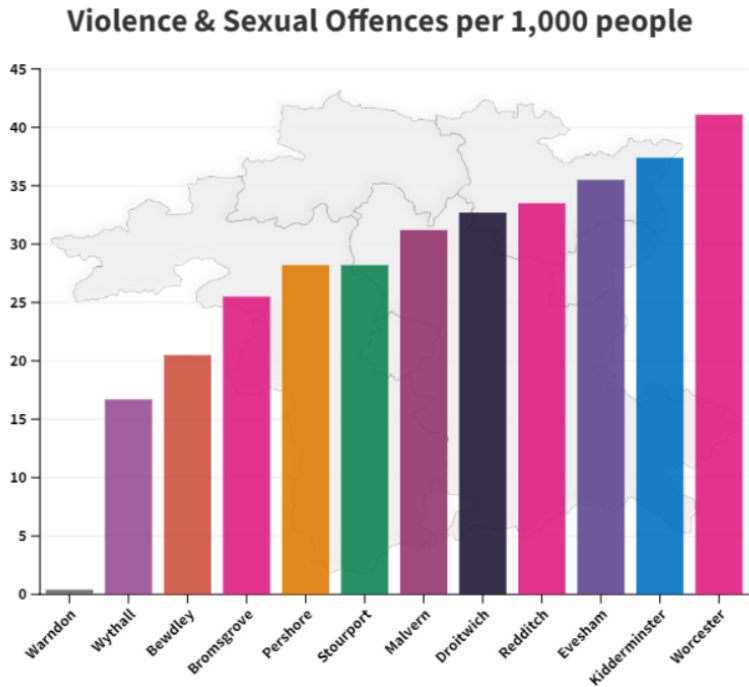
Violent crime - violence offences per 1,000 population



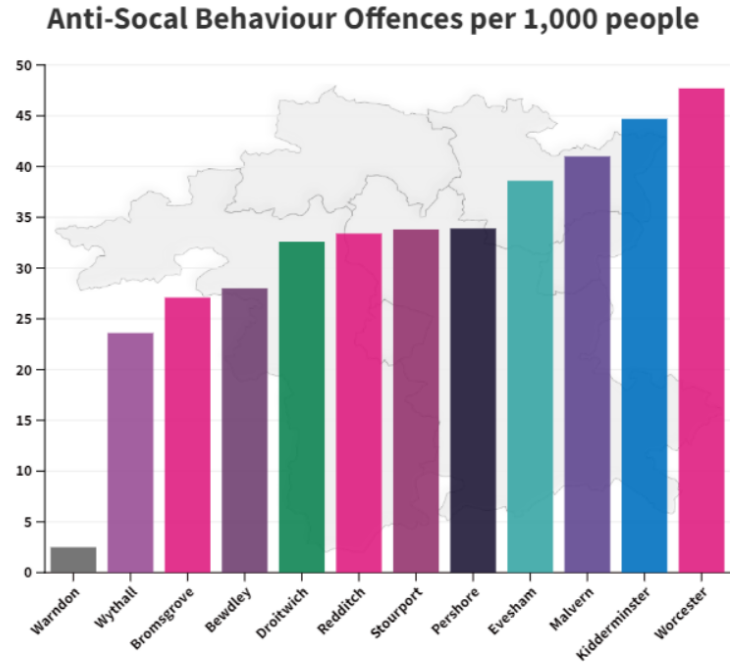


# Crime & Community Safety

## Safety



30.3



**The most common crimes in Worcestershire were violence and sexual offences, which has a rate of 30.3 per 1,000 people. The rate of Anti-Social Behaviour stands at 34.7 per 1,000 people.**

**At a more local area, Worcester City and Kidderminster have seen the highest rates for both Violence & Sexual Offences and Anti-Social Behaviour.**

# Chapter 6 Economy and Employment

[Worcestershire Insights: Economy report](#)

- [Employment Rate](#)
- [Cost of Living](#)
- [Claimant Count](#)
- [Economic Activity & Salaries](#)
- [Business Count & Job Density](#)

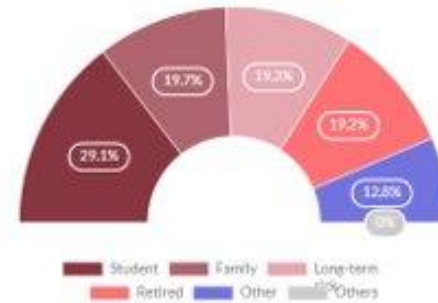


# Economy & Employment

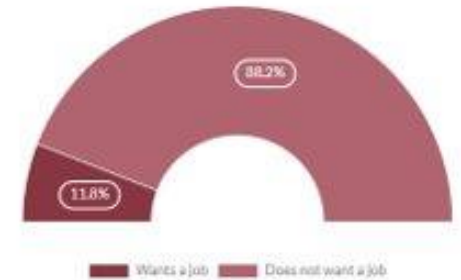
## Employment Rates

- The claimant count in Worcestershire is 3.1% of the 16-64 population.
- This compares to 4.8% regionally and 3.8% nationally
- Rates of claimant counts among 16-64 are particularly high in Redditch at 3.9% and Worcester at 3.8%.
- In Worcestershire over 65.6% of all employee jobs are full-time, slightly less than the national average of 67.9%
- The average gross weekly pay for full time workers is £574.9, lower than the national figure of £612.8.
- The claimant count in Worcestershire among 18-24-year-olds is 4.1%. Rates of claimant counts among 18-24 are particularly high in Redditch at 5.7%.

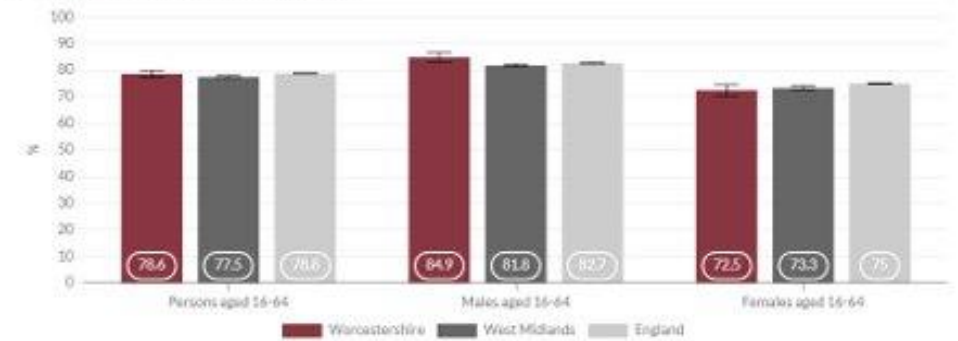
Reason for economic inactivity for Worcestershire (2022-03)



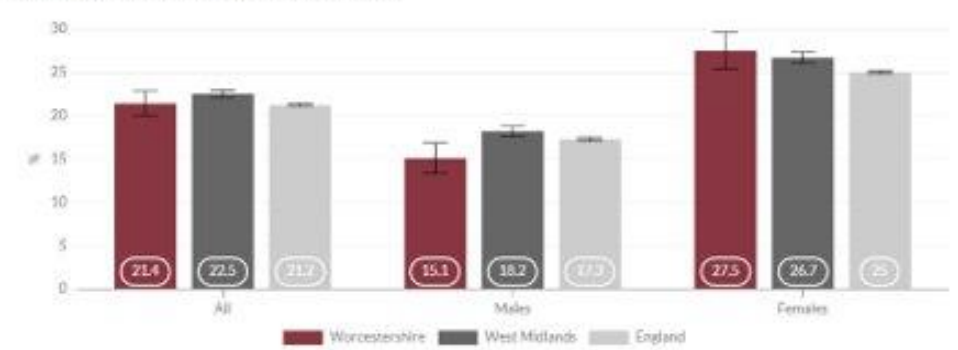
Economically inactive who want a job for Worcestershire (2022-03)



Economically active by gender (16-64) (2022-03)



Economically inactive by gender (aged 16-64) (2022-03)



# Economy & Employment

## Cost of Living

A household is considered to be fuel poor if they are living in a property with a fuel poverty energy efficiency rating of band D or below **AND** when they spend the required amount to heat their home, they are left with a residual income below the official poverty line.

Almost 37,500 households in Worcestershire are living in fuel poverty in 2020, representing 14.5% of all households.

Fuel poverty is particularly prevalent in Malvern Hills, Worcester and Wyre Forest.

The number of households on Universal Credit (UC) in Worcestershire and each of the districts have increased notably since the pandemic.

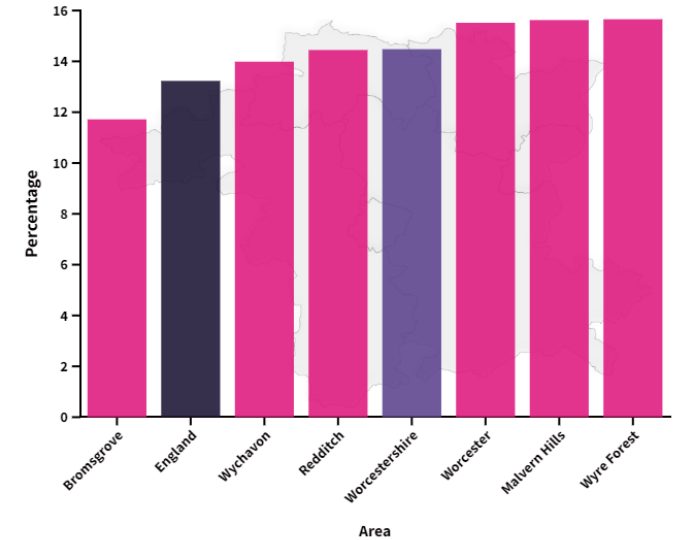
Over 30,500 households in the county were claiming UC in May 2022. This represents 11.7% of households.

Proportion of households on UC particularly high in

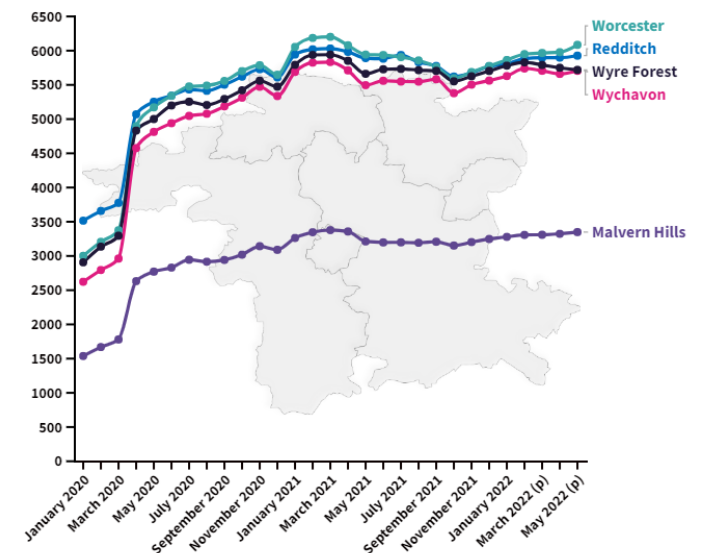
- Redditch – 16.3%
- Worcester – 13.6%
- Wyre Forest – 12.6%

Numbers of households on UC increased by almost 96% since January 2020 in Worcestershire.

The estimated percentage of households that are in fuel poverty, 2020



Households receiving Universal Credit  
Worcestershire Districts



# Economy and Employment

## Claimant count

The claimant count in Worcestershire is 11,000 claimants in July 2022. Claimant count rate is 3.1% of the 16-64 resident population (West Midlands 4.8%, England 3.8%).

Comparison with March 2020, just prior to the onset of the pandemic, indicates that the claimant count for Worcestershire has increased by 2,695 or 32%.

The number of claimants aged 18-24 increased by 45 to 1,795 in July but has increased by 200 or 13% compared to March 2020.

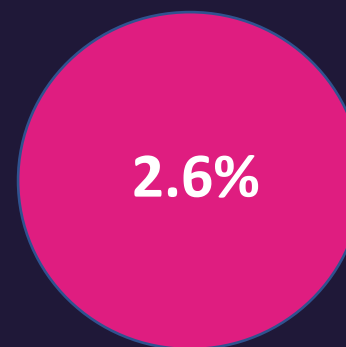
The claimant count decreased in July 2022 by 90 to 11,000 and the number of claimants aged 18-24 increased by 45 to 1,795.

Comparisons with March 2020, prior to the impact of the pandemic, show that the claimant count has increased by 2,695 or 32% and the number of claimants aged 18-24 has increased by 200 or 13%.

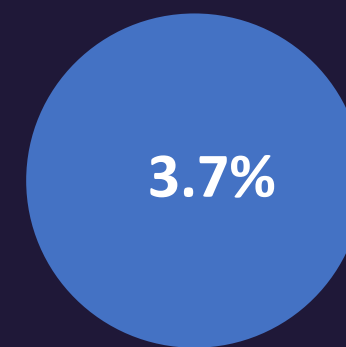
Enhancements to Universal Credit as part of the UK government's response to the COVID\_19 pandemic meant that an increasing number of people became eligible for unemployment-related benefit support, although still in work.

Consequently, changes in the Claimant Count from April 2020 until October 2021 would not be wholly because of changes in the number of people who were not in work.

Area	Claimant Count 16-64	Rate	change on last month	change since March 2020	% change since March 2020
Bromsgrove	1,555	2.6%	30	390	33%
Malvern Hills	1,175	2.6%	-5	250	27%
Redditch	2,015	3.9%	0	480	31%
Worcester	2,315	3.6%	-50	535	30%
Wychavon	2,030	2.7%	-55	710	54%
Wyre Forest	1,915	3.3%	-5	335	21%
Worcestershire	11,000	3.1%	-90	2,695	32%
West Midlands	177,925	4.8%	-320	33,575	23%
England	1,328,175	3.8%	-7,585	264,670	25%



Females



Males

Area	Claimant Count 18-24	Rate	change on last month	change since March 2020	% change since March 2020
Bromsgrove	240	4.0%	15	25	12%
Malvern Hills	190	4.3%	-5	10	6%
Redditch	340	5.7%	0	30	10%
Worcester	380	3.7%	10	60	19%
Wychavon	325	4.1%	5	65	25%
Wyre Forest	325	5.0%	25	15	5%
Worcestershire	1,795	4.4%	45	200	13%
West Midlands	30,195	5.7%	625	2,290	8%
England	210,945	4.5%	4,120	13,215	7%

# Economy & Employment

## Economic Activity & Salaries

There are 74,400 economically inactive people aged 16-64 in Worcestershire, representing 21.4% of the population. This is similar to the national average of economically inactive people.

Over 28% of economically inactive people are students, with around 19% looking after family/home, and a similar proportion long-term sick.

Average gross weekly pay in Worcestershire is almost £580, lower than the national and slightly lower than the regional average.

Average hourly pay for full-time workers in the county is £14,62, lower than the national average.

Average salaries in Worcestershire is lower than the national average for both males and females

Earnings by place of residence (2021)

	Worcestershire (Pounds)	West Midlands (Pounds)	Great Britain (Pounds)
<b>Gross Weekly Pay</b>			
Full-Time Workers	576.9	581.8	613.1
Male Full-Time Workers	616.1	627.0	655.5
Female Full-Time Workers	517.6	524.9	558.1
<b>Hourly Pay - Excluding Overtime</b>			
Full-Time Workers	14.62	14.62	15.65
Male Full-Time Workers	15.11	15.30	16.26
Female Full-Time Workers	13.79	13.82	14.86

Source: ONS annual survey of hours and earnings - resident analysis  
 Notes: Median earnings in pounds for employees living in the area.

Economic inactivity (Apr 2021-Mar 2022)

	Worcestershire (Level)	Worcestershire (%)	West Midlands (%)	Great Britain (%)
<b>All People</b>				
Total	74,400	21.4	22.5	21.5
Student	21,100	28.4	29.8	27.6
Looking After Family/Home	14,300	19.2	21.5	19.6
Temporary Sick	!	!	2.2	2.2
Long-Term Sick	14,000	18.8	23.2	24.9
Discouraged	!	!	#	0.3
Retired	13,900	18.7	11.9	13.6
Other	9,300	12.5	11.1	11.9
Wants A Job	8,800	11.8	17.1	18.4
Does Not Want A Job	65,600	88.2	82.9	81.6

Source: ONS annual population survey  
 # Sample size too small for reliable estimate (see definitions)  
 ! Estimate is not available since sample size is disclosive (see definitions)  
 Notes: numbers are for those aged 16-64.  
 % is a proportion of those economically inactive, except total, which is a proportion of those aged 16-64

# Economy & Employment

## Business Counts & Job Density

There are 29,200 enterprises in Worcestershire, and over 32,700 local units.

Almost 91% of enterprises are micro-businesses with 0-9 employees.

115 enterprises in Worcestershire are large businesses with 150-plus employees. This represents a similar proportion as is seen nationally.

There are 300,000 jobs available in Worcestershire, representing a jobs density of 0.85. This is similar to the national average of 0.84

The level of jobs per resident aged 16-64. For example, a job density of 1.0 would mean that there is one job for every resident aged 16-64.

The total number of jobs is a workplace-based measure and comprises employee jobs, self-employed, government-supported trainees and HM Forces.

UK Business Counts (2021)

	Worcestershire (Numbers)	Worcestershire (%)	West Midlands (Numbers)	West Midlands (%)
<b>Enterprises</b>				
Micro (0 To 9)	26,450	90.6	196,330	89.5
Small (10 To 49)	2,240	7.7	18,760	8.6
Medium (50 To 249)	410	1.4	3,365	1.5
Large (250+)	115	0.4	935	0.4
Total	29,210	-	219,395	-
<b>Local Units</b>				
Micro (0 To 9)	28,280	86.4	216,330	84.3
Small (10 To 49)	3,580	10.9	32,020	12.5
Medium (50 To 249)	760	2.3	7,100	2.8
Large (250+)	95	0.3	1,085	0.4
Total	32,715	-	256,535	-

Source: Inter Departmental Business Register (IDBR)

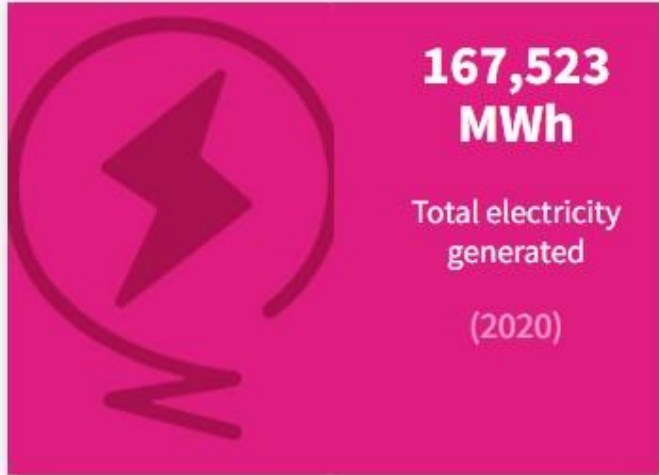
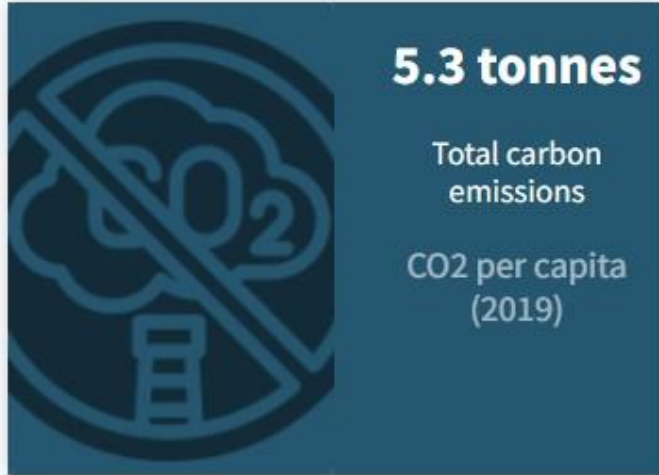
Note: % is as a proportion of total (enterprises or local units)

The table presents analysis of businesses at both Enterprise and Local Unit level. An Enterprise is the smallest combination of legal units (generally based on VAT and/or PAYE records) which has a certain degree of autonomy within an Enterprise Group. An individual site (for example a factory or shop) in an enterprise is called a local unit.

# Chapter 7 Environment

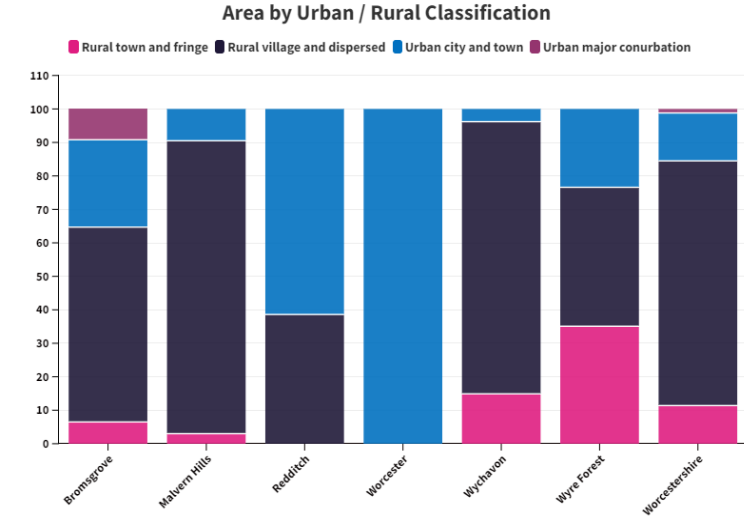
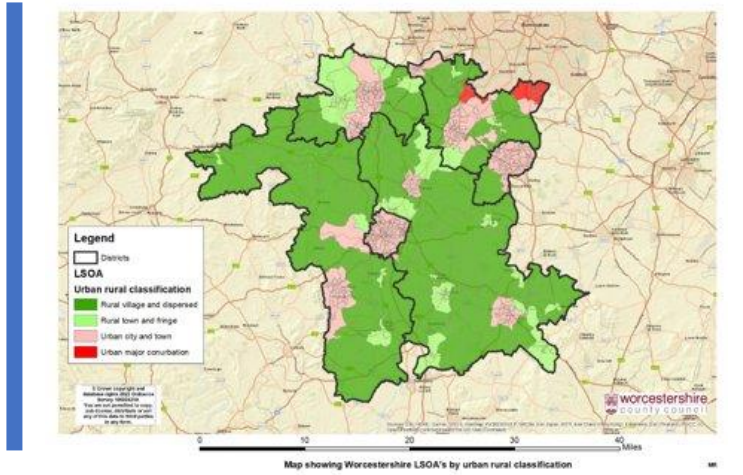
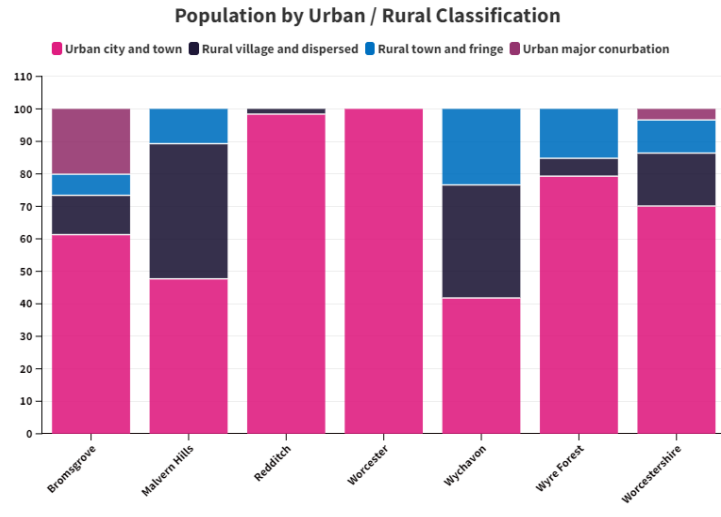
Worcestershire Insights: Environment report

- Rural – Urban Classification
- Air Quality
- Journey time to key services
- Living environment
- Parks and Outdoor Spaces
- Inequalities





# Environment Rural/Urban Classification



Worcestershire county is almost 85% rural by area. However, in terms of population over 73% of the population live in rural areas. Worcester City is 100% urban, whilst over 98% of the population in Redditch live in urban areas. In Wyre Forest, almost 80% of residents live in areas classified as urban. In contrast, almost 60% of the population of Wychavon live in rural areas, with the proportion in Malvern Hills standing at over a half. In terms of area, less than 4% of Wychavon is classified as urban, whilst the proportion is less than 10% in Malvern Hills. The areas classified as Urban Major Conurbation are in Bromsgrove on the outskirts of Birmingham.

# Environment **Air Quality**

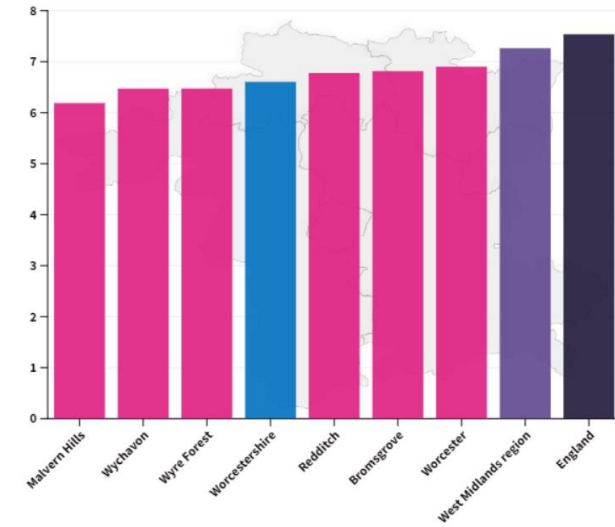
Poor air quality is a significant public health issue. There is strong evidence that air pollution causes the development of coronary heart disease, stroke, respiratory disease, and lung cancer, exacerbates asthma and has a contributory role in mortality

In Worcestershire 0.3% of the population live in areas designated as Air Quality Management Areas (AQMAs) where recorded levels of air pollution show that the national air quality objectives are not likely to be achieved. This compares to just less than 0.2% nationally

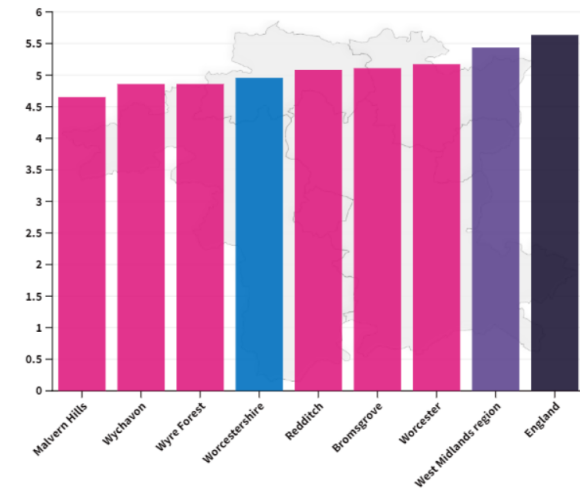
Pollution data measuring annual concentration of fine particulate matter shows that Worcestershire with a level of 6.6µg/m<sup>3</sup>, lower than regional and national averages. Concentrations are relatively high in Worcester, Redditch and Bromsgrove.

Approximately 5% of annual all-cause adult mortality is attributable to particulate air pollution, slightly lower than the national (5.6%) and regional (5.4%) averages. Percentages are slightly higher in the districts of Worcester, Redditch and Bromsgrove, consistent with the higher levels of pollution in those districts.

Air pollution: fine particulate matter (concentrations of total PM2.5)

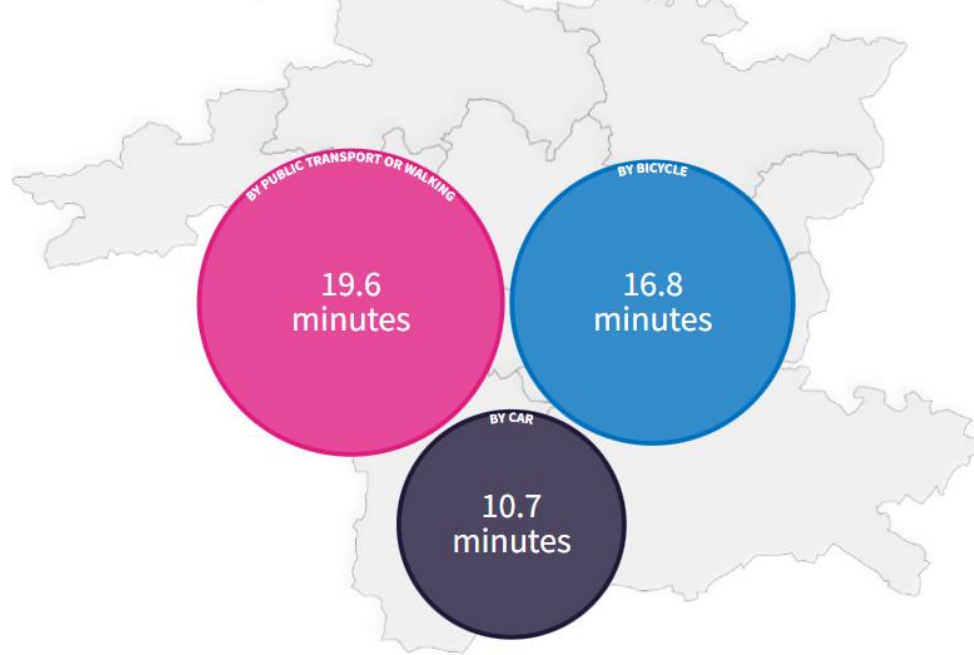


Fraction of mortality attributable to particulate air pollution

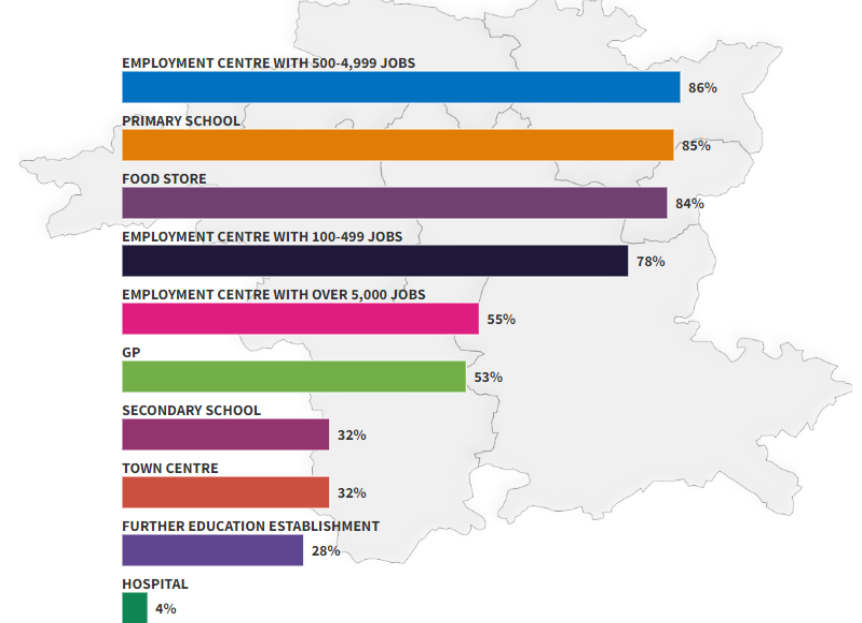


# Environment Journey time to key services

Minimum journey time to 8 key services



Service users within 15 minutes travel time by public transport or by walking to key services for Worcestershire (2019)



Minimum journey time (to 8 key services) less than 20 minutes walking, and around 10 minutes by car. Only 4% of service users within 15 minutes travel time (by public transport or by walking) to hospitals in Worcestershire.

# Environment **Living Environment**

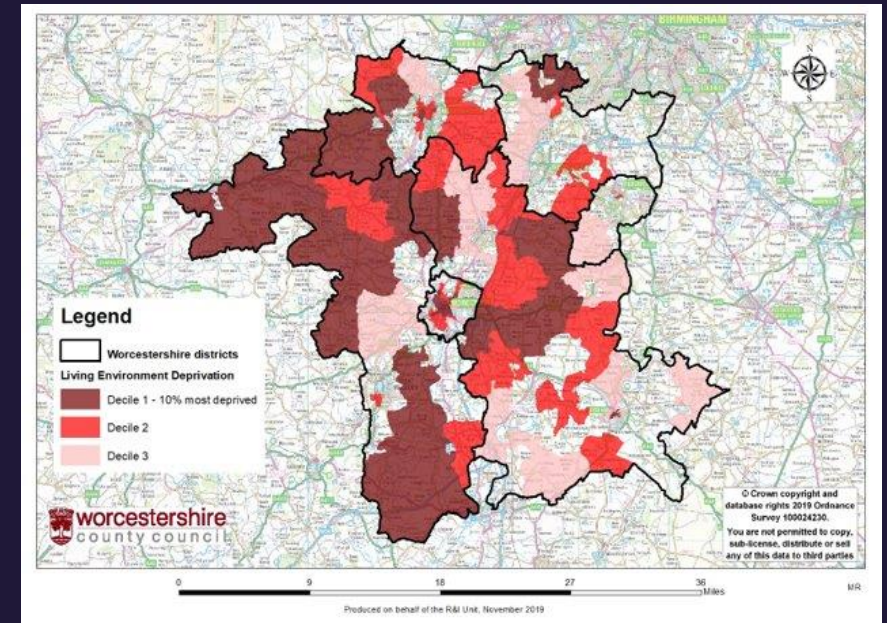
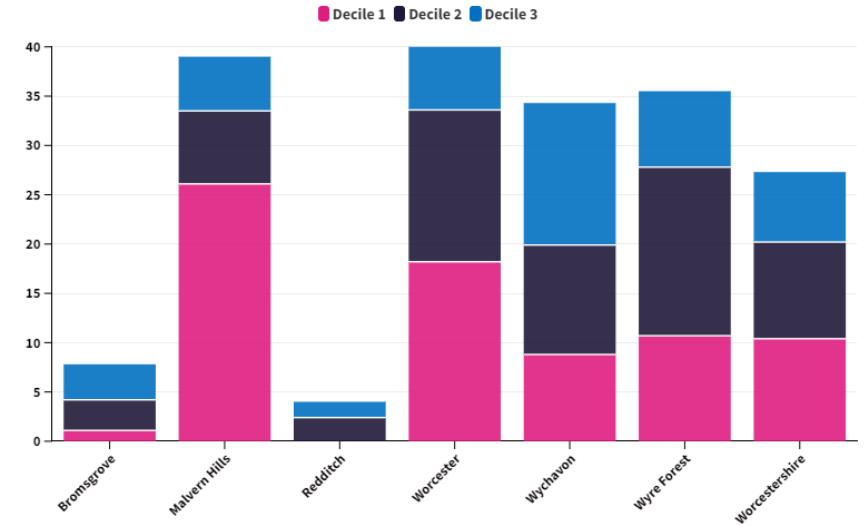
The Living Environment domain measures the quality of both the “indoor” and “outdoor” local environment. The ‘indoors’ living environment measures the quality of housing; while the ‘outdoors’ living environment contains measures of air quality and road traffic accidents.

- Indoors living environment
  - Housing in poor condition
  - Houses without central heating
  
- Outdoors living environment
  - Air quality
  - Road traffic accidents

In Worcestershire just over 10% of the population live in the most deprived 10% of areas within the Living Environment, representing just over 62,000 residents. Just over 163,000 residents live in the most deprived 30% of areas, just over 27% of the total population.

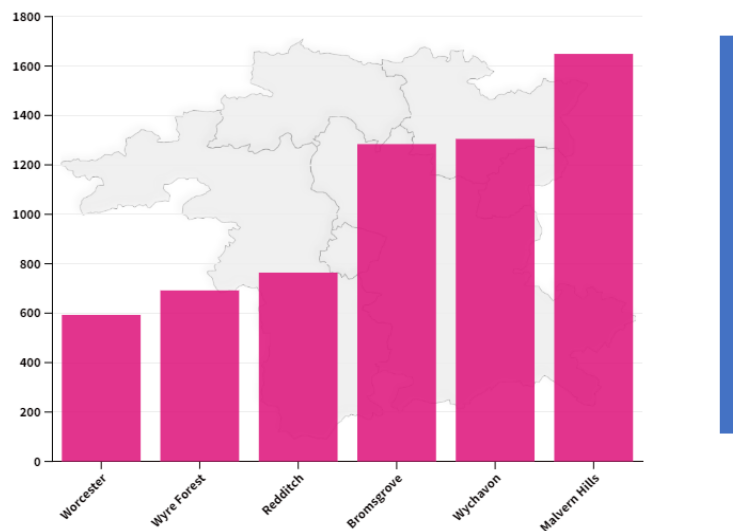
Over a quarter of residents in Malvern Hills live in the most deprived 10% of areas in the Living Environment domain, with the figure also high in Worcester at just over 18%. Between 30% and 40% of residents live in the most deprived 30% of areas in Living Environment in Worcester, Malvern Hills, Wychavon and Wyre Forest.

Proportion of population in districts by IMD Decile 1-3, Living Environment domain

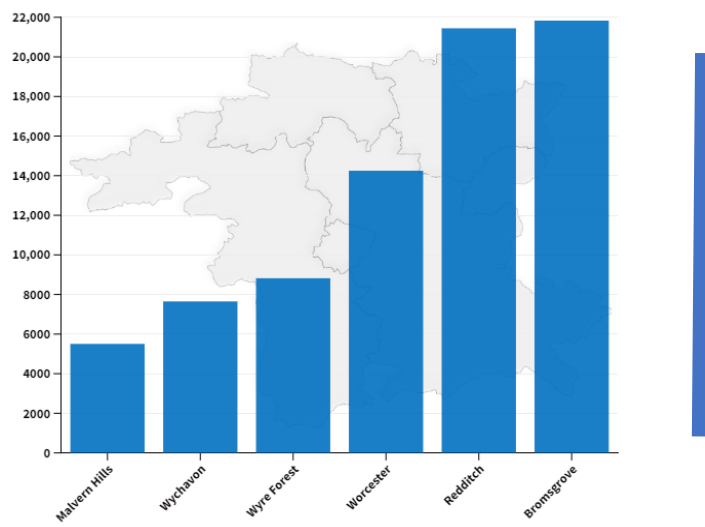


# Environment Parks and Outdoor Spaces

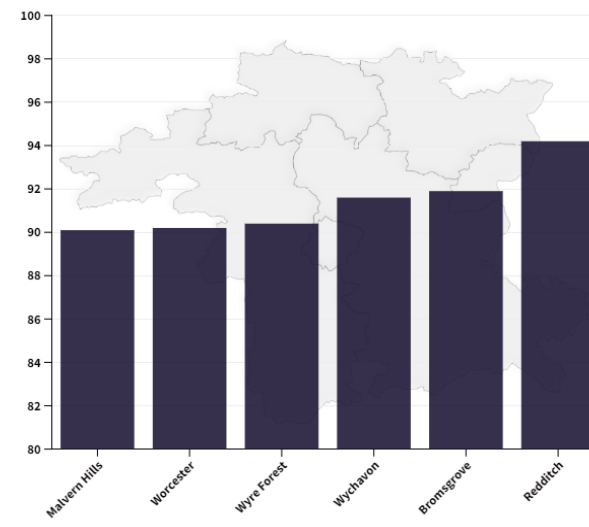
Average distance to nearest park or public garden or playing field (m)



Average population per park or public garden or playing field



Percentage of addresses with private outdoor space

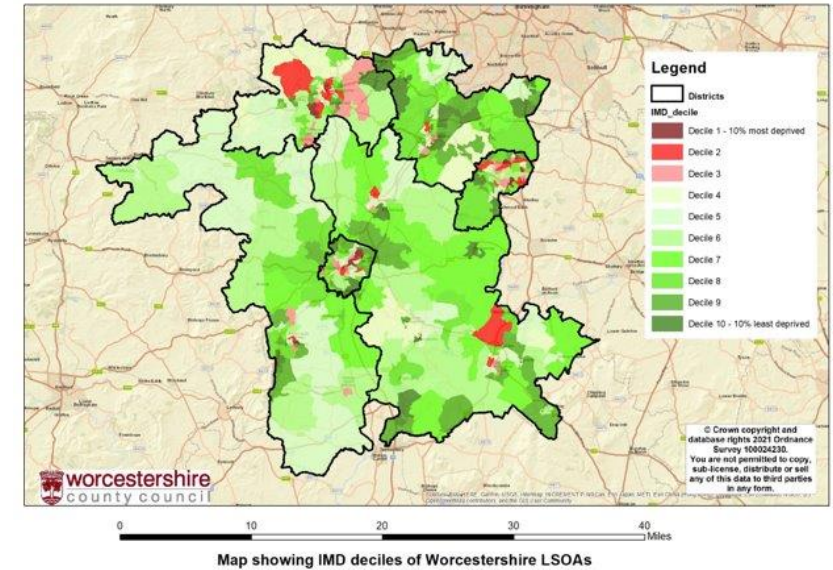


According to the 2021 Citizen's Panel, 65% of respondents have accessed parks and open spaces on six or more occasions in the past year. Just 8% had not used parks and open spaces at all in the past year. Average distance to nearest park, playing field or public garden is highest in Worcestershire in the rural districts of Malvern Hills and Wychavon, with Bromsgrove also having a large average distance. Average population per park, public garden or playing field is highest in Bromsgrove and Redditch at over 21,000. Over 91% of homes in Worcestershire have access to a garden or private outdoor space. Proportions are particularly high in Redditch, at over 94%.

# Environment Inequalities

Areas within Worcestershire that are within the 10% most deprived areas in the country include:

- Areas in Warndon (including Brickfields), Gose Hill and Rainbow Hill (including Tolladine) and dines Green in St John in Worcester.
- Areas in Abbey, Batchley, Church Hill, Greenlands (including Woodrow) and Winyates in Redditch.
- Areas in Oldington & Foley Park (including Raifle Range and Birchen Coppice), Offmore, and Horsefair in Kidderminster.
- The area of The Walshes in Stourport-on-Severn,
- The Westlands area in Droitwich, and
- Sherrard's Green in Pickersleigh in Malvern
- The area of Old Warndon, east of Cranham Drive is the LSOA which is the most deprived in Worcestershire. This area is in Warndon in Worcester City and is within the 100 most deprived areas in the country.
- The Rifle Range Area (Jubilee Drive, Avon Road, Shrawley Avenue Area) within Oldington and Foley Park in Wyre Forest is within the 200 most deprived areas in the country (within the 0.5% most deprived areas). This area is ranked as the 11th most deprived LSOA in the country in the Education, Skills & Training domain



The seven domains used in the Indices of Multiple Deprivation (IMD) with the relative weightings used to combine the domains to obtain the total IMD are given below:

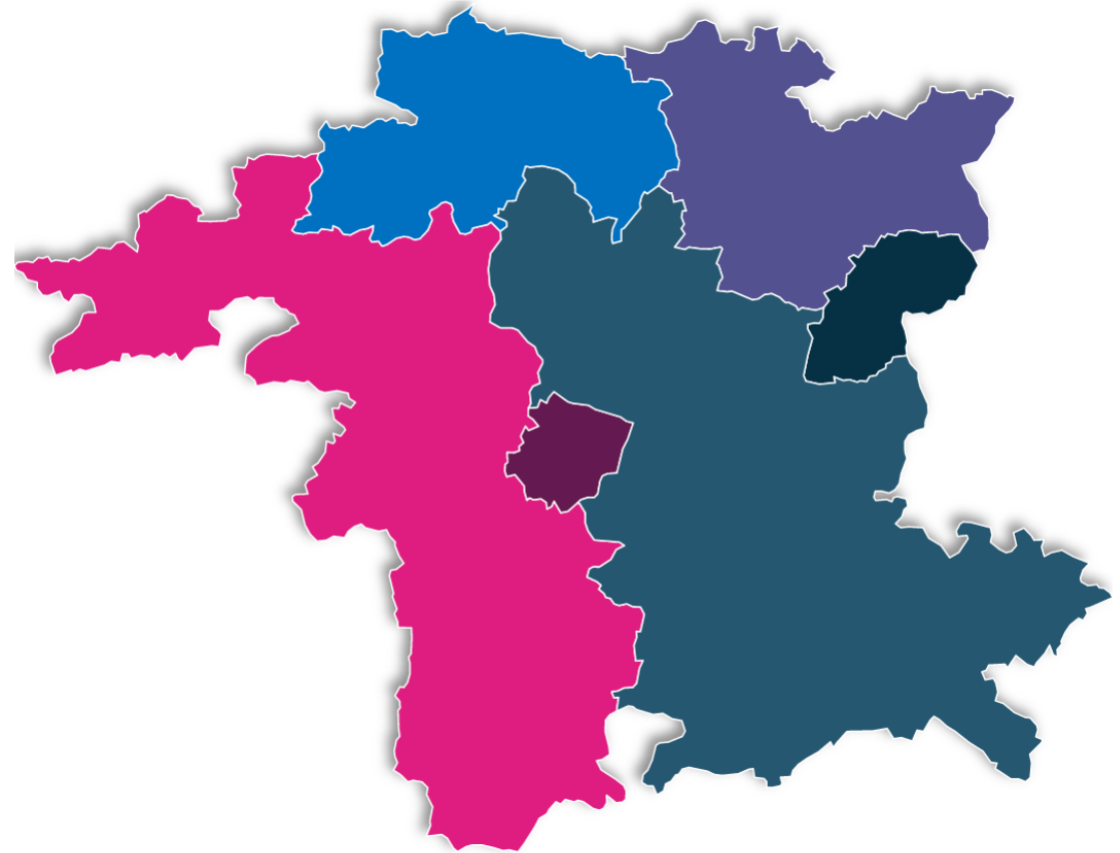
- Income Deprivation domain – 22.5%
- Employment Deprivation domain – 22.5%
- Education, Skills and Training Deprivation domain – 13.5%
- Health Deprivation and Disability domain – 13.5%
- Crime domain – 9.3%
- Barriers to Housing and Services domain – 9.3%
- Living Environment Deprivation domain – 9.3%

A high-level summary of IMD is given in the Population section

This report has been written by Worcestershire County Council's Public Health Team.

We welcome your comments and questions - please contact:

Cameron Russell, Advanced Public Health Practitioner  
[crussell2@worcestershire.gov.uk](mailto:crussell2@worcestershire.gov.uk)



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## HEALTH AND WELL-BEING BOARD 15 NOVEMBER 2022

### CHILDREN AND YOUNG PEOPLE'S STRATEGIC PARTNERSHIP UPDATE

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#### Board Sponsor

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

#### Author

Children & Young People's Strategic Partnership

#### Priorities

Mental Health and Wellbeing  
 Healthy Living at All Ages  
 Homes, Communities and Places  
 Jobs and Opportunities

#### Safeguarding

CYPP aim - to have in place multi-agency arrangements across frontline services to enable children and young people to Get Safe and Stay Safe.

#### Item for Decision, Consideration or Information

Consideration

#### Recommendation

1. **The Health and Well-being Board is asked to:**
  - a) **Note the progress of the development and delivery of the Children & Young People's Plan (CYPP)**
  - b) **Note the risk in services delivery raised by the Herefordshire & Worcestershire Health & Care NHS Trust (HWHCT)**
  - c) **Make recommendations for action to offset the risk and support delivery of the CYPP**

#### Background

1. The Children and Young People's Strategic Partnership (CYPSP) has been established to develop and help implement Worcestershire's Children and Young People's (CYP) Plan. The 2022/24 CYP Plan [attached at Appendix A] supports and underpins the all-age Joint Local Health and Wellbeing Strategy (JLHWS) with a focus on improving outcomes for children and young people.
2. The priorities for the CYP Plan were developed from the needs identified by members of the CYPSP from their work with families, and responses to a public survey. The top three themes from the survey matched those identified in the initial

work to redevelop the Health & Wellbeing Strategy. The CYPSP sub-group Chairmen met to discuss and develop the outcomes and progress measures for the CYP Plan based on the priorities and other data identified.

3. The 2022/24 CYP Plan was endorsed by the Health & Wellbeing Board [HWB] at its meeting on 24 May 2022 and was considered by the Overview & Scrutiny Performance Board (OSPB) on 20 July 2022.

4. Since the last update to the HWB, the CYPSP has met on one occasion, 21<sup>st</sup> September 2022. Membership of the CYPSP is stable and there is regular attendance by representatives from:

- Worcestershire Children First [WCF]
- Worcestershire County Council [WCC]
- Worcestershire Safeguarding Children Partnership
- NHS Herefordshire and Worcestershire Integrated Care Board [ICB]
- Herefordshire and Worcestershire Health and Care NHS Trust
- Herefordshire and Worcestershire Acute Hospitals NHS Trust
- West Mercia Police
- West Mercia Youth Justice Service
- Hereford & Worcester Fire & Rescue Service
- Department for Work & Pensions
- All District Councils
- Voluntary Sector
- Healthwatch
- Education representatives from all phases.

The Terms of Reference are attached at Appendix B.

5. Mid-year progress from the subgroups were presented to the CYPSP on 21 September 2022 [attached at Appendix C] and the CYP Plan was presented to members. A baseline was agreed for bi-annual measurement of future progress against outcomes in the CYP Plan and an update on the KPI data outcomes is attached at Appendix D.

6. Risks to service delivery were raised at the CYPSP meeting on 21 September – “Challenges for Services Supporting Children and Young People with Complex Needs” this is presented in more detail in Paper 8 HWB Report ICS Children’s Programme.

7. The CYP Plan will be presented to Cabinet on 27 October alongside the Health & Wellbeing Strategy. Cabinet will formally recommend adoption of the CYP Plan by Council at its meeting on 10 November 2022. The CYPSP will escalate any issues during the life of the plan to the Worcestershire Executive Committee (WEC) and/or the HWB.

8. End of year progress reports will be made by subgroups in March 2023 and future development of the plan will then be made if outcomes are not being met.

## Legal, Financial and HR Implications

9. The legal, financial and HR implications of delivery of outcomes rests with responsible commissioners and providers.

## Privacy Impact Assessment

10. 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

HAVING DONE THIS, PLEASE USE ONE OF THE FOLLOWING THREE SUGGESTED PARAS IN THE REPORT:

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](mailto:trussell@worcschildrenfirst.org.uk)

Liz Altay, Director of Public Health WCC,

Tel 01905 846503

[LAltay@worcestershire.gov.uk](mailto:LAltay@worcestershire.gov.uk)

## Supporting Information

- Appendix A - 2022/24 CYP Plan
- Appendix B - CYPSP Terms of Reference
- Appendix C - CYPSP Subgroup mid-year progress reports
- Appendix D – Update on CYPP KPI data outcomes

## **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:

None

# Worcestershire's Children and Young People's Plan

## Priorities

2022 – 2024

### The best start to life

Early help and support to parents through pregnancy and early years. Preventing risks escalating and needs becoming more complex requiring child protection and care.

### Access to the Right Education, Health and Social Care Intervention

Inclusivity in mainstream schools; School sufficiency for children with SEN; Working with parents and carers; Quality and timeliness of assessments of EHCP to assess need and provide services.

### Access to emotional health and wellbeing and mental health support

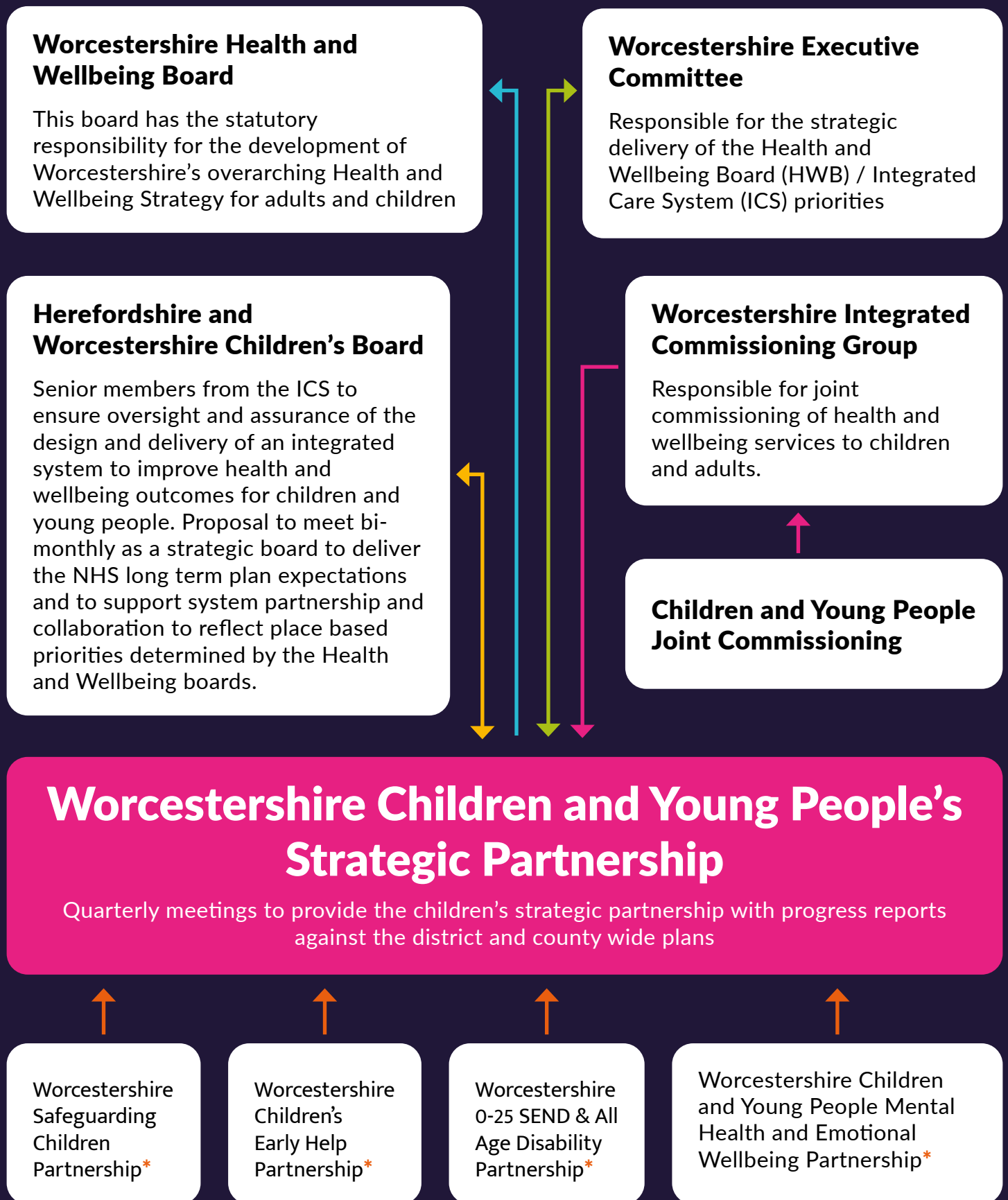
Interventions that promote and enable mental health stability for the individual parent and/or child

### Working together to keep children safe from harm

Get Safe: Identify and support Children and young people at risk and experiencing criminal exploitation. QAPP: Multi-agency quality of practice and learning. Serious Case Reviews: Multi-agency learning



# Governance - Children and Young People's Strategic Partnership Board



\* These groups 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 (CYPP) for Worcestershire. The CYPP is developed in conjunction with the agreed priorities of the Corporate Plan, Health & Wellbeing Board priorities and the Integrated Care System.

# Measures and Key Performance Indicators (KPIs)

## Early Help Partnership

	Baseline April 2022		Progress Data
Children reach the expected level of development at their two-and-a-half-year review	Worcs 21/22: 87.6%	England 21/22: 81%	To be above the England Average
% take up of two-and-a-half-year review	Worcs 21/22: 71%	England 21/22: (NA)	To be above the England Average
Prevalence of Childhood obesity at Reception and Year 6	Worcs 20/21: NA	England 20/21 Reception: 14.4% Year 6: 25.5%	An improving trend against national data  2021/22: Available November 2022
School readiness – accessing 2ys early years setting	Worcs 75%	England 69%	To be above the England Average
Number of schools with an Early Help Offer	Worcs Maintained ALL Academy ALL Independent 5	England [if available]	100% of Schools in Worcestershire to have an Early Help Offer

Find out more online: [Worcestershire Early Help Strategy](#)

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

	Baseline April 2022		Progress Data
A reducing number of children and young people who require suitable alternative education arrangements to be made due to mental ill health preventing them from attending school	Worcs 21/22: 307	National data not available	An improving trend against base data
CYP absent from school for more than 50% of the available sessions (severe absence) due to mental ill health. Data to be provided where other health inequalities present	Worcs 21/22: 1426	England [if available]	An improving trend against base data
Health assessments for Children Looked After	Worcs 75.3%	England 2021: 91.00%	To be in line with England Average
Number of children and young people who have access to NHS mental health provision. This will include both early intervention and specialist support CAMHS.	Worcs 21-22: 3,338	HWICS monthly target 22-23: 9270	An improving trend against HWICS target
Children and Young People will experience a positive outcome from CAMHS interventions	National routine outcome measures are agreed but not yet reported		

Find out more online: [Herefordshire and Worcestershire Children and Young People \(CYP\) Mental Health and Emotional Wellbeing Local Transformation Plan 2021/22](#)

## All Age Disability 0-25 Strategic Partnership

	Baseline April 2022		Progress Data
Increase the % of statutory advice reports for EHCNA that are submitted within 6 weeks of the request.	Worcs 2021/22: 55.1% annual average	England [if available]	An improving trend against base data and in line with Eng averages if available
Increase the % of children with an EHCP receiving education in mainstream schools	Worcs 2021: 30%	England [if available]	An improving trend against base data and in line with Eng averages if available
Increase the % of EHCPs issued within 20 weeks (minus exceptions)	Worcs 2021/22: 57.7%: annual average	England [if available]	An improving trend against base data and in line with Eng averages if available
Reduce the number of children placed in independent non-maintained schools	Worcs 2021: 7%	England [if available]	An improving trend against base data and in line with Eng averages if available

Find out more online: [Worcestershire SEND Accelerated Progress Plan \(APP\)](#)

## Worcestershire Safeguarding Children Partnership

	Baseline April 2022		Progress Data
A reduced % of repeat Child Protection plans within 2 years	Worcs 21/22: 20.5%	England 2021: 22%	An improving trend against base data and above national averages
Timeliness in care proceedings against the 26 weeks target.	Worcs 21/22: 0%	England 21/22: 46 weeks	An improving trend against base data and above national averages

Find out more online: [Worcestershire Children & Young People's Plan 2022 - 2024](#)



At the heart of everything we do



## Children and Young People's Strategic Partnership Terms of Reference 2021

Subject to Annual Review

Revision History			
Date	Version	Details of Revision	Author
Oct 2018	1	Original document	Rachel Denton
Nov 2020	2	Membership update	Rachel Watkins
Dec 2020	3	Addition to section 3 Principles & Responsibilities	Rachel Watkins
November 2021	4	Updates to: <ul style="list-style-type: none"> <li>• Purpose</li> <li>• Finance</li> <li>• Membership</li> </ul>	Rachel Watkins
March 2022	5	Consolidation of members' comments on v4 above.	Rachel Watkins/ Tina Russell

### 1. Purpose

The partnership is a sub-group of Worcestershire's Health and Wellbeing Board (HWB) 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, young people, and families. The Partnership will support and underpin the all-age Joint Health and Wellbeing Strategy (JHWS).

The Children, Young People and Families Strategic Partnership (CYPSP) has responsibility to improve outcomes for all children, young people, and families within the context of their local communities and through its links with the following groups:

- Early Help Partnership (EHP)
- 0-25 SEND & All Age Disability (AAD) Partnership Board
- Emotional Wellbeing & Mental Health (EW & MH) Partnership
- Worcestershire Safeguarding Children Partnership
- Worcestershire and Hereford and Worcester ICS partnership forums – focus Children & Young Peoples

### 2. Scope

The scope of The Partnership is defined by section 10 of the Children Act. The local authority is under a duty to make arrangements to promote cooperation between itself and organisations and

agencies to improve the wellbeing of local children. This co-operation should exist and be effective at all levels of an organisation, from strategic level through to operational delivery.<sup>1</sup>

The approach of The Partnership is the added value that can be achieved not through monitoring business as usual activity but through developing effective partnership working and the efficiency of how partners work together as a **whole system**.

Partnership members are *systems' leaders*, collectively accountable for the impact of the system as a whole and not just for the individual priorities of their own organisations.

### 3. Membership

Membership of the Strategic Partnership Board will be those agencies or organisations which have significant operational delivery responsibilities and strategic influence over the wellbeing of children, young people, and families.

Core members will include the Chair and Vice-chair of each of the groups that feed into it:

Role	Name	Organisation
Cabinet Member Representative (Children & Families)	Cllr Andy Roberts	Worcestershire Children First (WCF)
Chief Executive and Director of Children's Services	Tina Russell	WCF/ WCC
Director of Public Health	Kathryn Cobain	WCC
Director of Education & Early Years: Inclusion, Improvement and Planning	Sarah Wilkins	WCF
Director of 0-25 All Age Disability	TBC	
Director of Early Help, Children in Need and Family Front Door	Emma Brittain	WCF
Director of Child Protection and Through Care	Adam Johnston	WCF
Public Health Consultant – Children & Families	Elizabeth Altay	Worcestershire County Council (WCC)
Lead commissioner for Mental Health, Learning Disabilities and Children	Jenny Dalloway	NHS Herefordshire and Worcestershire ICS

<sup>1</sup> Working Together to Safeguard Children, a guide to inter-agency working to safeguard and promote the welfare of children (July 2018)

Strategic Managing Director for Herefordshire & Worcestershire CCG	Mari Gay	Worcestershire & Herefordshire ICS
Associate Director for Children Young People & Families & Specialist Primary Care	Sally-Anne Osborne	Herefordshire and Worcestershire Health and Care NHS Trust
Independent Chair, Worcestershire Safeguarding Children Partnership	Steve Eccleston	WCF
CEO Worcestershire Voices	Simon Hill	Voluntary & Community Sector representative
CEO Young Solutions	Pete Sugg	Voluntary & Community Sector deputy representative
Head of Community Housing Services	Judith Willis	Redditch & Bromsgrove District Councils
Joint Head of Housing and Communities	Amanda Smith temporarily attending pending Stephen Gabriel's replacement	Malvern & Wychavon District Council
Corporate Director, Homes & Communities	Lloyd Griffiths	Worcester City Council (WCC)
Chief Executive Officer	Ian Miller	Wyre Forest District Council
Head of Service	Keith Barham	West Mercia Youth Justice Service
Superintendent for vulnerability : Children Lead	Rebecca Love	West Mercia Police
Deputy Police & Crime Commissioner	Nicola Lowery	West Mercia PCC
Early Help Partnership Manager	Helen Hey	WCF
Chair – Wyre Forest Children's Trust	Fran Oborski	Wyre Forest District Council
Executive Director of Strategy & Partnerships	Susan Harris	Worcestershire Health and Care NHS Trust
Director of Midwifery	Rebecca Fox	Worcestershire Acute Hospitals NHS Trust
Director of Strategy	Jo Newton	Worcestershire Acute Hospitals NHS Trust
Assistant Director	Anna Davidson	Herefordshire and Worcestershire Fire and Rescue Authority
Senior Employer & Partnership Lead	Julie Webster	Department of Work and Pensions
Representing Middle Schools:	David Snell	Head Teacher Alvechurch Middle School
Representing Primary/First Schools:	tba	

Representing Special Schools	Rebecca Garratt	Headteacher, Chads Grove School and Specialist Sports College
Representing Further Education Providers	Julia Breakwell	Assistant Principal Information Systems and Student Experience Heart of Worcestershire College
Representing Independent Schools	Gareth Dodes	Headteacher, King's School Worcester
Education & Skills Investment Group Manager	Judy Gibbs	WCC Local Enterprise Partnership
Chair Redditch Community Wellbeing Group	Geoff Taylor-Smith	Redditch Community Wellbeing Group
Director of Partnership & Change	Hazel Braund	Herefordshire & Worcestershire ICS
Lead for Children & Maternity	Maria Hardy	Herefordshire & Worcestershire ICS
General Practitioner	Dr Anthony Kelly	Herefordshire & Worcestershire ICS
Associate Director for Nursing and Quality/Designated Nurse for Safeguarding Adults and Children Mental Capacity Act Lead	Ellen Footman	Herefordshire & Worcestershire Clinical Commissioning Group
Children & Young People's representative	Morag Edmondson	Healthwatch

Board members should be at a senior level and have the authority, remit, and resource to act as a systems leader. They should be able to speak, make decisions and where appropriate commit resources to the work of the Partnership, on behalf of their organisation/sector.

Since January 2020 the partnership has been chaired by Cllr Andy Roberts, Cabinet Member with responsibility for Children & Families.

#### **4. Expectations of Board members:**

- Represent and speak on behalf of their agency, while also, through their Board membership, accepting a dual collective responsibility for the whole of the children's system
- Actively commit to championing the role of the Board and delivering its collective responsibilities; this should be evidenced within their own organisations and when attending other partnership meetings

- Appropriately communicating Board discussions / decisions throughout their own organisations
- Members representing a number of agencies (for example in the case of district, borough and city councils and ICS) should establish suitable feedback, consultation, and communication arrangements with component organisations, ensuring concerns are raised and addressed
- Proactively support the work of the Partnership and be prepared to either lead or support agreed activity/action
- Attend meetings unless non-attendance is unavoidable, in which case a substitute should be nominated who has sufficient authority and understanding to make an active contribution to the meeting
- Agree in advance with the Chair, additional attendees at meetings beyond the agreed membership
- Advise the Partnership in advance of any proposed or likely changes to their provision of services, their ability to fulfil their remits or functions, or of any identified risks, to enable a collective discussion about potential impact
- Commit to provide information that is requested and agreed to be provided, including that needed to enable the Board to collate and analyse data to inform the performance framework

Any instances of a Board member not complying with these expectations will be raised by the Chair with their agency at the highest level.

## **5. Outcomes and Voice of the Child**

The partnership has agreed a set of Key Performance Indicator (KPI) outcome measures to monitor primary outcomes for CYP these are set out below and will be reported to each board meeting.

### **Overarching Outcomes**

- The best start to life - Early help and support to parents through pregnancy and early years
- Access to Emotional Health & Wellbeing 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

### **Early Help Partnership Outcomes**

- Children reach the expected level of development at their Two-and-a-half-year review
- Childhood obesity figures show an improving trend against national data
- School readiness – increased % of children reaching a good level of development (GLD) at the end of the Early Years Foundation Stage (EYFS)

- Number of Early Help Assessments (EHA) and interventions completed by agencies across the partnership to provide effective support preventing repeat statutory assessments and interventions

#### **Emotional Wellbeing & Mental Health Partnership Board**

- A reducing number of children and young people missing education (CME) due to mental ill health – data to be broken down into subsets of CYP at risk of health inequalities
- 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
- Health assessments for children looked after - % of health checks where mental health needs are identified and met

#### **Special Educational Needs and Disabilities (SEND) Partnership**

- Increasing number of children who are SEN that do not progress to EHCP
- Increasing % of children with an EHCP receiving education in mainstream schools and staying there
- Increased % annual health checks for children with a disability of where mental health needs identified and met
- Destination of CYP after statutory school ends – not in education, employment and training (NEET)
- Destination of CYP after statutory school ends – living arrangements/ level of independence

#### **Worcestershire Safeguarding Children Partnership**

- Successful outcomes of Child Protection plans
- A reduced % of repeat Child Protection plans against England averages
- A reducing % of children subject to Children protection or Care due to Parental or child mental health.

The outcomes of the plan will be measured through Key Performance Indicators (KPIs)/ Bi-annual Quality Assurance Reports/ Audit quality of practice/ Service user feedback.

## **6. Subgroups Reporting**

Each subgroup will be expected to report to the partnership on its activity, progress and to identify risks and barriers to progress twice a year. Whilst the collective partnership will need to have a solution focused approach to removing challenges and barriers to progress, issues can and will be escalated to the Health and Wellbeing Board (HWBB) and other related partnerships where a solution cannot be found.

Within reports each subgroup will share its performance data and service user feedback information, in conjunction with targeted activity undertaken directly by the board to ascertain views and

experiences of children and young people and use this to inform the development of services and priorities throughout the year.

***The CYPSP will report twice annually to the HWBB.***

## **7. Funding**

The delivery of the Children and Young People's Plan at county or locality level will be through member agencies using, aligning, or combining existing resources or through seeking additional funding through, for example, social finance or grants. It is expected that all agencies will make a contribution in kind to the Partnership, including enabling their staff the time to attend and support meetings and to contribute to the activity required to implement the Plan.

### **a) Finance**

There are two finance groups overseeing the joint commissioning of children services :

- Hereford and Worcester Children's Board – cross border commissioning and delivery of health services
- Worcestershire Children & Young People Joint Commissioning group (CYP JC) – reports formally to the Integrated Chief Executive Officer's Group (ICEOG)

Both groups will have members who also sit on the CYPSP. This will enable two-way communication; the CYPSP will receive updates on children and young people's finance and commissioning and can feed into both groups on commissioning and any other emerging issues.

## **8. Frequency of meetings**

Meetings will be held four times per year. Dates of meetings will be set a year in advance.

## **9. Administration of meetings**

Agendas and supporting documents will be issued electronically at least one week before the meeting. All member agencies should proactively contribute to setting the agenda. Minutes will be produced and circulated within two weeks of the meeting. Worcestershire Children First will provide administrative support for the Board.

## **10. Accountability**

The Children and Young People's Strategic Partnership will be accountable to the Health and Wellbeing Board with reporting frequency to be determined by the Health and Wellbeing Board.

The Partnership is not directly accountable to any other partnerships, but appropriate alignment will be sought with other relevant partnerships to aid information sharing, planning, trouble shooting, progress and to avoid duplication.

This will occur through the Partnership establishing an effective influencing and advisory role in relation to other partnerships; through taking into account other strategic frameworks and plans when setting its own Plan; and through the Partnership consulting with these other partnerships when establishing its Plan and on other relevant matters.

The Partnership does not have any powers to direct member agencies or other organisations however, member agencies of the Children and Young People's Strategic Partnership Board will be accountable to the Health & Wellbeing Board for acting in accordance with the agreed principles and responsibilities, including for delivering the Children and Young People's Plan. The Chair of the Partnership will raise at a senior level any concerns the Partnership has about actions of members or other organisations which are not effectively contributing to the wellbeing of children and young people.



## 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 CYPSP is developed in conjunction with the agreed priorities of the Corporate Plan, HWBB priorities and Integrated Care System

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# **Worcestershire's Early Help Partnership**

## **Annual Report to Children and Young People's Partnership.**

**September 2022**

### **Contents**

1. Terms of Reference, attendance dates of meetings.
2. Early Help Strategy and Action Plan
3. Progress against the Early Help Strategy milestones
4. Key Performance Indicators to children and young people's partnership

## 1. Terms of Reference, attendance dates of meetings

In July 2021 the Terms of Reference and multi-agency engagement and attendance were revised as the partnership meeting needed to be refocused on whole system early help delivery and workforce. Emma Brittain, Director of Early Help, Children In need and Family Front Door became the new co-chair with Liz Altay, Public Health Consultant.

Multi - agency membership was revised to ensure we had strategic or operational leads for services and agencies who delivered early help and support to 0–18-year-olds across the county including voluntary sector and district councils.

In May 2022 Hayley Durnall, Public Health Consultant took over Liz Altay's role as co-chair.

The meetings take place approx. every three months and the meetings have taken place as follows:

18<sup>th</sup> August 2021

24<sup>th</sup> November 2021

16<sup>th</sup> February 2022

12<sup>th</sup> May 2022

11<sup>th</sup> August 2022

## 2. Early Help Strategy and Action Plan

In December 2021 the Worcestershire [Early Help strategy](#) was approved and signed off by the Quality, assurance, and practice partnership. The action plan is a working document that drives the progress against the Early Help strategy and is updated following every Early Help partnership meeting on progress and delivery against the plan.

## 3. Progress against the Early Help strategy milestones

### November 2021

The Early help in the community portal was live to capture partnership early help assessments and plans.

### December 2021

The new Early Help strategy and action plan was completed and signed off by QAPP.

### January 2022 Holiday Activities and Food [HAF] and the Virtual Family Hub

Holidays, activities, and food strategy. Our Holidays 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.

We also launched the Worcestershire Virtual Family Hub

The new "Worcestershire Virtual Family Hub [The Worcestershire Virtual Family Hub | Worcestershire County Council](#) has been developed and launched and is registered with the National Centre for Family Hubs. **Data analysis tells us that the pages are accessed an average of 4,275 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.

### **February 2022** - Early Help multi-agency training

The first of the Early Help training co delivered with partners took place on 18<sup>th</sup> 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 multi-agency levels of need training.

### **March 2022** – Supporting Families First

Worcestershire achieved its Supporting Families target of 555 claims. This indicates a positive impact and outcomes for families in Worcestershire. The 2022/23 target is 576 and as of the 1<sup>st</sup> of September 2022 we have made 335 claims so currently on target for 2023. The challenge is the target significantly increases from 2023 and there is a focus on partners contributions and evidence.

**June 2022** -Early Help in your community events took place. There were six events across each district as follows:

7<sup>th</sup> June – Worcester City

9<sup>th</sup> June – Wychavon

15<sup>th</sup> June - Redditch

16<sup>th</sup> June – Bromsgrove

22<sup>nd</sup> June – Malvern

23<sup>rd</sup> June 2022 Wyre Forest

### **September 2022 - Family Hubs**

The creation of family hubs is a national ambition which aims to provide families with a single access point for integrated family support services. These services will be varied and include health, social care, financial support and support for emotional health and wellbeing. In September, Worcestershire held an event “The Hub Conversation” where 61 stakeholders across a multitude of agencies attended to discuss the local vision for family hubs in Worcestershire and how it could be achieved. Family hubs in Worcestershire aim to create services for the whole family which are integrated, reduce health inequalities, and ensure that local families have their needs heard and met. November will see the first local family hub development work begin in Redditch, over the next 18 months family hub offers will be developed and implemented in each district area of Worcestershire.

## **4. Key Performance Indicators to Children and Young People’s Partnership 2022.**

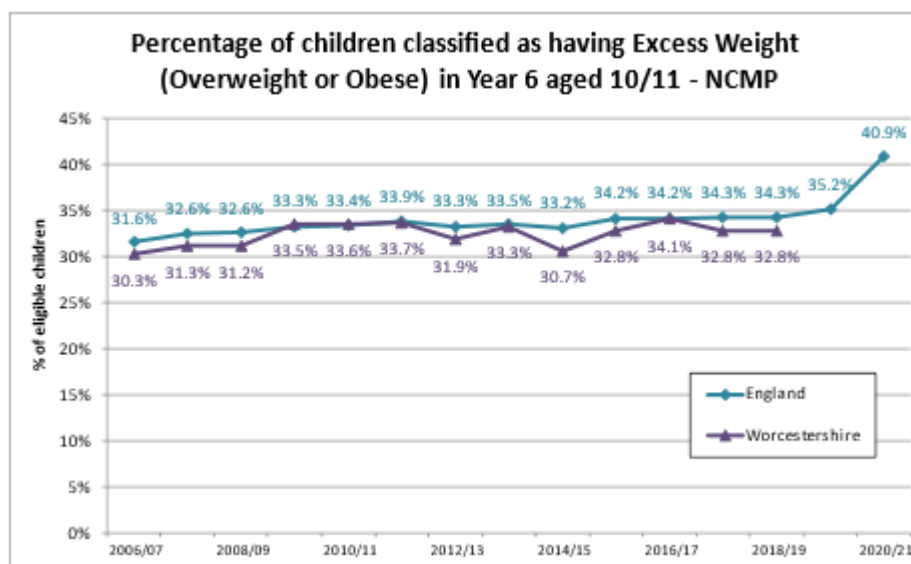
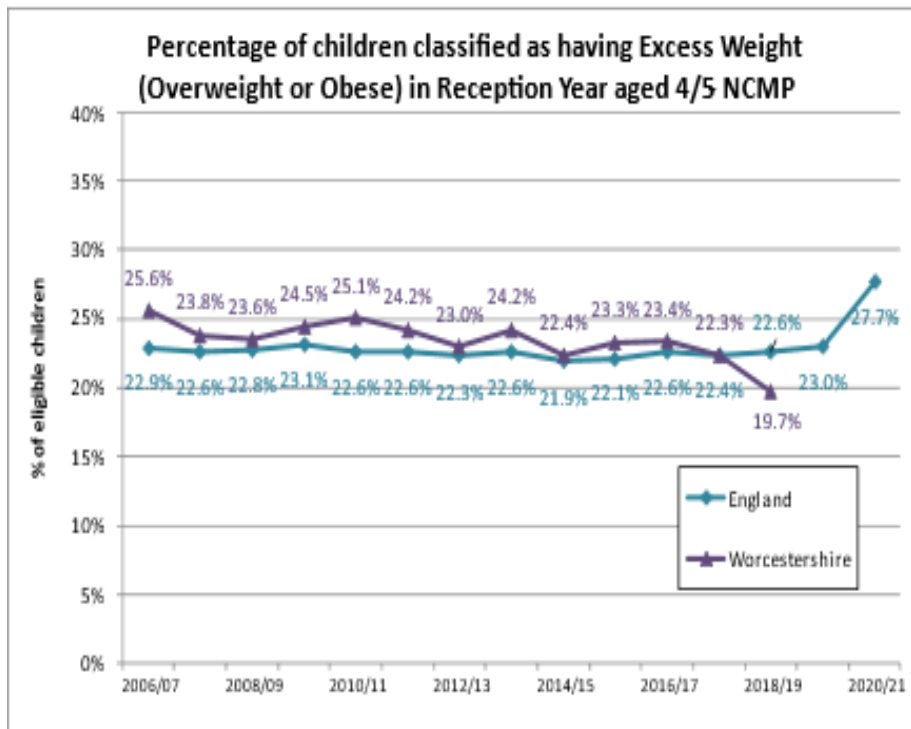
The Early Help Partnership has an Early Help action plan which is driving the delivery of the Early Help strategy across the partnership and Worcestershire. The action plan has identified some key partnership data to measure the impact and effectiveness of early help across Worcestershire. Below are the sets of data that this partnership is asked to report on to the Children and Young People Partnership.

1) Children reach the expected level of development at their Two-and-a-half-year review

Overall, for 2021/22 **87.6%** of all children who received a 2.5-year check scored above the ASQ3 cut off in all 5 domains. The data is broken down per domain in the table below:

Domain	Proportion Achieving (%)
Communication Skills	88.5
Gross Motor Skills	96.4
Fine Motor Skills	97.5
Problem Solving Skills	95.4
Personal Social Skills	95.2

2) Childhood obesity figures show an improving trend against National Data



- Worcestershire reception children in 2018/19 had a significantly lower percentage of overweight & obese children than England.
- However, it is unlikely that this trajectory/reduction will be sustained. Year 6 children in Worcestershire have had a slightly lower percentage than the England average, however, with 40% of Year 6 pupils in England classed as overweight or obese in 2020/21 we are likely to have seen a similar rise in Worcestershire.

**Please note:** Figures for Worcestershire for the last two school years have been suppressed due to the low coverage of measurement collection during the covid pandemic. However, local analysis of the 10% samples collected during the two years indicate that it is likely that figures will have increased much in line with England percentages.

3) Increased % of children reaching a good level of development at the end of the Early Years Foundation Stage (EYFS), so they have “School readiness”

2018 - 2019 GLD Analysis (National Average 71.8 Worcestershire Average 71.9)	2018	2019	3 year trend
Bromsgrove	75%	75.8%	74.5%
Malvern	77%	75.3%	75.9%
Redditch	69%	68.5%	67.3%
Worcester City	70%	71.4%	70.4%
Wychavon	75%	76.7%	74.7%
Wyre Forest	70%	69.3%	69.6%

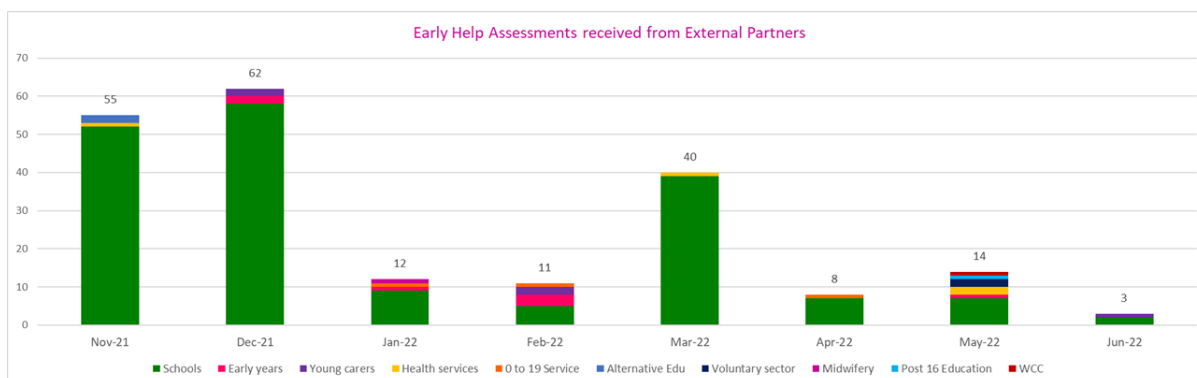
GLD assessment is undertaken at the end of Foundation Stage (Year Reception), and it is a statutory teacher assessment based on the Nationally set Early Years framework and criteria.

The table above shows that whilst overall GLD assessment outcomes were in line with national averages, half of our District areas fell below the national average. Early information indicates there are increased levels of need associated with speech and language development.

In 2020/21 GLD (Good Level of Development) assessment was suspended due to the restricted attendance. In 2021/22 GLD assessment continued to be suspended due to the impact of Covid on children and staff attendance.

GLD assessment has taken place in 2021/22 and remains a benchmark for Early Years. However, under the new framework guidance, EYFS outcomes should not be used as performance indicators by school leaders or external bodies.

#### 4) Number of Early Help Assessments (EHA) and Interventions completed by agencies across the Partnership



This shows all of the Early Help Assessments that have been received from our Early help partners since November 2021 when the early help in the community portal was launched. The portal allows partner agencies to submit their early help assessments and plans to a central portal that will capture the data and partnership work. This data can also be used to track outcomes for children and prevention of escalating needs to level 4.

In total we have had 205 partners submit EHA's via the portal since Nov 2021. Schools have submitted the most EHA's with other partners starting to submit them

School readiness – accessing 2-year-old early years settings

#### 5) Take up of 2-year-old education and care places – 2021/22 academic year:

- Average across the 3 terms = 75% of eligible
- National average across the 3 terms = 69% of eligible children
- Worcs Range across the 3 terms = 72% - 81%



- National range across the 3 terms = 62%- 72%
- West Mids and Stat neighbours' range = 62% - 85%

Report completed by:

**Emma Brittain**, Assistant Director of Early Help, Children in Need, and the Family Front Door, Worcestershire Children First.

**Hayley Durnall**, Public Health Consultant, Worcestershire County Council

**Dated:** 13<sup>th</sup> September 2022



# **Worcestershire Children and Young People's Mental Health and Emotional Wellbeing Partnership Report August 2022**

Presented by	Jenny Dalloway, Programme Director NHS HW
Author	Jenny Dalloway, Programme Director NHS HW
Recommendations	The CYP Strategic Partnership are asked to note the contents of this report.
Purpose of paper	For Information/noting

## Executive Summary

This paper provides a progress report on delivery of the ICS Children and Young Peoples Mental Health and Emotional Wellbeing Transformation Plan 2021-22.

### Introduction

Local Transformation Plans are developed each year to meet the requirements of the NHS Long Term Plan. Following the establishment of Sustainability and Transformation Partnerships, since 2019 a single plan for both counties has been published, reflecting the priorities of each county.

The key priorities of Worcestershire Children & Young People's Plan are reflected in the Transformation Plan and an update is provided as an appendix to this paper.

The Partnership has established an Educational sub-group, the Mental health, and Wellbeing in Educational Settings Board, to develop and oversee the strategic delivery of support in educational settings, and the current provision is provided for information.

### CYPP Measures

The Children & Young People Plan includes a number of key performance indicators to monitor improvements in the emotional wellbeing and mental health of our children and young people. Progress against routine reporting of these measures is provided below.

- A reducing number of children and young people missing education (CME) due to mental ill health – data to be broken down into subsets of CYP at risk of health inequalities
- 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

Progress - this will be available from September 2022 new academic year onwards [additional subcodes are being added to identify mental health issues for returning to school after covid]

- Health assessments for children looked after - % of health checks where mental health needs are identified and met

Progress - the data is available for health assessments but possibly not specifically where mental health needs have been identified.

- An increasing number of children and young people will have access to NHS mental health provision. This will include both early intervention and specialist support CAMHS

Progress - this data is reported monthly to NHS England

- Children and Young People will experience a positive outcome from CAMHS interventions

Progress - National routine outcome measures are agreed but not yet reported.

Two additional measures are proposed for inclusion in monitoring of the CYP Plan, namely access to and the outcomes of CAMHS Services.

The national long term plan ambition is by 2023/24, 345,000 additional CYP aged 0-25 will have access to support via NHS-funded mental health services and school or college-based Mental Health Support Teams (in addition to maintaining the previous commitment to have 70,000 additional CYP accessing NHS Services by 2020/21). For NHS Herefordshire and Worcestershire this equates to 9,270 CYP receiving support, a significant increase from the 35% population prevalence target set for 2020-21.

Reporting is provided as an appendix to this report and noted that access to specialist CAMHS support remains a challenge for the system. This is due to a number of factors including staff absence, number of appointments cancelled by patients and an increase in acuity requiring prioritisation of urgent request for support.

## **Recommendations**

The CYPSP are asked to note the contents of this report.

## Appendices

- C.1 Mental Health and Wellbeing Delivery Plan Update July 2022
- C.2 NHS CYP Access Report May 2022
- C.3 Worcestershire Mental Health Support Matrix

# **0-25 SEND All Age Disability Partnership**

## **Accelerated Progress Plan (APP) Update**

**September 2022**

**Report produced by: Mel Barnett – Director for All Age Disability with contributions from:**

**Sarah Wilkins- Director for Education, Early Years, Inclusion and Education Place Planning.**

**Daniela Carson – Group Manager Children with Disabilities Team**

The APP is overseen by the 0-25 All Age Disability Partnership Board. The APP is made up of 4 workstreams, each have their own independent work programme. This report provides a summary of progress to date and should read alongside the data dashboard.

### **Work Stream 1 Progress Summary:**

The variation in the skills and commitment of some mainstream schools to provide effective support for children who have SEND.

- 32 maintained schools (9 First, 18 Primary, 3 Middle and 2 High) have undertaken pre-Ofsted SEND health checks. Areas of good practice have been shared with schools and through face-to-face events at briefings and events. 120 school leaders attended the June face to face Head Teacher briefing. 63 leaders attended from Maintained schools and 57 leaders including Chief Executive Officers from Academy schools. This is representing more than half of our state funded schools in Worcestershire.
- A further 16 schools are being planning to receive a SEND health check in the Autumn term including 10 Primary Schools and 6 First Schools.
- 8 Multi-Academy Trusts (> 20 shared their SEND priorities and plans – 15%) in Spring Term 2022. HT briefings report a higher level of MAT's with SEND priorities. We will review for all MAT plans in autumn term 2022.
- Education Endowment Fund SEND Inclusion project 2022. Initially 30 schools registered, this has increased to 60 schools. Two cohorts of delivery will commence from September 2022. This will include 26 maintained schools and 34 academy schools made up of 16 First schools, 26 Primary schools, 6 Middle schools, 11 Secondary/High schools and 1 Pupil Referral Unit.
- Inclusion Quality Mark – increased from 10 to 27 schools registering for interest in starting IQM in 2022. An initial briefing to take part was held in July with those interested schools completing a 'readiness evaluation' to determine those schools most suitable to support this year. This will be completed by end of September 2022. Progress is school led and important to follow on from SEND Inclusion Evaluation assessment and development priorities work.
- Of the 41 Ofsted school inspection reports published since inspection 27 refer to positive practice for SEND and inclusion and 5 refer to development actions required. Each of the 5 schools with development actions has support plan in place.
- The SENDCo network is being led from 2022 by WCF this will enable a single approach and confirm training and tools including the use of Whole School SEND Support approach.
- We have improved our use and interpretation of data from SEND Service; parental requests and mainstream schools request for change of placements to better understand inclusive practice in schools – support and challenge as appropriate, this includes maintained and academy schools.

### **Work Stream 2 Progress Summary:**

The lack of suitable specialist provision to meet the identified needs of children and young people.

- A calendar of inter-dependent dates and actions has been drafted for 2023 placements and will be shared with Workstream 2 Core Group, FiP, SENDIASS and Parent Stakeholders, special schools and Worcestershire Schools Forum in September and implemented for 2023 place planning. There is a dependency to the success of this schedule in the improvement of quality of EHCP's and Annual Reviews.

- SEND Service has improved oversight and actions for children identified as in a mainstream school and needing specialist placement and those who are not attending a school and have not got a named school. The Director of AAD has reviewed with managers all child cases where children have an EHCP but are not attending school and has actions identified for each one to address this. The monitoring tools were revised to improve analysis, and increased clarity of actions taken. Cases were progressed to authorising provision, accelerating agreement for Personal Budgets or Education other than at school packages were assessed appropriate. This tracker is now monitored by the Group Managers monthly to ensure progress and continued action to avoid drift.
- We have brought together our SEND provision report, SEND Roundtable proposals and sufficiency reporting to produce one plan of actions that will span up to 5 years and be linked to the SEND Strategy but be reviewed annually. This will follow a governance route including SEND AAD Partnership, health, and Council governance.
- 29<sup>th</sup> April round table discussion. A 'one off' discussion session facilitated by WCF; to respond to place and provision issues and ideas raised via elected members, including MP's. Attendance included elected members, MP, education leaders from special and mainstream education including post 16 education from across 2 districts of Worcestershire: Worcester City and Wyre Forest. The intention being to connect people in shared ideas and ensure we have a clear understanding of the issue for plans that move us from visions and ideas to actual projects, solutions to the challenge and plans we can take forward that consider Funding / Physical Space / Pace & Capacity / Impact on others.
- We have submitted the Worcestershire expression of interest to bid to the DfE Free School Wave for Special Schools to seek this support for a specialist ASD School for Worcestershire.
- Mainstream Autism Bases
  - Chaddesley Corbett MAB opened June 2022 providing 10 places for children.
  - Christopher Whitehead Language College MAB scheduled to open at Easter 2023 for 12 places
  - We are negotiating with Tudor Grange Academy for an increase in places at TreeTops Enhanced MAB
  - The revised specification for MABs with a new Service Level Agreement has been developed and consulted on to ensure better consistency of provision and outcomes and understanding of who the right children are to receive this specialist support.
- Post 16 provision specification – we are seeking to increase the in-county post 16 offer including identifying new options for independent living. A market event will take place in autumn term.
- WCC has supported the change of use of accommodation on the Heart of Worcester Redditch site to improve SEND offer for post 16 students.
- We are undertaking the alteration procedures to increase special school places either with WCC or DfE (maintained or academy) to change and increase special school places as recognised: Fort Royal Special School, Regency Special School, Chadsgrove Special School, and Rigby Hall Special School.
- Early Years Pre- School Places – We have taken an alternative approach to ensuring pre-school provision for children can meet needs. We are increasing outreach to mainstream as we have had to prioritise reception places at 2 special schools (Fort Royal Community Special School and Vale of Evesham Special School). We will review pre-school special provision across the County for 2023 to jointly commission an offer that meets needs.
- In conjunction with a review of place provision will be a review of our joint health and LA process, methods, and actions for identifying young children with SEND and our multi-agency response, timely assessment, and provision planning.
- Early Years Language Support. We have opened new provision in the south of the County (Upton Primary School) in 2022 and re-commissioned provision for Wyre Forest (St Mary's Primary School). This provision serves approximately 20 children at each site to offer specialist teaching, speech, and language therapy alongside the child's mainstream provision. Existing provision in Redditch, Bromsgrove and Worcester has remained the same.
- We are working with mainstream schools in 2022/23 to increase understanding in difference and type of provision specifically at a locality level. Health (commissioner) has undertaken parent carer feedback relating to health provision in specialist education settings. 2022/23 focus group

work via special schools and workstream leads to hear from children and parents. Schedule starting autumn 2022.

### **Workstream 3 Progress Summary:**

Fragile Relationships with parents and carers and a lack of meaningful engagement and coproduction and collaboration.

- Families in Partnership (FiP) attend all Board meetings.
- FiP representative attendance across all 4 Workstream meetings.
- Worcestershire Children First (WCF) have reached out to 21 parent/carer representative groups to engage them in Workstream meetings.
- WCF have provided and open invitation on the Local Offer for parent carer representatives.
- On average 2/3 parent/carer representatives attend each workstream meeting, but this has been as high as 5. (9 parent carer groups have been represented).
- A parent stakeholder group has been established five meetings have now taken place since April 2022.
- The stakeholder group bring agenda items and actively engage in conversation, debate and finding solutions.
- A communication framework has been developed within the SEND service for the management of communications with parents and carers following feedback from the stakeholder group regarding lack of communication.
- The stakeholder group are focussing on specific pieces of work and task and finish groups are being developed.
- Health have had two separate stakeholder meetings 13<sup>th</sup> June and 18<sup>th</sup> July, these were attended by SWANS, FiP, Action for Children, North Worcs Autism Parents Support Group, SEND National Crisis Worcs and Sight Concern Worcestershire. In addition, they have engaged with 10 families who wanted to share their experiences of health services outside of the formal meetings. SEND and Health Stakeholder meetings will be combined going forward.
- The Director of All Age Disability has offered to meet with individual parent carer groups when requested to enhance the relationships between SEND and Parent carers.
- In October 2021 we undertook a full review of our approach to Quality Assurance in WCF SEND Services, introducing a Peer/Moderated approach to case file audits and opportunities for children & families to share their views on how they experience our services.
- We have two in-depth Quality Assurance Reports covering Quarter 4 21/22 and Quarter 1 22/23, we will continue to produce and present a quarterly quantitative and qualitative learning report.
- Since the launch of the programme, 21 full case file audits have been completed, using the peer/moderation approach, each case file audit includes 3 pieces of audit activity, in total this equates to 63 individual pieces of Auditing Activity.
- Internal progress has been made in terms of reviewing processes on how educational placements for CYP with SEND are made.
- Health/WCF have developed an agreed process of sharing information and providing a joint response where appropriate to complaints.
- Annual FiP survey has been undertaken. Feedback will inform and be fed into the relevant workstream action plans to support continued progress against the feedback being received.
- We offer the opportunity to seek feedback from families in all Case File Audits; we also include links/QR codes within our outcome letters to seek feedback from families – this happens when a final EHCP is issued or following the conclusion of an Annual Review. This provides an overview of cumulative feedback but also key quarter on quarter comparisons. Since our feedback programme went live, we have heard feedback from 43 families.
- The Parent carer engagement toolkit has been co-produced and drafted with FiP and 10 schools. This was then shared with the parent carer stakeholder group and following feedback this is now being further developed with the stakeholder group prior to finalisation.
- Consultation and co-production activities currently underway include:

- Parent carer engagement toolkit with SEND stakeholder group
- Co-production e-learning module
- Local offer website
- Use of language in health partnerships
- QA framework
- Annual review contributions
- Diagnostic pathways within health discussed within health stakeholder group
- Inclusion event – parent/carers and school.
- Development of understanding for professionals across the partnership
- Identifying schools of concern through feedback/common themes.
- A Pilot was undertaken using the approach of Person-Centred Planning to ensure young people's views and aspirations were central to the EHCP. A report was finalised September 2022.

### **Work Stream 4 Progress Summary:**

The poor quality of EHCP's and limited contribution from health and social care along with the process to check and review the quality of EHC Plans.

- The WCF SEND Quality Assurance and Performance Management Framework has been developed, this details, how we approach auditing and hearing about families' experiences, our learning i.e., outcomes from audits and what are families telling us about their experiences.
- Learning is identified from compliments and complaints – summary report is now available.
- The Designated Clinical Officer (DCO) has developed a Health Quality Assurance Tool.
- SEND Group Manager and DCO have focused on health advice and how this is incorporated into the EHCNA. This includes a webinar to be shown at team meetings.
- Analysis of timeliness of advice has been developed and is shared with partners.
- Parent Carer Survey undertaken.
- Health and Social Care survey for SEND Case Work Officers completed.
- Development work undertaken with SEND Team Managers.
- Quality Assurance Group undertook dip sampling of Year 9 reviews.
- Y9 Preparing for Adulthood Annual Review guidance and tool kit was launched in September 2021.
- Local Area agreement on aims and principles to inform future developments.
- Toolkit developed which includes a checklist and agreed template documentation.
- Revised process will be introduced in Autumn term for the monitoring of annual reviews with a focus on quality and identification of those schools that are not completing in a timely manner.
- Annual Review Schedules will be going out to Health and Social Care colleagues.
- The backlog of annual reviews has been reviewed, categorised & prioritised.
- Group Head has been identified to oversee all activity and ensure all Managers are clear on what the expectations are for completion.
- Weekly performance monitoring meetings have recently been introduced chaired by the Director for All Age Disability.
- Going forward all annual reviews will be subject to a new process and monitoring to ensure backlog does not return.
- Learning reports have been developed i.e., qualitative, and quantitative.
- Dissemination of Quarterly reports to SEND teams through Team Meetings.
- Development of a monthly Complaints Key Messages bulletins.
- Learning briefings have been developed which includes learning from complaints, compliments, and audits.
- Seven step guides on learning have been developed.
- 'EEF SEND: Making a difference' training offered to SENCOs. 59 schools have registered interest for training.
- SEND support services have increased training offer to schools that compliments the graduated response in schools through development of evidence-base targeted interventions, increased

understanding of specific areas of need e.g., Emotional Literacy Support Assistants (ELSA), Autism Champions.

- SENCO network event and conference with speakers from Health and Education developing SENCO's understanding of services available to support them in schools building on the graduated response. Speakers also focused on developing knowledge and understanding of meeting specific needs e.g., children with PDA profiles.
- Developed 'Promoting Inclusion' guidance that reinforces the Graduated Response guidance sent to schools.
- Increased availability of SEND Support services that can be commissioned by schools to support the Graduated response.
- Compulsory SEND training has been completed by staff within the All-Age Disability service.
- Group Manager attendance at SENCO forums reinstated to gauge impact and use of toolkit and understand current understanding of good practice in annual reviews.
- Multi-agency task and finish group formed to devise programme of training – 4 courses identified, what is a good annual review? What does a good EHCP look like? Using the graduated response, how to write a good EHCP outcome.
- Social Care Practice Standards and Processes in place.
- Audits of social care advice undertaken in August.
- The Designated Clinical Officer (DCO) reviews all agreed EHCNA requests for identified health needs and provision and potential unmet needs.
- The DCO reviews all draft plans (EHC needs assessment summaries) to review the health contribution and agree the health provision in the plan. This information is recorded monthly.
- Senior Health Managers have met with parent carer representatives of local organisations, followed up with individual discussions to understand service user experience and gaps. This information is being collated and themed and a report will be made available for the next SEND board.

## **Worcestershire Safeguarding Children Partnership - Update on CYPP outcomes for CYPSP 21<sup>st</sup> September 2022**

### **Action Plan Key Priorities**

#### **Get Safe Partnership**

- Our partnership approach to prevention, protection, and pursuit in relation to on-line exploitation across Worcestershire

Progress: Via the Get Safe Partnership Group, Police, Education and Young Solutions have worked together to produce an action plan to strengthen our approach in this area. This includes the development of guidance for staff on what they should know in relation to their role in keeping children safe on-line, and guidance on messaging to parents, children, and young people. The latter is to be supported by consultation with young people via Young Solutions. Further, processes are being reviewed for information sharing by Police with Children Social Care prior to enforcement action, normally the execution of a warrant at a home address, and support systems developed for children and parents after online CSE warrants have been completed to minimise potential impact on innocent occupants who do not have access to the Criminal Justice care process.



- 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.

Progress: This work is currently being progressed via the Get Safe Partnership Group action plan. Young Solutions have been commissioned to complete a piece of work which will contribute to this mapping exercise. This work is in its early stages and will require further update.

- 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.

Progress: An audit has been completed by representatives of Children Social Care, Police and Health to look at the use and application of child protection procedures in GET SAFE cases to provide reassurance that child protection was recognised by partners within these cases and acted upon. For this audit a random selection of 10 RED pathway children were selected. The cohort audited had a range of Child Protection, Child in Need and Children Looked After, and an age range of 11 years to 17 years, and a range of exploitation concerns including CSE, Missing, County Lines, and gang and weapon carrying. The audit results are being presented to the Get Safe Partnership Group Meeting on 22nd July 2022.

- 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.

Progress: The Exploitation and Vulnerability Training final report for 2021/22 showed that Worcestershire has contributed to 41% of the total training. During that period 2681 delegates from Worcestershire, representing 69 different organisations attended 106 sessions. Worcestershire has continued to engage well with the training, this has been made easier with the superb working relationships developed with Emma Brittain, Melody Bedford, Doe Goodwin and Denise Hannibal as well as the numerous administration officers who have marketed and distributed the training.

- Ensuring all identified CCE concerns are shared via the Get Safe Portal and so contribute to our local understanding of risk and harm.

Progress: This also forms part of the current Get Safe action plan. Specific sources where more CCE referrals would have been expected have been identified and this is being followed up via the Get Safe Operational Group.

- Strengthening the influence of children and young people's views on GET SAFE services with a particular focus on commissioning processes.

Progress: The views of Children and young people have provided an important part of the development of the Get There website and services, which are aimed at keeping young people between the ages of 16-25 safe from exploitation. Further work is needed 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

Progress: Update - the three Safeguarding Partners wrote to Community Safety Partnership Chairs to seek assurance on how the CSP's consider the need to safeguard children and young people within their current priorities and any future priority setting, and this assurance has been provided.

## **Quality Assurance Practice and Procedures Group**

- Completion of the Early Help project in conjunction with the University of Worcester

Progress: Last progress meeting with university representatives took place on 22/06/22. At this point 32 families who were willing to take part in the project had been identified by various agencies and details passed to the University, who have begun the process of contacting these families. Additional request has been made to agencies to identify any further families, and next progress meeting with university to take place in August.

- 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.

Progress: Ten cases (schools' referrals) are now audited each month. The Early Years and Education Safeguarding Adviser then meets with schools and uses the learning from those audits, together with the learning from the QAPP Group work on wider Family Front Door audits in reflective sessions.

- Support the Get Safe Partnership Group in embedding the learning from the 'Sarah' Child Safeguarding Practice Review.

Progress: A questionnaire has been sent out to all agencies via the QAPP Group asking them the following:

1. How has your organisation disseminated the learning from the Worcestershire Child Safeguarding Practice Review 'Sarah' to your own staff?
2. How does your organisation plan to assure itself that the learning relevant to your agency has been embedded and that where necessary practice has changed in line with learning?
3. How has your organisation promoted the use of the GET SAFE risk assessment within your own organisation, and the processes to be used following completion of the risk assessment tool?
4. How does your organisation monitor the use and submission of the Get Safe risk assessment tool to ensure it is being completed and submitted in appropriate circumstances?
5. What has your organisation done to promote the understanding and use of a contextual safeguarding approach amongst your staff who have contact with children and young people?
6. Are you assured your agency is appropriately attending and contributing to children's Looked after Reviews? How is this monitored and followed up where there is non-attendance?

In addition, further questions have been asked of certain individual agencies where specific learning was identified relating to them. Most agencies have now responded with updates, with the quality of the responses being monitored via the QAPP Group, and the remaining four agency returns are being followed up.

- 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.

Progress: From April 2022, the inspectorates will carry out 2 types of JTAI: One type will evaluate the multi-agency response to identification of initial need and risk (or the 'front door' of child protection), and the other type will look at a particular theme or cohort of children, the first of which will focus on the multi-agency response to the criminal exploitation of children.

A JTAI Multi-Agency Inspection Briefing for Partners has been produced and circulated via the QAPP Group. This explains what a JTAI is, what happens during the inspection and what information will be sought. To ensure partners are confident with the JTAI audit process should we be required to complete one, recent audits completed by the QAPP Group (child on child abuse, and Voice of the Child) have used a JTAI style audit tool. Additionally, Dan Gray (WCF - Head of Quality Assurance & Principal Social Worker) has visited all WSCP sub-group meetings

and delivered a comprehensive presentation on the JTAI process and partners' roles and expectations within that.

Agencies that would support if there was a JTAI inspection have provided Specific Point of Contact details for data, audit, and timetable coordination/logistics.

- 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.

Progress:

Child on child abuse – This audit has now been completed, and 7-minute learning briefings covering the key points have been produced and circulated.

Voice of the SEN Child – Initially raised as a potential theme through the Head Teachers Steering Group. In May 2022 agencies audited five cases using the JTAI methodology. Outcomes and learning are now being finalised and will be circulated more widely shortly.

It was agreed for the next JTAI style audit to be on the Initial Response and Identification of Need and Risk – agencies to look at the initial referral and response all the way through to the Initial Child Protection Conference (ICPC) for 7 cases using previously agreed template.

### **Child Safeguarding Practice Review Group**

- Improve the timeliness of the completion of safeguarding children practice reviews.

Progress: Worcestershire currently have four Child Safeguarding Practice Reviews in progress, one is ready for publication next month, the second should be completed and published by the end of 2022, and the other two reviews are currently held sub-judice pending completion of criminal investigations. None will meet the six-month publication target date as all have been subject of a criminal process, and the Partnership will not risk compromising those through any potential impact of early publication. The WSCP continues to meet the necessary 15-day timescales for completion of Rapid Reviews as set out by the National Child Safeguarding Review Panel.

- 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.

The final 'Keep Me Safe' strategy document has now been circulated for virtual sign off by partners across Worcestershire and Herefordshire. This document has been created by Heather Manning from Herefordshire and Worcestershire CCG with support from health partners and WSCP. The document has been through a comprehensive consultation period with strategic managers within health safeguarding which has included Public Health. The first two thematic guidance's to sit under the overarching strategy are already partially written through a task and finish group with partners – 'Keep me safe...when I am sleeping' and 'Keep me safe...when I am crying'.

### **Head Teacher Safeguarding Steering Group**

- 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.

Progress: Child on child abuse case audit has now been completed, and 7-minute learning briefings covering the key points have been produced and circulated to education settings.

- Build on how learning from Ofsted complaints, which also includes identified best practice, is used to strengthen practice in our education settings

Progress: A briefing on key learning themes has been produced and circulated to head teachers briefing on key themes. Two schools good practice case studies are being produced to be presented to head teachers in September, and these will include complaint prevention through school's approaches to most common themes such as bullying, and opportunities for young people to raise concerns within schools so they can be addressed prior to them reaching the complaint stage.

- 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

Progress: A new child on child abuse policy has been produced and circulated to schools. There has been significant focus on the response to sexual violence and sexual harassment in the network meetings, and the last DSL conference was focused on this subject. The Education Safeguarding Team provide a case consultation service for cases of this type, and the subject is built into the training for DSL's. There is now greater focus in the template school safeguarding policy, and systems to encourage reporting and support, such as peer mentoring are also being promoted.

- 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

Progress: During Quarter 4 [Jan -March 2022], 30 children's experiences were audited that were referred into FFD by schools for support at Level 4 but where the outcome was that needs could be best met at either Level 1 or Level 2. In addition to the follow up meetings with schools by the Early Years and Education Safeguarding Adviser as mentioned in the QAPP Group section above, a 7-minute learning briefing covering the findings from these audits has been produced and disseminated to education settings. This regular audit activity will continue to monitor impact of the support provided, and the conversion rates are also monitored via the QAPP Group performance data set.

## Children & Young People's Plan Measures and Key Performance Indicators (KPIs)

### Early Help Partnership

	Baseline April 22		September 2022
Children reach the expected level of development at their two-and-a-half-year review	Worcs 21/22: 87.6%	England 21/22: 81%	Available Spring 2023
% take up of two-and-a-half-year review	Worcs 21/22: 71%	England 21/22: (NA)	Available Spring 2023
Prevalence of Childhood obesity at Reception and Year 6	Worcs 20/21: NA	England 20/21 Reception: 14.4% Year 6: 25.5%	2021/22: Available November 2022
School readiness – accessing 2ys early years setting	Worcs 75%	England 69%	August 2022: 72%
Number of schools with an Early Help Offer	Worcs Maintained ALL Academy ALL Independent 5	England [if available]	Available November 2022 from Section 75 audits

Page 111

### All Age Disability 0-25 Strategic Partnership

	Baseline April 22		September 2022
Increase the % of statutory advice reports for EHCNA that are submitted within 6 weeks of the request.	Worcs 2021/22: 55.1% annual average	England [if available]	September 2022 42.6%
Increase the % of children with an EHCP receiving education in mainstream schools	Worcs 2021: 30%	England [if available]	September 2022 33.1%
Increase the % of EHCPs issued within 20 weeks (minus exceptions)	Worcs 2021/22: 57.7%: annual average	England [if available]	September 2022 32.7%
Reduce the number of children placed in independent non-maintained schools	Worcs 2021: 7%	England [if available]	September 2022 7.6%

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

	Baseline April 22	September 2022

A reducing number of children and young people who require suitable alternative education arrangements to be made due to mental ill health preventing them from attending school	Worcs 21/22: 307	National data not available	Data available September 2022 onwards
CYP absent from school for more than 50% of the available sessions (severe absence) due to mental ill health. Data to be provided where other health inequalities present	Worcs 21/22: 1426	England [if available]	Data available September 2022 onwards
Health Assessments for Children Looked After	Worcs 75.3%	England 2021: 91.00%	September 2022 67.9%
Number of children and young people who have access to NHS mental health provision. This will include both early intervention and specialist support CAMHS.	Worcs 21-22: 3,338	HWICS monthly target 22-23: 9270	May 2022 7,660
Children and Young People will experience a positive outcome from CAMHS interventions	National routine outcome measures are agreed but not yet reported		

#### Worcestershire Safeguarding Children Partnership

	Baseline April 22		September 2022
A reduced % of repeat Child Protection plans within 2 years	Worcs 21/22: 20.5%	England 2021: 22%	11.1%
Timeliness in care proceedings against the 26 weeks target.	Worcs 21/22: 0%	England 21/22: 46weeks	0%

## **HEALTH AND WELLBEING BOARD 15 NOVEMBER 2022**

### **CHILDREN AND YOUNG PEOPLE'S INTEGRATED CARE SYSTEM PROGRAMME**

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#### **Board Sponsor**

Simon Trickett Chief Executive Officer at NHS Herefordshire and Worcestershire ICB

#### **Author**

Children and Young People's Integrated Care System Programme

#### **Priorities**

This report is relevant to the following Joint Local Health and Wellbeing Strategy priorities:

- Mental Health and Wellbeing
- Healthy Living at All Ages
- Homes, Communities and Places
- Jobs and Opportunities

#### **Safeguarding**

This report has a direct impact on safeguarding children.

ICS Children Board aim - design and deliver an integrated system to improve health and wellbeing outcomes for Children & Young People.

#### **Item for Decision, Consideration or Information**

Consideration

#### **Recommendation**

1. **The Health and Well-being Board is asked to:**
  - a) **Note the development and delivery of the NHS Long Term Plan ;**
  - b) **Note the risk in services delivery raised by the Herefordshire & Worcestershire Health & Care NHS Trust [HWHCT]; and**
  - c) **Make recommendations for action to offset the risk and support delivery of the NHS Long Term Plan**

#### **Background**

2. Across the Herefordshire & Worcestershire ICS, Children and Young People (CYP) represent approx. 19% of our population (Public Health Profiles 2021). The NHSEI National Children and Young People's Transformation Programme was

established to oversee the delivery of the children and young people's commitments in the NHS Long Term Plan, with clearly defined national, regional and ICS expectations. Paused during the Covid -19 pandemic, the programme restarted during 2021 and is responsible for the oversight of health services currently provided for the 0-19 age group across Herefordshire & Worcestershire ICS. This is extended to the 0-25 age group for SEND and Children Looked After (Appendix A)

3. The programme vision is that every child and young person in England will have equitable access to high quality health and care services which are tailored to their needs and available when they need them.

4. Accountability and assurance for delivery of the LTP and National Transformation Programme is held by ICS Children's Board which meets quarterly and brings together key partners across health, social care, education, public health, voluntary sector, parent carers, and reports into the ICS & Place Based governance structures. The Terms of Reference are attached at Appendix B.

5. Integrated Care Systems are required to report on the integrated health and care plans for children and young people's services that focus on 6 national priority areas, these priorities reflect local challenges, the Board have also incorporated 2 additional local priority areas. Multi-agency task groups have been established to take forward this work reporting into the ICS Children Board and local partner organisations.

6. The national priority areas are;

- **Obesity** - Across the ICS we have consistently higher rates of overweight and obese children than the England average, as identified by the National Child Measurement Programme (NCMP).
- **Infant Mortality** – Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social, and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and new born, the ICS infant mortality rate for those under 1 year of age is consistently higher than the England average.
- **Diabetes** – ICS prevalence of Type 1 Diabetes is in line with the England average, there are lower levels of Type 2 diabetes but with the higher than national average of childhood obesity this has significant potential to increase. Diabetes service peer reviews across the ICS identified significant concern with transition to adult care for this cohort of young people.
- **Asthma** – There is significant variation with rates of hospital admission across the 2 counties in the ICS, even allowing for variation in population numbers and compared with the national average rates overall are higher. Focus on implementing the National Asthma Care Bundle Standards (ACBS) and 'Getting the Basics Right' in respect of: annual reviews, Personalised Asthma Action Plans, regular inhaler technique checks, adherence to preventative medication and following minimum standards of discharge planning.
- **Epilepsy** - the most common significant neurological disorder in children under the age of 19: more than one in 220 children have epilepsy,



according to ICS Primary Care Registers 463 children have an epilepsy diagnosis, this does not reflect all the children supported by acute and community epilepsy services and further work is required to understand the extent of need across this group.

- **Acute, urgent & emergency care** – between 25%-30% of local A&E attendances are children or young people, few arrive via ambulance (approx 9%) and from local and national audits we know around 30-50% of these attendances could be managed in integrated care services linking primary and community care with paediatric expertise.

7. The local priority areas are;

- **Special Educational Needs and Disability (SEND)** – Two separate workstreams across the ICS led by the Local Authority on behalf of the local area system. In Worcestershire the focus is delivery of the Accelerated Progress Plan led by Worcestershire Children First on behalf of the local area system. Overarching intentions across the ICS are
  - Improving outcomes for vulnerable children and young people.
  - Supporting, listening to, and encouraging CYP to reach their full potential including, where possible, living independent lives.
  - Strengthening the focus on prevention and early intervention and to co-produce services to improve outcomes for children and young people.
- **Mental Health and Emotional Wellbeing Transformation Plan** - A single workstream across the ICS led by the Mental Health Collaborative and supported by 2 place based partnership groups. Overarching intentions across the ICS are;
  - Timely information, advice, and support
  - Improved mental health services within schools.
  - Excellent success in recovery and avoidance of crisis.
  - Increased awareness and reduction of mental health and emotional well-being concerns and stigma.

8. Quarterly progress from the priority areas is reported to the Programme Board via Highlight and Escalation Reports, these are attached at Appendix C

9. Risks to service delivery were raised by Herefordshire & Worcestershire Health & Care Trust at the Children & Young Peoples Strategic Partnership meeting on 21 September – “Challenges for Services Supporting Children and Young People with Complex Needs” is attached at Appendix D.

10. A recovery and mitigation plan is being prepared by Herefordshire & Worcestershire Health and Care Trust including Clinical prioritisation of need in response to the significant increase in referrals. Recovery plans are being developed, including communication with families and referrers about the current position, including clarification of referral pathways.

11. The ICB is working with Childrens Community Health Services to quantify current demand and capacity and agree measures to mitigate the impact for children & families

12. The outcome of an ICS wide external review of Paediatric Therapies is expected mid-November, this will include potential new models of service provision

13. Herefordshire & Worcestershire Health & Care Trust have established a multi-agency Transformation Programme which meets monthly focused on three key pillars to ensure delivery of benefits and improvements:

- **Optimal Core Services** (ensuring our services are fit for purpose and efficient, providing a customer journey that is customer centric)
- **Systems Transformation** (ensuring easier and smarter tools for our users, systems that are fit for purpose)
- **Workforce Management** (introducing new ways of working, operational management structures, career pathways, cultural change)

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

14. The legal, financial and HR implications of delivery of outcomes rests with responsible commissioners and providers.

### **Privacy Impact Assessment**

15. To be undertaken in relation to HWHCT service delivery challenges

### **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

HAVING DONE THIS, PLEASE USE ONE OF THE FOLLOWING THREE SUGGESTED PARAS IN THE REPORT:

A An Equality Relevance Screening will be completed in respect of the HWHCT service delivery challenges

### **Contact Points**

NHS H&W ICB Contact Points  
Business Support 0330 0534356

Specific Contact Points for this report

Simon Trickett Chief Executive Officer at NHS Herefordshire and Worcestershire ICB  
[simon.trickett@nhs.net](mailto:simon.trickett@nhs.net)

### **Supporting Information**

- Appendix A - Children and Young People's National Transformation Programme Workstreams
- Appendix B - ICS Children Board Terms of Reference
- Appendix C – ICS Children Board Highlight & Escalation Reports
- Appendix D Challenges for Services Supporting Children and Young People with Complex Needs

### **Background Papers**

None

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# Appendix A Worcestershire Health & Wellbeing Board

## Children and Young People's National Transformation Programme Workstreams

### Complications from Excess Weight (CEW) Clinics

By 2022/23 we will treat up to a further 1,000 children a year for severe complications related to their obesity, such as diabetes, cardiovascular conditions, sleep apnoea and poor mental health.

### Data & Digital

To ensure that high quality, timely data is available and used on a national and local level to provide a holistic overview of children and young people's health and care and to drive improvements in their outcomes and experience. To support digital solutions and appropriate local data sharing agreements as enablers of person-centred, multi-agency, integrated care.

### Asthma

To prevent deaths, reduce the number admissions and improve the quality of life of CYP with asthma

### Keeping Children Well

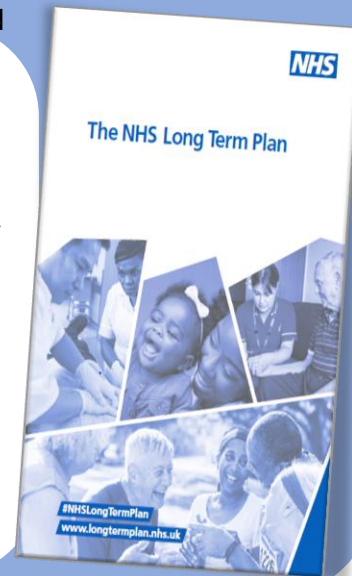
We aim to work with leading health and care systems to understand how to improve outcomes for CYP by working across health, care and education where there is a shared ambition (i.e. vulnerability, speech language and communication needs)

### System-wide Paediatric Observations Tracking Programme (SPOT)

To create a platform that facilitates a standardised and interoperable method of tracking and detecting the deteriorating child. This system will adapt and expand the inpatient paediatric early warning score into ED, community, ambulance and primary care, creating aligned tools, training in communication and evaluation to deliver a cross-system approach to acute deterioration in paediatrics.

## NHS Long Term Plan – a strong start in life for children and young people

- Children and Young People (CYP) represent a third of our country. Their health and wellbeing will determine our future. Recent years have seen improvements in certain services which have been singled out for action, but there is a mixed picture overall.
- The NHS Long Term Plan (LTP) set out a vision for the future of the NHS including action to improve the health and wellbeing of children and young people.
- The Children and Young People Transformation Programme was established to oversee the delivery of LTP commitments in relation to children and young people.
- The COVID pandemic has also highlighted further areas of development which are also being taken forward by the CYP Transformation Programme.



### Transition

By 2028, no child, young person or adolescent will be able to become lost in the gaps between children's and adults services, and that their experience of moving between services is well planned and prepared for and they feel supported and empowered to make decisions about their health and social care needs.

### Urgent & Emergency Care

To reduce avoidable CYP A&E attendances, identify innovative, more integrated models of care and areas of positive practice, and test the feasibility of a national paediatric NHS111 Clinical Assessment Service (CAS) and evaluate its impact on patient pathways and wider local system.

### Mental Health/Physical Health integration

We will work across NHSEI to ensure that the paediatric workforce is supported when caring for children and young people presenting to hospital with acute mental health needs such as eating disorders or crisis presentations; and understand where to get additional support.

### Voice

To collaborate with and embed the voice of children, young people, and families across our programme of work.

### Integration

Work with local health systems to co-develop what good looks like to integrate care both horizontally – across health care and education; and vertically – across secondary, primary and community care.

### Long term conditions

To improve quality of care and outcomes for children with diabetes and epilepsy

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## **The Children & Young People's Board**

### **TERMS OF REFERENCE**

**April 2022**

#### **1. Purpose**

The purpose of the Children & Young People's Board will be to provide oversight and assurance of the design and delivery of an integrated system to improve health and wellbeing outcomes for Children & Young People. Including minimising the impact of the wider determinants of health, reducing health inequalities and overseeing service transformation, performance, quality and improvement.

Specific task groups of the Board will focus on agreed priorities determined by the NHS Long Term Plan, the Health and Wellbeing Boards strategic plans and emerging local need. This will require the Children Board to:

- Lead the design and delivery of a sustainable work programme for CYP including:
  - Prevention advice and guidance
  - Supporting delivery of personalised care for CYP
  - Building resilience
  - Delivering a virtual-first approach for CYP health services
  - Providing enhanced care in community settings
  - Resetting demand for CYP acute services
  - Reviewing and developing the CYP system workforce as part of the ICS Childrens Plan
  - Supporting development of a joint Planning and Commissioning Strategy between partners
  - Supporting delivery of the Looked after Children (LAC) strategy and ensuring that all health providers prioritise LAC
  - Supporting delivery of the SEND agenda, including an effective and seamless response for 18-25 year olds
  - Supporting the Mental Health Collaborative in the delivery of the children and young people emotional wellbeing and mental health transformation programme, including an effective and seamless response for 18-25 year olds
  - Having a key interrelationship with the Local Maternity and Neonatal System (LMNS).

The group will also be required to:

## Terms of Reference

- Review strategic priorities, taking into account reports from independent regulators (e.g. CQC, OFSTED) and other key bodies
- Seek assurance that the programme can evidence co-production, communication, engagement and where required consultation and demonstrate the impact of changes being made.
- Be a system-wide body that considers CYP health and wellbeing investment / disinvestment plans and their impact on strategic priorities and make recommendations to the Integrated Care Board
- Utilise a task & finish working group approach to enable transformation supporting the Mental Health Collaborative and SEND Improvement Board to deliver the local priorities; Asthma, Epilepsy, Diabetes, Obesity, Infant Mortality, Out of Hospital Care, SEND and Mental Health & Emotional Wellbeing.
- Provide a route for further escalation of issues, risks and quality and performance issues to the ICS quality forum if issues cannot be resolved.

### 2. Responsibilities

The duties of the Children & Young People's Board will include the following:

- The group will be responsible for the oversight of health services currently provided for the 0-19 age group across Herefordshire & Worcestershire ICS. This will be extended to the 0-25 age group for certain areas of work (e.g. SEND and Children Looked After).
- The members will:
  - Receive highlight reports and assess progress against CYP health priorities as identified in the NHS Long Term Plan, System and local CYP Partnership plans. This will include providing solutions/mitigations to issues and risks that have arisen
  - Discuss, create and implement new processes and pathways as and when they are needed
  - If urgent/high risk matters are identified, these may be reported by the Chair directly to Integrated Care Executive Leadership Team who will ensure that a decision is made and escalate to the most appropriate forum for discussion.

### 3. Membership

The Children & Young People's Board shall consist of the following:

Board Members	Role	Organisation
Chair	Senior Responsible Officer CYP Programme	HW ICB
Vice Chair	Clinical Lead CYP & Maternity	HW ICB
	Consultant in Public Health	Worcestershire County Council
	Consultant in Public Health	Herefordshire Council
	Director Children's Services	Worcestershire Children First



## Terms of Reference

Board Members	Role	Organisation
	Director Children's Services	Herefordshire Council
	Clinical Director for Women and Children	Wye Valley NHS Trust
	Clinical Director for Paediatrics	Worcestershire Acute Hospital Trust
	Clinical Director for Community Paediatrics	Herefordshire & Worcestershire Health & Care Trust
	GP PCN Clinical Director	Herefordshire
	GP PCN Clinical Director	Worcestershire
	Executive Director of Strategy and Partnerships	Herefordshire & Worcestershire Health & Care Trust
	Executive Director of Strategy, Improvement and Planning	Worcestershire Acute Hospitals Trust
	Managing Director	Wye Valley NHS Trust
	Associate Director for Nursing and Quality/Designated Nurse for Safeguarding.	HW ICS
	Families in Partnership	Worcestershire
	Parent Carer Voice	Herefordshire
	Children & Young People Participation group (to be established)	
	Healthwatch	Worcestershire
	Healthwatch	Herefordshire
	Deputy Director for Transformation Children and Young People Programme Director	Midlands Region NHS England and NHS Improvement
	Lead for Mental Health, Learning Disabilities and Children	HW ICB
	Senior Manager Personalised Care, Prevention and Population Health Management	HW ICB
	Programme Lead Children, Young People & Maternity	HW ICB

The nominated Board member can identify an appropriate deputy to represent their organisation.

The Chair of the Board shall be the Senior Responsible Officer for the CYP Programme, as detailed in the above table.

Where the Chair is unable to attend the meeting, the meeting shall be chaired by the Clinical Lead for CYP and Maternity.

Other representatives may be invited to attend as required.

#### 4. Role of members

Members of the Board represent their organisations, and the views of their Governing Bodies. The expectation is to establish a shared view and consensus across the system.

## Terms of Reference

Members shall also provide visibility within their own organisations of the considerations of the group and ensure that issues and proposed solutions are discussed through the appropriate governance arrangements.

### **5. Decision making**

The group does not have formal delegated authority to make decisions or commit financial expenditure. A summary report following each meeting shall be circulated to Integrated Care System Executive Forum and minutes of the group will be available upon request

When making recommendations members of the group will work constructively and pragmatically to reach a consensus position where all agree. Where members do not feel they are in a position to support a decision, they reserve the right to refer the issue back through their respective organisation governance arrangements. Members should clearly state their position and ask that it be recorded in the minutes of the meeting.

### **6. Meetings**

The group shall meet on a quarterly basis.

Where an additional meeting is required outside of the established meeting frequency is shall be for the Chair to convene the meeting, providing five clear working days' notice.

### **7. Administration**

The administration and minute taking for the group is the responsibility of the Children and Young Peoples Team at the CCG.

Papers will be circulated one week in advance of the meeting, to enable members to consider the implications for their own organisations in advance of the meeting. Where this is not possible, any later circulation must be agreed with the Chair in advance.

An action log of key actions, risks and issues will be completed and outstanding items will be reviewed at each meeting. Completed actions will be archived.

### **8. Reporting arrangements**

The group does not replace any existing statutory accountabilities of member organisations.

The group will be accountable to the Integrated Care Board of the Herefordshire & Worcestershire Integrated Care System. Draft ICS Governance Framework attached at Appendix 1

A summary report following each meeting shall be circulated to Integrated Care Executive Leadership Team and place based Strategic Partnership Groups.

A stakeholder communication on progress will be provided after each meeting.

Reports will be submitted to Health and Wellbeing boards on a six-monthly basis.

Members are responsible for reporting into their constituent bodies

### **9. Conduct of the Committee and Conflicts of Interest**

The group shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the conflicts of interest guidance and policy.

Members are required to state for the record any interest relating to any matter to be considered at each meeting. These conflicts will be recorded in the minutes and where necessary an individual may be asked to withdraw from the meeting for that part of the agenda.

Should the Chair of the meeting have a conflict of interest which necessitates their absence from the meeting, the role of Chair should be undertaken by the Deputy Chair.

### **10. Equality Statement**

The group is committed to promoting equality in all its responsibilities – as commissioners of services, as a partner in the local economy and as an employer. The group has a duty to ensure that it contributes to ensuring that all users and potential users of services and employees are treated fairly, respectfully with regard to the protected characteristics of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation.

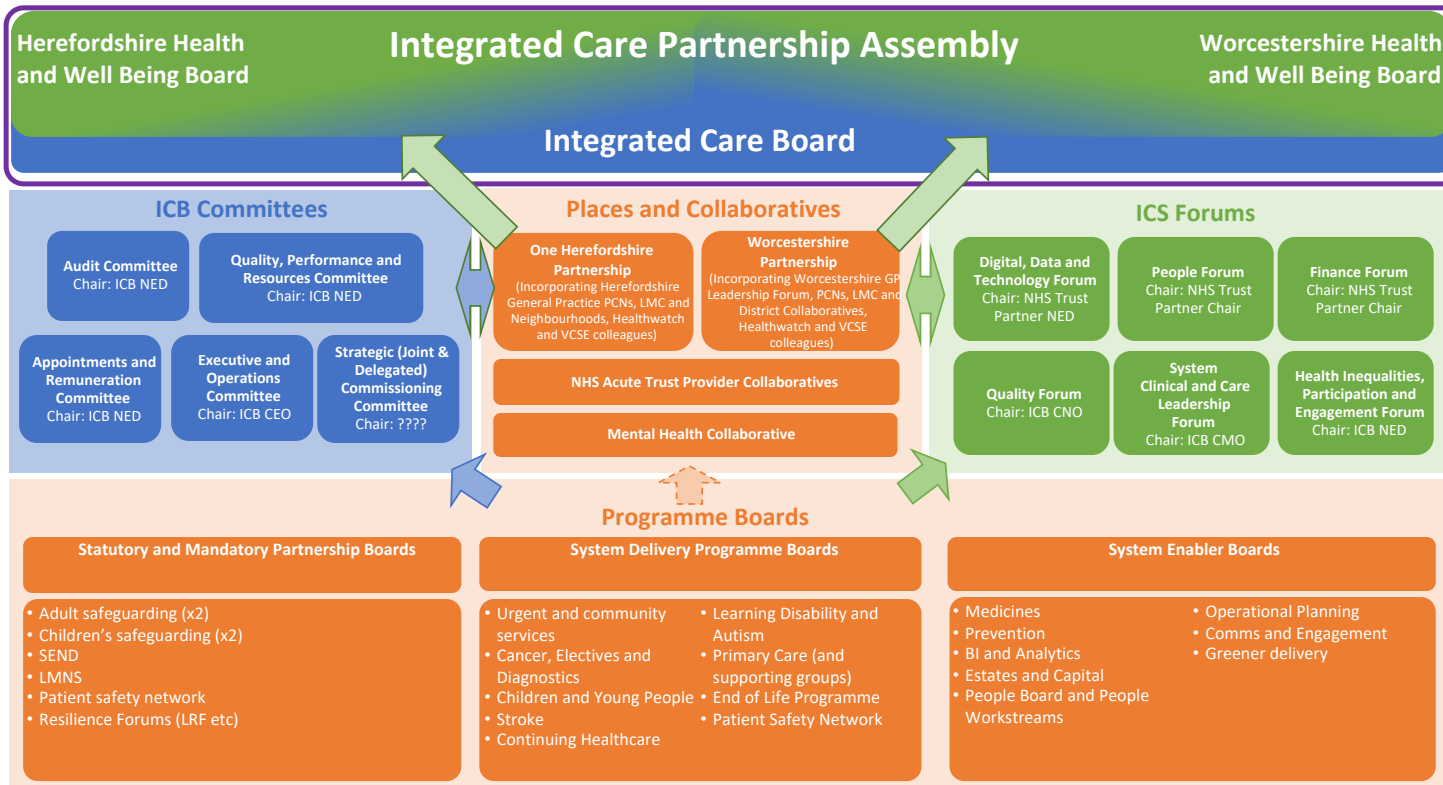
### **11. Review**

These Terms of Reference will be reviewed in six months or sooner if required and recommendations made to the Integrated Care Executive Leadership Team for approval.

Date approved: 28.04.2022

Review date: 28.10.2022

Proposed governance structure sitting beneath the Integrated Care Board



# Quarterly Project Highlight Report:

## Asthma

Report Date	25/10/2022		Anna Swift
Overall Programme Status	On Target		

Key Partners / Roles
<ul style="list-style-type: none"> <li>• WHAT – Paediatric Consultant, Acute Respiratory Nurse</li> <li>• WVT – Paediatric Consultant, Acute Respiratory Nurse</li> <li>• HWNHS – Children’s and Maternity Lead, Project Manager</li> <li>• Herefordshire Primary Care - Respiratory Practice Nurses</li> <li>• Local Authority – Public Health</li> <li>• HWNHS - Medicines Management</li> <li>• HWHCT – Community Nursing</li> </ul>

Milestones/Tasks Next Period	Progress	% Complete	End Date
Action plan for delivery of CYP Asthma Care Bundle Standards written with key deliverables and performance measures in place.	Complete	100%	Sept 2022
Commence delivery of the CYPs Respiratory Nurse Pilot.	On Target	0%	Nov 2022
Piloting of the CYP Asthma Digital Health App to support self-management agreed by Asthma sub-group.	On Target	80%	Dec 2022
Asthma Data Analysis report is produced to identify trends and priority areas for further action.	On Target	80%	Nov 2022
Work with Herefordshire Clinical Leadership Team to identify the support needs of Practice staff in supporting the delivery of quality children’s asthma care.	In progress	20%	Mar 2023
Agree key indicators for CYP Dashboard for Asthma	In progress	20%	Nov 2022
CYP Asthma Care Pathway is in place.	On Target	10%	Dec 2022

Key Risks	Current	Target	Mitigation
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Winter pressures could impact on emergency care for those experiencing asthma exacerbations.			CYPs respiratory nurses will be delivering preventative care in the community from November could be appointed instead of 2 x 0.5 WTE. A secondment could be made from Primary/Secondary care to deliver the service.
Progress Update			
<p>CYPs Respiratory Nurse posts appointed to deliver the community nurse pilot. All documentation and systems to deliver the service near completion.</p> <p>#AskAboutAsthma campaign delivered and used to raise awareness of local priorities/developments.</p> <p>Survey of schools asthma policies and practice is undertaken, response rate relatively low.</p> <p>Survey of training and development needs of Practice nurses undertaken across both counties, response rate also low but some useful feedback.</p> <p>Primary Care Practice Leads for CYP Asthma identified for Herefordshire.</p> <p>Asthma Care Pathway development is in progress.</p> <p>Asthma Sub-group continues to implement the key deliverables in the CYP Asthma Action Plan to deliver the CYP Asthma Care Bundle Standards.</p>			

Programme Highlights
Appoint to CYPs Respiratory Nurse posts. Data sources were identified and analysis is underway to inform the priorities of the asthma care bundle standards delivery and monitoring of implementation.
Escalations
None.
Activities Planned Next Period
See Key Milestones/Tasks Next Period.

*Outcome / Benefits realisation	Progress (RAG)	Explanation
<ol style="list-style-type: none"> <li>1. Skilled workforce across the ICS to support CYP with asthma</li> <li>2. Improvement in asthma diagnosis for CYP</li> </ol>	On Target	Plans are in place to deliver the Community Respiratory Nurse pilot which will deliver on the key elements of the Asthma Care Standards to deliver the basics of CYP

# Quarterly Project Highlight Report:

<p>3. Facilitates personal asthma care plans for patients</p> <p>4. Reduced emergency admissions for CYPs asthmatic episodes</p> <p>5. Robust and sustainable systems are in place across the ICS for the diagnosis, management and support of asthma for CYP</p> <p>6. Robust data systems are in place to inform the needs of CYP with asthma across the counties</p>		<p>asthma care to the most at risk groups. This will address points 2, 3, 4.</p> <p>Discussions and plans are developing to improve General Practice delivery of CYP asthma care identifying workforce development needs. This will address points 1, 2, 3, 4 &amp; 5.</p> <p>Regular reporting mechanisms are being established. Analysis of trends in CYPs asthma is being undertaken to identify the current position and set targets/ performance measures addressing point 6.</p>
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# Quarterly Project Highlight Report:

## CYP Diabetes

Report Date:	October 2022	Prepared by:	Matt Hartles
Overall Programme Status	On Target		

Key Partners / Roles
WHAT – Paediatric Consultant, PDSN, Business Manager, Adult DSN WVT – Paediatric Consultant, PDSN, Adult DSN HWICB – Childrens and Maternity Lead, Project Manager, GP – Diabetes Lead GP's (Herefordshire and Worcestershire), Local Authority – Public Health Midlands Paediatric Diabetes Network Manager

Key Milestones/Tasks Next Period	Progress	% Complete	End Date
Draft Diabetes Specification	On Target	75%	31/12/22
Brief ICS Diabetes steering group on progress to determine next steps	On Target		16/11/22
Submit Expression of interest to deliver 19-25 year old transitions pilot (WAHT)	Complete	100%	
Submit targeted funding request for inequity in technology usage (WAHT)	Complete	100%	Oct 22
CYP Diabetes Focus Groups	On Target	75%	31/12/22

Key Risks	Current	Target	Mitigation
Delay in diabetes diagnosis	9	3	Quarterly bulletin reminders to GP's about same day review.  Create a brief video on clinical guidance for managing suspected diabetes for CYP outlining local clinical pathway.

Engagement in sub-group meetings / work programme	8	6	Ensure realistic targets and milestones are agreed for future work around the winter period.
Not seen as a priority within the ICS Diabetes strategy	3	1	Early engagement and input into strategy.

Progress Update
Worcestershire were unfortunately unsuccessful in their 19-25yr old transitions pilot expression however received positive feedback from the NHSE regional team. They were however successful in obtaining funding to address inequity of technology use across Worcestershire,

Programme Highlights
Both Wye Valley Trust and Worcestershire Acute Hospital trust have contributed towards the development of Herefordshire and Worcestershire's commissioning policy in relation to the changes in NICE guidelines around the provision of Continuous Glucose monitoring.
Escalations

Activities Planned Next Period
Following meeting with the ICS Diabetes steering group clarification will be sought to understand the process for resourcing the improved pathways outlined within the service specification. <ul style="list-style-type: none"> <li>Complete combined specification</li> <li>Seek clinical approval for content of specification</li> <li>Work up a business plan to include additional financial resource requirements.</li> <li>Support Worcestershire Acute Hospitals Trust with their successful inequitable use of technology pilot funding request.</li> <li>Re-issue schools toolkit to recognise early signs of type 1 diabetes to coincide with world diabetes day – 14<sup>th</sup> November.</li> </ul>

*Outcome / Benefits Realisation	Progress (RAG)	Explanation

# Quarterly Project Highlight Report:



Co-produced transition pathway from children to adult health care		Getting the basics right, preparation for self-management
CYP better prepared to support their health needs		Supporting independence and personalised care
CYP are engaged in transition services and effective management of long-term conditions to avoid crisis presentations		Supporting independence and personalized care

Page 130

Key:
Completed
On Target
Experiencing Obstacles
At Risk
Compromised



# Quarterly Project Highlight Report:

## Epilepsy

Report Date:	October 22	Prepared by:	Matt Hartles
Overall Programme Status	Experiencing Obstacles		

Key Partners / Roles
HWICB – Children and Maternity Lead, SEND Commissioning Manager, Project Manager, CYP Clinical lead WHAT – Paediatric Consultant x2, Paediatric Epilepsy Specialist Nurse HWHCT – Paediatric Consultant, Clinical Services Manager, Special School Nursing Lead, Clinical Lead Nurse for Children’s Nursing, Adult Epilepsy Specialist Nurse. WVT – Acute Paediatric Consultant, Community Paediatric Consultant, Epilepsy Specialist nurse, Business Manager, CYP Matron.

Key Milestones/Tasks Next Period	Progress	% Complete	End Date
Final draft of business case	Complete	100%	July 2022
Business Cases to be taken through respective governance processes to gain approval to proceed	Compromised	50%	Aug 2022
Business Cases to be taken through ICS approval process.	Not Started	0%	Dec 2022
Investigate the opportunities to improve the psychological support patients on the Epilepsy pathway. – Re-profiled	Experiencing Obstacles	10%	Jan 2023
Engagement in national working groups for 4 key area of focus.	Complete	100%	Sept 22

Key Risks	Current	Target	Mitigation
Epilepsy specialist nurse capacity across both counties does not meet national guidance	Yellow	Green	Business case for additional ESN in the community.
Engagement in the sub-group and subsequent work	Green	Green	A number of representatives from each organisation have been identified to ensure

programme is compromised due to the RSV winter pressures causing clinical expertise to be lost during this period.	Green	Green	adequate coverage. In addition, elements of the work programme will be owned by the Project manager (Non-clinical) which can progress regardless of pressures on clinical colleagues although clinical input is required. Surge Plans have been agreed at both WVT & WAHT
Flow of information between ED department and community in Worcestershire	Yellow	Green	Interim measure in place to ensure paediatric consultant aware of ED presentation and discharge of community patients.
Separate ICS business cases for systems due to clinical pressures could lead to inequity of care across the ICS.	Yellow	Yellow	Timescales for business case to be taken through each organisations governance processes to gain approval to proceed have been agreed by members of the sub group. Escalated

Progress Update
Progress has been hampered due to staff operational pressures and illness. Timescales have been re-worked and priorities shifted in order to continue to progress main priority around inequity of care and access to specialist nursing.

Programme Highlights
Final drafts of both WVT and HWHCT Business cases have been submitted to internal trust approval processes. Awaiting outcome early November.
Escalations
Delay in internal trust approval processed due to staff illness and operational pressures over the course of the summer.

Activities Planned Next Period
<ul style="list-style-type: none"> <li>Business cases for both WVT and HWHCT to be taken through respective approval processes</li> <li>ICS Business case created to take through ICS approval processes.</li> <li>Audit and understand the psychology and mental health support for patients on the Epilepsy caseload.</li> </ul>

# Quarterly Project Highlight Report:

- Work with partners to develop a pathway for psychological support for those on the Epilepsy caseload.

*Outcome / Benefits Realisation	Progress (RAG)	Explanation
Standardised approach to management of childhood epilepsy	Green	Getting the basics right
CYP better prepared to support their health needs	Green	Supporting independence and personalized care
Less reliance on acute intervention	Green	Supporting care where child or young person usually lives
Increase in awareness and identification and treatment through training and education with schools and school nurses.	Yellow	Supporting care where the young person usually lives
Collaborative approach to providing holistic care for the CYP	Green	

Page 132

## Infant Mortality

Report Date	25/10/2022		Anna Swift
Overall Programme Status	On Target		

Key Partners / Roles
<ul style="list-style-type: none"> <li>• WHAT – Obstetric Consultant, Maternity Leads</li> <li>• WVT - Maternity Lead, Public Health Midwife</li> <li>• HWNHS – Childrens and Maternity Lead, Project Manager,</li> <li>• GP – CCG Lead GP for Children &amp; Maternity</li> <li>• Local Authority – H &amp;W Public Health</li> <li>• Worcestershire Children First – Early Years lead</li> </ul>

Key Milestones/Tasks Next Period	Progress	% Complete	End Date
Herefordshire Deep Dive analysis of infant mortality and related data is undertaken to identify underlying factors affecting the higher than average IM rate in Worcestershire.	On Target	10%	Dec 2022
Identify permanent funding for Herefordshire's maternity service Smoking Cessation Support Workers & NRT.	On Target	80%	Dec 2022
Framework for the development of the IM strategy is developed.	On Target	80%	Nov 2022

Key Risks	Current	Target	Mitigation
Maternity capacity across both counties continues to be of concern.			Roll-out of continuity of care programme restricted to most at risk.

Progress Update
<ul style="list-style-type: none"> <li>• IM Sub-group have discussed and developed a framework for the infant mortality strategy.</li> <li>• A reporting mechanism between established between the IM sub-group and the LMNS. The new ICB Maternity Commissioner will provide feedback between both groups and enable integrated discussions.</li> </ul>

- A Public Health Midwife from Worcestershire is now a representatives/s on the IM Sub-group

Programme Highlights
As per progress update.
Escalations
None.
Activities Planned Next Period
<ul style="list-style-type: none"> <li>• Undertake a deep dive into the Herefordshire data &amp; compare trends with Worcestershire</li> <li>• Produce a formal IM needs analysis for both counties.</li> <li>• Draw together all guidance related to IM and summaries current position against this.</li> <li>• Secure permanent funding for Herefordshire's maternity service Smoking Cessation Support Workers &amp; NRT. Talks ongoing.</li> </ul>

*Outcome / Benefits realisation	Progress (RAG)	Explanation
Infant mortality data analysis completed.	On Target	70% completed. Key modifiable risk factors for both counties identified as: smoking & obesity. Areas of deprivation have highest rates. Analysis of Herefordshire CDOP data required to understand if any additional underlying factors influencing IM rates.
Improved systems for identifying and supporting families/women whose children are at risk of IM due to modifiable risk factors	Experiencing Delays	Action plan to focus on early intervention is in development. On hold pending development of the IM strategy.  Worcestershire maternity service have introduced 2 additional points of contact where an assessment of need is undertaken (booking, 28 weeks, 36 weeks and delivery). This is reviewed and shared with health visiting service to improve the identification of women with additional support needs and

# Quarterly Project Highlight Report:



		provide early intervention and improved transfer to health visiting.
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# Quarterly Project Highlight Report:

### Obesity

Report Date	25/10/2022	Anna Swift
Overall Programme Status	On Target	

Key Partners / Roles
<ul style="list-style-type: none"> <li>WHAT – Paediatric Consultant, Nurse Specialist, Dietetics</li> <li>WVT – Paediatric Consultant, Acute &amp; Community, Nurse Specialists, Dietetics</li> <li>HWNHS – Childrens and Maternity Lead, Project Manager,</li> <li>H &amp;W Primary Care – Pilot site PCN</li> <li>H&amp;W Local Authority – Public Health</li> <li>HWHCT – Community Nursing &amp; 0-19 Healthy Child Lead</li> <li>H &amp; W Special School Headteachers</li> </ul>

Page 135

Milestones/Tasks Next Period	Progress	% Complete	End Date
Integrate a CYP Healthy Weight Strategy within and ICS Wide All Age Healthy Weight Strategy.	Commenced	5%	July 2023
Pilot a hybrid Social Prescribing/Coaching role/s to take a Whole Family Approach to supporting families whose children under 5 are at risk of being overweight or obese at reception age but who find it difficult to access current provision.	On Target	80%	Oct 2022
CYP Obesity Care Pathway is in place.	Delays	10%	Dec 2022

Key Risks	Current	Target	Mitigation
Additional resources are not currently available to address CYP Obesity.			Approach needs to be innovative, flexible and within the current capacity of existing funding/resources.
CYP with SEND identified as a group who have seen increasing rates of obesity since the pandemic (levels			Look to identify existing programmes in both counties that have capacity to prioritise CYP with SEND.

were already higher in this group)			
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Progress Update
<ul style="list-style-type: none"> <li>A project group is now in place under the Worcestershire Place development programme to develop and all-age healthy weight strategy encompassing CYP as a priority focus and a project group.</li> <li>A Family Coaching service model, SLA, evaluation process and targeted approach to accessing at-risk children and families with children aged 2.5-3 years has been agreed and developed with key partners. Herefordshire Public Health have identified a delivery mechanism for the service.</li> <li>CYP Obesity Sub-group has planned the scope of the CYP Obesity Care Pathway. Lack of workforce capacity to participate in the development of this piece of work has restricted progress.</li> </ul>

Programme Highlights
<ul style="list-style-type: none"> <li>Identification of</li> <li>Project group for Worcestershire Place established.</li> </ul>

Escalations
None.

Activities Planned Next Period
<ul style="list-style-type: none"> <li>Virtual approach established to drawing together the CYP Obesity Care Pathway for Clinical Provision.</li> <li>Work Action for Children in Worcestershire to develop and approach to delivering the Family Coaching service.</li> <li>Review referrals to community and secondary care dietetics services in both counties.</li> <li>Support the development of Worcestershire Place development programmes approach to reducing CYP Obesity.</li> </ul>

*Outcome / Benefits realisation	Progress(RAG)	Explanation

# Quarterly Project Highlight Report:



A clear Obesity care pathway is in place.	Delayed	Experiencing obstacles due to workforce capacity.
Hard to reach CYP & Families at risk of obesity & in areas of deprivation, are supported to access & shape support to address barriers to lifestyle changes.	On Target	Progress made, agreement of location of posts almost in place.

# Quarterly Project Highlight Report:

### Urgent and Emergency Care

Report Date:	October 2022	Prepared by:	Matt Hartles
Overall Programme Status	On Target		

Key Partners / Roles
HWICB – Comms, Contracting, UEC Lead, Mental Health, Data Analyst, Children’s Lead, Project Manager
WHAT – Consultant paediatrician, Clinical Director Emergency Medicine, Business Manager
HWHCT - Clinical Lead Nurse for Childrens Nursing
WMAS – Directory of Service Lead
WVT – Consultant paediatrician, general manager women’s and children, PEWS Lead, CYP Matron
Pharmacy – Chief officer local pharmacy committee
GP – Urgent Care Lead, CYP Lead
OOH – Practice plus group

Key Milestones/Tasks Next Period	Progress	% Complete	End Date
Re-establish UEC sub-group in Spring	Complete	100%	04/22
Agree Terms of reference	Complete	100%	06/22
Establish frequent self-referrer profiles	Complete	100%	08/22
Develop a robust seasonal illness plan to reduce pressure on acute and primary care services	On Target	80%	03/23
Re-launch Handi App in Worcestershire / Launch Handi App in Herefordshire.	Experiencing Obstacles	80%	11/22
Deep dive into data to look to establish key areas of focus	On target	20%	11/22

Key Risks	Current	Target	Mitigation
Engagement in the sub-group and subsequent work	Yellow	Green	Terms of reference established to ensure buy in from organisations. Requirement for each

programme is compromised due to workforce pressures	Yellow	Green	organisation to be represented and feedback through their governance structures
Agreeing collaborative approaches across the ICS	Yellow	Green	Briefing clinical practitioner forums in both counties to ensure buy in from the outset.

Progress Update
No subgroup meeting held during Quarter 2 due to availability of group members, however work has continued outside of the meeting structure including strengthening links with all age UEC programme and progressing Handi App launch in Herefordshire.

Programme Highlights
Delays in launching Herefordshire Handi App due to issues with Apple approval process. Input into ICB Winter Plan CYP Self referrer profiles established

Escalations

Activities Planned Next Period
<ul style="list-style-type: none"> <li>Implementation of winter plan objectives.</li> <li>Deliver paper to ELT and CPF to seek approval to launch Handi App</li> <li>Launch/re-launch of Handi App</li> <li>Develop a Handi app operational policy to outline responsibilities and review timelines</li> <li>Deep Dive into CYP data to identify priorities</li> <li>Review Directory of Service</li> </ul>

*Outcome / Benefits Realisation	Progress (RAG)	Explanation
Collaborative approach to providing holistic care for CYP	On Target	
Increased awareness of alternatives to ED attendance	On Target	

# Quarterly Project Highlight Report:



CYP are engaged in transition services and effective management of long-term conditions to avoid crisis presentations	On Target	Supporting independence and personalised care
Consistent pathways across the ICS to provide the most appropriate care in the most appropriate setting	On Target	Supporting care where is most appropriate and accessible for the young person in a safe environment



# Quarterly Project Highlight Report:

### Mental Health and Emotional Wellbeing

Report Date:	26 <sup>th</sup> October 2022	Prepared by:	Jenny Dalloway
Overall Programme Status	On Target		

Key Milestones/Tasks Next Period	Progress	% Complete	End Date
Ensuring the actions within the CYP EMW/MH Transformation Plan 21-22 delivery plan are on track and have clear outcomes.		95%	Oct 22
Recruitment to CYP Key Worker roles as part of LDA Admission Avoidance Programme		100%	Dec 22
Validation of CYP eligible for s117 aftercare and include on ICS register(s)		95%	Oct 22
Launch newly commissioned text service SHOUT across Herefordshire and Worcestershire		100%	Sept 22
Priority setting for MH Programme 2023-24		10%	Mar 23

Key Risks	Current	Target	Mitigation
Recruitment into new teams for example home treatment team in CAMHS			Exploring creative alternatives to posts including development posts. HWHCT Management of Change process with existing staff.
Continuing increase in demand in crisis services and admissions to Tier 4			Monitor demand, development of home treatment team to keep young people at home

Delays in launch of Oliver MacGowan Mandatory Training.			Delivery of local awareness training. EbE to support services in assessing sensory impact of clinical environments
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Progress Update
<p>1. CYP EMW/MH Transformation Plan The ICS Transformation Plan for 2022-23 has now been published following approval by both Partnership Boards.</p> <p>2. CYP Crisis – Herefordshire. Following successful recruitment events in the county 4.0wte B6 clinicians have been appointed. Proposed service launch date February 2023 when Herefordshire will be in a position to offer 5 days 8-8 cover and weekends and bank holidays will be 9-5.</p> <p>3. CYP Crisis – Worcestershire. Recruitment for Worcestershire remains a challenge with 3.22 WTE Band 6 vacancies remaining following appointment to 1 WTE Band 6 post in September 2022. The existing vacancies are being extensively advertised therefore until these posts are recruited, the current service model will continue to operate Monday to Friday 9-5 with out of hours and weekends supported by Mental Health Liaison and 24/7 Crisis Teams.</p> <p>4. WEST Service. The Education MH Practitioners recruited for Wave 7 have commenced training at University of Exeter and the placement primary schools in Herefordshire have been selected. Recruitment is progressing for Wave 8 trainees who will commence training in January 2023. The placement primary schools across Worcester City and Droitwich are being identified. The previous trainees are now fully qualified and 4 WEST Teams are operational across the tow counties. Data is now being submitted to the MHSDS and is supporting delivery of the system CYP Access targets.</p> <p>5. ASD. The 14-18year old pilot project for teenagers newly diagnosed with ASD has now contacted all CYP who have been recently diagnosed. Implementation has been slower than anticipated due to the current diagnostic services capacity to facilitate referral to the support. Progress is being monitored through the LDA Programme Board.</p>

# Quarterly Project Highlight Report:

## Programme Highlights

1. Publication of the CYP EMW/MH Transformation Plan for 2022-23.
2. CYP Keyworkers. Successful recruitment to all posts within CYP Admission Avoidance Service. Staff have a range of experience across education, social care and health.
3. WEST Service. The previous trainees are now fully qualified and 4 WEST Teams are operational across the two counties. Data is being submitted to the MHSDS and is supporting delivery of the system CYP Access targets.
4. Parent Carer Support  
Autism West Midlands have been re-commissioned to deliver on-line training sessions due to positive outcome and feedback from previous delivery across the ICB. <https://autismwestmidlands.org.uk/events/>
5. MH needs of Autistic People. The ICB Autism Champion discussed the current gap in provision to support the mental health needs of autistic people at the MH Collaborative. Partners committed to the promotion of reasonable adjustments across all service provision and to promote/prioritise the Oliver MacGowan Mandatory Training for professionals when launched in 2023. Delivery will be monitored by the Collaborative and LDA Programme Boards.

## Escalations

Managed through MH Collaborative – workforce risks on risk register and MH workforce plan being developed.

## Activities Planned Next Period

See milestones/tasks section

# Quarterly Project Highlight Report:

## SEND

Report Date	31/10/22	Prepared by:	Louise Adams
Overall Programme Status	On Target		

Key Partners / Roles	
Worcestershire Children's First WCC HWHCT Parent Carer forums	Herefordshire Council WVT Schools SENDIASS

Key Milestones/Tasks Next Period	Progress	% Complete	End Date
Continue APP development work in Worcestershire. DfE visit Sept 2022 acknowledged improvement and identified areas to focus on which will be picked up by workstreams. Next DfE review visit 28/03/23			28/3/23
Develop action plan for Herefordshire to address areas for improvement highlighted in October 2022 LGA Peer review.			

Key Risks	Current	Target	Mitigation
Capacity in Community Health Services (Worcestershire) including impact on statutory processes.			Review of therapy services Review of CCN service Transformation plan under development - HWHCT. Review of SSN service Prioritisation Framework under development with Community Paediatrics
Capacity in Community Health Services (Herefordshire)			Review of therapy services continues with first phase completing shortly. Awaiting further details of capacity issues within Community Paediatrics.
Few CYP may not have access to equipment in school or home in a timely manner (Worcestershire)			Working group established. Paper to go to ICEOG once agreement reached with all parties.
CYP may experience delay in undergoing assessment for Autism			Increased commissioning capacity to undertake review of pathways – post holder starts 3.11.22

Programme Highlights
<ul style="list-style-type: none"> <li>Review of Children's Continuing Care and Complex Health Needs has begun.</li> <li>Pilot of post diagnostic support for CYP aged 14-18 yrs has been agreed and has commenced after a short delay.</li> <li>Scoping of DCO capacity in Herefordshire is underway – interim support identified.</li> <li>Accelerated Progress Plan for SEND agreed in Worcestershire – First review meeting held with DfE.</li> </ul>

Escalations
Capacity across all health services is limited as recovery from COVID continues. Increased complexity and delayed presentation is resulting in higher referrals and inability to discharge due to ongoing needs. Capacity to undertake statutory functions is limited and not all expectations are met.

Activities Planned Next Period
<ul style="list-style-type: none"> <li>Continuation of work programmes – SSN review, Therapies review, Autism pathways, ADHD pathway, CCN review.</li> <li>Focus on APP to progress improvements – specific focus on processes supporting quality and timely input to EHCP's.</li> <li>Paper to be prepared for ICEOG on Paediatric equipment provision.</li> <li>Embedding of Key worker roles in CAMHS and YAT.</li> <li>Continuation of prioritisation work with Worcestershire Community Paediatrics service.</li> </ul>

*Outcome / Benefits Realisation	Progress (RAG)	Explanation
	On Target	

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# Children and Young People's Strategic Partnership Board

## Challenges for Services Supporting Children and Young People with Complex Needs

Page 143

Matthew Hall, Chief Operating Officer

Sally-Anne Osborne, Associate Director for Children, Young People & Families & Specialist Primary Care

21<sup>st</sup> September 2022



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Together for  
Outstanding  
Care

# The Issues

Services are facing a number of challenges and issues which are significantly compromising the ability to provide a timely, responsive and sustainable service to the children of Worcestershire.

- Change in services ability to meet demand
- Changes in demand (eg ADHD, EHCP assessments, adoption, fostering, special schools)
- Fundamental change in the needs of these children
- Long and increasing waiting times and non compliance with statutory timescales
- Larger caseloads
- Future offer needs to be different, sustainable and responsive

Page 144

## Services impacted:

Community Paediatrics  
Paediatric Therapies  
Specialist Play  
Special School Nursing

Umbrella & Pre-school Umbrella Assessment Pathway  
Paediatric Speech & Language Therapy  
Child Development Centres  
Orchard Children's Nursing Service

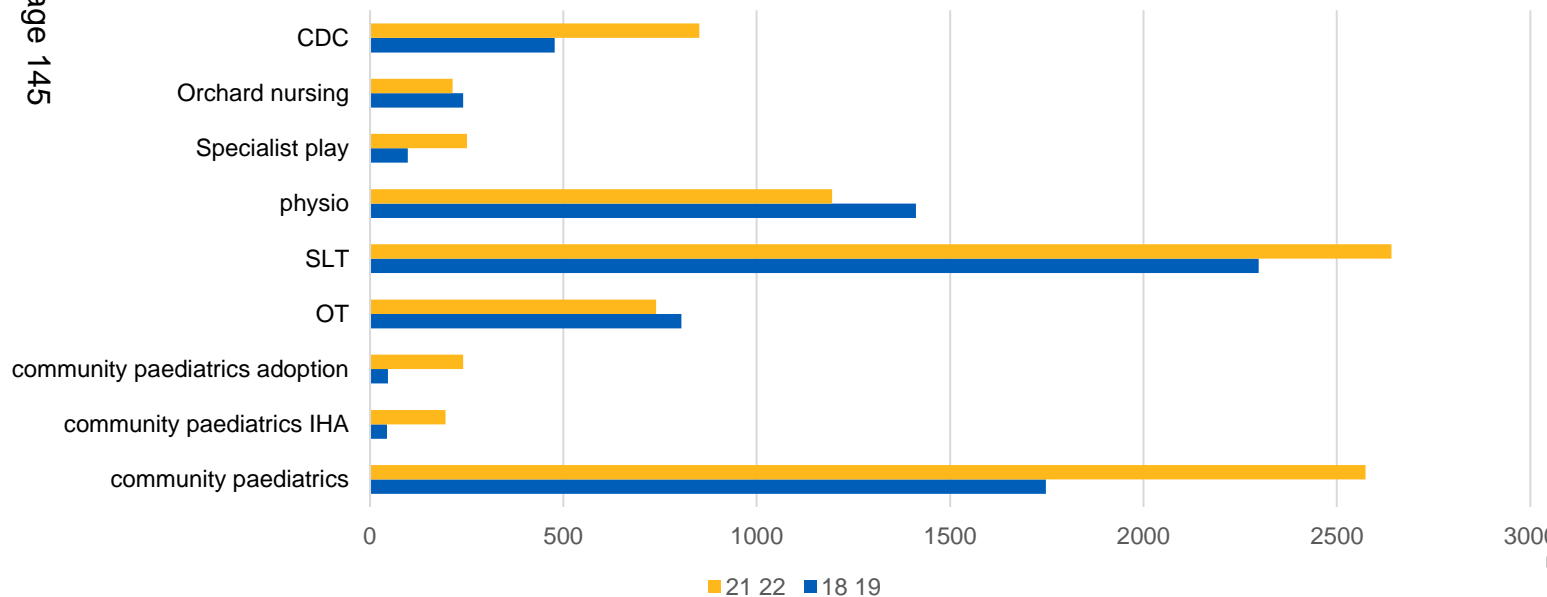


# Demand - Referrals

There has been an increase in the number of referrals received by each service in the past 5 years with the exception of Occupational Therapy (OT) and Physiotherapy (Physio). There has been no substantive increase in capacity other than where Speech & Language Therapy (SLT) and OT have been able to agree additional services contracts

referrals received 2018-19 compared with 2021-22

Page 145



# Impact

The services across the SDU are currently not able to provide timely first appointments and follow up appointments. The target wait time for an appointment is currently 18 weeks. The majority of services within the unit are currently in breach of this target.

Page 146

	Current longest wait time for 1 <sup>st</sup> appt	Current longest wait time (inc UTA, DNA)	Target wait time	Deficit	No of Children awaiting 1st appt
Comm Paeds	48	54	18	30	1145
OT	46		18	28	378
SLT	34	42	18	16	592
Umbrella	62	n/a	12	50	584
Physio	44		18	26	658
Specialist Play	53	n/a	18	35	205

5376 Children waiting for a follow up appointment in Community Paediatrics

This is resulting in;

- Children not being seen within recommended timeframes
- Conditions worsening for some children
- Significant waiting times for intervention such as paediatric MSK physiotherapy and dysphagia that require a timely response to prevent deterioration and risk to the child.
- Workforce distress to due high workload pressures



# Proposed Solution

In order to respond to the highlighted challenges (particularly regarding appointment waiting times) it is proposed that a whole system transformation programme of work is undertaken to ensure a service delivery that is efficient, sustainable and fit for purpose. The programme of work will require a review at both strategic and operational levels.

The Transformation Programme will focus on the following three key pillars to ensure a delivery of benefits and improvements:

Page 147

- **Optimal Core Services** (ensuring our services are fit for purpose and efficient, providing a customer journey that is customer centric)
- **Systems Transformation** (ensuring easier and smarter tools for our users, systems that are fit for purpose)
- **Workforce Management** (introducing new ways of working, operational management structures, career pathways, cultural change)

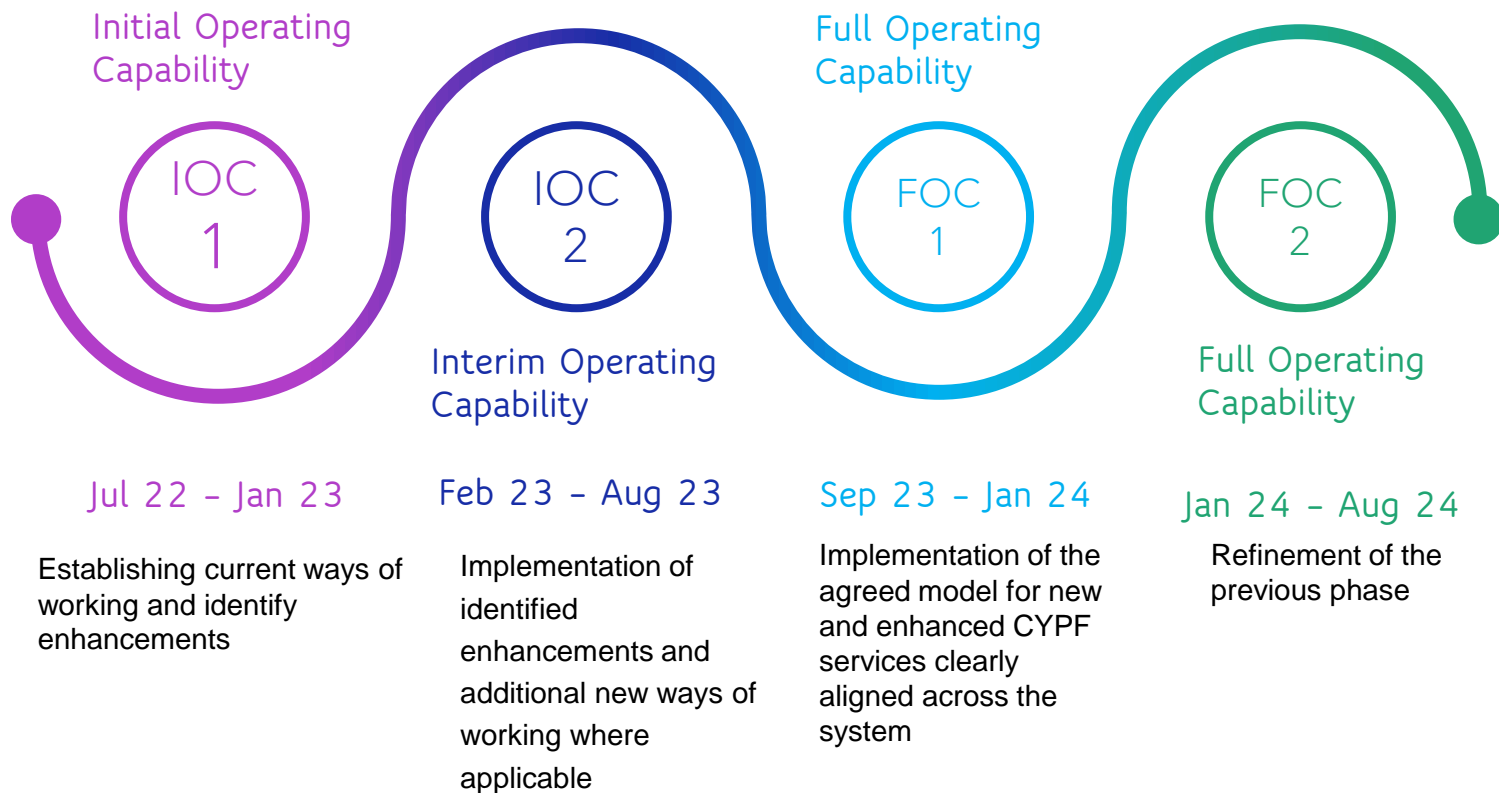


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# Transformation Objectives

- Understand current Operating Model
- Understand changes required to people, processes and functions to effectively operate from January 2023
- Develop Interim capability
- Understand Interim refinements
- Develop full operating capability

# Transformation Objectives



# Next Steps

- Transformation Programme has commenced
- Partner membership at the Transformation Programme Board
- Define, design & agree core targeted and specialist health provision
- Caseload Prioritisation based on level of need
- Balanced System – redesign Paediatric Therapies
- Define, design & agree core systems and processes
- Technology assisted delivery
- Workforce – right capacity, right skills
- System/Agency agreement, responsibility & delivery
- Commissioning priorities & completion of service reviews
  
- Regular updates on progress will be provided

## **HEALTH AND WELLBEING BOARD 15 NOVEMBER 2022**

### **WORCESTERSHIRE EXECUTIVE COMMITTEE UPDATE**

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#### **Board Sponsor**

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

#### **Author**

Ruth Lemiech, Director of Place Development – Worcestershire Partnership, Herefordshire & Worcestershire NHS

#### **Priorities**

Mental Health and Wellbeing  
Healthy Living at All Ages  
Homes, Communities and Places  
Jobs and Opportunities

#### **Safeguarding**

This report does not have a direct impact on safeguarding children or adults

#### **Item for Decision, Consideration, or Information**

Consideration

#### **Recommendation**

- 1. The Health and Wellbeing Board (HWB) is asked to note progress in the creation of place-based leadership, through the Worcestershire Executive Committee (WEC), for key elements of the Integrated Care System.**

#### **Background**

##### **The importance of 'Place'**

2. National NHS guidance is increasingly recognising the importance of place-based partnerships in driving improvements in population health outcomes, primarily through using local assets and a community-based approach. Working in parallel with the HWB, with aligned and complementary agendas and work programmes, the HWB (and its subgroups) and WEC are driving the organisation of local resources to improve the health of our populations. WEC provides a bi-annual briefing to the HWB.

##### **Culture of integration**

3. Our joint working across the county is intended to drive forward a more person-centred, comprehensive, and co-ordinated approach to the delivery of health and social care, with an emphasis on how people can best be supported as part of their community. The WEC is an organising presence, promoting a culture of collaboration; ensuring activities across partners are integrated and not duplicated; trouble shooting issues and

blockages to delivery as and when they arise. Delivery therefore primarily takes place through its formal subgroups, supported by county wide 'cells' which provide the infrastructure for delivery. In addition, Primary Care Networks (PCNs) and District Collaboratives (explained in more detail below) are the engine rooms for local integration and community-based interventions to improve population health.

### **Primary Care Networks**

4. PCNs bring general practices together to work at scale and provide a more formal structure for practice collaboration. Working as part of a PCN has enabled many of our practices to improve staff recruitment and retention, manage their buildings more efficiently and to provide a wider range of services to patients. Each PCN has selected a Clinical Director and this in turn provides a conduit for general practice to integrate with the wider health and care system more easily.

5. National requirements of general practice continue to grow, and we are fortunate that the strong PCN infrastructure in Worcestershire has supported rapid delivery to the benefit of our communities. For example, PCNs were required to submit plans to the Integrated Care Board as part of 'Proactive Social Prescribing'. All 10 PCNs submitted plans, the focus of projects varying according to the local population health needs including: children, young people and families; Black and Ethnic Minority patients who would benefit from Social Prescribing and may be less likely to access national screening and vaccination programmes; working aged women who have moved away from the workplace; Fibromyalgia; weight management; and smoking cessation. The breadth of projects demonstrates the local collaborative working with communities and the voluntary sector. It also demonstrates the maturity of Social Prescribing service across the County.

### **District Collaboratives**

6. Our District Collaboratives are formed of PCNs and District Councils working together with wider partners to deliver against shared priorities for their communities. This is a new way of working for health colleagues and represents a shift in how communities and health institutions work together. This way of integrated working should see greater power and resources directed out into communities to give them greater control over addressing the underlying causes of ill health through interventions that communities design for themselves. We are increasingly seeing that local partnerships are most effective in improving population health and tackling health inequalities working in partnership with their people and communities and local authority colleagues. A District Collaborative showcase event is being planned for February 2023 to give colleagues an opportunity to understand in more detail the work that the collaboratives are driving forward. See Appendix 1.

### **WEC focus areas**

7. Through the lens of inequalities, and with an emphasis on integrated working, the WEC is overseeing key areas of recovery and improvement. Its WEC sub-groups are (1) urgent care, (2) cancer, (3) diagnostics and elective (planned) care, plus community and primary care integration.

8. In support of the sub-groups, we have a range of county wide cells that bring together particular disciplines to support delivery. Our place-based cells include our Clinical and Practitioner Forum, Intelligence Cell, Communications Cell and Engagement Cell. The

aim of all of these groups are similar, in that they are striving to reduce duplication and pool resources to provide better support for delivery of our current key priority areas.

9. WEC plays a key role in delivering against the developing 'Place' shared priorities, set out below, which align with the Joint Local Health and Wellbeing Strategy priorities and its subsequent action plans. WEC will provide assurance to the HWB on delivery relating to these priorities and action plans.

#### Mental Health and Wellbeing

- Dementia diagnosis – care home project
- Meeting the mental health needs of people with Autism
- A whole school approval for Children and Young People
- Transformation of primary/community provision
- Physical health for people with severe enduring mental illness & learning disabilities

#### Healthy Living at All Ages

- Best start in Life (with a focus on infant mortality)
- Lifestyles (Linking Healthy Weight at all ages)
- Ageing Well (including fall prevention)
- Improving Urgent Care pathways
- Increasing access to Elective and Diagnostics
- Ensuring effective access to Cancer pathways

#### Safe Thriving & Healthy Homes, Communities & Places

- Focus on housing through new shared housing lead role
- Exploring opportunities to improve health and wellbeing with housing sector
- Supporting safe, resilient, and active communities

#### Quality Local Jobs & Opportunities

- An integrated approach to our Health and Social Care workforce
- Exploring opportunities for shared training and development
- Supporting apprenticeships and career pathways
- Further localising the approach with the support for the People Board

10. Moving forward, WEC will be learning more about: the Mental Health Collaborative and implications for Worcestershire; how the Voluntary and Community Sector Alliance has established itself and potential for broader involvement as this infrastructure matures; opportunities to influence the local specification as part of the GP out of hours procurement; the jointly sponsored Health and Housing post and how this innovation can drive integration and prevent health and care resource utilisation.

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

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

### **Privacy Impact Assessment**

12. There are no privacy issues to report.

## **Equality and Diversity Implications**

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

## **Contact Points**

### Specific Contact Points for this report

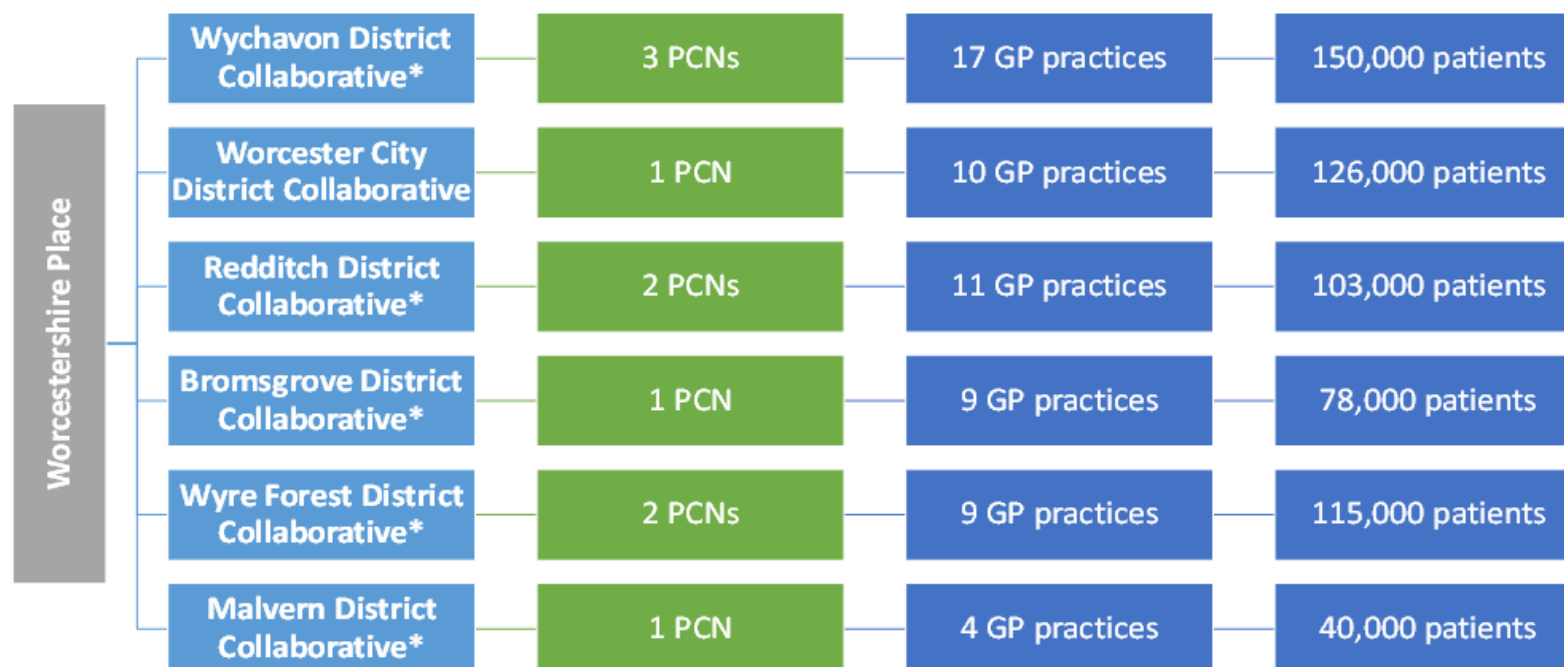
Ruth Lemiech, Director of Place Development – Worcestershire Partnership, Herefordshire & Worcestershire NHS

Email: [r.lemiech@nhs.net](mailto:r.lemiech@nhs.net)



## Worcestershire District Collaboratives

- Ensuring people have a greater sense of control over what they need, making decisions about their support as an equal partner
- Early intervention and preventing the escalation of need by ensuring that the right help is available at the right time, as close to home as possible- **helping people stay well for longer**
- Organisations across sectors collaborating, on a place basis, to meet the needs of the communities they serve



\*Owing to geographical boundaries of district councils & GP practices, every effort has been made to ensure where there is crossover, PCN representation from neighbouring areas are included and part of local discussions that will benefit communities across Worcestershire.



## HEALTH AND WELLBEING BOARD 15 NOVEMBER 2022

### DEVELOPING THE INTEGRATED CARE STRATEGY FOR HEREFORDSHIRE AND WORCESTERSHIRE

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#### Board Sponsor

David Mehaffey, Executive Director for Strategy and Integration, NHS Herefordshire and Worcestershire Integrated Care Board

#### Author

As above

#### Priorities

Mental Health and Wellbeing  
 Healthy Living at All Ages  
 Homes, Communities and Places  
 Jobs and Opportunities

#### Safeguarding

This report does not have a direct impact on safeguarding children or adults

#### Item for Decision, Consideration or Information

Information and assurance

#### Recommendation

- 1. The Health and Well-being Board is asked to note progress on development of the Integrated Care Strategy for Herefordshire and Worcestershire which has close links to the Worcestershire Health and Wellbeing Strategy.**

#### Background

1. The Health and Care Act 2022 was implemented on 01 July 2022, putting Integrated Care Systems on a statutory footing. A report was made to the Health and Wellbeing Board in September, updating members on the progress made and the completed steps around the ICS development programme, such as appointments to the new **Integrated Care Board (ICB)** and creation of the **Integrated Care Partnership (ICP)**.
2. The core purpose of the ICP is to bring partners together to oversee the development of an **Integrated Care Strategy** for the ICS area (Herefordshire and Worcestershire). The first version of this strategy is expected to be published in December 2022. National guidance recognises that the short timeframe between ICS's being established (July 2022) and publication of the first strategy (December 2022) is too short to enable a full development and engagement process to be

undertaken. It is therefore recognised and expected that the first strategy will be an “Initial” Strategy with additional work being undertaken during the early part of 2023 to refine it.

## The Integrated Care Strategy

3. The Integrated Care Strategy will build upon the work already undertaken in both counties on developing Health and Wellbeing Strategies and other areas of partnership work which make a significant contribution to the strategic goals of the ICS. As a reminder, the strategic goals are:

- a) Improve outcomes in population health and healthcare
- b) Tackle inequalities in outcomes, experience and access
- c) Enhance productivity and value for money
- d) Help the NHS to support broader social and economic development

4. This approach will help to reduce duplication and overlap between related local initiatives.

5. In the September report, HWBB members were provided with information on the expected scope and coverage of the Integrated Care Strategy. That content will not be covered again, but can be found in this report [9 WHWBB ICS Development 27.09.22.pdf \(modern.gov.co.uk\)](#).

6. On 7 October the first full meeting of the Integrated Care Partnership took place to discuss development of the strategy. This included outlining the process of engagement and the timelines:

<b>October and November</b>	<ul style="list-style-type: none"> <li>• Develop the vision for the strategy</li> <li>• Map the requirements to existing strategies and partnerships such as Health and Wellbeing Strategies, CYP Plans, Place Priorities, District Collaboratives and PCN Plans</li> <li>• Identify the gaps and develop proposals to fill the gaps</li> <li>• Begin drafting the document</li> </ul>
<b>December</b>	<ul style="list-style-type: none"> <li>• ICP meeting on 14/12 to review draft for publication</li> <li>• Amendments to the initial draft</li> <li>• Publication by month end</li> </ul>
<b>January to March 2023</b>	<ul style="list-style-type: none"> <li>• Establish clear baselines, specific improvement ambitions and mechanisms to measure progress</li> <li>• Define the specific initiatives and programmes to pursue</li> <li>• Engage more widely on strategy content</li> <li>• Amend and refine in the light of engagement work</li> <li>• Approve revised version for publication</li> </ul>
<b>April</b>	<ul style="list-style-type: none"> <li>• Publish final Integrated Care Strategy</li> </ul>

7. A **3-stage engagement process** will be undertaken to ensure that the strategy is developed with input from the wider partner members on the ICP:

- a) **Stage 1** – October/November:

- i. Reviewing, Gather together existing feedback and intelligence.
- ii. Understand what people have already told us.
- iii. HWBB engagement, Healthwatch feedback, VCS engagement, PCN feedback.
- iv. NHS Patient and staff survey results.

b) **Stage 2** – November/December:

- i. Share the draft Integrated Care Strategy with partners, key stakeholders and wider communities.
- ii. Feedback on the key themes.
- iii. Identify what else needs to be considered for inclusion.

c) **Stage 3** – January to March 2023:

- i. Ongoing engagement programme by all partner organisations to highlight, test and refine the themes.
- ii. Engagement with patients and people who live and work in the ICS area.

8. A task and finish group has been established to oversee the engagement work and to lead on drafting the content for the strategy. This group consists of the following people and meets every two weeks:

<b>Worcestershire County Council</b>	<b>Herefordshire Council</b>	<b>NHS Herefordshire and Worcestershire ICB</b>
Liz Altay, Interim Director of Public Health	Matt Pearce, Director of Public Health	David Mehaffey, Executive Director for Strategy and Integration
Faye Pemberton, Assistant Director for Integration and Service Development	Emma Evans, Partnership and Chance Manager – Community Wellbeing	Alison Roberts, Associate Director for System Development and Strategy.
Sam Collison, Public Health Service Manager		

## 5-Year Joint Forward Plan

9. In parallel to the development of the strategy, the ICB and the 3 NHS Trusts in the ICS area are also required to develop a **5-year Joint Forward Plan (JFP)**, to describe the contributions that the NHS will make towards implementing the strategy.

10. The JFP will need to be published before the end of March 2023, ready for implementation on 01 April. Final statutory guidance on producing the JFP is expected during November, but not until after the Autumn Budget Statement.

11. National priorities that NHS bodies will be expected to include in the local JFP will be clarified once there is an understanding of the financial implications of the autumn statement. At this stage, it is not possible to provide more detail on specific ambitions in specific health care priority areas, but it is likely that the following areas will remain front and centre:

- a) Improved access to **Urgent Care Services** – particularly through the reduction in ambulance handover delays.
- b) Improved access to **Cancer services** – particularly through the reduction in people waiting longer than 63 days for treatment to begin.
- c) Reduction in very long waits for **Elective Care services**, particularly those patients waiting for longer than 52 weeks and 78 weeks for their treatment.
- d) Improved access to **Mental Health** services, particularly dementia diagnosis rates and access to psychological therapies.
- e) Improved access to **Primary Care** services, particularly through the increase in extended access and on-the-day appointment.

12. Early sight of draft guidance suggests that the following areas are also likely to be required (note this is to be confirmed once the final guidance is produced):

- a) How NHS bodies will discharge their new duties under the Health and Care Act 2022.
- b) How NHS bodies plan to implement the requirements of Joint Local Health and Wellbeing Strategies in the ICS area. HWBB's may be asked to review the JFP before it is published.
- c) How NHS bodies plan to address requirements outlined in local Children and Young People's plans.
- d) In producing the JFP, the NHS bodies must involve primary care providers, local authorities and people/communities in its development, including through public engagement.
- e) The JFP must be updated in response to changes identified in Joint Strategic Needs Assessments.

## Next Steps

13. The next meeting of the Integrated Care Partnership is due to take place on 14 December 2022. The purpose of this meeting will be to agree the first iteration of the Integrated Care Strategy for publication at the end of December.

14. During January to March there will be further opportunities for Health and Wellbeing Board members to contribute to the development of the Integrated Care Strategy, and updates on progress will be brought to each HWBB meeting.

15. A more detailed report on the process and timelines for completing the development and engagement work in relation to the JFP will be provided to HWBB as soon as possible through a written briefing and it is anticipated that a full discussion can be held during the meeting in February 2023.

16. Referencing paragraph 12b above, it is likely that special arrangements will need to be made in March 2023 for the HWBB to review, comment and endorse the JFP, prior to publication in April 2023. This could include a special meeting or a virtual review, further information on requirements will be shared as soon as possible.

## Legal, Financial and HR Implications

17. Not applicable

## Privacy Impact Assessment

18. Not applicable

## Equality and Diversity Implications

19. Not applicable

## Contact Points

### County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

### Specific Contact Points for this report

Name: David Mehaffey, Executive Director for Strategy and Integration, NHS

Herefordshire and Worcestershire ICB

Email: david.mehaffey@nhs.net

## Supporting Information

- None

## Background Papers

- None

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