

Agenda

Health and Wellbeing Board

Tuesday, 14 February 2023, 2.00 pm
County Hall, Worcester

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Health and Wellbeing Board

Tuesday, 14 February 2023, 2.00 pm, Council Chamber, County Hall

Membership

Full Members (Voting):

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)

Agenda

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3	Public Participation <i>Members of the public wishing to take part should notify Legal and Democratic Services in writing or by e-mail indicating the nature and content of their 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 13 February 2023). Further details are available on the Council's website. Enquiries can be made through the telephone number/e-mail address listed in this agenda and on the website.</i>	
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Webcasting

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Minutes of the Health and Wellbeing Board

Council Chamber, County Hall

Tuesday, 15 November 2022, 2.00 pm

Present:

Cllr Karen May (Chairman), Dr Sarah Raistrick (Vice Chairman), Liz Altay, Cllr Christopher Day, Cllr Lynn Denham, Kevin Dicks, Mark Fitton, Cllr Adrian Hardman, Cllr Nicky Martin, David Mehaffey, Cllr Andy Roberts, Tina Russell, Cllr Shirley Webb, Dr Jonathan Wells and Gary Woodman

Also attended:

Samantha Collison, Maria Hardy and Ruth Lemiech

674 Apologies and Substitutes

Apologies had been received from Simon Adams, Sarah Dugan, Jo Newton, Rebecca Love, Nyear Nazir, Jonathan Sutton and Simon Trickett

Jo Ringshall attended for Simon Adams, John Devapriam attended for Sarah Dugan and Jas Cartwright attended for Jo Newton.

675 Declarations of Interest

None

676 Public Participation

None

677 Confirmation of Minutes

The minutes of the meeting held on 27 September 2022 were agreed to be a correct record of the meeting and would be signed by the Chairman.

678 Appointment of Vice Chairman

The Chairman was pleased to confirm that Dr Sarah Raistrick had been appointed as the Vice Chairman of the Health and Wellbeing Board.

679 Children and Young People Strategic Partnership Update

Tina Russell gave an update from the Children and Young People's Strategic Partnership (CYPSP). The Health and Wellbeing Board had endorsed the refresh of the Children and Young Peoples plan in May 2022, which had been developed to fit within the overarching Health and Wellbeing Strategy.

At its last meeting the CYPSP focussed on the mid-year progress reports from its sub-groups. They were pleased to note progress had been made, and ensured that high level indicators were identified which were common across all the sub-groups. Each sub-group also had its own in-depth measures as well. It was noted that there were some capacity and technical challenges for health colleagues and although an action plan had been produced there were some questions regarding the pace of the impact of the plan on services, especially around Education, Health and Care Plans.

The CYPSP would continue to meet and would report back to the HWB next May. There was reassurance that there had been good multi-agency attendance and commitment at all the sub-groups, and plans were progressing.

Childhood immunisation rates were queried, and why there were no KPIs on the uptake of healthy start vouchers or 18-25 year olds with disabilities. It was clarified that those issues and KPIs were considered by other sub-groups; immunisations by the Health Protection Group and the Healthy Start Vouchers by the Early Help Partnership; and 18-25 year olds with disabilities were monitored under the All-age Disability Strategy. The 0-25 service was being developed with the first part being to bring together the Young Adults Team, the Children with Disabilities Team and the SEND Team. They would then develop their own Service Development Plan which would include KPIs. Currently the KPIs were within the SEND strategy.

It was mentioned that one of the Equality and Diversity Assessment options should have been selected.

The Chairman felt the report was good to highlight the Get Safe and Stay Safe agendas.

RESOLVED that the Health and Wellbeing Board:

- a) **Noted the progress of the development and delivery of the Children & Young People's Plan (CYPP)**
- b) **Noted the risk in service delivery raised by the Herefordshire & Worcestershire Health & Care NHS Trust (HWHCT)**
- c) **Noted the reported action to offset the risk and support delivery of the CYPP alongside the following agenda item and update from the Herefordshire and Worcestershire children and Young People Board**

680 Herefordshire and Worcestershire Children and Young People Board Update

Maria Hardy, the NHS Children, Young People and Maternity Lead, explained that the NHS worked in tandem with the Children and Young People's Strategic Partnership, and gave an update on the health related work which was happening.

The NHS Long Term Plan had some clear expectations to improve the health and wellbeing of children in response to the particular areas of diabetes, epilepsy, infant mortality, childhood obesity, urgent and emergency care and asthma. These were all areas which posed significant challenge across the UK. Locally two additional priorities had been added, which were Children with SEND, and mental and emotional good health and wellbeing. Two priorities reflected in the work of the CYPSP and Worcestershire Executive Committee (WEC) were infant mortality and child obesity.

The work around child obesity was highlighted. Worcestershire Children were in a slightly better position compared to the national average, although there was a slight data gap due to COVID. Nationally the trend was that children were getting heavier and more unhealthy. A one-year pilot, starting in early spring, The Family Coaching Service, would work with around 100 families (80% of which will be within Index of Multiple Deprivation 1 and 2 population). At the check for two and half year olds they would be offered additional support and get the opportunity to be paired with a trained buddy to look at their lifestyle choices. There would be a whole family approach to help them be healthy, well, and active. Health visitors would make the initial contact and then a dedicated Family Coaching team would provide support.

When asked about what could be done about vulnerable families who do not accept or welcome help, it was agreed that there was not a straightforward answer. Efforts would be taken to ensure the approach to the family was by someone who already had a trusted relationship with the family. As the pilot progressed, feedback would be sought from the families who were involved about the best methods of communication.

It was clarified that the focus was on prevention, so work was starting pre-pregnancy, to help Mothers maintain a healthy weight.

There was a concern from the Board that even if the pilot with 100 families was successful, whether it would be possible to scale up the work to cover the whole county. It was explained that there were opportunities to build mentoring into the existing workforce who already had a relationship with families in need. A whole system approach was needed, where this was just one element within an entire obesity strategy. It was also explained that often a small number of the population could take up a proportionally larger share of resources, so if a small number of vulnerable families were targeted the results could be significant. It was queried whether it would make sense to base the pilot within one District.

It was clarified that an equality and diversity impact assessment had been carried out for individual projects even though it was not recorded specifically to do with this report.

The Board felt that some of the waiting times for young people's services were shocking and there was no mention of the resources, either funding, staffing or training, that would be needed to improve the waiting times. It was acknowledged that there were currently significant challenges facing the children's community health services in Worcestershire. There had been a tremendous increase in demand post COVID. It was unclear whether the increase in demand would continue or be time limited. The challenges faced by the Health and Care Trust had been shared with the CYPSP. It was explained that the clinical prioritisation framework meant that those children with the most complex needs were seen first, but the data did not reflect that. Also, the electronic patient record system had not been available since August due to a national cyber-attack.

Reassurance was given that there was an improvement plan and mitigation in place around clinical prioritisation, and recruitment was underway to increase capacity, but there was not a quick solution as it was proving difficult to recruit health professionals. It was confirmed that the Children's Transformation programme was a high priority for the Health and Care Trust, led by an Executive Directors with Phase 2 starting in January 2023. Children with the highest needs were being prioritised and work was being carried out with partners.

It was clarified that priorities from a social care point of view were being considered as well as the clinical priorities, but Children with Education, Health and Care Plans were getting stuck in a backlog both in terms of assessments and for the provision of services following assessment. Parallel planning was on-going, looking at what can be done for children straight away, while at the same time working on longer term improvements to the system. It was felt to be positive that the clinical priorities as well as the social care priorities were being considered and it would be interesting to see how working together would impact the lives of children.

Following a request for more context around the figures, such as what were the wait times pre pandemic and how long children had to wait for follow up appointments, it was stated that the challenge was greater now than it ever had been. Each service was feeling pressure with the number of referrals and level of demand. The NHS was concerned about access to Children's community health care services. Different approaches were being brought in such as earlier intervention, professional developments, expanding the workforce, looking at the effectiveness of the current referral pathways and what was that the most effective way to meet need.

The Chair requested that WEC provide a report to the HWB around childhood therapies, accessibility and treatment plans.

RESOLVED that the Health and Wellbeing Board:

- a) Noted the development and delivery of the NHS Long Term Plan ;**

- b) Noted the risk in service delivery raised by the Herefordshire & Worcestershire Health & Care NHS Trust [HWHCT]; and
- c) Noted the action being taken to offset the risk and support delivery of the NHS Long Term Plan

681 Joint Strategic Needs Assessment (JSNA) Annual Summary

The production of the Joint Strategic Needs Assessment (JSNA) was a statutory duty of the HWB. The development of the Joint Local Health and Wellbeing Strategy had been led by the JSNA, and the Integrated Care Strategy would also be influenced by the JSNA.

Matt Fung presented the annual summary and explained that the format of the summary had been updated to make it more accessible. Members of the HWB were asked to study the parts of the JSNA which were relevant to their particular organisations and to use it in their own plans and strategies.

Various points were highlighted:

- It was known that the demographics were changing across the county, with an aging and growing population. The ethnicity data would be refreshed over the coming weeks with the publication of the 2021 census data.
- In general the population of Worcester was healthy, although there were pockets of inequality and poor health. It was known that the rising cost of living was likely to impact health and wellbeing, for example the 14.5% of people in Worcestershire in fuel poverty was likely to increase (national estimates were now at more than 50%).
- The effects of COVID still persisted.
- There were some health indicators which were performing poorly but many of those already had a strategy to address that.

Board members made the following comments:

- The Chair was interested in the statistic of healthy life expectancy and queried what could be done to improve that and in what timeframe. It was admitted that a lot of the strategies would take a long time to have an effect on people's healthy life expectancy.
- The piece of work was praised for being accessible.
- The charts were clear but there was a comment that after reading about the infant mortality figures where should you go to find the strategy that addresses the issue, and was the worsening figure a concern or do the figures fluctuate over time? It was explained that the job of the JSNA was to flag the figures to a wide audience. A deep dive investigation was going on to see what was behind the figures, but they were sensitive to small changes and to a wide range of factors. When the deep dive had been concluded and a strategy created, it would come back to the HWB.

- Journey time to key services was listed as 19.8 minutes. It was explained that the average time came from modelled information so if things had changed the journey time could have deteriorated.
- It was commented upon, that areas of deprivation in Worcestershire were similar to previous years, without reporting any change. It was hoped that there would be some change with the emergence of the Integrated Care System. It was not just about ensuring that new resources were targeted towards deprived areas but about moving existing resources and levelling up in whatever way was possible.
- More detailed information would be available at district level once the updated census information was available. Also, the Worcestershire Insights Website provided information at district level. It was acknowledged that this tool provided useful data and it would be interesting to see how the data could be used to influence local strategic plans.
- It was queried whether the cost of living crisis could be used as an opportunity to help people give up smoking, although there was a concern that people would turn to illicit sources of tobacco, which would then become a trading standards issue. The Youth Parliament felt that smoking among young people was at a low level, but that vaping was increasing. This posed the question over whether vaping should be seen as a solution for older people and a threat for younger people as it could be a gateway drug to move into smoking. It was mentioned that emerging research was suggesting that vaping could cause harm, as well as having the potential to lead to smoking tobacco. The benefits were not so clear cut as it once appeared. There was a concern that with the cost of living crisis, that smokers would not choose to give up cigarettes but would choose to give up food. It was therefore important to get the communication strategy right to explain that a way of coping with the cost of living crisis was to give up cigarettes, and Partners needed to talk seriously about how to get that message across.
- The JSNA Chapter headings were thought to be positive as they referred to the wider determinants of health and wellbeing, rather than just having health issues.
- The Board sought reassurance that there was a plan in place and that each of the headings were being looked at, while at the same time accepting that it was a collaborative approach involving all partners. The Chair responded that she saw this information as being passed to the District Collaboratives who should be supported in taking forward the action plans. The challenge to this was that although the District Collaboratives were capable of taking action, the ICS was required to change its thinking and rather than focussing on organisational boundaries, focussing on the person, along with providing increased resources. A representative from the ICB clarified that the ICS was everyone, not just the ICB and Health Partners. It would be the role of the Integrated Care Strategy to make the money follow the need and allocate the resources according to need rather than to organisations. The ICB now had a statutory duty to tackle health inequalities which the CCGs had not had.

Conversation took place around the important role of the District Collaboratives driving action, with 'Place' leading rather than 'top down'. The Chair reiterated that there was no hierarchy in the Integrated Care System. That District Collaboratives should access the data and work with the ICB on how issues could be addressed. There were further discussions around focussed investment and health inequalities.

RESOLVED that the Health and Wellbeing Board (HWB) noted 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**

682 Worcestershire Executive Committee (WEC) Update

Ruth Lemiech introduced the report on the Worcestershire Executive Committee (WEC). She started by clarifying that when PCNs were talked about, it meant GPs and the work they were doing at scale with other practices. In Worcestershire the concept of the District Collaboratives had been developed which was PCNs working with District Councils, the voluntary sector and a range of other partners.

The WEC supported the work of the HWB. It had a focus on integration of health and care, and working with partners to deliver tangible improvements. The report gave details of social prescribing which did not consider the medical route but looked holistically. The work of the District Collaboratives was mentioned and information on that flows up to the HWB through the Being Well Strategic Group and the emphasis should be greater power and resources to direct towards the causes of ill health at a local level and responding to the JSNA.

The alignment to the HWB priorities were emphasised.

In response to a query it was explained that countywide cells such as the Worcestershire Intelligence Cell was when analysts work together across organisations rather than just for their own organisation. There were also engagement cells, and a communications cell.

RESOLVED that the Health and Wellbeing Board noted progress in the creation of place-based leadership, through the Worcestershire Executive Committee (WEC), for key elements of the Integrated Care System.

683 Integrated Care Strategy Update

David Mehaffey gave a brief update on the Integrated Care Partnership (ICP). The ICP had considered the summary information from the JSNA and all the existing consultation work was being reviewed, so that it was clear what all partners were doing. Existing strategies were being mapped so that it would be known if there were already things in place contributing to improving population health outcomes and reducing inequalities.

An initial high level draft of the Integrated Care Strategy was hoped to be produced in mid December, with further work continuing over the coming months. It was hoped to re-publish in April, along with the Joint Forward Plan which was the NHS's contribution to the delivery of the ICS. The HWB was likely to have a role in approving or reviewing the Joint forward plan.

RESOLVED that the Health and Well-being Board noted progress on the development of the Integrated Care Strategy for Herefordshire and Worcestershire which has close links to the Worcestershire Health and Wellbeing Strategy.

684 Future Meeting Dates

Meeting dates for 2023 were:

Public meetings (All Tuesday at 2pm)

- 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 3.50 pm

Chairman

HEALTH AND WELLBEING BOARD

14 FEBRUARY 2023

WORCESTERSHIRE DRUG AND ALCOHOL STRATEGY

Board Sponsor

Cllr Karen May, Cabinet Member with Responsibility for Health and Wellbeing

Author

Liz Altay, Interim Director of Public Health
Andy Boote, Senior Public Health Practitioner

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 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 Wellbeing Board is asked to:**
 - a) **note the development of the Worcestershire Drug and Alcohol Strategy and the implications of wider system development; and**
 - b) **consider how the Health and Wellbeing Board might support the successful implementation of the Worcestershire Drug and Alcohol Strategy**

Background

2. The annual Crime Survey for England¹ and Wales collects data related to drug misuse. The survey suggested that, approximately 1 in 11 adults aged 16 to 59 years and approximately 1 in 5 adults aged 16 to 24 years reported last year drug use in the year ending June 2022; there was no change compared with the year

¹ [Drug misuse in England and Wales](#): Year ending June 2022

ending March 2020. Further, there was a significant decrease in the proportion of adults reporting use of class A drugs in the last year.

3. The most recent (2021) survey on Smoking, Drinking and Drug Use among Young People in England² showed that the proportion of those aged 11 to 15 years in England who had taken any drug (excluding new psychoactive substances) in the last year was 10.4%. This was lower than previously estimated in 2018 (14.5%).
4. The table below shows what the Office for Health Improvement and Disparities estimate to be the prevalence of opiate and crack use in Worcestershire and how this compares to the national rate, per 1000 of the population.

Drug Group	Worcestershire ³		England
	Prevalence estimate (n)	Rate per 1000	Rate per 1000
Crack	1,764	4.9	5.1
Opiates	2,118	5.4	7.3
Opiate and Crack use	2,298	6.4	8.9

5. Worcestershire has similar or better outcomes relating to Drugs and Alcohol when compared to England averages for a range of variable. The rate of drug related deaths in Worcestershire is similar to the national average, however rates have increased in recent years, aligned with the national trend
6. The rate of hospital admissions for alcohol-related conditions in Worcestershire (465 per 100,000) is similar to the national average (456). However, this masks considerable variation across the county. In Redditch and Wyre Forest rates are significantly worse than the national average, while Malvern Hills has a significantly lower rate. In Worcester, Wychavon and Bromsgrove rates are similar to the national average.
7. The rate of alcohol related mortality in Worcestershire is 38.1 (per 100,000) which is similar the national average (37.8) and although the rates vary across the districts, the rates are all similar to the national average. Further, while the rate of mortality from chronic liver disease (see image below) in Worcestershire (12.9 per 100,000) is similar to England (12.2) rates again vary considerably across the County. In Worcester (19.2) and Wyre Forest 16.9), rates are significantly worse than England, while Bromsgrove has a significantly lower rate. In Redditch, Wychavon and Malvern rates are similar to the national average.
8. In 2021, Dame Carol Black was commissioned by the Home Office and the Department for Health and Social Care (DHSC) to undertake a two-part independent review of drugs, to inform the governments thinking on what more could be done to tackle the harms that drugs cause. Part 1¹ focused on challenges posed by drug supply and demand and part 2² focused on drug treatment, recovery and prevention.

² [Smoking, Drinking and Drug use amongst young people in England](#) 2021

³ National Drug Treatment Monitoring System (NDTMS): Adult Drug Commissioning Support Pack

9. The report outlined key themes for improvement which revolved around increasing access to treatment and recovery support for those who misuse drugs; ensuring a high quality package for treatment and recovery and reducing drug demand and problematic use.
10. The Government accepted the findings of the review and in 2021 published 'From Harm to Hope3' a 10-year plan to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system. The strategy has three key strategic priorities, 1) Break Supply Chains; 2) Deliver a world class treatment and recovery system and 3) Achieve a generational shift in demand for drugs.

Combating Drugs Partnerships

11. To support the delivery of 'From Harm to Hope' new local 'Combating Drugs Partnerships' (CDP) were mandated alongside the publication of a new **National Outcomes Framework** which focused on reducing drug use, drug related crime, deaths and harm was published. These new partnerships bring together local stakeholders to understand their populations, identify challenges and solutions. CDP's are accountable for delivering the outcomes in the National Outcomes Framework with a named Senior Responsible Officer reporting to central government.
12. The Worcestershire and Herefordshire CDP was initiated in 2022 and the Senior Responsible Officer is West Mercia Police and Crime Commissioner, John Champion. An additional West Mercia based CDP, involving Shropshire and Telford has also been develop and is led by the PCC.

Worcestershire Drug and Alcohol Strategy

13. In response to the developments outlined above, a Worcestershire Drug and Alcohol Strategy has been co-produced by members of the Substance Misuse Oversight Group (SMOG) and supported by Public Health, attached at **Appendix A**. The new strategy is aligned with 'From Harm to Hope' and is reflective of local priorities and governance arrangements.
14. Each chapter of the draft strategy has a series of commitments, each designed to improve outcomes for the Worcestershire population. The full (draft) strategy has been shared alongside this paper.
15. The commitments will support the development of an action plan, to be owned and overseen by members of SMOG. Progress against the action plan will be reported to Safer Communities Board, the Health and Wellbeing Board and the CDP as required.

Legal, Financial and HR Implications

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

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

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Specific Contact Points for this report

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Worcestershire Drug and Alcohol Strategy

2022-2027

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Foreword

The devastating effects of drug and alcohol misuse are well known, not just those who misuse drugs and alcohol but also their families, loved ones, carers, wider communities, services and businesses.

Following the publication of the new Government 10-year plan to combat the harm caused by illegal drugs, the local drug and alcohol partnership board have taken the opportunity to create a new Drug and Alcohol Strategy for the county.

This strategy is a unique opportunity for partners to state their shared ambitions to address drug and alcohol-related crime, death, harm and overall use in Worcestershire. The strategy will act as a vehicle to allow local partners to jointly identify how they will address the priorities set out in this document.

In Worcestershire, we are taking a holistic view of drug and alcohol abuse from prevention, through treatment, to recovery. Supported by existing work identified across the Integrated Care System, this Strategy aims to tackle the issues that lead to drug and alcohol misuse as well as ensuring our residents have access to world-class treatment and recovery services.

Together we can improve people's lives and help them live happier, more prosperous and independent lives.

Councillor Karen May, Cabinet Member with Responsibility for Health and Wellbeing and Chair of Worcestershire's Health and Wellbeing Board



Introduction

DRUG AND ALCOHOL STRATEGY

This document describes the local drug and alcohol partnership's plans for addressing drug and alcohol misuse in Worcestershire.

The Drug and Alcohol Strategy outlines the partnership's approach to delivering commitments across four key priority areas:

PREVENTION – Breaking Supply Chains

PREVENTION – Health and Wellbeing

TREATMENT

RECOVERY

The development of this strategy has been informed by stakeholder engagement and local intelligence on the drug and alcohol needs present in Worcestershire and relevant local, regional and national plans and strategies. It will cover the period from publication until the year 2027 and will be reviewed three years after publication.

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IMPROVING HEALTH AND WELLBEING

This Drug and Alcohol Strategy will support the wider ambitions identified in several key Strategies aimed at improving the health and wellbeing of people who live and work in Worcestershire. This includes Worcestershire's new 10-year Joint Local Health and Wellbeing Strategy (JLHWS) 2022 - 2032, the Integrated Care Strategy and the local Combatting Drugs Partnership (CDP).

Worcestershire's JLHWS sets out the key priority, ambitions and evidence-based approaches to improve health and wellbeing in the County. To ensure alignment, this Drug and Alcohol Strategy is structured around the same underpinning health approaches:

- Wider determinants of health
- Reducing inequalities
- Prevention and early intervention

Herefordshire and Worcestershire's Integrated Care Strategy will build upon existing partnership work that is already focused on achieving improvements in population health outcomes and reducing health inequalities. This will include the work that partners already do in addressing the wider determinants of health, such as the work outlined in this Drug and Alcohol Strategy.

This strategy will also support the work of the Herefordshire and Worcestershire Combatting Drugs Partnership (CDP). The new partnership will be working locally to deliver the Government's strategic priorities including the combatting drugs outcome framework, outlined in the 10-year plan: 'From harm to hope.'

National picture

From Harm to Hope

'From Harm to Hope' is the Government's 10-year plan to combat illegal drugs. The plan sets out how the supply of drugs by criminal gangs will be targeted and how those with a drug addiction will be given a route to a drug free life.

The Government pledges over £3 billion of investment over the next three years to reduce drug-related crime, death, harm and overall drug use.

National and local partners will focus on delivering three strategic priorities:

1. Break drug supply chains – Home Office and Ministry of Justice
2. Deliver a world-class treatment and recovery system – Department of Health and Social Care, Ministry of Justice, Department for Levelling Up, Housing and Communities, and the Department for Work and Pensions
- Achieve a generational shift in demand for drugs – Home Office, Department for Education, Department of Health and Social Care, Ministry of Justice, Department for Culture, Media and Sport, Department for Levelling Up Housing and Communities

Local picture

POPULATION, OVERVIEW

- Overall, Worcestershire is not seen as a deprived area compared to England as a whole. However, there are still almost 28,000 residents who live in one of the top 10% of deprived areas in the country.
- There are 18 LSOA's in Worcestershire that are in the top 10% most deprived areas in England, and 74 LSOA's in the county within the top 30% most deprived areas in England. Almost 5% of the Worcestershire population are living in LSOA's that are within the top 10% most deprived areas in England, whilst just over 20% are living in places categorised as being within the top 30% most deprived areas in England.
- Worcestershire is a two-tier authority, including the County Council and six district councils. Its population in 2021 was 605,437 forecast to grow by 5.5% to 638,786 in 2030. Of the six Worcestershire districts, Wychavon has the largest proportion of the population (22%) and Malvern Hills the smallest (13.5%).
- The proportion of under 20s across the county is (21%) – highest in Redditch (24%) – and the proportion of over 65s is 23% – highest in Malvern (28%). The total population is forecast to increase by 5.5% by 2030. Over the same period, over 65s are forecast to increase significantly, e.g., over 85s by 35%.

All population data is available from the Worcestershire Insights website. See bibliography for specific reference.

DRUG AND ALCOHOL RELATED HEALTH NEEDS

DRUG AND ALCOHOL USE, UNMET NEED

- In 2016-17 (the last estimate), 1,764 adults in Worcestershire were estimated to be crack users, 2118 opiate and 2,298 both (OCU). The rate of unmet need for OCU was 46%, lower than England, 53%.
- In 2018, 5,321 adults in Worcestershire were estimated to be alcohol dependent; 1,029 (alcohol only and alcohol and non-opiate) were engaged in treatment meaning 4,292 (81%) dependent drinkers' needs were unmet, the same as England. In 202-21, the proportion of dependent drinkers not in treatment was the same, 81%.

IMPACT ON FAMILIES

- In 2014-15, the estimated number of adults with opiate dependence living with children in Worcestershire was 745. The unmet treatment need for 2020 was estimated at 66%, worse than England, 58%. The number of children living with drug users entering treatment, for Worcestershire and England, 2020-21 was 251.
- In 2018-19, the estimated number of alcohol dependent adults living with children was 1,131. Unmet need was estimated at 76% compared to 79% for England.

MORTALITY

- In 2018-20 there were 69 drug misuse deaths in Worcestershire. Age-standardised mortality rate from drug misuse per 100,000 population in Worcestershire is 4.2 per 100,000, below the national average of 5.3 per 100,000.
- In 2020, alcohol-related mortality was 38 per 100,000 in Worcestershire compared to 42 for West Midlands and 37 per 100,000 for England. In 2017-19, the directly age-standardised rate for alcohol-specific mortality in Worcestershire was 10.6 per 100,000; England was 10.9. Mortality from chronic liver disease was 12.7, slightly higher than England, 12.

HOSPITAL ADMISSIONS

- In 2020-21, there were 283 adult hospital admissions for drug poisoning in Worcestershire; the local rate was 47 per 100,000 compared to a national rate of 50. In 2017-20, the directly standardised rate of admission for young people (15-24 year olds) due to drug misuse was 56 per 1000, lower than England, 85 per 100,000.
- In 2020-21 the rate of admission episodes for alcohol specific episodes for all ages in Worcestershire was 473 per 100,000 compared to 587 per 100,000 for England. For adult admissions to hospital for alcohol-specific conditions in Worcestershire in 2019-20, the directly standardised rate was 487 per 100,000, lower than the national average of 644 per 100,000.

TREATMENT

- In 2021-22 a total of 2,586 people were engaged in treatment for alcohol and/or drug dependency in Worcestershire, including 28 young people (under 18).
- On 31.3.22 the number of adults with a drug and/or alcohol treatment need who successfully engage with community-based structured treatment following release from prison was 25%, lower than England, 37%. Government has set a national target of 75%.
- In 2020-21, of the number of adults engaged in drug treatment who self-reported their housing status, 15% had a housing or urgent housing problem.

All data is latest available and taken from OHID Fingertips and the National Drug Treatment Monitoring System (NDTMS). See full bibliography for specific references.

Current Provision

In Worcestershire the drug and alcohol treatment system consists of evidence-based provision related to prevention, treatment and recovery, as detailed in the graphic below.

Treatment service approaches include, but are not limited to GP shared care, delivery of psychosocial interventions, opiate substitution therapy. These approaches are complemented by harm reduction initiatives including needle exchange, blood borne virus testing and various targeted rough sleeping and recovery initiatives.



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Strategic Priorities

The overall aim of this strategy is to reduce drug and/or alcohol-related crime, death, harm and overall use in Worcestershire.

To achieve this aim, we have identified four key strategic priorities that are detailed below. Included under each priority are commitments that demonstrate how we, as a partnership, plan to meet the overall aims of this strategy. These commitments will be taken forward into a joint action plan that will be owned and monitored by the local partnership board. The priorities and their commitments are for everyone irrespective of gender, sex, age, disability, ethnicity, sexual orientation, or religion, and recognising intersectionality of these characteristics.

SMOG PARTNERSHIP COMMITMENTS

- Partnerships and governance, assessment of need, integrated approach, high quality treatment

PREVENTION - Breaking Supply chains

- Aligning with the relevant regional and national criminal justice policies
- Supporting the delivery of the West Mercia Police Force Drugs Delivery Plan 2022 – 2024

PREVENTION – Health & Wellbeing

- **Primary prevention**
Taking actions to prevent problems before they happen
- **Secondary prevention**
Taking actions to reduce the impact of problems at the earliest possible stage
- **Tertiary prevention**
Taking actions to soften the impact of ongoing problems to improve people's quality of life

TREATMENT

- **Treatment options**
World class treatment provision
- **Treatment access**
Improve the routes into services
- **Treatment exit**
Develop in-patient community detoxification services
- **Young People**
Ensuring appropriate services in place for young people

RECOVERY

- **Recovery Orientated System of Care**
Ambition for every person who enters treatment to recover and live a life independent of services
- **Jobs**
Continue to develop the responses of employment services
- **Homes**
Ensure that people's ability to engage in treatment is not hampered by their need for support with accommodation
- **Friends**
We will ensure the availability of peer-based recovery services

Key Priority 1 – PREVENTION: Breaking Supply Chains

We will target all stages of the drug supply chain in Worcestershire.

It is the aim of the partnership that within the lifetime of this strategy, Worcestershire will be a significantly harder place for organised crime gangs to operate. In Worcestershire, we will build on the national and regional initiatives attacking all stages of the drug supply chain. This will have a positive effect on the associated impacts of drug dealing – violence, exploitation, and imprisonment.

In pursuing this priority, the partnership will align itself with the West Mercia Police's 'Force Drugs Delivery Plan' 2021-24 (See Appendix), which details how the police and their partners – the National Crime Agency, the Regional Organised Crime Unit, British Transport Police, and Her Majesties Prison and Probation Service – will reduce the harms associated to the supply of illicit drugs. In Worcestershire, the impact of illicit drugs impacts numerous vulnerable groups, including children.

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COMMITMENTS - PREVENTION: Breaking Supply Chains

COMMITMENT 1

The partnership will work with key national and regional partners and groups to reduce the harm associated to the supply of illicit drugs in Worcestershire and work collectively to deliver the West Mercia Police Force Drugs Delivery Plan 2021-24

COMMITMENT 2

The partnership will work with key national and regional partners and groups to reduce the harm associated to the supply of illicit drugs in Worcestershire and work collectively to deliver the West Mercia Police Force Drugs Delivery Plan 2021-24

COMMITMENT 3

The partnership will work with local enforcement officers to ensure that those shops and establishments who engage in the sale of alcohol and tobacco to those who are underaged, face punitive measures.



Key Priority 2 – PREVENTION: Health and Wellbeing

We will aim to increase our focus on all types of prevention and early intervention to achieve a safer and healthier environment for all.

In Worcestershire, we will consider primary, secondary, and tertiary prevention approaches. We will take an evidence informed approach to activities aimed at reducing the number of people drinking alcohol to harmful levels, taking drugs, or drawn towards drugs. This approach will ultimately contribute towards creating a safer and healthier environment for all.

As a partnership, we state a desire to reduce the rise in the use of recreational drugs, such as powder cocaine and ecstasy. In the county, we will use the latest evidence-based practice to encourage people to change their attitudes and behaviour by making sure that the significant risks and harms - to themselves and others - involved with drug use are fully promoted to drug users.

We aim to increase preventative activity amongst children and young people to reduce the likelihood that they will start drinking alcohol or taking drugs. This will involve a response from the local partnership board but also ensuring that universal initiatives that address the risk factors associated with childhood drug and alcohol use are promoted.

The factors that increase childhood risk for drug and alcohol use are also related to poor academic performance, mental health problems and harm to self and others. As a partnership, we will promote and advocate for non-drug focussed prevention programmes and services that address the risk factors associated with childhood drug and alcohol use. These risk factors include chaotic, unrewarding environments, unremitting stress, social exclusion, and individual risk factors such as having difficulty managing emotions, coping with challenges, and exercising behavioural self-control (DHSC, 2021).

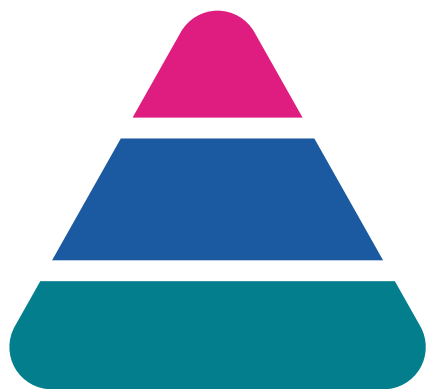
As a partnership, we recognise that improving outcomes in relation to drug and alcohol use does not sit within the partnership board alone. We will endeavour to actively represent the partnership board and its aims on the relevant boards within Worcestershire. This will include building on the desire of the Health and Wellbeing Board to improve the mental health of the population of Worcestershire.

Harm reduction continues to be a key part of our approach to helping those with drug and alcohol use needs. We will continue to develop our naloxone programme and our needle exchange programmes to ensure they are more visible and available to all who need them. The programme will be aimed at staff and peer champions.

Delay: taking action to support individuals and families to manage long term health needs, preventing complications and improve, as much as possible, people's quality of life. For example, rehabilitation programmes to support people with a mental health condition to return to or stay in work.

Reduce: taking action to reduce the impact of problems at the earliest possible stage. Stop them getting worse and/or targeting actions at groups who have an increased risk of developing needs. For example taking measures to reduce high blood pressure, support for families affected by substance misuse.

Prevent: taking action to prevent problems and reduce risk before they even happen across the whole population. For example, vaccination programmes or supporting people to make healthier choices through education programmes about healthy eating and being active.



HEALTH AND WELLBEING COMMITMENTS

COMMITMENT 1

We will consider the latest evidence-based practice to encourage people to change their attitudes and behaviour by making sure that the significant risks and harms - to themselves and others - involved with drug and alcohol use are fully promoted to drug and alcohol users. This will include reviewing the delivery of drug focused prevention programme in schools, in alignment with RSE guidance. Where appropriate, there should be explicit mention in school's RSE policies as to how needs relating to drug and alcohol use are addressed.

COMMITMENT 2

As a partnership, we will work strategically to ensure that the aims and priorities of the partnership are represented at other partnership boards within Worcestershire. This includes but is not limited to the Health and Wellbeing Board and Combatting Drugs Partnership.

COMMITMENT 3

The partnership commits to all prevention work being monitored and evaluated in a way that promotes continuous improvement.

COMMITMENT 4

We commit to a partnership approach to the drug and alcohol component of school's RSE policies and programmes. This can include but is not limited to joint development of RSE programmes, outreach work in schools to deliver parts of RSE programmes, and training and upskilling of teachers in relation to drug and alcohol issues. To build resilience amongst young people, we will promote and advocate for non-drug focused programmes that address the risk factors associated with childhood drug, alcohol, and tobacco use.

COMMITMENT 5

We will support primary care networks, neighbourhood teams and district collaboratives so that they can offer brief interventions to service users/ patients on drug and alcohol related concerns, including the Alcohol AUDIT screen

COMMITMENT 6

As a partnership, we will increase our work with key vulnerable groups such as looked after children, and care leavers. We will use the latest data and guidance to develop our support for vulnerable groups

COMMITMENT 7

We will increase the availability and visibility of naloxone through providing more peer naloxone training and training for appropriate staff. We will increase the availability of our needle exchange offering through working closely with providers, such as pharmacies. Further develop a digital drug and alcohol offer

COMMITMENT 8

We will continue to investigate the reasons behind drug and alcohol-related deaths in the county and work towards reducing them.

Key Priority 3 – TREATMENT

We will build on our existing high-quality treatment services to ensure that there are a full range of services that meet the needs of the local population.

As a partnership, we are committed to improving the quality of treatment services. We will increase the drug and alcohol service workforce within the county and reduce the caseloads held by caseworkers. We will aim to increase the skills and professional mix of the workforce. We will also build on our existing services and ensure that there is a full range of evidenced based harm reduction and treatment services in place to meet the needs of the local population.

We recognise the recurring problems of people cycling in and out of prison without achieving rehabilitation or recovery. As a partnership, we support the use of police diversions and community sentences with treatment as an alternative to custody. We will monitor additional demand for treatment places and strive to ensure that there are treatment places to accommodate this demand.

As a partnership, we wish to improve the experience of treatment services for prisoners with drug or alcohol needs. We wish to ensure that those with a drug dependence are helped to continue with drug treatment in the community as soon as possible. It is known that for those with a drug need, the period immediately after release from prison is challenging. There can be a high risk of overdose and reoffending. To improve outcomes for those leaving prison, all partners will need to work closely together to ensure that those with a drug dependence access and receive treatment in the community.

We understand how important psychosocial interventions are for those with a drug problem, and particularly for those with a non-opioid need for whom there are no effective pharmacological interventions. We want to ensure that there are flexible psychosocial interventions available that meet the needs of all those with a drug problem, including crack cocaine users, people who use image or performance enhancing drugs or people engaging in chemsex.

Nationally, there has been an increase in drug use among children. This increase is seen across a wide range of substances and socio-economic groups. It is also alarming that there is widespread involvement of vulnerable children and young people in drug supply, often through 'county lines'. As a partnership, it is necessary for us to build on our existing services and ensure that there are appropriate interventions in place for young people with treatment requirements. This includes meeting multiple needs including poor mental health, self-harm, and sometimes criminal or sexual exploitation.



TREATMENT COMMITMENTS

COMMITMENT 1

As a partnership, we aim to ensure that there is a full range of evidenced based treatment services in place to meet the needs of the local population. We will increase the engagement with and strive to improve the experience of treatment services for prisoners with drug and alcohol needs. This approach will be extended to the wider criminal justice system including those on community sentences.

COMMITMENT 2

We will engage with people with lived experience to strengthen our pathways into treatment services and the services themselves.

COMMITMENT 3

We commit to enhancing the quality of treatment provision by reviewing our workforce plan, with a view to reducing caseloads of practitioners, increasing our drug and alcohol workforce, and increasing the skills and professional mix of our workforce.

COMMITMENT 4

As a partnership, we will promote the use of police diversions and community sentences with treatment as an alternative to custody. We will monitor additional demand for treatment places and strive to ensure that there are treatment places to accommodate this demand.

COMMITMENT 5

We want to ensure that there are flexible psychosocial interventions available that meet the needs of all those with a drug or alcohol problem, including those with non-opioid problems such as crack cocaine users, people who use image or performance enhancing drugs or people engaging in chemsex.

COMMITMENT 6

We will continue to develop our aftercare provision for those who exit treatment.

COMMITMENT 7

We will continue to develop our response for those who require inpatient detoxification and residential rehabilitation. This will include regional commissioning of services, where appropriate.

COMMITMENT 8

We will continue to strengthen partnership working for adults and young people with co-occurring mental health and drug or alcohol conditions.

COMMITMENT 9

We will further develop opportunities for brief interventions and co-ordinated support for people who are admitted to hospital with a drug and/or alcohol use related condition. This will include further increasing the use of the AUDIT-C screening tool and enabling communication with community services following patient discharge.

YOUNG PEOPLE COMMITMENTS

COMMITMENT 10

We will build on our existing services and ensure that there are appropriate services in place for young people with treatment requirements. This includes meeting multiple needs including poor mental health, self-harm, and sometimes criminal or sexual exploitation.

COMMITMENT 11

We will continue to review services for children and young people affected by parents who misuse drugs or alcohol and ensure quality service delivery.

COMMITMENT 12

Our training offer will include training and upskilling programmes for partners in relation to identifying children and young people affected by drugs or alcohol.

Key Priority 4 - RECOVERY

In Worcestershire, we will work as a partnership to continue to develop our recovery model so that there is a county wide offer of world class recovery support.

The process of reaching recovery takes time to achieve, and effort to maintain. In Worcestershire, we will work towards achieving a Recovery-Orientated System of Care (ROSC). The UK government's Drug Recovery Champion stated that the creation of a ROSC offers the best chance for helping people to move on from drug dependence. At its best, ROSC is built on person-centred services and supports multiple non-linear pathways to recovery.

In Worcestershire, we will build on our current recovery services which see those with lived experience of drug dependence working as recovery champions and recovery coaches. We would like there to be networks of peer-based recovery support, communities of recovery, and mutual aid groups available in areas of need across the county.

RECOVERY COMMITMENTS

COMMITMENT 1

The partnership will actively engage, promote, and enable recovery-oriented systems of care (ROSC) so that there is a hope and ambition for every person who enters treatment to recover and live a life independent of services.

COMMITMENT 2

We will work to ensure that those with a drug and alcohol problem have equitable access to health services. This includes support address mental health and physical needs of services users .

JOB, HOMES AND FRIENDS COMMITMENTS

COMMITMENT 3

We will continue to explore opportunities for people in recovery to access meaningful activities. This includes employment support, volunteering and peer support opportunities.

COMMITMENT 4

We will continue to develop our response to those with drug or alcohol problems and ensure that people's ability to engage in treatment is not hampered by their need for support with housing.

COMMITMENT 5

We will ensure that peer-based recovery support services and communities of recovery are linked to and embedded in Worcestershire's drug and alcohol treatment system.



Delivering the Strategy

PARTNERSHIP AND GOVERNANCE

This strategy is the overarching document that demonstrates a collective understanding and commitment from local partnership members to address drug and alcohol use across Worcestershire. Accountability for this strategy sits with the local partnership board. This strategy will be supported by a joint action plan agreed to and championed by each partner within the partnership.

The action plan will be directly linked to our identified priorities and commitments, with progress measured against an outcomes framework linking to the CDP framework. Below this, each partner will choose whether to develop bespoke, or adopt existing individual action plans to capture the actions that they as an organisation will have responsibility for. The local partnership board will oversee the action plans arising from this strategy.

Feedback from those who use interventions and services will form a vital part of service development, our commissioning which includes joint commissioned activity with the key partners, and our monitoring procedures. We will work to ensure that the voice of those with lived experience of drug and alcohol issues informs and continually improves our provision.

The local partnership board will provide annual monitoring reports to the Worcestershire Safer Communities Board, setting out progress against our priorities and identified outcomes. The strategy and joint action plan will be regularly reviewed by the board.

Delivery of this Strategy will require sustained commitment from all partners, if we are to continue to make a measurable difference to the lives of those impacted by drug and alcohol use. We are focused on delivering real change, strengthening the coordination of services, learning from the latest research, and continuing to develop and respond to the needs of our community.

LOCAL PARTNERSHIP BOARD MEMBERS

- Cranstoun
- Cranstoun Here 4YOUth
- Public Health, Worcs. CC
- WCC Adult Social Care
- North Worcs. CSP
- South Worcs. CSP
- West Mercia Office of the PCC
- West Mercia Police
- Herefordshire & Worcestershire ICB
- Herefordshire & Worcestershire Health and Care NHS Trust (MH)
- NHS England Liaison and Diversion
- Worcs. Children First
- National Probation Service, West Mercia
- OHID
- DWP
- People with lived experience
- Worcs. Acute Hospitals NHS Trust

PARTNERSHIP COMMITMENTS

In addition to the commitments attached to the four priorities, we have created a set of partnership commitments that will inform all areas of our work as a partnership. They are informed by the National Commissioning Quality Standard (CQS) for drug and alcohol treatment and recovery and supported by all partners.

COMMITMENT 1

We commit to ensuring that the local partnership board includes all relevant local members detailed in the draft CQS. The board will run regularly and be accompanied by joint delivery and commissioning plans. Partners, including those with lived experience, must ensure that their organisational approaches align, incorporate, and complement the partnership's activity to reduce drug and alcohol harm, and opportunities to jointly commission services are pursued where appropriate. Above all, there should be a strategic and collaborative relationship with alcohol and drug treatment providers.

COMMITMENT 2

The partnership ensures there is sufficient strategic and commissioning capacity to coordinate partnership delivery, and that commissioners and coordinators are supported to develop and maintain specialist knowledge of problem alcohol and drug use. Representatives from the local partnership board will display an active involvement in other relevant strategic groups and feed back to the partnership.

COMMITMENT 3

The local partnership board will ensure that performance is regularly reviewed against agreed outcomes and appropriate actions are taken. The board will identify, agree, and publicise its priorities and develop mechanisms to monitor and report on progress.

COMMITMENT 4

The board will ensure that it has a sufficient and shared understanding of local need, including the experiences of diverse and protected populations.



Glossary

CCG	Clinical Commissioning Group
CDP	Combatting Drugs Partnership
CQS	Commissioning Quality Standards
CSP	Community Safety Partnership
DLUHC	Department for Levelling Up, Housing and Communities (formerly MHCLG)
IPS	Individual Placement and Support
MHCLG	Ministry for Housing, Communities, and Local Government
OHID	Office for Health Improvement & Disparities
ROSC	Recovery Orientated Systems of Care
RSE	Relationships and Sex Education
SMOG	Substance Misuse Oversight Group

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Appendix

WEST MERCIA POLICE FORCE DRUGS DELIVERY PLAN 2021-24

Force Drugs Delivery Plan 2021-24

Work with our local partners, NCA, ROCU, BTP and Prisons Establishment to reduce the harm associated to the supply of illicit drugs



PURSUE

- Resource drugs expert witness and proactive investigation assets proportionate to the demand
- Seek to expedite PWITS and drugs conspiracy investigations
- Seek to recover financial assets from those convicted of PWITS and drugs conspiracy investigations

PREPARE

- Develop and maintain a current market profile to understand the Force's picture of demand, dependency and consumption
- Embed partnership pathways for referrals and diversion
- Develop a structured CPD process for Drug expert witnesses thus ensuring continued credibility of status
- Identify and disseminate relevant learning throughout the organisation

PROTECT

- Seek to engage and align with regional and national campaigns targeting illicit drugs supply (examples - County Line Intensification Weeks and Naloxone capability & Government 10yr Drugs Strategy "From Harm to Hope")
- Work with partners and 3rd sector organisations to identify online opportunities that reduce risk

PREVENT

- Have in place early warning mechanisms to identify emerging trends and risks
- Develop and promote education opportunities with children and young persons
- In conjunction with PCC's office, Partners & 3rd sector organisations develop, implement and maintain diversionary schemes
- Utilise out of court disposals where appropriate to educate, rehabilitate and prevent further offending
- Drugs testing on arrest

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HEALTH AND WELLBEING BOARD 14 FEBRUARY 2023

MENTAL HEALTH INTEGRATED CARE SYSTEM UPDATE

Board Sponsor

Sarah Dugan, Chief Executive Officer, Herefordshire and Worcestershire Health and Care NHS Trust

Author

Jenny Dalloway, Programme Director, Mental Health, Learning Disabilities and Autism

Sue Harris, Director of Strategy and Partnership, Herefordshire and Worcestershire Health and Care NHS Trust

Priorities

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

- Mental Health and Wellbeing

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 Wellbeing Board is asked to:

- a) Note progress in delivery of the Integrated Care System (ICS) Mental Health and Wellbeing Strategy 2022-26.**
- b) Note progress in delivering the NHS Long Term Plan requirements.**

Purpose

2. This paper examines the delivery of the Integrated Care Board (ICB) Mental Health programme, which is managed on behalf of the ICB by the Herefordshire and Worcestershire Mental Health Collaborative (the Collaborative).
3. The ICS Mental Health and Wellbeing Strategy describes five priorities that reflect the local ambition for mental health and wellbeing services, while also aligning with national direction via the NHS Long Term Plan. The strategy also highlights the need to support and build community health assets, utilising existing local enablers such as the Now We're Talking and the development of the Worcestershire Integrated Wellbeing Offer.

4. The National Mental Health Programme has seventeen workstreams to deliver the ambitions of the NHS Long-Term Plan. These include both national and regional specialist services, for example Secure services, Child and Adolescent Mental Health Services (CAMHS) in-patient services and gambling hubs. This paper focuses on the ten priority workstreams for the ICS, namely:
 - Children and Young People (CYP)
 - Improving Access to Psychological Therapies (IAPT)
 - Early Intervention in Psychosis (EiP)
 - Dementia Diagnosis Rates (DDR)
 - Peri-natal Mental Health
 - Out-of-Area Placements (OoAPs)
 - Physical Health for people with a Serious Mental Illness (PH SMI)
 - Adult Community Mental Health
 - Suicide Prevention
 - Urgent Mental Health Care
5. Worcestershire's Health and Wellbeing Board has focused its new Joint Local Health and Wellbeing Strategy 2022-2032 on 'good mental health and wellbeing', with action plans currently being developed by ICS partners to consider delivery and outcomes. The Collaborative is key to the strategic oversight and coordination of this work, for which this paper provides a detailed update on its activity and direction.

Herefordshire and Worcestershire Mental Health Collaborative

6. Accountability for the delivery of Mental Health rests with the ICB but responsibility for delivery is led by the Collaborative, which is currently running in shadow form and hosted by Herefordshire and Worcestershire Health and Care Trust (HWHCT).
7. The Collaborative brings together key partners across health, social care, public health, voluntary sector, the police and ambulance services and experts by experience. It operates system-wide and reports into the ICB, HWHCT Trust Board and the place-based forums of Worcestershire Executive Committee and One Herefordshire. The Collaborative is responsible for ensuring that the Mental Health Investment Standard (MHIS) is achieved and national mental health standards met.
8. The Collaborative developed as part of the system operating model to ultimately enable delegation of the ICB Mental Health Programme budget, it includes a committee of partners to oversee joint decision-making in relation to mental health services. The committee is supported by an executive forum, which fulfils the function of a Programme Board and supports the delivery of the Health and Wellbeing Board priorities.
9. Whilst the initial operating model is built around collaboration in decision making, the longer-term operating model aims for delegation of specific functions from the ICB to the Collaborative. Specific guidance from NHSE on delegation of ICB functions to provider collaboratives or place-based partnerships is being developed to enable this.
10. The ICB currently participates in the monthly NHSE Assurance Meetings for Mental Health, which covers both the constitutional and transformational standards set out in the Long-Term Plan. Through the Collaborative developments, the process is evolving to be led by the ICB from January 2023, ensuring robust oversight of performance to meet the needs of the ICS and NHSE.

11. The NHSE assurance process focuses on both constitutional and transformational national standards for mental health services. As HWHCT use *Carenotes* as their Electronic Patient Record system, the continued outage arising from the cyber-attack earlier in the year has severely compromised the Collaborative's ability to accurately report against several indicators.

ICS Mental Health and Wellbeing Strategy

12. The priorities of the strategy are the provision of Accessible and Integrated services, Community empowerment, Person-centred services and Prevention and self-care.
13. This report describes progress against these priorities across all elements of the Mental Health programme. The Board is asked to note the increased investment in earlier intervention and community assets to increase the availability of support at the point of need. Primary Care Networks are increasingly working with local voluntary sector partners to better support the determinants of mental ill-health such as employment and housing difficulties, alongside access to clinical services. This approach is seeking to improve outcomes for the population. The evaluation will inform future service planning by the Mental Health Collaborative.

Children and Young People (CYP)

14. Children and Young People - local mental health services are provided by HWHCT working with partners from the local VCSE sector. This includes support provided digitally by commissioned Apps (such as the "WOO" text service) that are reported to NHS Digital. A system-wide transformation plan is refreshed annually, with delivery monitored through the CYP Mental Health and Emotional Wellbeing partnerships in each county. Improving the mental health of CYP is also a priority workstream for both the Local Authority-led CYP Strategic Partnerships and the ICS CYP Programme which facilitates partner support for delivery of the plan.
15. The Partnerships work with Special Educational Needs and Disability (SEND) colleagues to enable schools to better support their students to remain in education whilst addressing their wellbeing and mental health needs. In recognition of the impact of COVID and the increase in demand, the ICB has commenced work with parents, carers, and young people to co-design a pathway to meet the needs of CYP who are unable to access the current service offers.
16. Prior to this year, services consistently exceeded the access target for CYP receiving NHS funded support. Although the core CAMHS services in both counties are continuing to overperform, the low access to Mental Health Support Teams in schools is believed to be driven by the relative immaturity of teams (evidence approx. 50% of overall target is typically achieved in first year post-qualification), which is the period still reflected in national data.
17. Rurality is also believed to provide an extra challenge given distances between schools. The services are expected to meet the access target by July 2023.
18. Complaints to the ICB regarding CYP mental health services are mostly about waiting times and access. Prolonged waiting times mean that opportunities are missed for early intervention and can lead to more complex presentations by the time the person is seen.

Improving Access to Psychological Therapies (IAPT)

19. The IAPT transformation programme focuses on recovering performance against national key performance indicators (KPIs) in a sustainable way across the pathway by the end of 2023-24. Some progress has been achieved but it is recognised that there is some distance to go.
20. Waits are slowly reducing, with 6-week and 18-week standards now being achieved in-month: However, due to the cyber-attack and system outage, this will not be reflected in the data for as it is measured at point of discharge. Outsourcing will be used to achieve improvements for longer waits.
21. Circa 60% of patients are now receiving their first treatment in 90 days and long waiters have been reduced by around 10%. There is a plan to improve further by using outsourcing to add capacity.
22. Some issues remain, such as the ability to recruit / fund sufficient staff increases to meet the increasing access target, as well as the proportion of inappropriate referrals where IAPT is unable to meet patient needs. ICB and HWHCT colleagues are working with Health Education England (HEE) on trainee recruitment, and triage workers are helping to improve flow at the front door, however, there remains a collective need to get better at getting the right people in the right door.
23. Reports indicate that those waiting for their first appointment are not consistently informed of the length of time that they can expect to wait. This can create a level of anxiety that is potentially avoidable. HWHCT is taking action to address this communication gap and additional support has been commissioned for each Primary Care Network (PCN) for those referred to IAPT whose needs can be met by local VCSE providers.

Early Intervention in Psychosis (EiP)

24. For EiP, performance is consistently above the waiting time target, ensuring that people experiencing their first episode of psychosis receive timely specialised care to optimise the outcomes delivered.
25. The Royal College of Psychiatrists completes an annual audit of services to monitor the quality of care provided. All services are required to reach Level 3 National Clinical Audit of Psychosis (NCAP) by 2022-23. Worcestershire meets the Level 3 criteria.
26. There are no identified quality concerns for these services.

Dementia Diagnosis Rate (DDR)

27. Dementia Diagnosis Rate (DDR) - performance has consistently been below the national target, meaning that people may be unable to access appropriate care and support and continue to live well with their dementia. A recovery plan is being developed with NHSE support, using primary care data to ensure that actions are focussed to deliver the greatest benefit.
28. The Living Well with Dementia Pathway, working with the Dementia Partnerships is being implemented in each county. The ICS Dementia Strategy, approved by both Health and Wellbeing Boards reflects this pathway, which includes prevention, early identification, diagnosis, post-diagnostic support and end of life care.

29. The ICS is one of 12 systems supported by NHSE to increase rates of diagnosis within care home settings using an evidence based clinical tool. Feedback regarding post-diagnostic support is positive and reflects the work of the Dementia Partnerships. There are capacity gaps that need to be addressed in non-hospital bed based complex dementia care, impacting on delays in transferring individuals from acute hospitals to a suitable care setting once acute physical needs have been optimised.

Peri-natal Mental Health

30. Workforce challenges within perinatal services and pressures from other services such as Neighbourhood Mental Health Teams (NMHTs), have impacted perinatal capacity. Whilst, historically perinatal services have performed well against access requirements there is recognition that investment is required through MHIS for 2023-24 to return performance to be in line with the target.
31. The length of wait for some women results in them not being seen until well into their pregnancy and sometimes beyond their delivery date. Their mental health needs are therefore likely to impact on early mother and baby experience.

Out-of-Area Acute Placements (OoAPs)

32. Historically performance has consistently been good for OoAPs, with zero cases of inappropriate placements. An increase in acuity and admission numbers, couple with recruitment challenges and bed reductions post-COVID (to manage essential quality and safety environment updates) have led to increasing levels of OoAPs. Whilst many placements are appropriate, due to the level of care not being available within the ICS area, there are a consistent number of placements made due to lack of local bed capacity where care could otherwise be provided locally. A recovery plan has been developed to deliver zero inappropriate OoAPs by the end of the financial year.
33. All placements, whether deemed appropriate or inappropriate create a cost pressure and plans are being developed to create alternate pathways for those patients whose needs can be better met through intensive community support.
34. Whilst there is no current evidence of concern, assurance processes for care quality in OoAPs are under review given that the frequency of use and length of stay in these placements has increased.

Physical Health for people with a Serious Mental Illness (PH SMI)

35. Whilst the national and local extent of excess mortality for people with physical health comorbidities alongside a serious mental illness is not clear, premature mortality remain a concern and a priority to address in regard to health inequalities. Undertaking regular physical health checks is one way in which local systems can intervene to begin to address this health inequity.
36. The number of physical health checks is slowly increasing, driven primarily by Primary Care and Quality Outcomes Framework but is still short of the target. An outreach team has been commissioned to support PCNs with patients who do not attend practices or secondary mental health services. A recovery plan is being developed to focus on three workstreams:
- PCN support,
 - Outreach,

- Patients in secondary care services
37. The ongoing Carenotes outage has impacted workstream as sharing of data across primary/secondary care has been restricted.

Adult Community Mental Health including individual placement support (IPS)

38. IPS is an employment support service for people who experience severe mental health conditions. It is an evidence-based programme that aims to help people find and retain employment. For the service user the benefits of being in employment include an income and a greater sense of purpose and wellbeing, while for the health system there is an overall reduction in the use of primary and secondary mental health services, leading to improved efficiency and savings.
39. No constitutional standards are in place for Adult Community Mental Health services; however systems are required to work towards a 4-week waiting time standard for community mental health services and it is expected that this will become a constitutional standard in future.
40. Significant workforce challenges within Neighbourhood Mental Health Teams (NMHTs), coupled with an increase in referrals has significantly impacted on the ability of teams to provide assessment and care planning within 4 weeks. Plans are in place to provide additional resource via VCSE partners to support NMHTs where clinically appropriate. The resource will be managed through PCNs and NMHTs for those with mild to moderate needs, releasing clinical capacity to support those with higher levels of risk and complexity.
41. The workforce challenge means a number of people remain on a waiting list for allocation of a care coordinator. Whilst there are active measures to prioritise and frequently review risk for those waiting, there is significant concern over how long it will take for performance to be recovered due to recruitment difficulties. Delays in wait times also risk missed opportunities for early intervention and those waiting deteriorating to a point of crisis.

Suicide Prevention

42. There is an active Suicide Prevention Partnership in Worcestershire, led by Public Health. Real time suicide surveillance is now established to facilitate key actions including targeted prevention activities and earlier bereavement support. Additional funding was made available from the MHIS for a 3-year programme of work focusing on rural populations and middle-aged men, where evidence indicates the risks of suicide are higher. Programme outcomes to date include campaigns to reduce stigma, improved identification of those at risk, increasing early help and contributing to community resilience. A suite of training and small grants continues to be available to support these outcomes. Continuation of the programme is being considered through the current priority setting discussions of the collaborative. A more detailed update on suicide prevention work will be provided for the Board in the summer.

Urgent Mental Health Care

43. It is anticipated that some constitutional standards will be introduced in 23/24, notably the introduction of several NHS111 Urgent and Emergency Care standards. Delivery of an improved ambulance service response for mental health is a requirement, with all ICBs working with West Midlands Ambulance Service to deliver the expected outcomes.

44. A variety of urgent mental health services are in place across Herefordshire and Worcestershire to meet the needs of patients. These are:
- Mental Health Liaison Service – provides rapid 1-hour response and mental health assessment in Accident and Emergency, as well as 24-hour response to inpatient wards.
 - Crisis Resolution and Home Treatment Team (CRHT) – provides crisis mental health assessment in the community or within the Crisis Assessment Suite.
 - Safe Havens – a VCSE led Safe Havens based in Redditch to provide immediate crisis support as drop ins, appointment, or telephone support. Non-clinical intervention supporting de-escalation and onward care/safety planning.
 - 24/7 mental health line – a crisis mental health line, based with the CRHT but with frontline triage provided by Voluntary and Community Sector partner.
45. Further expansion is planned for crisis alternative services during 2023-24, for which a review of current provision and options appraisal is currently underway.
46. The HWHCT and ICB are working together to strengthen the quality governance of the helpline to inform improvement and ensure that the service is meeting the intended commissioning aims. The service specification is also being revised to reflect the guidance recently published by the Royal College of Psychiatrists and meet the national Key Performance Indicators that are expected in 2024.
47. Between April and October 2022, the line received 16,220 calls (9,451 patients and 6,769 professionals). Of these, the median call length was 7 minutes 11 seconds, with professional calls typically significantly shorter than patient calls. All calls are triaged using the UK Mental Health Triage Scale with 4.7% requiring a 4-hour or immediate blue light response. As a first line triage and support/de-escalation service, the 24/7 line is also dependent on the responsiveness of other services in order to support callers to meet their needs. Where there are long waits to access community services for example, referral or signposting to these services is unlikely to engender satisfaction with the triage service or the service referred to.
48. The ICB is required to meet the MHIS, the minimum investment to deliver the long-term
49. The Collaborative has developed a risk register where partners identified the following high-level delivery risks:
- Workforce retention and recruitment
 - Cost pressures within the community and out-of-area placements budget
 - Increasing demand experienced by all services
 - Capacity to provide CYP emotional wellbeing and mental health support at the point of need
 - Delivery of the NHS Mental Health Long Term Plan
- The mitigations are described in the Collaborative risk register and work is progressing with partners to agree future actions to manage and reduce these risks.
50. The safety, effectiveness and experience of mental health inpatient provision continues to be a key priority. There has been focused improvement work on Hill Crest, Redditch which has been expanded to encompass all working age mental health inpatient provision. The inpatient quality improvement plan includes revised leadership, restorative

supervision and mentoring to support cultural change, a review of Freedom to Speak Up and advocacy arrangements and a revised assurance framework with 'early warning signs' dashboard and increase in peer/ external review.

51. An Older Adult Mental Health Hospital at Home service was established in response to the Covid-19 pandemic. This was to keep older people out of hospital as much as possible and as a response to the directive to free up bedded capacity to deal with the expected Covid-19 surge into acute hospitals. This resulted in the temporary closure of the Athelon ward (14 beds) for older adult functional mental health located on the Newtown campus in Worcester. After completion of the service change process which included formal consultation and regular updates to the Health Overview and Scrutiny Committee, the system now intends to close the Older Adult Mental Health ward and formally commission the Older Adult Hospital at Home service and is working with NHSE to develop a business case to be presented to the ICB Board in March for approval.
52. NHSE Priorities and Operational Planning Guidance for 2023-24 sets out clear objectives for mental health. ICBs are required to demonstrate how the wider commitments in the NHS Mental Health Long-Term Plan will be taken forward to improve the quality of local mental healthcare across all ages in line with population need. Specifically, the targets are:
 - (1) Improve access to mental health support for children and young people,
 - (2) Increase the number of adults and older adults accessing IAPT treatment,
 - (3) Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
 - (4) Work towards eliminating inappropriate adult acute out of area placements,
 - (5) Recover the dementia diagnosis rate to 66.7%
 - (6) Improve access to perinatal mental health services.
53. The ICB is well placed to meet most of these requirements through existing plans, although challenges remain in increasing the access to community mental health services and recovery of the dementia diagnosis rate.
54. The Collaborative is continuing discussions to determine the local priorities for service transformation investment, supported by ICB finance colleagues to ensure that the Mental Health Investment Standard (MHIS) is delivered in 2023-24.

Legal, Financial and HR Implications

55. There are no Legal, Financial and HR implications for the Health and Wellbeing Board to consider specific to this paper, which acts as an update for members and does not seek financial approvals.

Privacy Impact Assessment

56. There is no required privacy impact assessment resulting from this update.

Equality and Diversity Implications

57. This is an update paper and no specific Equality Relevance Screening has been required to be completed, given there are no recommendations or changes to service provision.

Contact Points

Specific Contact Points for this report

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HEALTH AND WELLBEING BOARD

14 FEBRUARY 2023

BEING WELL STRATEGIC GROUP BI-ANNUAL UPDATE

Board Sponsor

Cllr Karen May, Cabinet Member with Responsibility for Health and Wellbeing

Author

Dr Tanya Richardson, Public Health Consultant

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 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 Wellbeing Board (HWB) is asked to note the contents of this update, specifically the role and ongoing activity of the Being Well Strategic Group (BWSG) in supporting the delivery of the Joint Local Health and Wellbeing Strategy (JLHWS).**

Background

2. The BWSG replaces the Health Improvement Group as a sub-committee of the HWB. It is currently chaired by the Cabinet Member with Responsibility for Health and Wellbeing and its membership comprises representatives of each district and its District Collaborative, local NHS colleagues, public health, adult social care, the VCSE and other key partners relevant to the wider determinants of health.
3. The BWSG works alongside the Worcestershire Executive Committee as place-based partnerships driving improvements in population health outcomes, through use of local assets and a community-based approach.
4. The BWSG provides strategic oversight to the delivery of the JLHWS priorities and supporting action plans, recognising that activity takes place across the system which is not directed by any one group. However, there is a need for coordination

to ensure joint working and avoid duplication. It offers one route of escalation for emerging priorities or challenges that may need collective action or support. Furthermore, it is the central point for the District Collaboratives to share work to improve health and wellbeing, and to input to the delivery of, and inform the JLHWS action plans. As the BWSG develops, the intention is that this will ensure strong local ownership and targeted action.

5. The Being Well Delivery Group (BWDG) reports to the BWSG. It will act as an enabler to create the conditions for change needed to deliver practical actions against cross cutting themes that support the JLHWS priorities. This could include collaborative work around communication, engagement, workforce, training or technology.
6. The BWSG meets at a minimum, quarterly at present, with additional meetings to be scheduled in 2023. This update covers its November 2022 meeting and activity since and leading up to its meeting on 1 February 2023.

District Collaboratives

7. District Collaboratives have been evolving, at different paces across the County since 2020, bringing together statutory health and care services, District Councils, the VCSE, and wider partners to deliver against shared priorities for their communities. The intention is for greater local autonomy and resource to support improved health and wellbeing outcomes. There is a focus upon building strong, resilient communities, understanding and being able to optimise local assets, whilst articulating gaps and opportunities available to further improve the local offer. The ambition is that the BWSG becomes the engine room that understands, influences and supports District Collaboratives development.
8. Being Well funding of £75k has been allocated per District Council area for use over three years, to March 2025. The funding aims to facilitate and pump prime work undertaken by the District Collaboratives which will deliver the objectives of Being Well locally. Applications for all districts have been developed jointly between the District Collaboratives and the District Councils to fund:
 - new roles that increase capacity to deliver the Being Well approach; and
 - dedicated projects and activities with the VCSE sector that demonstrably deliver Being Well in Worcestershire.
9. A bi-annual verbal update on progress and outcomes will be provided to the BWSG with quarterly monitoring reports reviewed by the BWDG.

JLHWS Action Planning

10. Further to the approval and publication of the new JLHWS 2022-2032, members of the HWB have committed to support the development of detailed action plans. These will be organised, in line with the JLHWS priorities, as follows:
 - (1) Overall mental health and wellbeing, to include communities and places ambition (Being Well)
 - (2) Healthy living at all ages, to include the environment ambition
 - (3) Safe, thriving healthy homes
 - (4) Jobs and opportunities

11. The action plans will outline how each priority will be delivered, taking account of work already planned or underway in District Collaboratives and supporting new and developing work areas for a co-produced and collaborative approach. They will include outcomes and indicators to ensure they are easy to monitor and report progress to the HWB (via the BWSG), and to other boards and committees such as the Integrated Care Partnership Assembly or the health and Overview Scrutiny Committee,
12. Key to the action plans' success is taking a systems approach to each of the ambitions to support integrated working and also to view the ambitions through a life course approach. Identifying points across the life course where issues are likely to present/occur/escalate; points in time when people are more receptive to help or to change or are in contact with services (such as when a person is pregnant or when they are awaiting surgery); and using this information to identify gaps in provision and opportunities for action.
13. NHS and Public Health leads have been identified and work has commenced to populate year one action plans. These will be short term, identifying quick wins, whilst also commencing work to develop medium to long term three-year plans (2023-2026) with longer terms and objectives in place. The intention remains to identify HWB sponsors for each priority to ensure partners are fully involved in the development of action plans and can support wide engagement.
14. Initial workshops have already taken place across some of these priority areas, bringing together key stakeholders to consider how to implement the strategy ambitions and maximise synergies across Worcestershire.

Being Well Workforce Event

15. The Being Well in Worcestershire – Making it Happen Event took place in November 2022 and was organised on behalf of the BWDG to bring together all those working in wellbeing roles in Worcestershire, particularly roles within primary care and the VCSE. The event attracted over 120 attendees and gave an opportunity to share the new JLHWS, listen to speakers from across the ICS and hear from those working in wellbeing roles.
16. An interactive workshop session provided an opportunity to understand from participants what is working well, what the current barriers to working together across roles and organisations are, and how these could be overcome. The workshop identified three overarching themes;
 - System-working and collaboration
 - Communication and information sharing...*'we don't know what we don't know'*
 - Training needs.
17. Evaluation feedback has been collated and has been shared with the BWDG to progress.

Cost of Living challenges and implications to mental health and wellbeing

18. The BWSG focused joint conversation on the cost-of-living challenges at its meeting in November 2022 with the intention to better understand the local response and provision of support to communities. The group recognised the importance of working together across the system to support those most in need.
19. District Council's provided updates on their activity to support residents, whether dedicated partnership forums or initiatives within their communities, working with local VCSE organisations. The county-level update included signposting to local information, the Housing Support Fund, free school meals in holidays and support with energy vouchers. Libraries had been promoted as warm spaces and are hosting a series of Cost of Living events aimed at connecting local people up with the support that is available. There was a wide discussion on how to identify and better support people who are more vulnerable, for example, information about the PLUS (People Like Us Loneliness Service) was shared. Members considered what practical and physical help could be offered to residents, referencing schemes being developed in other areas to upskill frontline workers to support more residents.

Prevention response service

20. At its February 2023 meeting, the BWSG received an update and supported this new initiative whereby the Integrated Care Board, public health and partners worked jointly to create a new mobile community offer, which aims to provide a targeted service across Herefordshire and Worcestershire.
21. Following the success of the vaccination outreach model during the pandemic, this new service is being designed to provide interventions and treatments to areas of deprivation, vulnerable populations and communities with low healthcare uptake rates through a central hub and mobile units. A 'one-stop shop' for healthcare interventions will deliver services including health checks, screening, diagnosis, treatment interventions, advice, and signposting to social and community services. Whilst there will be an array of targets and outcomes, areas of focus include early diagnosis of hypertension, atrial fibrillation, cholesterol and respiratory disease, vaccinations and the under 40 years 'at risk' age group.

Legal, Financial and HR Implications

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

Privacy Impact Assessment

23. There is no required privacy impact assessment for this update report.

Equality and Diversity Implications

24. Joint Impact Assessment screening and a full Equality and Public Health, Sustainability Impact Assessment was carried out in respect of the JLHWS. This did not identify potential negative impacts, but neutral or positive impacts. Relevant findings and further discussions will contribute to the development of the

action plans. Further JIA screenings will take place when the Strategy is updated.

25. The prevention response service is being designed to improve health equity, targeting areas of deprivation, high health risk populations, and ethnically diverse populations. Appropriate impact assessments are being delivered by partners separate to this BWSG update paper.

Contact Points

County Council Contact Points

County Council: 01905 763763

Specific Contact Points for this report

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Background Papers

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

- [Health & Wellbeing Board Governance - Report 24 May 2022](#)
- [Health & Wellbeing Board Joint Local Health & Wellbeing Strategy 2022-2032 - Report 27 September 2022](#)
- [Worcestershire Executive Committee Update - Report 15 November 2022](#)
- [Health and Wellbeing Strategy | Worcestershire County Council](#)

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HEALTH AND WELL-BEING BOARD

14 FEBRUARY 2023

VOLUNTARY AND COMMUNITY ENTERPRISE SECTOR (VCSE) ALLIANCE UPDATE

Board Sponsor

Jonathan Sutton

Author

Carole Cumino - VCSE Executive Lead and Esther Passingham, Worcestershire VCSE Strategic Lead

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 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:**
 - a) **progress on the development of a new Worcestershire Voluntary and Community Sector Alliance in line with national requirements; and**
 - b) **collaborative working with Integrated Care System (ICS) partners in Worcestershire.**

Background

2. NHS England guidance and Department of Health and Social Care guidance requires Integrated Care Boards (ICBs) and the wider ICS (via the Health and Wellbeing Board) to work with local voluntary and community partners.
3. In Herefordshire and Worcestershire, the Alliance arrangements are being developed at 'place'. In January 2022 a VCSE Strategic Lead was recruited, funded for 3 years by Worcestershire County Council (Communities and Partnerships) and Health partners further funded a 12-month Communications and Engagement Officer plus development resource. During 2022, extensive engagement took place with statutory and VCSE partners to work towards setting up the VCSE Alliance.

VCSE Alliance

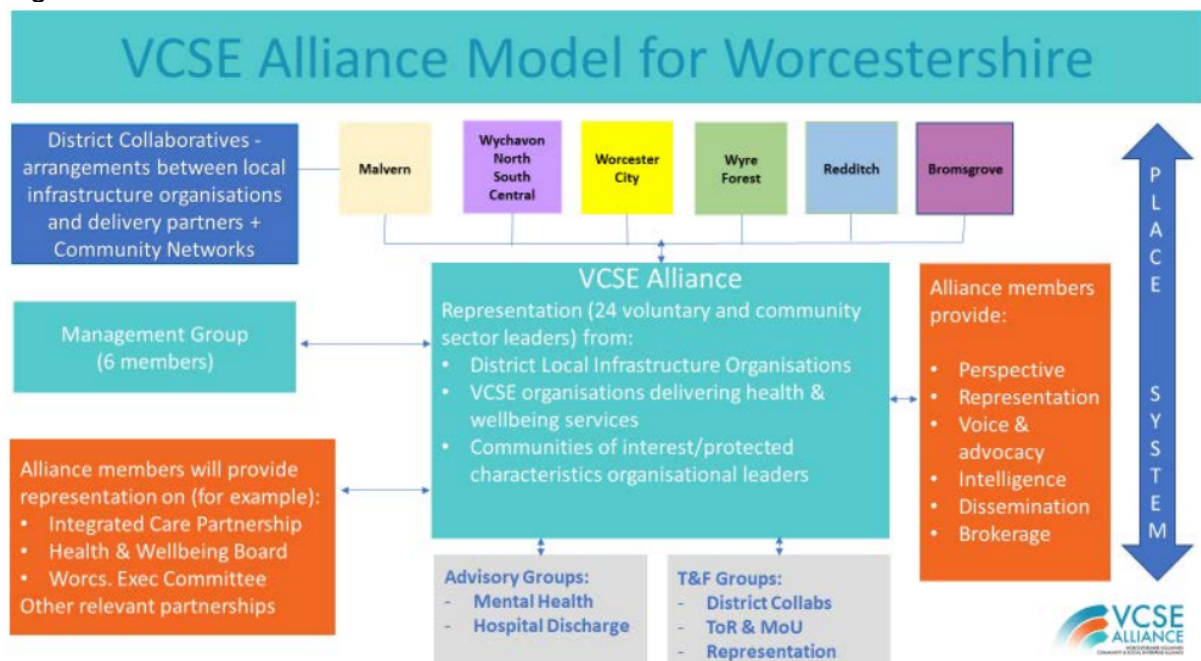
4. The VCSE Alliance recognises that integrated care demands integrated people and organisations, across civil society. VCSE is a key player, but relatively uncoordinated therefore the Alliance is working to coordinate and strengthen the sector, with a current focus on health and wellbeing.

5. The key aims of the VCSE Alliance are to:

- Encourage VCSE collaboration and shared resources across county to strengthen services and sustainability
- Mobilise the VCSE to co-ordinate delivery
- Bridge the communication and engagement gap between the VCSE and statutory agencies
- Facilitate conversations and co-design/production to support service improvements
- Develop systems of collecting knowledge of VCSE activity to champion and promote it's impact

6. The governance model for the VCSE Alliance has been agreed and established (shared with the Health and Wellbeing Board in May 2022 and demonstrated in figure 1 below). Terms of Reference have been agreed and appropriate Memorandums of understanding developed with key partners. Service Level Agreements with LIOs are in place to develop work at District Level.

Figure 1:



7. The Alliance has met five times, with a Management Group and subgroups having been established.

8. The Chair of the VCSE Alliance is currently being elected following due process. Further to this, consideration will be given to VCSE representation at the array of boards and committees across the Worcestershire ICS – including the Health and Wellbeing

Board. Figure 2 shows the meetings where the VCSE has or may have representation – others may be added in the future as structures in the health and care system develop.

Figure 2:

System	Place	District
<ul style="list-style-type: none"> ➤ Integrated Care Partnership ➤ MH Collaborative (E & C) ➤ Health Inequalities, Prevention and Personalised Care Board ➤ ICS Academy ➤ Workforce Development Retention/Talent Mgt and Leadership ➤ People Board ➤ Herefordshire Community Partnership 	<ul style="list-style-type: none"> ➤ Worcestershire Executive Committee ➤ Health and Wellbeing Board ➤ Worcs Place Team Leads ➤ Being Well Strategic and Delivery Group ➤ Worcs Engagement Network ➤ Communications Cell ➤ Range of other committees 	<ul style="list-style-type: none"> ➤ District Collaboratives ➤ Task and Finish Groups ➤ Local Networks/Forums

9. The VCSE Alliance recognises the important role of the District Collaboratives and will encourage and support VCSE involvement. VCSE colleagues are liaising with partners and the Primary Care Strategic Director. This is working well in some districts, whereas it is recognised that more engaged work is required in others.

10. A Communications and Engagement Officer is in post, with branding in place and the Alliance website launch due in February 2023. There will be a monthly VCSE newsletter and other marketing / PR activities are being developed.

11. The VCSE is raising awareness of the Alliance, its work and ambitions, through a wide range of engagement activities including networks, forums and briefing events across the County. There will further be a countywide VCSE engagement events in September 2023.

12. VCSE Alliance priorities and progress

Examples of Current projects

- The **Understanding and Strengthening Worcestershire VCSE Sector Project** will undertake a comprehensive review of VCSE organisations in Worcestershire, collecting and collating intelligence on community needs, services, issues and gaps. This information will then be used to develop a robust VCSE strategy with the overall aim of stronger VCSE Sector working together effectively to deliver excellent services aligned to need.
- The Alliance is focusing on **integrating the VCSE with NHS Primary Mental Health and Wellbeing Services**. The aim is to support people with mental health and wellbeing challenges, to reduce demand on primary mental health care, improve waiting time experience and optimise treatment. This includes:
 - support during waiting period for clinical therapeutic intervention;
 - one-to-one and small group activities;
 - investigating ways in which the VCSE Sector can support individuals with mental health challenges; and
 - working together to address the wider determinants of poor mental health and wellbeing.

13. Other key areas of focus for 2023 include:

- development of a VCSE co-production and collaboration approach;
- review to assess impact of the Alliance with recommendations for further development; and
- obtaining funding for Alliance Communications & Engagement Officer and development costs from September 2023.

Memorandum of Understanding

14. A Memorandum of Understanding is being developed with the Worcestershire Executive Committee and wider organisations to commit to new ways of working between the VCSE and public sector within Worcestershire, focusing initially on wellbeing, health and care. It sets out common values and principles to support collaboration and is consistent with the Joint Working Principles document between the Worcestershire Executive Committee and the Worcestershire Health and Wellbeing Board. To note here for information.

Legal, Financial and HR Implications

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

Privacy Impact Assessment

16. There are no privacy issues to report.

Equality and Diversity Implications

17. There are no privacy issues to report.

Contact Points

County Council Contact Points

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Specific Contact Points for this report

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Supporting Information

[Update of Development of VCSE to Health and Wellbeing Board - May 2022](#)

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HEALTH AND WELLBEING BOARD 14 FEBRUARY 2023

WORCESTERSHIRE SAFER COMMUNITIES BOARD

Board Sponsor

Liz Altay, Interim Director of Public Health

Author

Tim Rice, Head of Safer Communities (Public Health)

Priorities

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

- Mental Health and Wellbeing
- Homes Communities and Places

Safeguarding

This report has a direct impact on safeguarding adults and children. Community safety work will involve a focus on children and young people young individually or as part of their family circumstances and safeguarding of vulnerable adults is a significant consideration for the SCB and its areas of responsibility

Item for Decision, Consideration or Information

Consideration

Recommendation

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

Background

2. In two tier Local Government, under Section 17 of the Crime and Disorder Act 1998 (the Act), there is a requirement for a county group to take strategic oversight of community safety matters. This complements the work and duties of the statutory Community Safety Partnerships (CSP's), which are set up in north and south Worcestershire and led at District Council level.
3. The SCB discharges its role through an annual Community Safety Agreement and action plan, the oversight of several priority areas and the governance of groups working on domestic abuse, substance misuse, reducing offending and Prevent and

Protect (counter terrorism). It is attended by the Director of Public Health as Chair, the Chair of the HWB and supported by Public Health Safer Communities officers.

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

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

- Worcestershire County Council (WCC).
- six District Councils (represented by the two CSP chairs).
- West Mercia Police.
- Hereford and Worcester Fire and Rescue Service.
- NHS Herefordshire and Worcestershire (the Integrated Care Board); and
- the Probation Service.

6. There are also additional senior representatives from Worcestershire Children First, West Mercia Youth Justice service, the PCC's office, and the Voluntary and Community Enterprise Sector.

Sub-group activity

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

Worcestershire Domestic Abuse Partnership Board

8. Worcestershire Domestic Abuse Partnership Board (DAPB) is the co-ordination point for supporting a partnership approach to domestic abuse in Worcestershire. Progress is being made to implement the Domestic Abuse Act 2021. A Domestic Abuse Strategy for Worcestershire is in place and there are a range of actions being developed to ensure that its ambitions are met. Current activities include Public Health commissioning a new county wide Sanctuary scheme to enable victim/survivors of domestic abuse to remain in their own home with enhanced security provisions; the commissioning of a Lived Experience advisory service with Herefordshire Council and a new Multi-Agency Risk Assessment Conference, (MARAC), governance group chaired by Public Health and reporting to the DAPB.

9. A refresh of policy and procedure on Domestic Homicide Reviews has also been completed and as previously reported, common themes from Reviews are people suffering with mental health problems and substance misuse issues. There are currently 11 unpublished Domestic Homicide Reviews at various stages of progress, representing a significant pressure on partner staff resources.

Worcestershire Prevent Strategy Group

10. Worcestershire Prevent Strategy Group's current activity includes delivering the duties described in the Counter Terrorism Act 2015 and the Prevent Duty Guidance, as part of the Government's CONTEST Strategy. The focus is on training of staff of Specified Authorities (again includes Local Authorities and NHS bodies) and revised Home Office training packages are about to be introduced. WCC has built these packages into its corporate mandatory staff training arrangements. The new Counter Terrorism Local Profile for Worcestershire is presented to senior officers on 13 February by West Midlands Counter Terrorism Unit and will help frame the Prevent Strategy Group actions for 2023/24. A new Problem-Solving Group has been established to share local information and identify risk of radicalisation. This has led to successful collaboration with a Further Education college, Community Safety Officers and Police in North Worcestershire where there had been right wing graffiti and stickering at a Further Education college.

Worcestershire Protect Group

11. The Government is due to legislate on a new "Protect Duty," which will require improved protective security and preparedness at certain buildings and open spaces, to mitigate the impact of any potential terror attack to places where the public have access. The responsibility for oversight and implementation of the duty will be clarified in the legislation (potentially to be enacted by late 2023). However the Government has begun to clarify the likely key elements of the Act and the attachment, (Martyn's Law Factsheet), sets these out in more detail. To date it has been primarily the Local Authorities who have been carrying out initial preparatory activities, including co-ordinating security and safety training programmes provided by West Midland Counter Terrorism Police and started to consider the impact on their own buildings and public spaces. However, this duty will apply to other Board member organisations, in particular the NHS, and clarification has been sought as to whether the Department of Health has been providing guidance and advice. The key points relate to certain eligible premises where qualifying activities take place. This would include municipal buildings, retail premises, education and health buildings amongst others and standard tier requirements would apply to buildings with capacity over 100 and an enhanced tier with over 800 capacity. The next steps are to try and ensure there is a robust but proportionate approach in preparing for the Protect duty based on current guidance.

Worcestershire Substance Misuse Oversight Group

12. Worcestershire Substance Misuse Oversight Group oversees criminal justice and health issues in relation to drugs and alcohol misuse and it has oversight of the new Drugs Strategy and its implementation. A new Herefordshire and Worcestershire Combatting Drugs Partnership Board, led by the West Mercia PCC, has been established, following national Home Office requirements. An action plan is being developed following a Local Authority needs assessment, with reporting back to the Home Office on outcomes against national priorities.

Worcestershire Reducing Reoffending Group

13. Supporting activity to reduce reoffending is a duty for CSPs and this group has oversight of strategic activity in that regard. A current focus for the group is to implement recommendations from a locally commissioned assessment on offender housing and support pathways. This is a significant cross cutting piece of work that is designed to try and reduce offending behaviours and provide a better and stable accommodation platform for people with multiple offending and health issues. A forthcoming workshop is designed to make practical progress in finalising and embedding this new pathway approach.

Areas of development

14. A new Serious Violence duty is set out in the Police, Crime, Sentencing and Courts Act 2022, with its focus being on an evidence-based approach to preventing and reducing serious violence. All organisations and agencies subject to the Duty, the “Specified Authorities”, (Chief Officers of police, fire and rescue authorities, Integrated Care Boards, local health boards, local authorities, youth offending teams and probation services), will be accountable for their activity and co-operation. Initially a needs assessment will be required, with the publication of a strategy by January 2024, overseen by local CSPs. The three national success measures are: (1) a reduction in hospital admissions for assaults with a knife or sharp object; (2) a reduction in knife and sharp object enabled serious violence recorded by the police; and (3) homicides recorded by the police. A support framework has been established with a national provider, Crest, to assist Specified Authorities with implementing the duty and will involve local consultation, briefings advice and support on assessing needs and developing plans.

15. Strategically, there has not been a fully co-ordinated partnership response to tackling sexual violence, for instance by comparison to the effective domestic abuse partnership working that is embedded in the system. To address this there has been the recent setting up of the West Mercia Sexual Assault and Abuse Strategy Board, under the PCC, which will have action plans to ensure that key agencies consider their individual and collective responsibilities, starting with a prevention focus, awareness raising and training, through to direct support for victims. The focus will be on criminal justice, the commissioning of rape and sexual assault services and psychological and counselling services. Key commissioning of services primarily sits with NHSE, the H&W ICB, the PCC and Ministry of Justice. There will also be a focus on sexual violence under the new serious violence duty.

Conclusion

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

Legal, Financial and HR Implications

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

Privacy Impact Assessment

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

Equality and Diversity Implications

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

Supporting Information:

[Martyn's Law Factsheet - Home Office in the media \(blog.gov.uk\)](#)

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HEALTH AND WELLBEING BOARD

14 FEBRURY 2023

WORCESTERSHIRE INTEGRATED COMMISSIONING EXECUTIVE OFFICERS GROUP (ICEOG) UPDATE

Board Sponsor

Simon Trickett - Chief Executive, Herefordshire & Worcestershire ICB

Co-authors

Jenny Dalloway, Programme Director – Mental Health, Learning Disabilities and Autism, Rebecca Wassell, Assistant Director – People Commissioning, Worcestershire County Council, and Mark Dutton, Chief Financial Officer, NHS Herefordshire & Worcestershire

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 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 Wellbeing Board is asked to note the contents of this report.**

Background

2. The purpose of ICEOG is to progress the integration of NHS, social care, public health and related services for the benefit of Worcestershire residents through the development of strategies, working with delegated budgets, across adults and children's services. This is in the context of the Integrated Care System, Joint Strategic Needs Assessment, Joint Local Health and Wellbeing Strategy, Integrated Care Strategy and other relevant strategic plans across the Council and Integrated Care Board (ICB).

3. ICEOG further ensures effectiveness, safety and improved experience of services commissioned under the Section 75 agreement which was extensively, revised and updated for 2022/23.

ICEOG Update

4. Below is an update on the activity overseen by ICEOG for the financial year to December 2022, summarising key activity, priorities, spend and areas of risk:

Adult Services and discharge to access pathway

5. Throughout 2022, the flow of patients from the Acute Hospital setting has remained a hot topic as the NHS continues its aim to recover from the COVID-19 pandemic. Specific COVID-19 discharge funding ceased in March 2022, and the additional facilities commissioned to assist discharge (and which were by this time largely vacated) were decommissioned. Additionally, the issue of ambulance waiting times has been well reported nationally, and Worcestershire has experienced significant local pressures with long handover delays, particularly at the Worcestershire Royal. These issues of patient flow, timely discharge and ambulance handover delays have been followed up via the County Council Health Overview Scrutiny Committee.

6. In support of the efficient discharge process, the County Council has commissioned a “wraparound” domiciliary care service for the duration of the funded pilot of the Intermediate Integrated Care Service. This enables up to four patients to be discharged home, with the benefit of up to four days/nights live-in support from a carer. Initial results are positive on this service, which is scheduled to continue as a pilot until September 2023.

7. The County Council has also commissioned additional support for the council-run reablement service, on a two-year (plus 1) contract. This service was commissioned previously on a temporary (short-term) basis, in support of the ongoing recruitment campaign to the in-house team. However, in February 2022, it was determined that the recruitment activity (save for replacement positions in the event of attrition) would cease and the contract be offered for the longer term in order to ensure that sufficient hours were available in relation to the agreed service demand.

8. At its interim review of the Integrated Intermediate Care Service (February 2022), it was agreed to extend the pilot until the end of September 2022, with a further review in July 2022. The associated funding will remain in place for the duration of the further extended pilot (to end September 2023), but with the exception of the additional staffing, the costs of which have, since July 2022, been absorbed by the partner organisations. This is currently being discussed at the executive level, as, once a decision is taken on the optimal service to be implemented longer term, there will be some movement of staff into new roles, and therefore an ideal opportunity to put in place the right structure – and funding - to take this work forwards. It was also agreed, that whilst the improvements in discharge had been largely sustained throughout the year, there remained some delays that required operational oversight and improvement. Within this remained the issue of sufficiency of therapists within the community setting and the (non) availability of IAR beds within the Herefordshire and Worcestershire Health and Care Trust, which results in delayed discharges for patients to the community setting for intensive rehabilitation.

9. At this time, it was recognised by ICEOG that the Integrated Intermediate Care offer could be much broader and make a more significant contribution to the delivery

of effective and efficient onward care. On this basis, it was agreed that the service should, between July 2022 and September 2023, evolve into a full service rather than be focussed on providing a step-down service. The revised organisational structure will feed into this evolution but, in the interim, as staffing changes occur, a standard operating procedure has been drafted to assist in maintaining the progress achieved to date.

10. The HWB is advised that continued programme progress remains under risk in the approach to winter months due to the on-going fragility of health and care markets, finance and the NHS elective recovery plan.

Children's Services

11. The Worcestershire Children and Young People's Joint Commissioning Group continues to co-ordinate the joint commissioning of services within the Section 75 commissioning agreement between the ICB and Local Authority.

12. Commissioners have focussed on provision that supports the delivery of Education, Health and Care Plans for Children with Special Educational Needs and Disabilities (SEND).

13. In March 2018, Ofsted and the Care Quality Commission inspected how effectively the special educational needs and disability provision was being delivered in Worcestershire, by the Council, together with the then NHS Worcestershire Clinical Commissioning Group. They reviewed joint commissioning between health services and the Council. Inspectors also looked at assessments and planning for children and young people with special educational needs and disability. Although improvements were recognised by inspectors, it was found that children and young people who have SEND were not being provided with the quality of support and service they were entitled to.

14. Following a 3-day inspection that took place between 1st and 3rd November 2021, inspectors reported that 8 of the 12 areas of weakness had been addressed however there were 4 remaining areas that required further improvement. The Council and the ICB have been working together to address the areas of improvements required through an Accelerated Action Plan (APP). A 12-month review of the action plan will take place on 29 March 2023.

15. The demand for Education Health Care new assessments between January 2022 to December 2022 totalled 815. Regionally there has been, in the main, steady growth over the last nine years within Worcestershire in terms of the numbers of education health care plans increasing from 2,452 to 4,904 as of end December 2022. As a result of this increase it was identified that additional health workforce was required to address the completion of the education health care needs assessments (including the outstanding requests) within the required 6 week timescale. At ICEOG on 16 January 2023 the following additional staffing was agreed:

Grade	Post Description	Hours
B9	Community Paediatrician	4.00
B6	Occupational Therapist	37.5
B6	Physiotherapist	37.5
B3	Administration (Centralise for all professionals)	37.5

Speech, Language and Communication Needs

16. Work is progressing to develop a system-wide understanding of need and current provision to support a strategic approach to joint commissioning by health, public health, social care and education commissioners.

17. The challenges identified so far include an inconsistent approach to the application of the NHS Universal, Targeted and Specialist offer, creating an inequity for our Children and Young People and a high demand for specialist support.

18. The differing commissioning arrangements across partners have created an inconsistent approach to meeting needs and delivering outcomes.

19. For example, mainstream education support Children and Young People up to 16 years and specialist school students are supported up to 19 years. The newly established Enhanced Mainstream Autism Bases (MABs) have WCF commissioned support, where previously established MABs do not have a commissioned service in place and access the universal speech, language and communication needs offer.

20. The joint commissioning group is focusing on four cohorts of Children and Young People initially. These are Early Years (this work is led by the Early Years Strategy Group), 16-25 years, those receiving input from specialist providers and Mainstream Autism Bases. This is building on work previously undertaken by Herefordshire and Worcestershire Health and Care Trust, the NHS Service provider, using a therapy demand management tool known as the Balanced System Framework. Initial findings are expected in 2023 to inform commissioning for 2023-24.

Joint Commissioning for Complex Needs

21. Work has commenced to review the commissioning of support for children and young people aged 16-25 years old, and who are accessing specialist services from Education, Social Care and Health. Through a better understanding of the current position a joint commissioning approach will be developed to inform future plans across education, health and social care.

Emotional Wellbeing and Mental Health

22. The Integrated Care System Emotional Wellbeing and Mental Health Transformation Plan has been developed with partners and published in October. This sets out the commissioning and delivery plans for 2023-24 across a range of provision from early intervention and prevention to urgent support to improve both the access to appropriate support and improved outcomes for our children and young people.

Public Health

23. Commissioning services through a Section 75 agreement enables collaborative commissioning, further delivery of integrated services and shared health and wellbeing objectives. Last year, priorities for this agreement from Public Health included Integrated Care and Wellbeing, and Children and Young People and Prevention Services.

24. In preparation for the Integrated Care System a number of Public Health services were moved into the Section 75 agreement where there was benefit to the health and care system or to enable joint commissioning to improve outcomes. These services are NHS Health Checks, Prevention and Early Intervention Service for Children Young People and Families, Lifestyle Services and the Sexual Health Service. In addition, funding for short term initiatives to mitigate the impact of COVID-19 and to be commissioned by the NHS were added, including emotional health and wellbeing services for some schools, online counselling support for adults and enhanced speech, language and communication support for young children to support school readiness.

25. This year, contributions have been added to the Section 75 agreement to:

- pilot a High Intensity User Service for Accident and Emergency;
- fund the Head of Housing and Health Partnerships role, working with partners across the ICS to develop and deliver an evidence-based programme of actions to improve the contribution that the home environment makes to good health;
- develop an infectious disease service across the ICS to ensure a consistent and resilient health protection offer, run by SW Healthcare, available seven days per week; and
- develop a new, easily accessible, prevention response service to reduce inequalities in screening, diagnosis and treatment of disease via an outreach vehicle model.

Hospital Discharge Funding

26. The Department of Health & Social Care issued a statement on 22 of September 2022 highlighting additional funding of £500m nationally which is distributed across both Health and Social Care systems. This funding is called the Adult Social Care Discharge Fund and is aimed at increasing the number of discharges from hospitals, improving patient flow, and minimising on admission delays.

27. Worcestershire's allocation of the grant totals £3.5m, which is split £2.0m to Local Authority Adult Social Care, £1.5m to NHS through Herefordshire & Worcestershire ICB. The NHS Allocation for Herefordshire & Worcestershire was £2.1m, with £0.6m to be utilised within Herefordshire. The planned utilisation of this grant has previously been agreed by HWB, and fortnightly returns on spend and activity are being submitted, in line with reporting requirements.

28. National guidance stipulates that HWB must recognise the additional funding as an increase in S75 arrangements, and the funding must be incorporated into the Better Care Fund.

29. A further announcement of an additional investment of £200m nationally was issued on 9 January 2023. This funding has been identified to purchase short-term placements, which in turn speed up discharge. The Worcestershire allocation of the fund totals £2.6m. A delivery plan has been submitted to the NHS. This funding stream is not a grant, it enables each system in the UK to claim funding for suitable expenditure up to an allocated ceiling.

30. Reporting requirements also state that this funding (£2.6m) must also be reported through the Better Care Fund.

31. In total the additional investment into Hospital Discharge totals £6.1m for Worcestershire which will be reported through the Better Care Fund.

32. The 2022/23 service spend within the Section 75 Agreement now totals £136,775,560 following additional investment (previously £130,657,459), and within which the Better Care Fund totals £58,914,458.

Section 75 Agreement

33. The aim of the Section 75 Agreement is to provide a framework for partners to pool and align resources to support the achievement of shared objectives. It is agreed between Worcestershire County Council and the ICB through their appropriate governance structures. The value of the section 75 agreement is £137.4m. During 2022/23 joint work across both the ICB and WCC has been undertaken to review the section 75 portfolio which has resulted in some changes to what is included in the agreement. Whilst the value of the section 75 has reduced the portfolio has been streamlined to include services which are covered by the remit of joint commissioning through ICEOG.

34. The most significant pressure within Section 75 is the increasing levels of expenditure on S117 Mental Health Placements – at P08 (November 2022) forecasting an increase on the 2021/22 out-turn of £23,565,269 of £5.555 million. Analysis shows that the main cost driver is the increase in the complexity of care required to support individuals. Further work is being undertaken to understand this driver and identify mitigations to manage this increasing pressure. Worcestershire County Council (WCC) has invested in a Pathway Planning team, which will define Mental Health recovery services, remodel existing services and establish ability to move and support individuals into different pathways.

35. In addition, many contracts continue to be reflecting the COVID-19 enhanced costs (albeit that NHS funding assumes that with the reduction of invention prevention control measures these costs will subside) as well as requests for additional funding to reflect cost of living pressures, all of which will put further pressure on delivering the Section 75 position for both the Council and ICB.

Governance Arrangements

36. ICEOG is seen as an important part of the ICS governance structure going forward. The ICB Chief Executive Officer is the Chair of ICEOG. The ICB Chief Finance Officer is also a member of ICEOG and is the responsible executive for the ICB's new Strategic Commissioning Committee. The Strategic Director of People within WCC ensures that the council remains fully briefed and cited on the activities of ICEOG. This ensures strong alignment between NHS commissioning and joint

commissioning. The national guidance for Integrated Care Strategy development states *“In preparing the integrated care strategy, the integrated care partnership must, in particular, consider whether the needs [of the population] could be more effectively met with an arrangement under section 75 of the NHS Act 2006”*. The ICB board, which includes the Chief Executive from the Council as a partner member has discussed the ambition to use effective local partnerships as the basis for developing more integrated services and pooling more funding. ICEOG will remain the platform for overseeing these sorts of developments and all partners are committed to explore opportunities to increase the use of both the Better Care Fund and the Section 75 agreement.

Legal, Financial and HR Implications

37. The Section 75 budget includes several funding streams such as the Better Care Fund, Improved Better Care Fund, Disabled Facilities Grants and contributions from WCC, the ICB and Public Health for jointly commissioned and jointly delivered services. There is a separate agenda item for the Health and Wellbeing Board updating on the Better Care Fund, last received in September 2022.

Privacy Impact Assessment

38. This are no privacy issues.

Equality and Diversity Implications

39. An Equality Relevance Screening is completed in respect initiatives and projects prior to commencement and during implementation. This report provides a general update on related activity, with no relevant proposal for screening.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Simon Trickett - Chief Executive, Herefordshire & Worcestershire ICB

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HEALTH AND WELL-BEING BOARD

14 February 2023

2022/23 Better Care Fund (BCF) P8 Budget Monitoring

Board Sponsor

Mark Fitton & Simon Trickett

Author

Richard Stocks – Senior Finance Business Partner

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

Safeguarding

This report has a direct impact on safeguarding adults

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

Item for Decision, Consideration or Information

Information and assurance

Recommendation

The Health and Well-being Board is asked to note the 2022/2023 Period 8 Better Care Fund Budget monitoring position, in line with national requirements.

Background

1. HWB's are required:
 - to ensure that use of the mandatory funding contributions NHS minimum contribution, improved Better Care Fund (iBCF) grant and the Disabled Facilities Grant) has been agreed in writing, and that the national conditions are met; and
 - provide an end of year reconciliation to Departments and NHS England/Improvement, confirming that the national conditions have been met, total spend from the mandatory funding sources and a breakdown of agreed spending on social care from the NHS minimum contribution.
2. The national conditions for the BCF in 2022/23 are:
 - A jointly agreed plan between local health and social care commissioners, signed off by the HWBB.

- NHS contribution to adult social care at HWBB level to be maintained in line with the uplift to NHS minimum contribution.
- Invest in NHS commissioned out-of-hospital services.
- Implementing the BCF policy objectives:
 - Enable people to stay well, safe, and independent at home for longer
 - Provide the right care in the right place at the right time.

Funding Contributions – 2022/23

3. *NHS Minimum Contribution* - In line with national guidance and national condition 2 (see above), the 2022/23 Better Care Fund for Worcestershire demonstrated 5.66% growth on the NHS's Minimum Contribution (£2.4 million), giving a total value of the BCF of £69,456,193, as shown in **Table 1**. Details of the BCF schemes and forecast year end outturn can be seen at **Appendix A**.

Table 1 – BCF Allocation for 2022/23 compared to 2021/22

Funding Contributions	Year		Movement	%
	21/22	22/23		
	£	£	£	
CCG Minimum Contribution	41,896,797	44,268,156	2,371,359	5.66%
Disabled Facilities	6,163,577	6,163,577	-	0.0%
* iBCF	18,465,125	19,024,460	559,335	3.03%
BCF Total	66,525,499	69,456,193	2,930,694	

* Including £2.38m "Winter Pressures" allocation

4. There has been inflation of 3% applied to the *Improved Better Care Fund* (iBCF) which is allocated to local authorities for 2022/23, this now stands at £19.0m (increase of £0.6m). The Health and Well Being Board are asked to note that in line with national guidance issued in 2020/21 the Council has re-classified the Winter Pressures funding of £2.38m as part of the iBCF.
5. *Disabled Facilities Grant* - This Grant has been passported to District Councils in accordance with the national allocated amounts as set out in **Table 2**.

Table 2 – DFG Allocations per District Council for 2022/23

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

2022/23 BCF Period 8 Forecast Outturn

6. The 2022/23 BCF forecast outturn is currently reporting an overspend of £1.727m against the budget (£69,456,193). The overspend will be mitigated following the

utilisation of one-off funding from each party. The overspend has been forecast throughout the financial year. Further detail on a scheme-by-scheme basis can be seen in **Appendix 1**.

7. The P8 position does not include additional Hospital discharge funding which was announced on 22nd September 2022 and 09th January 2023. Requirements of the grant stipulate that expenditure and funding must be reported within the BCF, however this will be represented in the P9 (December) BCF reports.

Legal, Financial and HR Implications

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

Privacy Impact Assessment

11. Non arising directly from this report

Equality and Diversity Implications

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

Contact Points

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Background Papers

None

APPENDIX 1

BETTER CARE FUND Period 8 monitoring

Better Care Fund (BCF)						
Scheme	BCF £	iBCF £	DFG £	Total budget for 2022/23 £	Forecast outturn £	Variance
Revenue Schemes from NHS H&W contributions (stay in NHS H&W)						
General Rehab Beds	12,794,133	0	0	12,794,133	12,794,133	0
Intermediate Beds	1,849,772	0	0	1,849,772	1,849,772	0
Neighbourhood Teams	7,822,779	0	0	7,822,779	7,822,779	0
Onward Care Team	714,149	0	0	714,149	714,149	0
Worcestershire IP Unit- Pathway 2	5,160,828	0	0	5,160,828	5,160,828	0
Total	28,341,660	0	0	28,341,660	28,341,660	0
Funding transfer from NHS H&W to Local Authority						
Pathway 1(UPI)	6,643,478	0	0	6,643,478	8,425,775	1,782,297
Pathway 1+	257,000	0	0	257,000	257,000	0
Rapid Response Social Work Team	370,800	1,263	0	372,063	372,063	0
Pathway 3 (SPOT DTA)	-528,977	1,478,442	0	949,465	869,930	-79,535
Worcestershire Step-down Unit	0	0	0	0	0	0
External placement contingency (Winter Pressures)	0	0	0	0	0	0
ASWC in Community Hospitals, Resource Centres and DtA Beds-Onward Care Team	471,275	504,000	0	975,275	975,275	0
Carers	1,158,022	101,978	0	1,260,000	1,260,000	0
Implementation of the Care Act - additional demand for Home Care	2,178,997	298,942	0	2,477,939	2,477,939	0
LD Complex Cases	803,500	0	0	803,500	803,500	0
WCES	1,762,000	0	0	1,762,000	1,762,000	0
Disabled Facilities Grant	0	0	6,163,577	6,163,577	6,163,577	0
GP attached Social Workers	310,400	0	0	310,400	310,400	0
NHS Investment in Care Homes	2,500,000	0	0	2,500,000	2,500,000	0
BCF Support Post	0	0	0	0	24,161	24,161
Total	15,926,495	2,384,625	6,163,577	24,474,697	26,201,620	1,726,923
WCC Support	0	0	0	0	-863,462	-863,462
ICB Support	0	0	0	0	-863,462	-863,462
	0	0	0	0	0	0
	0	0	0	0	0	0
Additional Resource required	0	0	0	0	-1,726,923	-1,726,923
	15,926,495	2,384,625	6,163,577	24,474,697	24,474,697	0
TOTAL BCF	44,268,155	2,384,625	6,163,577	52,816,357	52,816,357	0

HEALTH AND WELLBEING BOARD 14 FEBRUARY 2023

ANNUAL REPORT OF THE HEREFORDSHIRE AND WORCESTERSHIRE CHILD DEATH OVERVIEW PANEL

Board Sponsor

Liz Altay, Interim Director of Public Health

Author

Liz Altay, Interim Director of Public Health

Priorities

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

- Healthy Living at All Ages

Safeguarding

This report has a direct impact on safeguarding children or adults.

There are themes and recommendations within this report that relate to the safeguarding of children, such as discussion of modifiable risk factors that cause harm or death. See full report for further detail.

Item for Decision, Consideration or Information:

This item is being brought for information.

Recommendation

1. The Health and Wellbeing Board is asked to:
 - a. Receive the 2021-2022 Herefordshire & Worcestershire Child Death Overview Panel (H&W CDOP) Annual Report noting the numbers and patterns of child deaths reviewed and the thematic learning to prevent future deaths; and
 - b. Support the continued prioritisation of the system priorities of CDOP.

Background

2. The death of a child is a devastating loss that profoundly affects the bereaved parents as well as extended family, friends and professionals who were involved in caring for the child.
3. H&W CDOP operates as a combined CDOP. In the counties of Herefordshire and Worcestershire the current child death review partners are Herefordshire Council (Public Health), Worcestershire County Council (Public Health) and NHS Herefordshire and Worcestershire.

4. H&W CDOP is an independent multi-agency panel whose role is to carry out an anonymised secondary review of each child's death to learn lessons and share any findings for the prevention of future deaths.
5. One of the responsibilities of H&W CDOP is to produce an annual report on behalf of the statutory partners, which is reported to both Herefordshire's and Worcestershire's Health and Wellbeing Boards and the Integrated Care Board. The report for the period April 2021 to March 2022 is attached for information at **Appendix A**. The report may also be shared, as appropriate, with other key strategic partnerships. It provides an overview of all completed child death reviews, highlighting the most frequent modifiable factors. Analysing the data by varying categories often results in very small numbers, therefore, data has been summarised in proportions throughout this report to prevent an individual child being able to be identified from the analysis.
6. H&W CDOP continue to make recommendations to all relevant organisations where actions have been identified which may prevent future child deaths or promote the health, safety and wellbeing of children.

Patterns, Modifiable Factors and Themes

7. Between 1st April 2021 and 31st March 2022, a total of 43 child death notifications were received for Herefordshire and Worcestershire resident children. Of these notifications, nine were from Herefordshire and 34 from Worcestershire.
8. Between 1st April 2021 and 31st March 2022, a total of 28 cases were reviewed by H&W CDOP. Of these deaths 57% were expected and 43% were unexpected.
9. From the reviewed deaths the category of death that was most reported was perinatal/neonatal event, which was the primary category of death for 39% of cases.
10. 10 of the 28 deaths reviewed were related to prematurity.
11. Overall, 68% of the reviewed deaths were under one year old, 21% were between the ages of 15 and 17. 11% of the cases reviewed were assigned a category of suicide and these involved older teenagers between the age of 15 and 17 years.
12. Small numbers make it difficult to find a clear association with deprivation. However, the most deprived quintile of the population had the highest number of deaths overall and the highest number of expected deaths
13. H&W CDOP identified modifiable factors in 57% of the cases reviewed. The most commonly reported modifiable factors were smoking and neonatal care.

System Priorities

14. The number of deaths reviewed annually is small. However, some themes occur at H&W CDOP more often than others. From these the following priorities have been developed:

- a) **Prematurity**- A focus on reducing modifiable factors linked to prematurity and clinical management of women who are at risk of preterm birth.
- b) **Smoking**- A continued focus on reducing smoking in the preconception period, smoking during pregnancy and smoke free homes.
- c) **Neonatal Care**- A local and regional focus on providing high quality neonatal care.
- d) **Complexity**- Frontline workers to be continued to be supported with appropriate training and tools to identify complex family issues and develop professional curiosity.

Legal, Financial and HR Implications

15. Legal, funding and HR implications would be considered as the various system priorities detailed within this report are progressed.

Privacy Impact Assessment

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

Equality and Diversity Implications

17. 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

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Specific Contact Points for this report

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Background Papers

- Herefordshire and Worcestershire Child Death Overview Panel Annual Report 1st April 2020 to 31st March 2022

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Herefordshire and Worcestershire Child Death Overview Panel

Annual Report

1st April 2021 to 31st March 2022



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1. Foreword

I am very pleased to introduce the annual report for the joint H&W CDOP for the period 1st April 2021 to 31st March 2022.

Last year's report reflected themes and developments in both counties leading up to and following the establishment of the new joint panel in late 2019. This is therefore the first report that specifically focuses on completed activity in the review of children's deaths for a single year and provides information for Child Death Review (CDR) partners on local patterns and trends in the deaths of children, lessons learned and modifiable actions identified.

In reflecting on my foreword to last year's report, some of my comments then - when the world was in the midst of the COVID-19 pandemic - are just as pertinent now:

- The death of a child is always tragic. It is essential that in seeking to identify factors that, if modified, might have prevented a child's death or might prevent future deaths, we never lose sight of that or the life-changing impact of losing a child on parents, siblings, extended families and friends.
- Working remotely seems to have become routine and I am still to meet many of my CDOP colleagues in person. Nonetheless, an excellent group of professionals from across the CDR partnership demonstrate a high level of ongoing commitment to meeting remotely and ensuring that a thorough analysis of the CDR process is undertaken in respect of the death of every child normally resident in Herefordshire or Worcestershire.

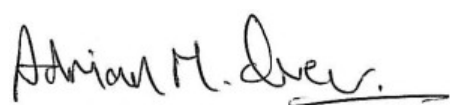
The findings of the report speak for themselves. Although the number of deaths reviewed is relatively low, modifiable factors were identified in 57% of deaths reviewed. That is significant for two reasons:

- The identification of those factors underlines the importance of CDOP's work
- Thorough analysis of 43% of the deaths reviewed led to a conclusion that nothing whatsoever could have been done to prevent the deaths of those children. In looking for lessons, themes and trends, we have to recognise that the deaths of some children are utterly unpreventable but no less tragic for that.

I should like to thank all members of the wider CDR process for their hard work and commitment in notifying CDOP when a child dies; convening and attending child death review meetings; and completing and submitting analysis forms. Huge thanks also to all members of CDOP for their diligent attendance and participation in panel meetings. Analysing the deaths of children is an emotionally as well as intellectually demanding task, which should never be underestimated.

In thanking everybody, I feel as chair that it is particularly important to acknowledge the wonderful contribution of our designated doctors in preparing and presenting case information for analysis. CDOP benefits enormously from their dedication, diligence and expertise.

Finally, my special thanks to CDOP Co-ordinator Polly Lowe for her tireless efforts in co-ordinating the panel's work, standardising the CDR process across the two counties and chasing up information and responses to identified actions; to Jayne Williams for her patient and consistent work in providing administrative support to the panel; and to Hayley Durnall and Polly for all their work in writing this report.



Adrian Over

Herefordshire and Worcestershire Child Death Overview Panel Independent Chair

2. Introduction

The death of a child is a devastating loss that profoundly affects the bereaved parents as well as extended family, friends and professionals who were involved in caring for the child.

Herefordshire & Worcestershire Child Death Overview Panel (H&W CDOP) operates as a combined CDOP. In the counties of Herefordshire and Worcestershire (H&W) the current child death review (CDR) partners are:

- Herefordshire Council (Public Health)
- Worcestershire County Council (Public Health)
- NHS Herefordshire and Worcestershire

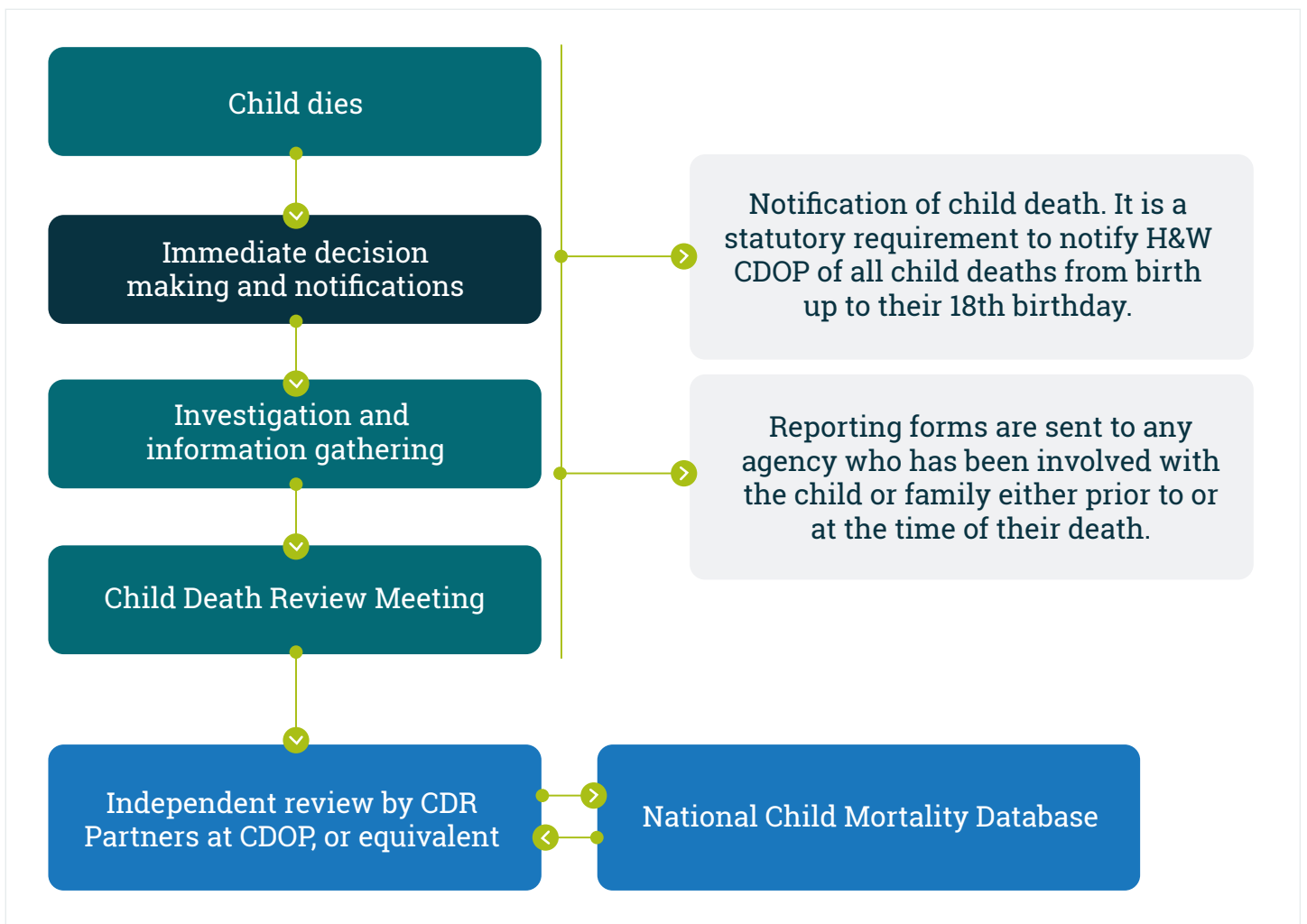
H&W CDOP is an independent multi-agency panel whose role is to carry out an anonymised secondary review of each child's death to learn lessons and share any findings for the prevention of future deaths. One of the responsibilities of H&W CDOP is to produce an annual report on behalf of the statutory partners, which is reported to both Herefordshire and Worcestershire's Health and Wellbeing Boards and the Integrated Care Board. The report may also be shared, as appropriate, with other key strategic partnerships. The report provides an overview of all completed child death reviews, highlighting the most frequent modifiable factors. Analysing the data by varying categories often results in very small numbers. Therefore, data has been summarised in proportions throughout this report to prevent an individual child being able to be identified from the analysis.

Overview of CDOP Process

There is a statutory obligation to notify a child death to Child Death Overview Panel (CDOP) However, CDOP reviews are not always completed in the same year as the notification of death. Some child deaths may involve a coronial investigation, post-mortem, Child Safeguarding Practice Review, Healthcare Safety Investigation Branch investigation, Serious Incident investigation or Police investigation which all have varying timescales for completion. Most cases are reviewed in the years following the child's death. The timescale for secondary review at CDOP relies on the collection and analysis of information requested from professionals.

Before the death of a child can be reviewed at CDOP it must be reviewed by the Child Death Review Meeting (CDRM) process. The Child Death Review Meeting CDRM is a multi-professional meeting where all matters relating to an individual child's death are discussed. A Joint Agency Response is triggered if a child dies unexpectedly and is reviewed using SUDIC (Sudden Unexpected Death in Infants and Children) guidelines. These guidelines ensure that all unexpected child deaths are reviewed in detail to identify any learning or actions that should be taken to improve the safety or welfare of children or the child death review process. An initial CDRM is usually held within 14 days of the child's death to ensure that the correct information surrounding the circumstances of the death is collected and that family members and others who were close to the child are being appropriately supported. A final CDRM will be held once any investigations have concluded and any reports from key agencies and professionals have been received.

There is a statutory requirement that all child deaths are independently reviewed so following the CDRM each case will then be taken to H&W CDOP. The Panel will make recommendations to all relevant organisations where actions have been identified which may prevent future child deaths or promote the health, safety and wellbeing of children.



About Herefordshire and Worcestershire

Herefordshire and Worcestershire are two separate counties located in the West Midlands in the heart of England towards the south and southwest of the West Midlands Region. The two counties border Shropshire, Staffordshire, the West Midlands Metropolitan Area, Warwickshire, Gloucestershire and Wales to the west. The two main administrative cities are Worcester City in Worcestershire and Hereford in Herefordshire. Worcestershire consists of 6 districts, namely Bromsgrove, Malvern Hills, Redditch, Worcester City, Wychavon and Wyre Forest

In terms of population, almost 791,000 people live across the two counties. Worcestershire had approximately 604,000 people resident and Herefordshire had a little over 187,000 as at the 2021 census. The overall population in Worcestershire has increased by 6.6% since 2011 which is a similar rate to England. However, Herefordshire has had a slower rate of growth at only 2%.

By area, both counties are largely rural with almost 85% of Worcestershire and 95% of Herefordshire classified as rural areas. However, almost three quarters of the population of Worcestershire and almost half of the population of Herefordshire is defined as living in urban areas.

Despite being seen as relatively affluent counties, 5% of Worcestershire and 1% of Herefordshire's population live in areas which are amongst the 10% most deprived in England. Approximately 9% of children aged under 18 years in Herefordshire and nearly 17% in Worcestershire are living in income deprived households in areas which are classed as amongst the poorest 20% in England.

The 0-4 population in the two counties has decreased since 2011, by 5% in Worcestershire and 13% in Herefordshire. Comparatively, the figure was a 7% decrease in England as a whole. At a district level Redditch has a notably higher proportion of children than is seen nationally.

3. Data Analysis

Child Death Notifications

It is a statutory requirement to notify the relevant CDOP of all child deaths from birth up to their 18th birthday. H&W CDOP now use the below link for notifications of child deaths:

www.ecdop.co.uk/WestMercia/Live/public

3.1 Child Death Notifications in Herefordshire and Worcestershire 2021-2022

- Between 1st April 2021 and 31st March 2022, a total of **43 child death notifications** were received for Herefordshire and Worcestershire resident children.
- **49%** of notifications were male and **51%** were female.
- **67%** of the deaths were expected and **33%** were unexpected

3.2 Child Death Notifications in Herefordshire 2021-2022

- Between 1st April 2021 and 31st March 2022, a total of **9 child death notifications** were received for Herefordshire resident children.
- **67%** of notifications were male and **33%** were female.
- **56%** of the deaths were expected and **44%** were unexpected.

3.3 Child Death Notifications in Worcestershire 2021-2022

- Between 1st April 2021 and 31st March 2022, a total of **34 child death notifications** were received for Worcestershire resident children.
- **45%** of notifications were male and **56%** were female.
- **71%** of the deaths were expected and **29%** were unexpected.

Figure 1. Number of child death notifications received by year of notification and area of residence
Data source H&W CDOP 2021-2022

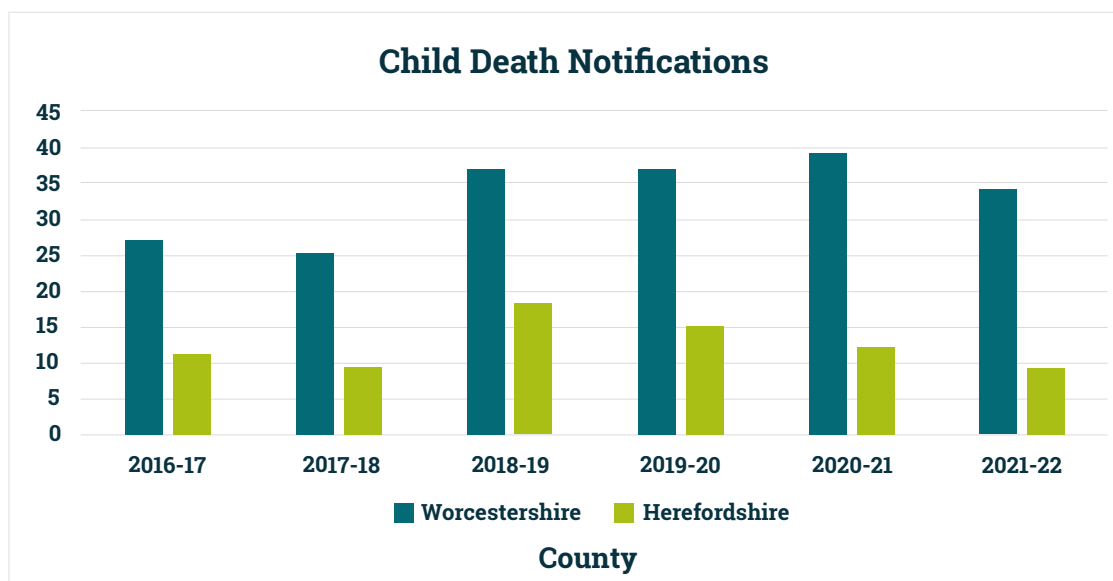
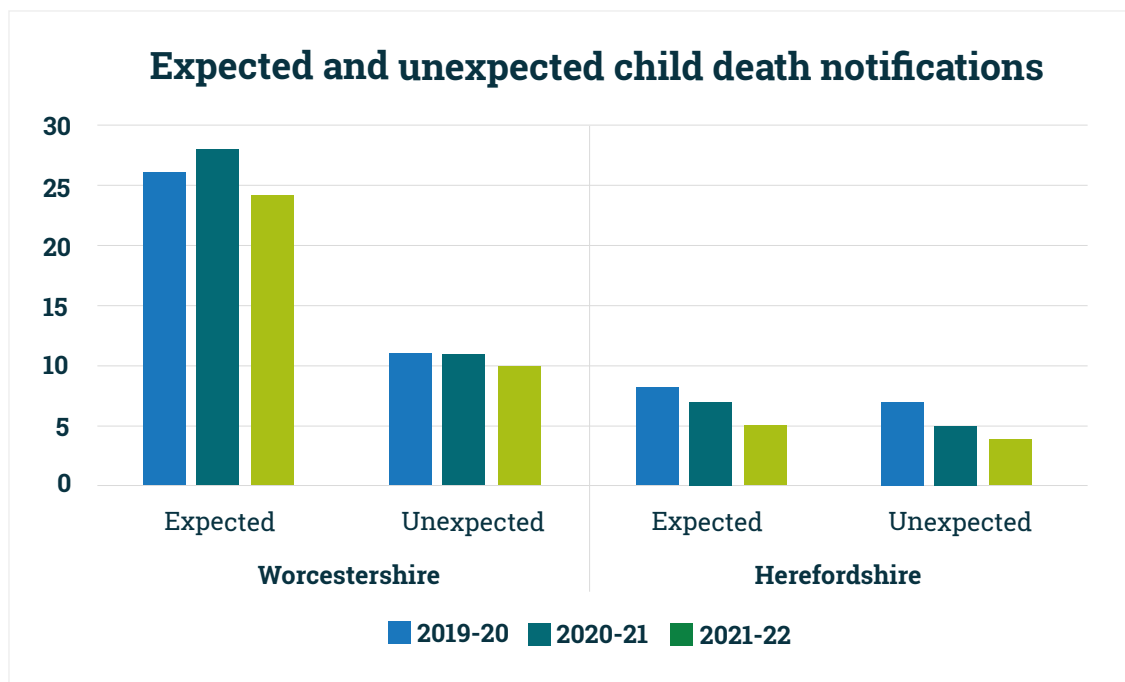


Figure 2. Number of child death notifications received by expected and unexpected death by year of notification and area of residence. Data source H&W CDOP 2021-2022



An unexpected death involves cases in which there is death (or collapse leading to death) of a child, which would not have been reasonably expected to occur 24 hours previously and in whom no pre-existing medical cause of death is apparent. There is a requirement to perform further investigations for children who die where the cause is unknown. This process is referred to as a Joint Agency Response (JAR). Due to the small numbers of unexpected and expected deaths from each county it is difficult to comment on trends. However, both counties show a small reduction in expected and unexpected deaths in 2021-22.

3.4 Cases Reviewed by Herefordshire and Worcestershire Child Death Overview Panel

- Between 1st April 2021 and 31st March 2022, a total of **28** cases were reviewed by H&W CDOP.
- **57%** of cases reviewed were expected and **43%** were unexpected.
- **44%** of expected deaths were female and **56%** male.
- **58%** of unexpected deaths were female and **42%** male.

Figure 3. Number of child death reviews by area of residence.
Data source H&W CDOP 2021-2022

Figure 3 demonstrates that of the 28 cases reviewed at H&W CDOP the majority during 2021-2022 were deaths of children from the Worcestershire area.

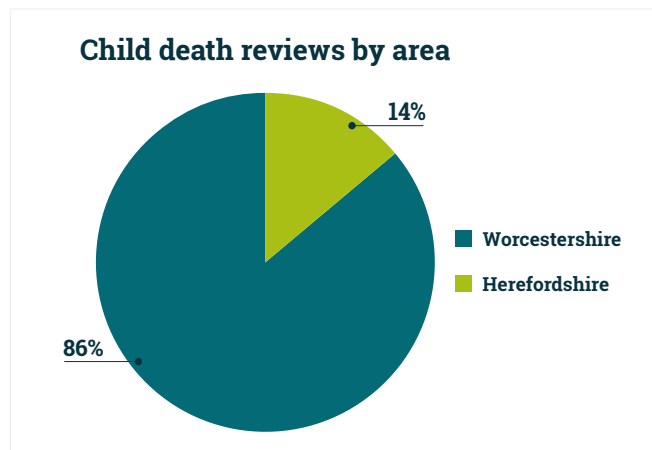


Table 1. Average number of months between CDRM and CDOP by expected and unexpected death
Data source: H&W CDOP 2021-2022

Average number of months between Child Death Review Meeting and H&W CDOP	All deaths reviewed	Expected	Unexpected
<3 months	50%	68%	25%
3-6 months	25%	13%	42%
6-12 months	21%	19%	25%
>12 months	4%	0%	8%

Table 1 shows that the majority of deaths are reviewed at CDOP within 3 months of the final CDRM. However, a larger proportion of expected deaths than unexpected deaths are reviewed within 3 months. The majority of unexpected deaths are reviewed between 3 and 6 months. This data highlights that generally unexpected deaths may take longer to be reviewed at CDOP.



4. Cause of Death

CDOPs are required to assign a category to each death during the review. The classification of categories is hierarchical, where the uppermost selected category will be recorded as the primary category, should more than one category be selected. A description of these categories can be found below. Further details can be found in Appendix A

Category	Name & description of category
1	Deliberately inflicted injury, abuse or neglect
2	Suicide or deliberate self-inflicted harm
3	Trauma and other external factors, including medical/surgical complications/error
4	Malignancy
5	Acute medical or surgical condition
6	Chronic medical condition
7	Chromosomal, genetic and congenital anomalies
8	Perinatal/neonatal event
(i)	Immaturity/Prematurity related
(ii)	Perinatal Asphyxia (HIE and/or multi-organ failure)
(iii)	Perinatally acquired infection
(iv)	Other (please specify)
9	Infection
10	Sudden unexpected, unexplained death

- **39%** of cases reviewed had a primary category of perinatal/neonatal event.
- **21%** of cases reviewed had a primary category of chromosomal, genetic and congenital anomalies
- **11%** of cases reviewed had a primary category of acute medical or surgical condition
- **11%** of cases reviewed had a primary category of suicide or deliberate self-inflicted harm
- **7%** of cases reviewed had a primary category of sudden unexpected, unexplained death.
- All deaths in categories 2-5 were above the age of 1 year.
- All deaths in categories 7, 8 and 10 were under 1 year.

In England a primary category of Perinatal / Neonatal event was recorded for the largest proportion of deaths (34%). 23% recorded a primary category of Chromosomal, genetic and congenital anomalies and (7%) of deaths reviewed were categorised as Sudden unexpected and unexplained.

Data source: NCMD 1st April 2021 to 31st March 2022

The proportions of death by cause are broadly similar in Herefordshire and Worcestershire to those of England. Although, perinatal/neonatal events are higher, it must be considered that the number of deaths is very small. The 39% represents 11 cases reviewed by H&W CDOP. 10 of these cases were immaturity/prematurity related. Hence, the focus on prematurity in this report's priorities.

Gender

- **50%** of cases reviewed were male and **50%** female.
- There is no significant difference between males and female deaths or for 15-17 age group. However, the number of deaths is very small.

In England the death rate for males remained higher than that of females across all age groups. The largest difference in death rate between males and females can be seen in the 15-17 years age group.

Data source: NCMD 1st April 2021 to 31st March 2022

Age

- **35%** of the deaths reviewed were under 1 day old.
- **61%** of the deaths reviewed were under 1 month old.
- **68%** of the deaths reviewed were under 1 year old.
- There were no deaths reviewed for children between 1-4 years old.
- **7%** of the deaths reviewed were between 5-9 years old.
- **4%** of the deaths reviewed were between 10-14 years old.
- **21%** of the deaths reviewed were between 15-17 years old.

A large proportion of deaths reviewed were in the first month of life. 11% of the cases reviewed were assigned a category of suicide and these involved older teenagers between the age of 15 and 17 years.

In England, suicides were more common in older groups. The proportion of deaths due to suicide is higher in children between the ages of 15 and 17 compared to children aged 14 and below.

The NCMD has continued to monitor suicides of children and young people throughout the pandemic using a real-time surveillance system and has found no consistent evidence that suicide deaths in children and young people increased during the COVID-19 pandemic overall. While there were initial concerns that rates may have increased during the first UK lockdown, this was not statistically significant and baseline numbers remained low.

Childhood suicide is not limited to certain groups; rates of suicide were similar across all areas, and regions in England, including urban and rural environments, and across deprived and affluent neighbourhoods.

Data source: NCMD Suicide in Children and Young People 1st April 2019 to 31st March 2020

Ethnicity

- **82%** of the deaths reviewed were White British
- **10%** of the deaths reviewed were White Mixed
- **4%** of the deaths reviewed were White Other
- **4%** of the deaths reviewed were Pakistani

This reflects that Herefordshire and Worcestershire have a lower proportion of ethnic minority populations compared to England.

In England, where ethnicity was recorded, 64% were of children from a White ethnic group, 18% were from an Asian or Asian British background, 8% were from a Black or Black British background, 7% were from a Mixed background and 3% were from any other ethnic group.

Data source: NCMD 1st April 2021 to 31st March 2022

5. Health inequality



Birth rate

Birth rate has **decreased** in recent years, both nationally and in Herefordshire and Worcestershire.



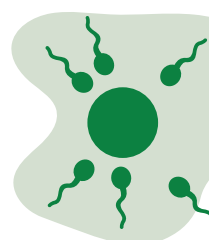
Smoking in Pregnancy

Herefordshire and Worcestershire has a **higher** percentage than England but it has **decreased** in recent years. There is an association between deprivation smoking in pregnancy.



Maternal Obesity

Mothers living in the most deprived quintile are **more likely** to be obese than mothers living in the least deprived quintile.



Teenage Conceptions

In both counties the rate has been consistently **falling** and is **lower** than England.



Breast Feeding

Percentage of mothers initiating has **increased** over the last 18 months, with a similar percentage to England continuing to breastfeed at 6-8 weeks.



Premature Birth Rate

Premature Birth rate in Herefordshire & Worcestershire is significantly **higher** than that of England.



Infant Mortality

Infant Mortality Rate has **increased** in 2020 in both counties.



Low Birthweight

High percentage of low birthweight births in both counties due to preterm births.

The Index of Multiple Deprivation (IMD) was used to identify the IMD quintile of a particular postcode. IMD is based on a set of factors that includes levels of income, employment, education and local levels of crime. Lower socio-economic groups, for example, tend to have a higher prevalence of risky health behaviours, worse access to care and less opportunity to lead healthy lives. IMD quintile 1 is the most deprived. Postcode information was not available for one of the cases reviewed therefore an IMD quintile could not be identified.

- Due to the small number of deaths reviewed by H&W CDOP in 2021-22, the data does not reflect a linear relationship with deprivation.
- The most deprived quintile of the population had the highest number of deaths overall and the highest number of expected deaths.
- No reviewed deaths in children under 1 were from the least deprived quintile.
- Although small numbers make it difficult to draw conclusions from the deprivation data, 90% of reviewed deaths due to prematurity are from quintiles 1-3.

The child death rate of children resident in the most deprived neighbourhoods in England was more than twice that of children resident in the least deprived neighbourhoods.

Data source: NCMD 1st April 2021 to 31st March 2022



6. Modifiable Factors

Modifiable factors are defined as one or more factors, in any domain, which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths.

- H&W CDOP identified modifiable factors in 57% of the cases reviewed.
- The category of death where the highest proportion of deaths identified modifiable factors was sudden unexpected, unexplained death, followed by perinatal/neonatal event.
- The most commonly identified modifiable factors were smoking, which was identified in 8 of the 28 cases reviewed, and quality of neonatal care, which was identified in 7 of the 28 cases reviewed.
- Despite the number of modifiable factors in deaths due to suicide or deliberate self-inflicted harm being high, there were no common themes in modifiable factors between the deaths.
- Although prematurity is not considered a modifiable factor it was identified as a factor in 36% of reviewed cases.

Table 2. Percentage of cases reviewed where modifiable factors were identified by category of death.

Data source: H&W CDOP 2021-2022

Primary Category of Death	Proportion of all reviewed cases (%)	Proportion of cases by category of death where modifiable factors were identified (%)
Perinatal/neonatal event	39%	82%
Chromosomal, genetic and congenital anomalies	21%	33%
Acute medical or surgical condition	11%	67%
Suicide or deliberate self-inflicted harm	11%	67%
Sudden unexpected, unexplained death	7%	100%

In England deaths categorised as perinatal/neonatal have the highest number of reviews that identified modifiable factors.

Data source: NCMD 1st April 2021 to 31st March 2022

7. Achievements

The previous H&W CDOP Annual Report made a number of recommendations to itself and various Partnerships/Boards and systems across Herefordshire and Worcestershire. All of the recommendations have been implemented. Achievements are highlighted in the table below:

Recommendation		Responsibility for action	Agency Update
1	CDOP review the number of cases discussed at each Panel meeting.	Herefordshire and Worcestershire Child Death Overview Panel	In order to maximise the number of cases that can be reviewed at Child Death Overview Panels, H&W CDOP have extended the time allowed for each panel and have, when necessary, included additional panels to review additional cases.
2	Herefordshire and Worcestershire Safeguarding Children Partnerships implement the refreshed safe sleeping guidance and delivery of the 'Keep Me Safe' strategy to all relevant agencies.	Safeguarding Partnership	<ul style="list-style-type: none"> ■ The 'Keep Me Safe when I'm Sleeping' guidance has now been completed. This provides consistent advice and messaging for all practitioners working with families with babies using references primarily from the Lullaby Trust. It covers all key risk factors such as sleeping position, bed sharing, smoking and when living arrangements change. It also provides guidance to support practitioners on how to approach discussing each of these areas with parents and carers. ■ This is available on the partnership website and has also been circulated across the partnership agencies. ■ The response of the Herefordshire Safeguarding Children Partnership (HSCP) and Worcestershire Safeguarding Children Partnership (WSCP) to H&W CDOP recommendations has also been guided by two National Child Safeguarding Practice Review Panel reports covering the similar areas as identified in the local recommendations. A 'Keep Me Safe' Strategy, has been developed, supported by the Child Safeguarding Practice Review Group of the WSCP. The Strategy incorporates learning from both the National Panel Review published in July 2020 entitled "Out of routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm", and the later national report entitled "The Myth of Invisible Men: Safeguarding children under 1 from non-accidental injury caused by male carers" (September 2021). ■ This work has been undertaken jointly with the Herefordshire Safeguarding Children Partnership and has been led by the Deputy Designated Nurse for Safeguarding, NHS Herefordshire and Worcestershire in collaboration with multi-agency partners from across Herefordshire and Worcestershire. The 'Keep Me Safe' Strategy outlines the agreed priorities, aims and objectives for the period 2022-2025. The first two themes to be addressed within this strategy are 'Keep Me Safe when I'm Sleeping' and 'Keep Me Safe when I'm Crying'.
3	There is a renewed focus on reducing smoking during pregnancy and ensuring smoke free homes to support mothers postnatally.	Herefordshire and Worcestershire Local Maternity and Neonatal System	<ul style="list-style-type: none"> ■ A H&W wide deep dive into the smoking in pregnancy pathway and wider system was completed in Spring 2022 ■ This led onto the development of a H&W wide Smoking in Pregnancy action plan. A H&W wide multiagency Task and Finish group has been set up to deliver against this action plan. This meets every 6 weeks. ■ Within the action plan there is a focus on increasing awareness and access of smoking cessation support for families of infants admitted to the Neonatal Unit ■ Worcestershire has recently initiated a postnatal smoking service, delivered through the Starting Well service, focussing on a whole family approach. ■ A specific smoking in pregnancy dashboard, collating data across maternity care and smoking cessation service delivery, is nearing completion. Once set up this will monitor the progress and outcomes of the SIP task and finish group. ■ Key aims of the action plan include: <ul style="list-style-type: none"> » Increasing CO screening » Increasing referrals to cessation services » Improving service outcomes » Reviewing and ensuring equity of access and outcomes » Reducing rates of smoking at time of delivery. » Nicotine replacement therapy available whilst in hospital (links to the wider H&W initiatives)

Recommendation		Responsibility for action	Agency Update
4	Tackling maternal obesity becomes a key priority.	Public Health across Herefordshire and Worcestershire and the Herefordshire and Worcestershire Local Maternity and Neonatal System	<ul style="list-style-type: none"> ■ A H&W wide multiagency task and finish group has been set up to identify key issues within service delivery and support and take action to reduce maternal obesity rates. ■ A systemwide deep dive was completed into pathways of care regarding maternal obesity- from preconception through to postnatal care. ■ Key aims of this group include: <ul style="list-style-type: none"> » Reviewing and strengthening referral and support pathways for women with a BMI over 30 at booking » Reviewing and strengthening the lifestyle service offer for pregnant women » Increasing training and support for midwives and health visitors to improve their confidence and skills to engage in conversations with pregnant women about their weight
5	Strengthening and expansion of programmes and interventions in educational settings for children and young people and staff to support emotional health & wellbeing	<p>Herefordshire Children and Young People's Emotional Wellbeing & Mental Health Partnership Board</p> <p>Worcestershire Children and Young People's Emotional Wellbeing & Mental Health Partnership Board</p>	<ul style="list-style-type: none"> ■ Through the DMHL network meetings the whole school approach (Anna Freud Centre, Mentally Healthy Schools) has been recommended to settings. This is supported by services working in schools e.g. EPS, WEST. ■ Emotional Literacy Support Assistants (evidence-based programme to develop capacity in schools to deliver evidence-based interventions to support emotional health and wellbeing) is being offered to all settings (at a cost). ■ Schools are using DfE funding to access the Senior Mental Health Lead training. ■ Public Health is exploring preventative programmes ■ Thrive approach being used in some settings in Worcestershire. ■ WEST team in schools and due to expand in further Waves. ■ CAMHS CAST available for all settings. ■ Trauma Informed training available free to all settings. Over 50% have accessed this.
6	Improve the information and advice available to parents/carers, primary care and community services about identifying the early warning signs of vulnerability and support for children and young people. Including how to identify networks of trusted adults at home, in school and in the community who they might talk to in the event of concerns about themselves or any of their peers	<p>Herefordshire Children and Young People's Emotional Wellbeing & Mental Health Partnership Board</p> <p>Worcestershire Children and Young People's Emotional Wellbeing & Mental Health Partnership Board</p>	<ul style="list-style-type: none"> ■ Bereavement training forms part of the ELSA training for practitioners in schools. ■ Website being developed includes signposting to services that support with bereavement and loss as well as where to go for further support if concerned about CYP. ■ Guidance shared with headteachers about development of suicide safer policy as recommended by Public Health (Papyrus resource). ■ Anna Freud Centre Whole School approach shared with schools includes support to identify and respond to mental health and wellbeing concerns in settings.

Recommendation		Responsibility for action	Agency Update
7	An audit of educational providers on provision of mental health training and how this informs their awareness.	Herefordshire Children and Young People's Emotional Wellbeing & Mental Health Partnership Board Worcestershire Children and Young People's Emotional Wellbeing & Mental Health Partnership Board	<ul style="list-style-type: none"> Public Health tracking training provided to schools. WASH surveyed about DfE training attended. Anna Freud mentally health schools audit has been shared with settings through DMHL network. CPD attendance monitored by Worcestershire Children First and audit kept.
8	Improved promotion of mental health crisis services and how to access them for children, young people, parents/carers and frontline practitioners working with them.	Herefordshire Children and Young People's Emotional Wellbeing & Mental Health Partnership Board Worcestershire Children and Young People's Emotional Wellbeing & Mental Health Partnership Board	<ul style="list-style-type: none"> Services shared with DMHLs and headteachers through briefings and network events.
9	Training for frontline practitioners so they are supported to initiate difficult conversations with parents or carers.	Safeguarding Partnerships	<p>Worcestershire</p> <ul style="list-style-type: none"> In support of practitioners who on occasions need to have difficult conversations with parents and carers on this subject and explore other areas of their life and relationships, often linked to a challenging family environment, in September 2022 WSCP published its updated guidance on 'professional curiosity' (WSCP - JTAI – Multi-Agency Inspection Briefing for Partners (safeguardingworcestershires.org.uk)). <p>Herefordshire</p> <ul style="list-style-type: none"> The Herefordshire Safeguarding Children Partnership (HSCP) is supporting frontline professionals to identify complex family issues and have difficult conversations with parents or carers through its training programme and guidance. The HSCP has embedded guidance on professional curiosity within its tools and training programme. HSCP courses also offer guidance on motivational interviewing, strengths-based approaches, and managing disclosures. Guidance on professional curiosity has been presented at Practitioner Forums, to a varied audience of multi-agency professionals, and in the virtual learning event about the murders of Arthur Labinjo-Hughes and Star Hobson (July 2022). A learning briefing for practitioners on professional curiosity has also been developed and will be published in 2023.

8. Priorities

As described in this report, a total of 28 deaths were reviewed during 2021-2022 by H&W CDOP. Due to the small number of deaths reviewed it is difficult to draw out commonalities between the deaths that can result in clear recommendations, as each tragic child death has its own distinct set of circumstances. After each panel meeting, recommendations will have been made to the relevant professionals. Also, because deaths usually occur in the years preceding their review at panel, organisations will look to learn and improve from a death immediately. Therefore, many of the issues seen at CDOP are already being prioritised by the relevant organisation. However, there were factors that presented more frequently than others during child death reviews. These themes are named below as system priorities for Herefordshire and Worcestershire for 2022-23.



Prematurity- The definition of prematurity is a baby that is born prior to 37 weeks gestation. Babies who are born prematurely are known to have poorer outcomes than babies born at term. Of the 28 deaths reviewed by CDOP, 10 cases were children who were born prematurely. This finding, in addition to the higher than England rates of prematurity in both Herefordshire and Worcestershire, re-enforce the need for prematurity to remain a priority of the Herefordshire and Worcestershire Local Maternity and Neonatal System (LMNS). Both in clinical management of women who are at higher risk of preterm delivery and in the reduction of modifiable factors that are known to be linked to prematurity, including smoking in pregnancy.



Smoking- Smoking in pregnancy is widely understood to be linked to prematurity and poorer outcomes for babies. However, babies exposed to smoking postnatally are at higher risk of Sudden Infant Death Syndrome (SIDS) and increased risk of respiratory conditions such as asthma. Smoking was a modifiable factor noted in 7 deaths that were reviewed by CDOP. Although there was a mixture of smoking in pregnancy and household members that smoked, it was reported that some mothers had been offered smoking cessation during pregnancy and had refused. This finding, coupled with the levels of smoking in pregnancy being higher than England in both Herefordshire and Worcestershire allows the CDOP annual report to conclude that reducing smoking in pregnancy and supporting families to have smoke free homes should remain a priority for Herefordshire and Worcestershire, driven by system partners such as Public Health in Herefordshire and Worcestershire Councils, Public Health Nursing and the LMNS.



Neonatal Care- Neonatal care is often required to support babies who are born prematurely or are acutely unwell at or soon after birth. Quality of neonatal care was identified as a modifiable factor in 5 of the deaths reviewed at CDOP. Neonatal care is complex and the individual issues with quality of care identified were not homogeneous. However, due to the number of deaths where this factor was identified CDOP endorses the continued prioritisation of high-quality, safe neonatal care by the LMNS, including Worcestershire Acute Hospitals Trust and Wye Valley Trust and the work with the West Midlands Neonatal Network. The most common factors within neonatal care identified were medicine management, including the timely administration of antibiotics and thermoregulation on admission to the neonatal unit.



Complexity- Complex social factors were identified in 8 deaths and domestic abuse was in a number of these cases. When explored in further detail there were not any common themes between the circumstances. However, this is a reminder that families are complex and may experience a wide range of difficulties such as poor housing, economic difficulties, substance misuse and domestic abuse. Therefore, organisations that provide front line services should give their staff the tools to identify and support families as appropriate. Training and awareness of issues that families experience are important to front line staff and CDOP supports the continuation of a local focus on professional curiosity.

9. Appendices

Appendix A: HEREFORDSHIRE AND WORCESTERSHIRE CHILD DEATH OVERVIEW PANEL MEMBERSHIP

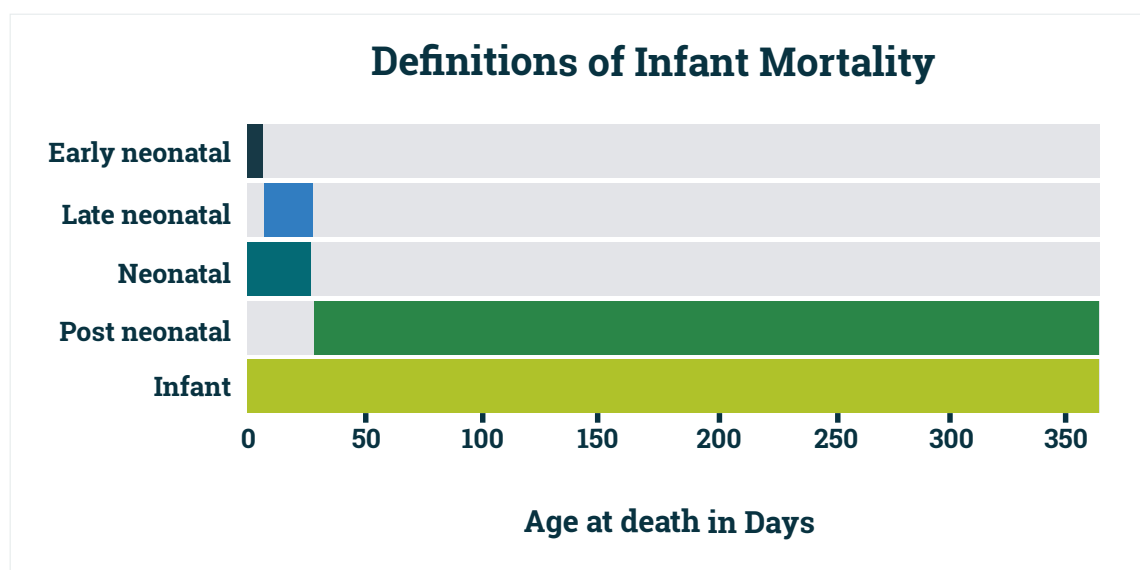
NAME	AGENCY / Contact Info
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Jenny Edmunds	Designated Doctor for Child Death, Worcestershire
Julia Greer	SUDIC Coordinator, Worcestershire (Until December 2021)
Donna Steward	SUDIC Coordinator, Worcestershire
Prakash Kalambettu	Consultant Paediatrician, Worcestershire
Tamar Thompson	CCG's LAY Representative
Julia Taylor	Detective Inspector, Herefordshire
Justin Taylor	Detective Inspector, North Worcestershire
Gareth Lougher	Detective Inspector, South Worcestershire
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Maria White	Assistant Director, Children's Services, Worcestershire
Jen Rogers	Case Progression Officer, Children's Services, Worcestershire

Appendix B: ANALYSIS PROFOMA CATEGORISATION OF DEATH

Category	Name & description of category
1	Deliberately inflicted injury, abuse or neglect This includes suffocation, shaking injury, knifing, shooting, poisoning & other means of probable or definite homicide; also deaths from war, terrorism or other mass violence; includes severe neglect leading to death.
2	Suicide or deliberate self-inflicted harm This includes hanging, shooting, self-poisoning with paracetamol, death by self asphyxia, from solvent inhalation, alcohol or drug abuse, or other form of self-harm. It will usually apply to adolescents rather than younger children.
3	Trauma and other external factors, including medical/surgical complications/error This includes isolated head injury, other or multiple trauma, burn injury, drowning, unintentional self-poisoning in pre-school children, anaphylaxis & other extrinsic factors. Also includes proven medical and surgical complications or errors as the primary cause of death.
4	Malignancy Solid tumours, leukaemia's & lymphomas, and malignant proliferative conditions such as histiocytosis, even if the final event leading to death was infection, haemorrhage etc.
5	Acute medical or surgical condition For example, Kawasaki disease, acute nephritis, intestinal volvulus, diabetic ketoacidosis, acute asthma, intussusception, appendicitis; sudden unexpected deaths with epilepsy.
6	Chronic medical condition For example, Crohn's disease, liver disease, immune deficiencies, even if the final event leading to death was infection, haemorrhage etc. Includes cerebral palsy with clear post-perinatal cause.
7	Chromosomal, genetic and congenital anomalies Trisomies, other chromosomal disorders, single gene defects, neurodegenerative disease, cystic fibrosis, and other congenital anomalies including cardiac.
8	Perinatal/neonatal event Death ultimately related to perinatal events, e.g. sequelae of prematurity, antepartum and intrapartum anoxia, bronchopulmonary dysplasia, necrotising enterocolitis, post-haemorrhagic hydrocephalus, irrespective of age at death. It includes cerebral palsy without evidence of cause and includes congenital or early-onset bacterial infection (onset in the first postnatal week).
(i) (ii) (iii) (iv)	Immaturity/Prematurity related Perinatal Asphyxia (HIE and/or multi-organ failure) Perinatally acquired infection Other (please specify)
9	Infection Any primary infection (i.e. not a complication of one of the above categories), arising after the first postnatal week, or after discharge of a preterm baby. This would include septicaemia, pneumonia, meningitis, HIV infection etc.
10	Sudden unexpected, unexplained death Where the pathological diagnosis is either 'SIDS' or 'unascertained', at any age. Excludes Sudden Unexpected Death in Epilepsy (category 5).

Appendix C: GLOSSARY

BMI	Body Mass Index
CAMHS	Child and Adolescent Mental Health Service
CAMHS CAST	Child and Adolescent Mental Health Service, Consultation Advice Supervision and Training
CO	Carbon Monoxide
CDOP	Child Death Overview Panel
CDRM	Child Death Review Meeting
CDR Partners	Child Death Review Partners
CPD	Continuing Professional Development
CYP	Children and Young People
DMHL	Designated Mental Health Lead
DfE	Department of Education
ELSA	Emotional Literacy Support Assistant
HSCP	Herefordshire Safeguarding Children Partnership
H&W	Herefordshire and Worcestershire
JAR	Joint Agency Response
JTAI	Joint Targeted Area Inspection
NCMD	National Child Mortality Database
SUDI/SUDC	Sudden Unexpected Death in Infancy/Childhood)
WSCP	Worcestershire Safeguarding Children Partnership



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Thank you to the team who wrote and produced this report.

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