

Health and Well-Being Board

Tuesday, 25 April 2017, 2.00 pm, Council Chamber, County Hall

Agenda

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Worcestershire
Health and Well-being Board

Good mental health and wellbeing throughout life
Action Plan
2016-2021

Plan on a Page

Vision;	Worcestershire residents are healthier, live longer and have a better quality of life especially those communities and groups with the poorest health outcomes			
Meeting the challenge;	requires emphasis on prevention with action in the long term to impact upon the wider influences on health and well-being			
We will focus on;	building resilience and improving lifestyle to improve mental health and well-being, and reduce the risk of dementia, particularly within ;			
Priority Groups	Under 5s and their parents	Young People	Older People	Populations with poorer health outcomes
To do this we will;	Work in partnership to develop local solutions, using national frameworks and best practice to encourage, empower and enable people of all ages to Start Well, Live and Work Well and Age Well. We will achieve this by;			
1.	Increasing mental health and wellbeing literacy of residents and frontline workers to better enable prevention, recognition and management of mental health and wellbeing and dementia.*			
2.	Promoting self-care and supporting the development of local community assets that build resilience, improve lifestyles and support good mental health and wellbeing throughout life			
3.	Enabling those in need to access local support, services and activities to support their mental health and wellbeing			
4.	Creating health promoting and dementia friendly environments to build resilience, improve lifestyle and support mental health and wellbeing			
5.	Ensuring services prioritise and embed effective prevention and early intervention to support mental health and wellbeing and dementia			

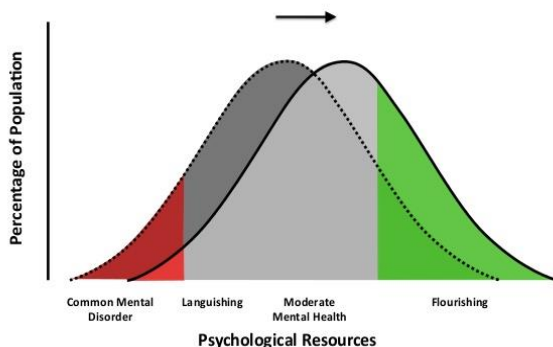
Context

1. Following a comprehensive development and consultation process, the Worcestershire Health and Well-being Board has agreed that its vision is that; **Worcestershire residents are healthier, live longer and have a better quality of life, especially those communities and groups with the poorest health outcomes.**
2. The Worcestershire Health and Well-being Strategy for 2016-2021 identified 'Good Mental Health and well-being throughout life (GMHWP)' as one of three areas of priority over the next five years following stakeholder consultation in 2015. Following stakeholder consultation, this was prioritised because of concerns regarding emotional health and wellbeing of children and young people, above average recorded prevalence of depression amongst adults and a projected rise in dementia due to an ageing population. Mental wellbeing protects the body from life's stresses and traumatic events, and enables the adoption of healthy lifestyles and the management of any long term illness. Mental health is important to growth and, development and has an impact on physical health.
3. The purpose of this Action Plan is to shape the direction and objectives of work over the next five years of all partners to build resilience and improve lifestyle behaviours to improve mental health and well-being, and reduce the risk of dementia. The actions identified in this plan aim to tackle some of the wider determinants of wellbeing and to promote and enable mental wellbeing and healthy lifestyles to prevent future mental health problems and reduce the risk of dementia. The actions have been designed to impact upon mental health and wellbeing of all populations across the County but with a focus on those at risk of poorer wellbeing and mental health across the life course.
4. The six key principles of the Health and Well-being Board underpin the GMHWP action plan; these are outlined in the Health and Well-being Board Strategy. The principles highlight the need to work in partnership to maximise the impact on health and well-being as well as, empowering individuals and communities, recognising local assets and strengthening communities, drawing upon existing evidence, involving the community and being open and accountable about the progress we are making.
5. The Health and Well-being Board and Health Improvement Group will ensure that actions to implement this GMHWP action plan align with and deliver the five approaches to prevention which are;
 - Creating a health promoting environment
 - Encouraging and enabling people to take responsibility for themselves their families and their communities
 - Providing clear information and advice
 - Commissioning prevention services (based on evidence of effectiveness and within funding available)
 - Gate-keeping services (services are targeted to the people who would benefit the most)

Good mental health and wellbeing throughout life

6. Good mental health and wellbeing is fundamental to improving health because mental health influences all other health outcomes. Good mental health is important for growth, development, learning and resilience. Good mental wellbeing protects the body from the impact of life's stresses and traumatic events, enables the adoption of healthy lifestyles and the management of any long term illness and can be protective against mental health problems. Levels of good mental wellbeing are not only associated with better physical health, but also positive interpersonal relationships and socially healthier societies. If you experience low levels of mental wellbeing over a long period of time you are more likely to develop mental health problems. Likewise if you have a mental health problem you are more likely to experience low levels of mental wellbeing than someone who hasn't.
7. In this action plan the term *mental health* describes the whole spectrum of mental health from mental health problems, conditions, illnesses and disorders through to mental wellbeing or positive mental health. The term mental wellbeing can be defined as "feeling good and functioning well" or "flourishing". It is now accepted that if we increase levels of wellbeing across the population so that more people are flourishing, this in turn, should reduce the numbers with mental health problems (Institute of Wellbeing, Cambridge University).

Moving the population towards flourishing



Source: Felicia Huppert, Cambridge Wellbeing Institute

8. In this plan the term resilience means 'being able to cope with the normal stress of life' and to be able to 'bounce back from problems'. It is important to build and strengthen resilience because evidence demonstrates that resilience can in turn promote wellbeing and help to prevent mental health problems. There is strong evidence showing the protective effect of mental wellbeing on mental and physical health. Positive affect (emotions or feelings) and positive dispositions appear to reduce rates of both morbidity and mortality. In addition, positive relationships, a key component of mental wellbeing, also protects against loneliness a risk factor for dementia. This action plan then aims to improve individual, family and community resilience and promote and increase mental wellbeing across the population, which in turn will prevent levels of poor mental health and mental illness.
9. Dementia is the term used for a collection of symptoms that include memory loss, mood changes and problems with communication and reasoning, that are caused by certain diseases. The most common

of these diseases is Alzheimer's disease. According to the Alzheimer's Society, dementia is the most feared disease of old age, but it is not an inevitable part of ageing. The most common Dementia is Alzheimer's and the second is Vascular Dementia. Vascular Dementia has the same risk factors as cardiovascular disease and stroke and so the same preventative measures are likely to reduce risk.

10. Lifestyle factors which can increase the risk of dementia include smoking, a lack of regular physical activity along with sedentary lifestyle, excessive alcohol consumption, and eating a poor diet high in saturated fat, sugar, salt and obesity in midlife. Pre-existing diseases, including Parkinson's disease, stroke, types 2 diabetes and high blood pressure also increase the risk of dementia. There is also emerging evidence on the influence of psychosocial risk factors throughout life such as loneliness, isolation and depression. Keeping your brain active and challenged and being socially active may help to reduce dementia risk.
11. Good mental health and wellbeing is associated with better physical health, positive relationships and healthier societies. It helps people to achieve their potential, realise ambitions, cope with adversity, work productively and contribute to their community and society. Focussing action on improving mental wellbeing and preventing mental ill health will have positive health and social benefits and will in turn impact on rates of physical health. For example it is estimated that up to a third of people with long term conditions also have mental health problems and almost half of those with mental health disorders also have physical health problems¹. There is also a strong link with mental wellbeing and unhealthy lifestyle behaviours such as smoking, excess alcohol consumption, consumption of, sugary foods and over-eating in general which are often used as coping and management mechanisms in the absence of other support. Increasing mental wellbeing and resilience can protect against and reduce the prevalence of unhealthy lifestyle behaviours.
12. Improved mental wellbeing and reduced mental disorder is also associated with longer life expectancy, reduced inequalities, healthier lifestyles, improved social functioning and better quality of life. Investment in the promotion of mental wellbeing, prevention of mental disorder and early treatment of mental disorder can also result in significant economic savings even in the short term. Due to the broad impact of mental disorder and wellbeing, these savings will occur in health, social care, criminal justice and other public sectors.
13. The opportunities to promote and protect good mental health begin at conception and continue through the life-course, from childhood to old age. It is estimated that up to one in five new mothers can experience post-natal depression, one in ten children aged 5 to 16 have a diagnosable problem, around 1 in 4 adults will have a mental health problem each year and up to 40% of older people could potentially be affected by low mood and depression. The opportunities to influence this are greatest in early life and family life as half of all mental health problems are established by the age of 14, rising to 75 per cent by age 24; although intervening in adulthood and later life is also effective in reducing mental health problems. There is also a growing understanding that connected communities, supported through interventions designed to promote social inclusion and strengthen social networks, make an important contribution to mental wellbeing within the community. Environments and social settings such as educational and work settings can facilitate resilience and wellbeing and also play an important role in preventing and supporting mental health.
14. Particular groups are at much higher risk of poor mental health and wellbeing. These include those with low household incomes and living in more disadvantaged areas, looked after children and young people leaving care, people with learning disabilities, black and minority ethnic groups, lesbian, gay and bisexual people, people with a chronic physical illness, adults who had emotional or conduct

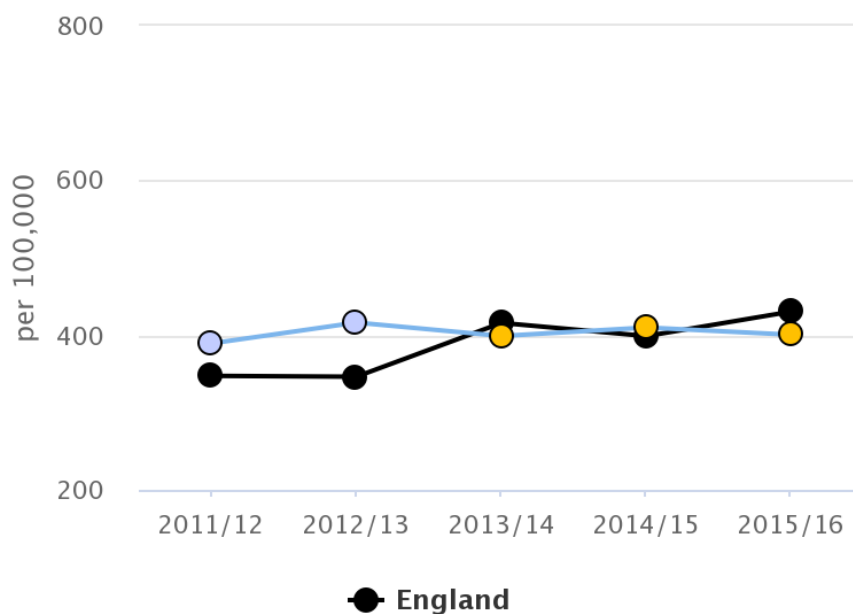
disorders as children, unemployed people, older adults and adults with substance misuse. This plan will prioritise these groups.

What is the scale of the problem in Worcestershire?

- In general people living in Worcestershire are healthy; however there are large numbers with poor wellbeing and poor mental health. Self-reported well-being in Worcestershire is similar to the national average. Awareness of the essential elements of wellbeing is increasing; a majority of people understand what steps they can take to improve it, such as taking a walk, or spending time with family and friends (PHE, 2016). According to the first National Wellbeing survey of children in 2013, we should also expect at least 75% of Worcestershire's children to have moderate to high levels of happiness.

During the development of the Worcestershire Health and Wellbeing Strategy concern has been expressed regarding the emotional health and wellbeing of children and young people in the county. The Office for National Statistics (ONS) estimate that the likely prevalence of mental health disorders amongst children and young people aged 15 to 16 years in Worcestershire is 8.8% (6729), lower than the national prevalence of 9.3%. The hospital admission rate for mental health conditions (0-17 years) has remained similar to the national rate for a number of years (85.9 per 100,000). There were higher rates of hospital admissions as a result of self-harm (10 to 24 years) in Worcestershire than nationally during the years 2011-2013 but since have been similar to the national average although there are some signs of a recent increase in A&E attendances.

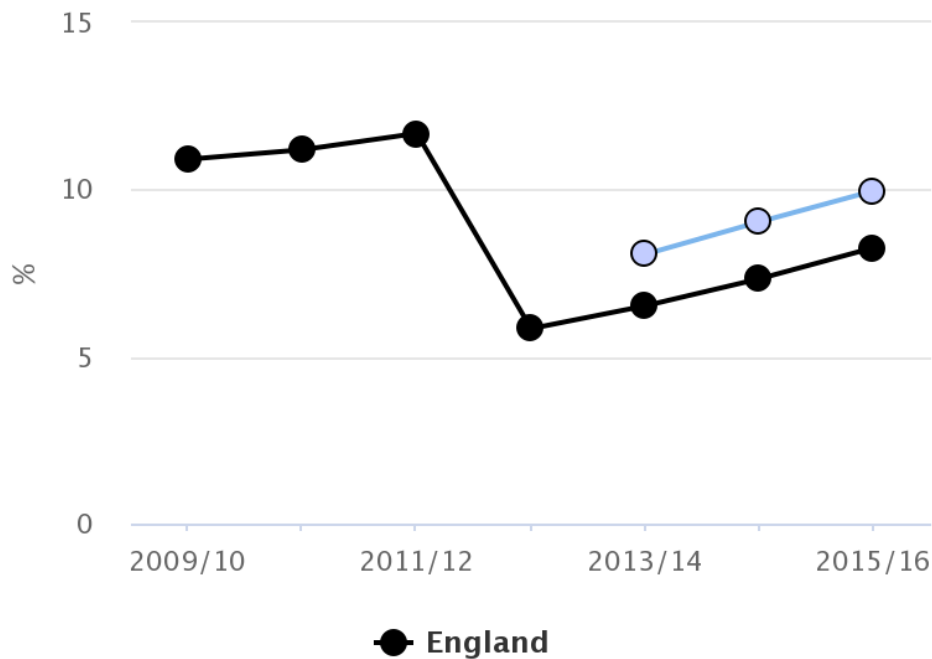
Hospital admissions as a result of self-harm (10-24 years): directly standardised rate per 100,000 population aged 10-24 - Worcestershire



Source: Public Health Outcomes Framework, <http://www.phoutcomes.info/>, April. 2017.

16. The needs assessment completed for the local Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health highlighted that the demand on the local emotional health and wellbeing pathway was forecast to increase, particularly in deprived communities. That 70% of parents did not know where to go to obtain help, the numbers of referrals to specialist CAMHS services had reduced and there was concern about waiting times. The Transformation Plan identified the need to promote resilience, prevention and early intervention to improve outcomes for children and young people's emotional wellbeing and mental health and has implemented a whole system approach.
17. The ONS estimated incidence of new cases of psychosis per 100,000 population aged 16-64 is lower than the national average. However, the recorded prevalence of depression for those aged 18+ as diagnosed and recorded by GPs (10%) is higher than the national average (8.3%) and has increased over the last 3 years.

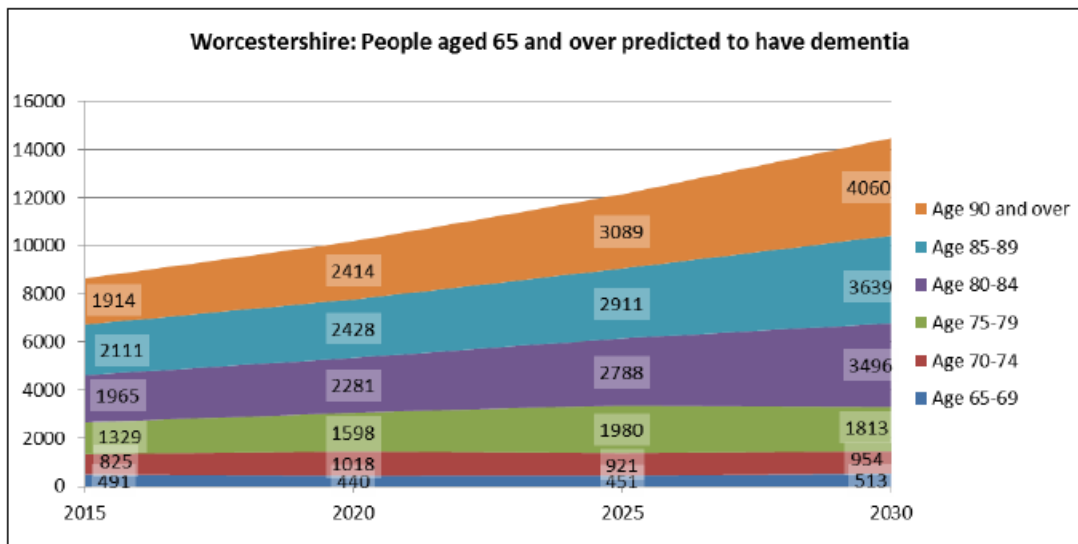
Depression recorded prevalence (QOF): % of practice register aged 18+ - Worcestershire



Source: Public Health Outcomes Framework, <http://www.phoutcomes.info/>, April. 2017.

18. The Emergency Hospital admission rate for self-harm (all ages) 2010/11 to 2014/15 was higher (105.4) than the average national rate (100). The mortality rate from suicide is similar in Worcestershire to the national average. Self-reported well-being in Worcestershire is also similar to both the national and regional average.
19. Depression and dementia are the main mental health issues facing older people in Worcestershire. The number of older people with dementia and with depression is expected to increase due to the projected increase in the over 65 population. The prevalence rate of dementia is similar to the

national average but actual numbers are increasing rapidly due to the ageing demographics in the county. A greater proportion of adults (7.8%) are diagnosed with dementia in Worcestershire compared to the England average (5.4%) because there is a greater proportion of people aged 65+. There was an estimated 8,600 people over the age of 65 in Worcestershire living with dementia but this is forecast to increase by two thirds (67%) to 14,500 by 2030, with the numbers concentrated in the oldest age groups. The number of older people living alone in Worcestershire is expected to rise by 20% between 2015 and 2030 from 35,450 to 42,550.



Source: Projecting Older People Population Information (POPPI), 2014

Tackling the problem – the National Policy

As part of the NHS Five Year Forward View an independent taskforce was set up to produce a ten-year strategy for improving mental health outcomes across health and care. The taskforce put an emphasis on coproduction with people with mental health problems and their carers which shaped the report. The report built on previous reports, No Health without Mental Health (2011), and the 2015 report on children's mental health, Future in Mind. The taskforce identified that although significant progress had been made in some areas such as public attitudes, improved outcomes, and developing psychological therapy services. It identified an increase in people using services, insufficient funding, lack of parity between physical and mental health care, differences in funding and variations in outcomes in local areas. The report called for a 'fresh mindset' to improve prevention, integrate physical and mental healthcare and to focus on people at high risk of developing mental health problems and children and young people.

The Mental Health Five Year Forward View was published in February 2016 following the work of the independent Mental Health Taskforce, chaired by Mind chief executive Paul Farmer. The Taskforce report sets out a wide range of recommendations for NHS England and the other Department of Health 'arm's length bodies', for government and for local health and care services. The report makes a total of 58 recommendations for improved mental health support and for system changes to help to create 'parity' between mental and physical health, to ensure prevention is given at key times in life and building mentally healthy communities. The report provided key recommendations for the NHS and other partners including:

- Development of a Prevention Concordat programme and a new multi-agency suicide prevention plan
- Changes to primary care mental health services
- Behaviour change interventions, such as Time to Change, and Mental Health Champions, will continue to improve public attitudes towards mental health
- Continuing to help local communities to raise awareness of good physical and mental health, and to end stigma.
- Increase in numbers of children and young people accessing appropriate services
- Improved crisis care, including the provision of 24/7 Crisis Resolution and Home Treatment (CRHT) services in all local areas and liaison psychiatry services in all general hospitals.
- Better help for the physical health of people with a severe mental illness
- Extending access to psychological therapy services, especially for people with long-term physical conditions (eg asthma and diabetes)
- Improving support for new mothers with mental health problems, during pregnancy and in the year after giving birth
- Doubling the provision of Individual Placement and Support for people using mental health services who want help with employment

20. Dementia is recognised in NHS 5 Year Forward View in relation to increasing the focus on prevention, supporting people with dementia, supporting carers and developing new care models. Public Health England and the UK Health Forum have issued the Blackfriars Consensus Statement which proposes a national focus to reduce the risk of developing dementia. This identifies that in terms of reducing risk, what is good for the heart is good for the brain. This is supported by National Institute for Health and Care Excellence (NICE) guidance recommendations for reducing the risk of or delaying the

onset of disability, dementia and frailty by helping people to stop smoking, be more active, reduce alcohol consumption, improve their diet and lose weight if necessary and maintain a healthy weight.

21. The National Dementia Declaration was launched in 2010 along with the Dementia Action Alliance, which has brought together national organisations to share best practice and take action to improve the lives of people living the dementia. Locally the Dementia Action Alliance has been key to promoting Dementia Friendly Environments and support to enable families to Live Well with Dementia.

The GMHWP Plan Objectives

22. These were identified following stakeholder consultation in June 2016 and are not discreet categories but cut across the life-course of the whole population but with particular emphasis on four priority focus groups that may experience greater disadvantage and are more susceptible to poorer mental health and wellbeing. They reflect the focus groups of the Health and Well-being Strategy as well as highlighting the importance of early years settings, schools, workplaces and local communities in promoting and supporting wellbeing. The opportunities for front line services to identify, influence and prevent poor mental health and wellbeing was emphasised by stakeholders. Stakeholders also identified the need to provide coordination and support for ongoing development of local activities and community assets which can promote resilience and support wellbeing
23. Work to achieve these objectives will include a wide range of actions from partners, which includes scaling up or building upon some current work streams as well supporting development of new and emerging streams of work. Achieving these objectives requires linkage to associated work areas and cross cutting themes i.e. Isolation and Loneliness work , Being Active at Every Age, Reducing harm from Alcohol at all ages and associated action Plans.
24. A summary of actions to be undertaken against each of the objectives are outlined in the table below. These will be reviewed on a yearly basis to monitor progress and to respond to challenges, remain appropriate and proportionate, where applicable, new evidence based actions will be agreed for the following year(s);

1. Increasing mental health and wellbeing literacy

- Review, develop and roll out a variety of effective and evidence based mental health and wellbeing and dementia training across a range of frontline statutory and voluntary services such as Connect 5, MHFA, training for housing and advice workers and Dementia Friends training
- Scale up and roll out Making Every Contact Count incorporating mental health and wellbeing across health, local authority and the voluntary sectors
- Extend the development and expansion of Mental Health Champions , Peer Supporters and peer support groups and programmes between those who have experienced similar challenging life circumstances across age groups within both settings and communities
- Develop mental health and wellbeing line manager training to create mentally healthy work environments through workplace initiatives

2. Promoting self-care and development of community assets

- Use YLYC website and other digital opportunities to disseminate a variety of universal community mental health and wellbeing and dementia risk prevention messages and campaigns such as those promoted in 5 Ways to Wellbeing
- Develop insight to identify how to impact and scale up mental health and wellbeing promotion and dementia prevention amongst the target focus groups
- Further develop, promote and scale up access to evidence based self-care interventions such as mindfulness, Tai Chi, Walking for Health, books on prescription.
- Promote the use and uptake of volunteering as a means to live well, improve health and wellbeing, and to develop further community capacity.
- Support the ongoing development of community assets, groups, activities, befriending and mentoring across the life course
- Increase the uptake and strengthen the role of NHS Health Checks in reaching and promoting self-care amongst populations at increased risk of developing dementia due to unhealthy behaviours.

3. Enabling people to access support and activities to improve mental wellbeing

- Further develop the YLYC digital directory and market place to include comprehensive self-help, information and advice, community activities and support for mental health and wellbeing across all ages.
- Identify and enable digital inclusion particularly amongst four priority groups to prevent social isolation and support self-care
- Develop and implement a countywide model of social prescribing or community referrals to a range of community interventions and activities across health and social care
- Expand access to a range of lifestyle and behaviour change support which improves mental wellbeing
- Scale up effective approaches to tackling loneliness and social isolation in older people.
- Support local employers to engage with evidence based supported employment programmes such as Individual Placement and Support (IPS) and Access to Work in order to enable people to join the workforce

4. Creating health promoting and dementia friendly environments

- Work with Worcestershire Works Well businesses to develop mentally healthy workplace environments
- Encourage health promoting environments in nurseries, schools and colleges and the use of a whole school approach to mental health and well-being.
- Roll out the development and expansion of dementia friendly settings, communities and towns
- Roll out local evidence based tools to promote and support emotional health and wellbeing and develop resilience for use by schools and colleges

- Embed the use of SPDs making use of Health Impact Assessment to assess impact of mental and physical health
- Develop, pilot and evaluate the development of dementia friendly health and care settings

5. Ensuring services prioritise prevention and early intervention

- Develop, roll out and evaluate a menu of evidence based universal and targeted parenting support and programmes
- Ensure services that are commissioned across the life course promote resilience and wellbeing and support evidence based mental health/dementia prevention
- Provide a renewed focus on identification and support for mental health and wellbeing during the perinatal period
- Ensure increased early access to psychological therapies for a range of common mental health disorders
- Improve the identification of early cognitive impairment, for example in care homes
- Ensure clear pathways for vulnerable or at risk people to access early intervention and prevention services, including tackling wider determinants of health, digital inclusion, housing, benefits advice etc within front line services.

Implementation and governance

1. Where appropriate multi-agency task groups either are or will be established to deliver against the key objectives outlined above and to improve communication across sectors and geographies. These groups will develop and implement operational plans to secure progress on aims and actions this will give a clear line of accountability for leading on each of the actions, with a timescale for implementation.
2. Progress against the plan's objectives will be reported to the Health Improvement Group (HIG) on a yearly basis, including outcomes and performance indicators. The key performance indicators associated with the GMHWP action plan are;

Performance Indicators for Good mental health and wellbeing throughout life	Measurement	Baseline
Satisfaction with life measure - National wellbeing Survey	PHOF	3.3% 2014/15
School readiness; all children achieving a good level of development at the end of reception as a % of all eligible children by free school meal status	PHOF	45.65 2014/15
Hospital admissions as a result of self-harm (10-24	PHOF	194 per 100,000

years)		2014/15
Referral to Child and adolescent mental health services	Local data measure	2548 2014/15
Diagnosis rate for people with dementia	PHOF	3.76% March 2016
Health-related quality of life for people with long term conditions	Adult Social Care Outcomes Framework	0.828 2014/15
% of adult social care users who have as much social contact as they would like	PHOF	50.5% 2014/15
Proportion of adults in contact with secondary mental health services in paid employment	Adult Social Care Outcomes Framework	69.5% 2014/15

* Jorm et al (1997) defined mental health literacy as “ knowledge and beliefs about mental disorders which aid their recognition, management or prevention”. Mental health literacy consists of: (a) the ability to recognise specific disorders or different types of psychological distress; (b) knowledge and beliefs about risk factors and causes; (c) knowledge and beliefs about self-help interventions; (d) knowledge and beliefs about professional help available; (e) attitudes which facilitate recognition and appropriate help-seeking; and (f) knowledge of how to seek mental health information .

ⁱ Naylor C, Parsonage M, McDaid D, Knapp M et al. Long term conditions and mental health – the cost of co-morbidities. The King's Fund and Centre for Mental Health. 2012.

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HEALTH AND WELL-BEING BOARD

25 April 2017

BETTER CARE FUND

Board Sponsor

Sander Kristel & Simon Trickett

Author

Richard Keble

Priorities

Older people & long term conditions Yes

Item for Decision, Consideration or Information

Decision

Recommendation

- 1. The Health and Well-being Board is asked to:**
 - a) note the projected budget forecast position (Period 11) of the 2016/17 Better Care Fund (BCF) as reported to the Integrated Commissioning Executive Officers Group (ICEOG) on 10 April 2017;**
 - b) note the current assumed deadlines for both first and final submissions of the BCF plan to NHS England;**
 - c) authorise the Director of Adult Services, in consultation with the Chairman of the Health and well-being Board and the CCG Accountable Officers, to make the first submission of the BCF plan; and**
 - d) note that the final BCF plan will be approved at the Health and Well Being Board meeting in June 2017.**

Background

2. The creation of the Better Care Fund (BCF) was announced in June 2013 with the overarching aim of facilitating the integration of health and social care through the creation of a single pooled budget.

3. The Worcestershire BCF for 2016/17 totalled £38.142m. The estimated BCF budget for 2017/18 totals £48.894m (see table below)

BCF 16/17 Period 11

4. The Period 11 forecast is that the BCF will underspend by £474k. The underspend has been driven by reduced use of spot-purchased UUPs placements as Community Hospital beds have been successfully used for UUPs. All of the schemes which focus on admission prevention and facilitated discharge continue to be monitored closely at weekly panels. The final year end position will be reported to the next Health and Well Being Board.

BCF 2017/18

5. The 2017/18 Integration and BCF Policy Framework (though not the full guidance) was released on 31 March 2017. The Framework covers two financial years (2017-19) to align with NHS planning timetables and to give areas the opportunity to plan more strategically.

6. The main change to the Framework from last year is the inclusion of local authority social care grant funding. It was announced in the Spring Budget 2017 that Councils would receive an additional one-off £2 billion nationally over the next three years for social care, with £1 billion of this to be provided in 2017/18. In 2017/18 Worcestershire will receive £10.1m.

7. The new funding will be paid as a Department for Communities and Local Government specific grant and will be pooled into the Better Care Fund. It is to be spent on adult social care and used for the purposes of meeting adult social care needs, supporting reducing pressures on the NHS and stabilising the social care provider market. However, the detailed grant conditions are yet to be released.

8. Whilst the additional grant is welcome, it should be noted that it is not recurrent so any plans for spending will need to address this and ensure that the impact of the funding is long term but does not put an ongoing pressure on budgets.

9. The deadline for submission of the BCF plan has not yet been released. The advice received from the regional BCF support team is to work on an assumption of 12 May 2017 as deadline for the first submission, and 16 June 2017 as deadline for the revised, final submission.

10. The first submission does not require sign-off from the Health and Wellbeing Board (HWB). However, HWB sign-off is required for the final submission in order to access funds, as confirmed in the BCF policy guidance. NHS England have set the requirement that Health and Well Being Boards agree the BCF plan, with the plan signed off by local authorities and CCGs.

11. There are no further scheduled formal HWB meetings before the current working submission date of 16 June 2017 and national deadlines related to BCF have previously slipped. However, there is a private informal meeting of the Board members scheduled for 13 June 2017. It is therefore recommended that there be a public meeting of the HWB on 13 June 2017 to deal with a specific agenda item, in order to ensure the BCF final submission is signed off.

12. The detail of the BCF plan (including confirmed financial allocations) is yet to be published. Planning discussions between stakeholders are currently based on the estimated amounts as per the table below. Evaluations for all schemes currently funded by the Better Care Fund have been received and reviewed by ICEOG. The majority of these schemes will continue in 2017/18.

	Estimated amount for planning discussions (£000)
Current BCF contributions from CCGs (as per 2016/17) used to Support Adult Social Care	12,244
Current BCF contributions from CCGs (as per 2016/17) used to Support Community Health and CHC	21,662
Disabled Facilities Grant (as per 2016/17)	4,236
Current 2016/17 BCF	38,142
Estimated Inflationary increase to CCG contributions	607
Worcestershire additional allocation (non-recurrent)	10,145
Estimated Total amount in Worcestershire 2017/18 Better Care Fund plan	48,894

Legal, Financial and HR Implications

13. The policy framework for the implementation of the statutory Better Care Fund (BCF) was first announced in the Government's Spending Review of 2013 and established in the Care Act 2014. The Department of Health and the Department for Communities and Local Government issued further guidance on 31 March 2017.

Privacy Impact Assessment

There are no specific issues to highlight at this stage.

Equality and Diversity Implications

Equality relevance will be considered when the 2017/18 Plan is developed.

Contact Points

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