

**Health and Well-Being Board  
Tuesday, 23 September 2014, 2.00 pm, Council Chamber, Wyre  
Forest House, Finepoint Way, Kidderminster**

**Agenda**

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Date of Issue: Thursday, 11 September 2014

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# wellconnected

joining up your health and care  
in Worcestershire

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# The Better Care Fund Plan

Worcestershire  
Health and Wellbeing Board  
23rd September 2014

# Context



- Better Care Fund (BCF) announced in June 2013
- To transform integration of health and social care through a single pooled budget
- Minimum contributions to a pooled budget (the ‘fund’) are mandated – this is **not ‘new’ funding**
- Revised Section 75 agreement (the legal arrangement to transfer funding into a ‘pool’ and agree how it is managed) will need to be put in place for April 2015
- The BCF is an integral part of our Five Year Strategy for Health and Social Care

# Our 5 year health and care strategy

## Our vision for health and care in Worcestershire

You plan your care with people who work together with you to understand you and your needs, allow you control and co-ordinate and deliver services that support you to achieve the outcomes important to you.

- A seamless health and social care system delivering high quality, timely and effective care;
- As much care and support provided in or as close to people's homes as possible;
- Individuals and families will be able to take greater responsibility and greater control over their own health and care;
- Specialist hospital services, primary care and community care provided from high quality safe environments, with appropriate qualified, supported and skilled staff working across 7 days.
- Investment in prediction, prevention and early intervention where we can be confident that this will reduce future demand on services;
- Residents helped with technology supported self care to ensure that specialist resources are focused more effectively on those in most need;
- Reduced differences between social groups in terms of health and social care outcomes;
- A financially sustainable model of care that targets the use of resources in those areas that will have greatest impact.

# Submission and Assurance Requirements



- As delegation from July HWB: Chairman authorised submission of plan on 19<sup>th</sup> September
- Now subject to the national assurance process.
- Additional and more detailed information was required than in the April submission
- Payment for Performance (P4P) element based entirely on achievement of a planned reduction in non-elective admissions. The value and use of the P4P is nationally mandated.
- The 2014/15 element of the plan is unchanged from the previously agreed plan – monitoring reports are provided to the Health and Wellbeing Board.

# 2015/16 - Funding Sources



In 2015/16 the Worcestershire BCF will comprise the following contributions:

<b>Organisation</b>	<b>Minimum contribution (15/16) (£,000)</b>
Worcestershire County Council	
Disabled Facilities Grant	2,358
Capital Spending Social Care	1,328
NHS South Worcestershire CCG	16,866
NHS Wyre Forest CCG	6,572
NHS Redditch and Bromsgrove CCG	10,069
<b>BCF Total</b>	<b>37,193</b>



# 2015/16 – Funding Allocation (1 of 4)



Consistent with our Five Year Strategy for Health and Care we have allocated the pooled budget for 2015/16 to commission services in the following groups:

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<b>Summary</b>	<b>2015/16 (£'000)</b>
Admission Prevention	11,796
Facilitated Discharge	8,254
Independent Living	7,459
Payment for Performance and ring-fenced fund	9,684
<b>BCF Total</b>	<b>37,193</b>

# 2015/16 – Funding Allocation (2 of 4)



Examples of the schemes under each heading are given below:

- **Admission Prevention**

- Urgent and unplanned beds
- Virtual wards
- Enhanced care teams
- Recovery project – urgent homecare



- Facilitated discharge
  - Discharge to assess beds
  - Enhanced interim packages of care
  - Timberdine nursing and rehabilitation unit
  - Resource centres
  - ‘Plaster of Paris’ placements



- Independent living
  - Demographic pressures in domiciliary care
  - Integrated community equipment
- And the nationally mandated elements
  - Carers
  - Implementation of the Care Act
  - Disabled Facilities Grant

# Payment for performance



<b>Combined total of Performance and Ring-fenced Funds</b>	<b>9,684</b>	<b>Worcestershire's 'share' of the national £1bn</b>
Financial Value of Non Elective Saving/ Performance Fund	2,657	The value of a proposed 3.5% planned reduction in non-elective admissions
Ring-fenced Fund	7,027	The balance of the P4P fund – which remains with the CCGs to commission out of hospital care.

# 2015/16 BCF requirements



The plan sets out how the Health and Wellbeing Board will meet the six national conditions

**Plans to be jointly agreed**

**Protection for social care services (not spending)**

**7 day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends**

**Better data sharing between health and social care based on the NHS number**

**Joint approach to care assessments and planning – with accountable professional for integrated packages of care**

**Agreement on the consequential impact of changes in the acute sector**

# Population segmentation

- Developing our strategic plan to use BCF to support high risk individuals who require the most funding and for whom benefits of integration are greatest
- Identified four groups - require a different approach to the commissioning and provision of services

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**Normally healthy**  
but sometimes need some form of health or social care support, either through a planned or an emergency event, from which they fully recover and return to their previous way of life

**2. One off significant event** that results in them from moving from group one to group four and remaining there for a considerable time or for the rest of their lives.

**3. “Rising tide” of health problems** (which could be preventable) resulting in them moving from group one to group four and remaining there for a considerable time or for their rest of their lives

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**Normally unwell**  
and require some form of on going health and social care support to live their everyday lives.

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# Update on the Joint Strategic Needs Assessment (JSNA)

September 2014

# Discussion points

- Does the Board have any comment on the data presented?
- Does the Board feel it has sufficient collective understanding and ownership of the associated work programmes?
- Would the Board like to do anything else to strengthen leadership of prevention in these areas?

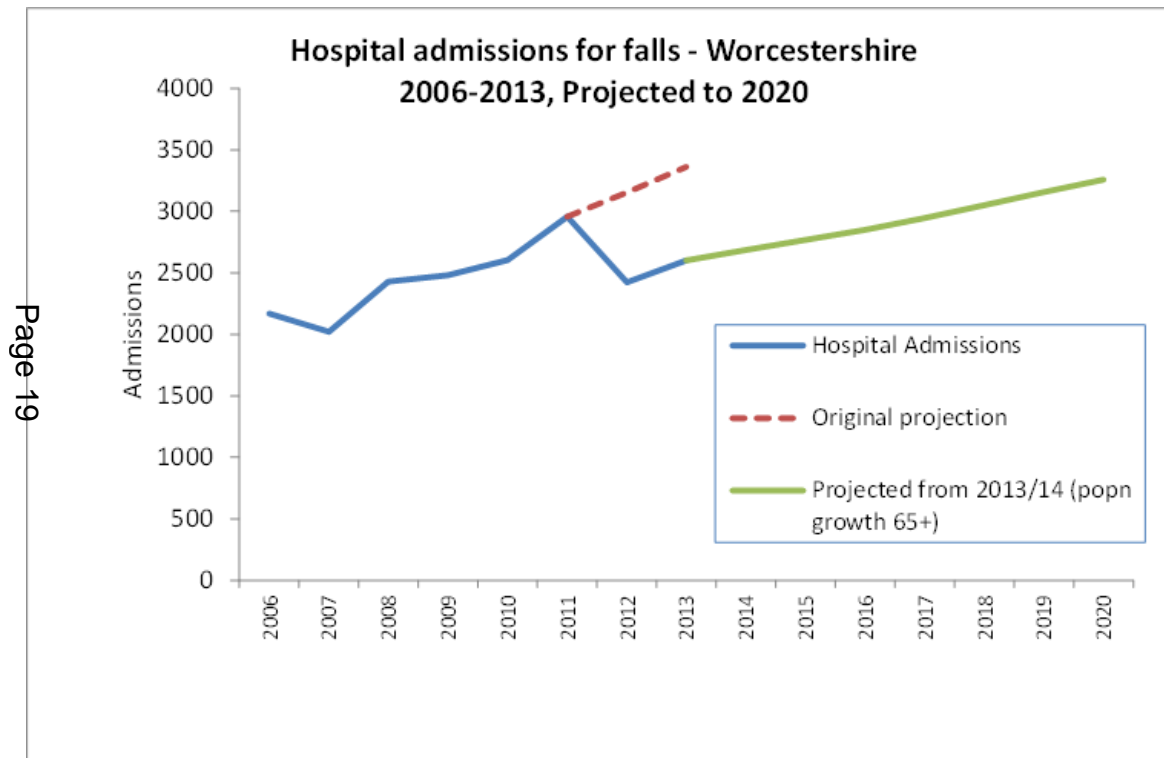
# Summary

- Four priority areas
  - Older people and management of long term conditions
  - Mental health and wellbeing
  - Obesity
  - Alcohol
- ViewPoint survey
- Emerging issues & trends
- Workplan

# Older people and management of long term conditions

- Publications in the last year
  - Well-being in Older People - May 2014
  - Ageing Well Needs Assessment - October 2013
- 20% of the Worcestershire population is over 65 (Compared to 17% nationally)
- Malvern Hills has the highest proportion (about 25%)
- Redditch and Worcester have the lowest (about 15%)
- Life Expectancy is higher than the national average and is projected to increase to 82.2 for men and 85.7 for women by 2019
- Focus on four main outcomes
  1. Falls
  2. Stroke
  3. Dementia
  4. Other issues affecting older people

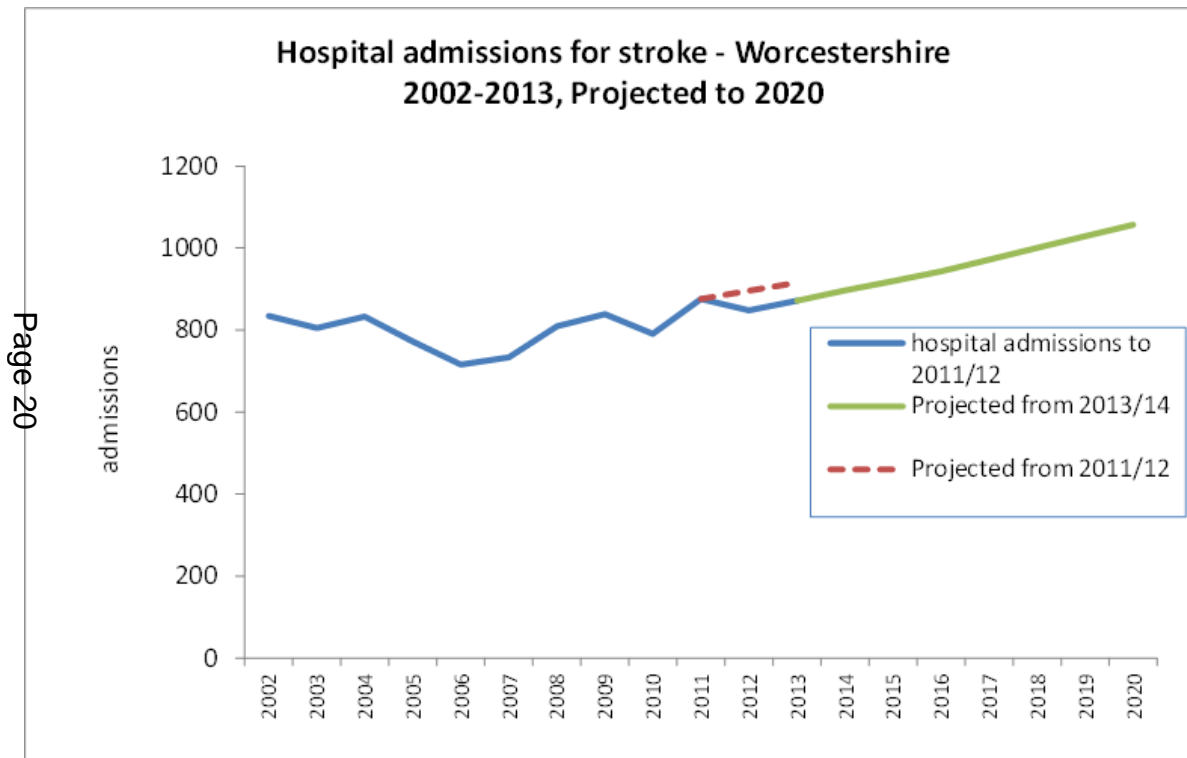
# Falls



- There are around 5,000 falls per year in Worcestershire
- Around half of these end up in a hospital admission
- Original projections showed rapidly increasing numbers of people suffering falls
- Actual numbers fell
- But without further work, demographic changes will mean numbers increasing again

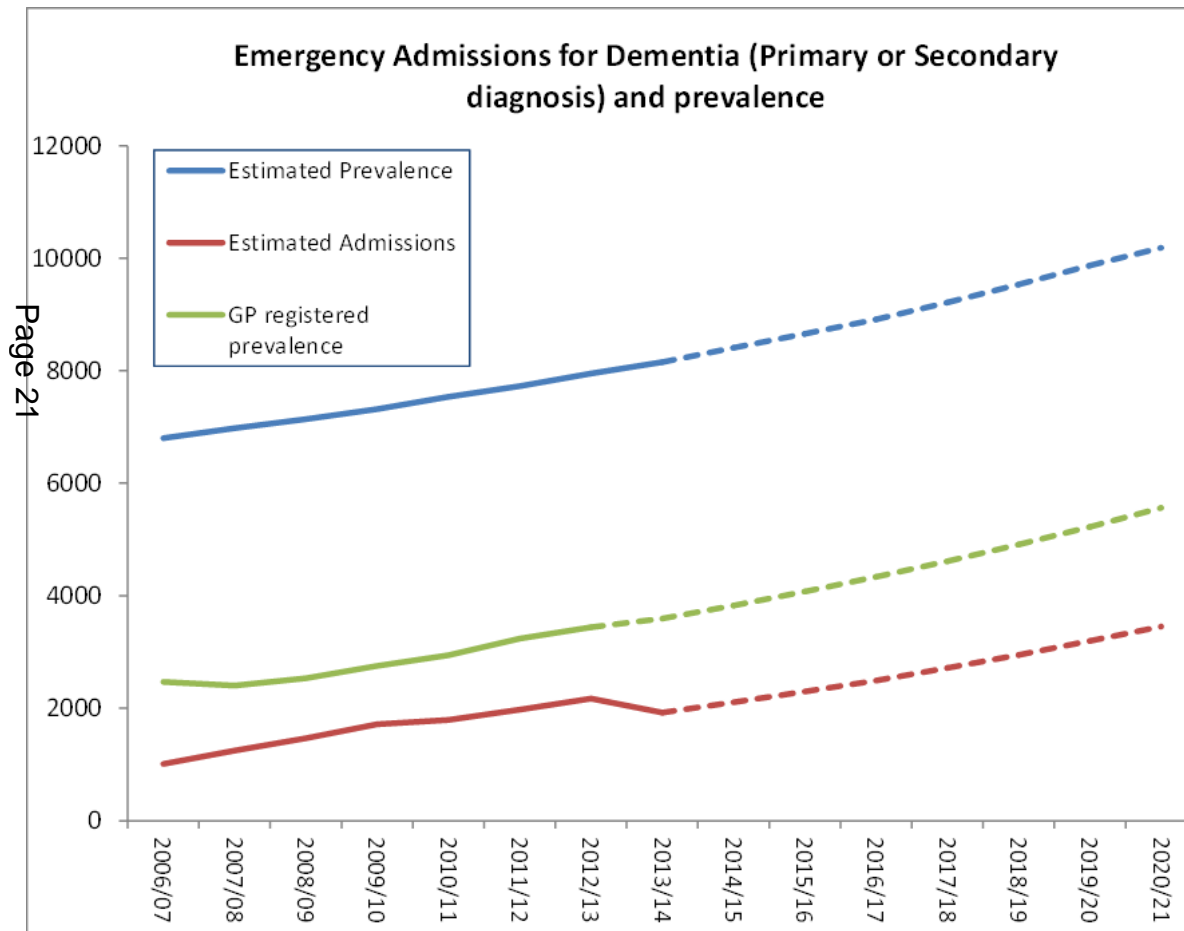
- Interventions with those at high risk of falling and those who have had a fall have helped halt the increase
- Further interventions are proposed to reduce the numbers further

# Stroke



- Just over 10% of people aged over 75 in Worcestershire have had a stroke
- In Redditch the prevalence rate is around 12%
- The number of strokes has been rising over the last 7 years
- This followed a slight fall however, so numbers are not significantly higher than 10 years ago
- However the ageing population means numbers are projected to increase

# Dementia



- The exact prevalence of dementia is unknown
- The number on GP practice registers is around 3,000
- However, estimated true prevalence is around 8,000
- This is likely to increase as the population ages and could be 10,000 by 2020
- Already nearly 2,000 hospital admissions are estimated to be due to dementia

## Other issues affecting older people

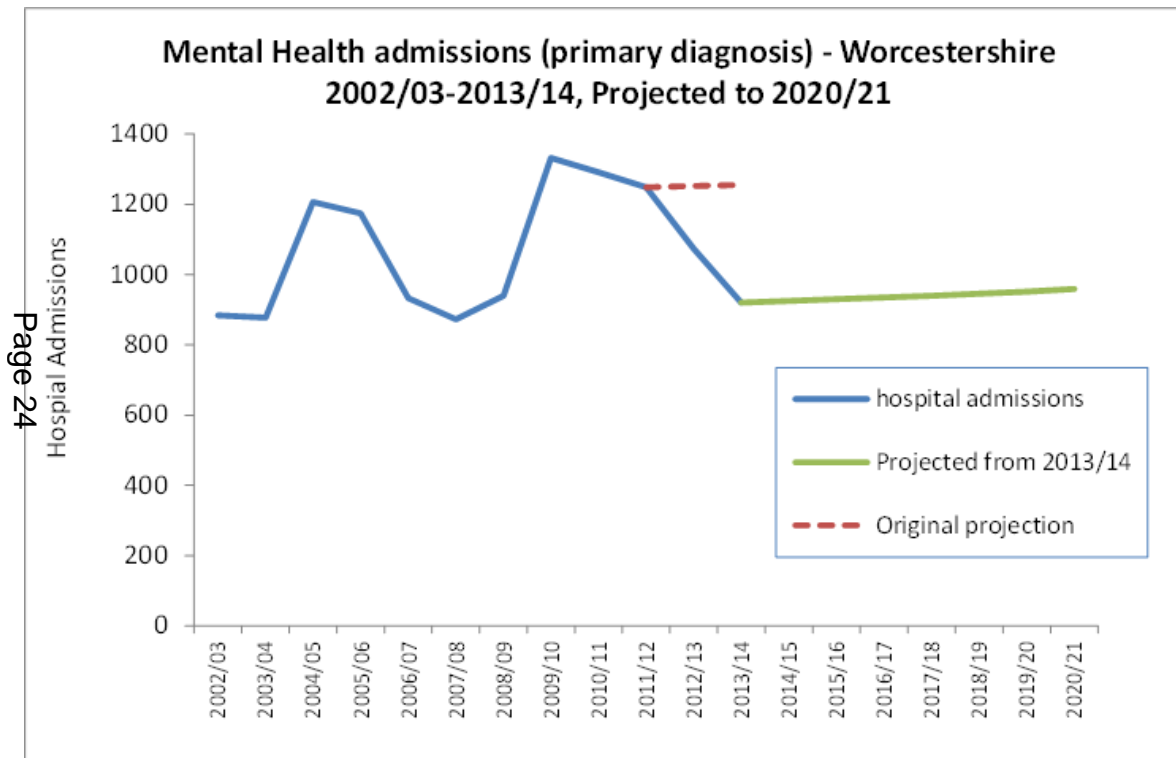
- The number of people aged over 65 with a limiting long-term illness in Worcestershire was projected to rise between 2011 and 2021 by 31%, from 54,500 to 71,400
- The numbers of older people with hearing and visual impairments are also set to increase from their 2012 levels by 26% and 23% respectively by 2020
- It is estimated that there are in the region of 8,500 people aged 65 or over living with cancer in the county
  - The number of older people living with cancer is set to rise considerably in the future, not only because of demographic changes
  - Improvements in diagnosis and treatment could accelerate the increase as survival rates continue to increase
- Due to demographic trends, the number of older people living alone is projected to rise by over a fifth (22%) between 2012 and 2020
  - The biggest rises are forecast for males and females over 75 (37% and 22% respectively)
- In 2011 3,500 people aged 65 or over lived in care homes in Worcestershire, around 3% of the over 65 population
- Demographic change is expected to have the effect of potentially increasing this total by approximately 30% by 2020 to over 4,500



# Mental Health

- Published in the last year
  - *Adult Mental Health and Well-being Needs Assessment - May 2014*
- Worcestershire has higher than average levels of the protective factors for good mental well-being
- There is a higher prevalence of common mental disorders such as anxiety and depression – many of these cases go undiagnosed and untreated
- Despite the general prosperity in Worcestershire County there are pockets of high deprivation presenting a number of risks to mental health and well-being
- The mental and physical health of carers is of increased concern and there is a clear need for better support for this key group
- There are concerns that children and young people with potential mental ill health are not being picked up by specialist services until they reach crisis point; there has been a steep increase in referrals perhaps as a result of the recession

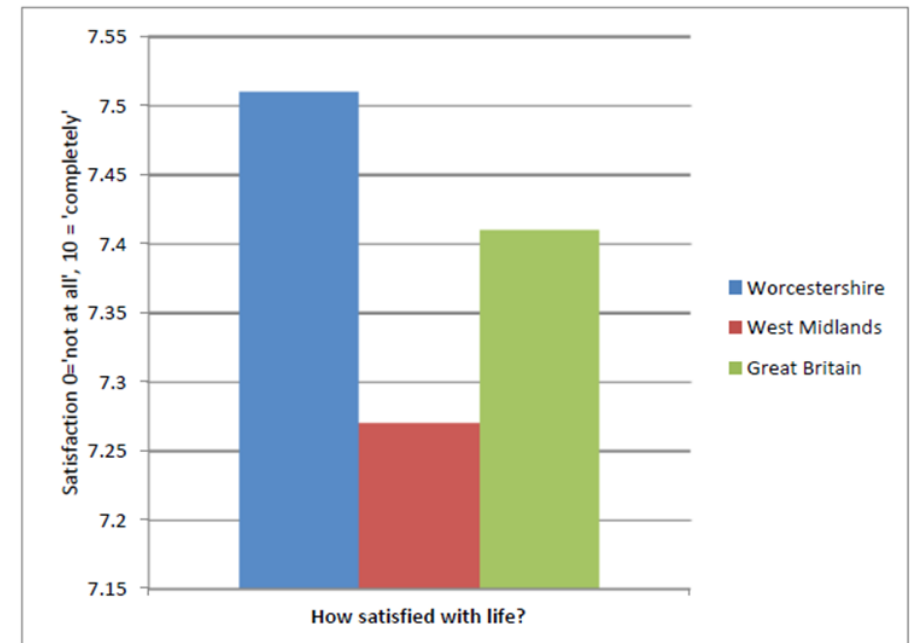
# Mental Health



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- No obvious pattern to project
- Admissions affected by referral patterns as well as need

- General satisfaction with life is higher in Worcestershire than Regionally or Nationally



Source: National well-being Survey 2012

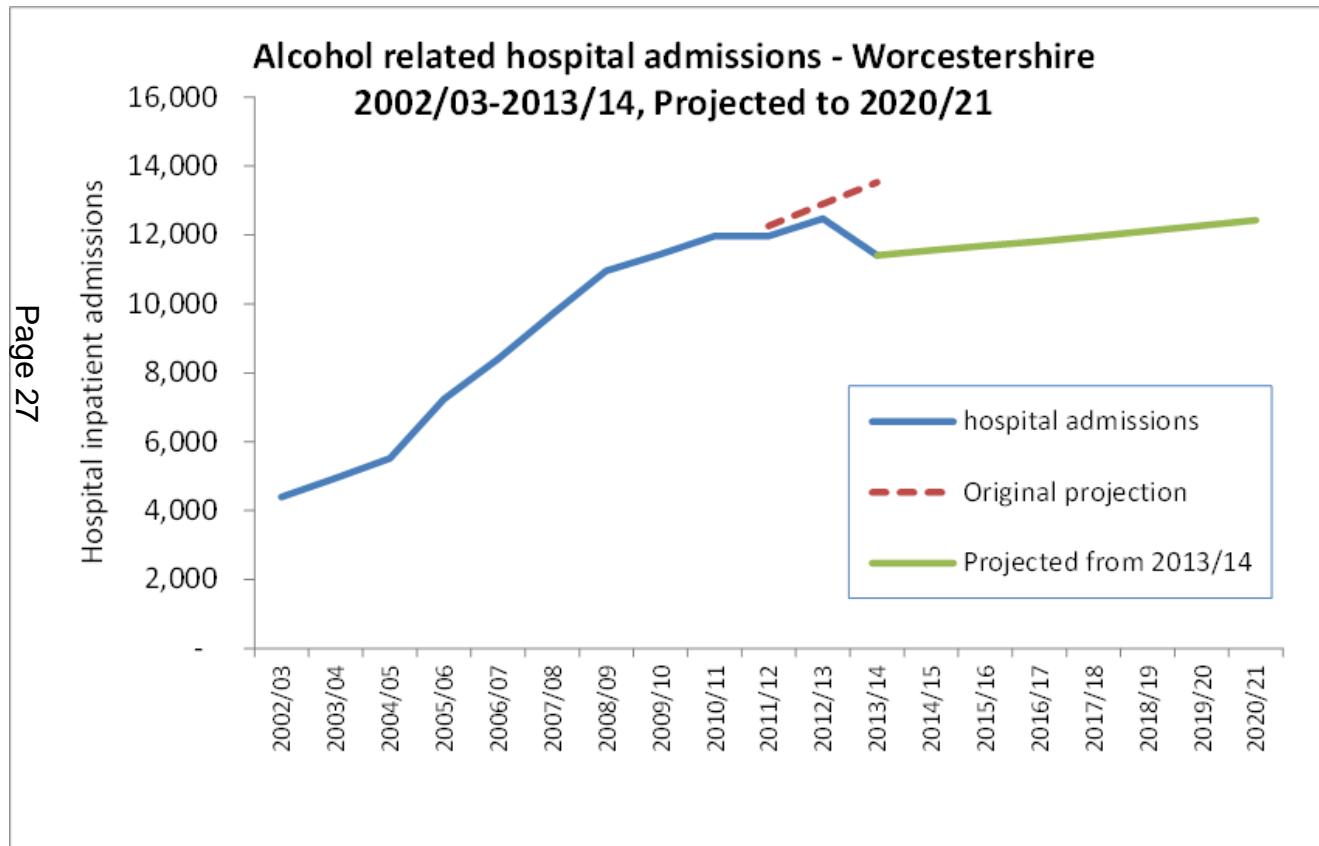
# Obesity

- Published in the last year
  - *JSNA Briefing on Obesity April 2014*
- It is estimated that around two thirds (65.5%) of the adult population in Worcestershire are classified as overweight or obese.
- Almost one in four children aged 4-5 (23.0%) and one in three children aged 10-11 (31.9%) were either overweight or obese in Worcestershire in 2012/13.
- The percentage of physically active adults in Worcestershire is significantly higher than the National average.
- The percentage of adults in Worcestershire estimated to be consuming 5 or more portions of fruit and vegetables per day is not significantly different from the National average.
- There is nothing to indicate that the steady rise in the obesity rate for people over 16 in Worcestershire is halting.

# Alcohol

- Publications in the last year
  - *Substance Misuse Needs Assessment - March 2014*
- There are an estimated 84,562 increasing risk drinkers and 23,379 higher risk drinkers in Worcestershire.
- Rates of alcohol related mortality and months of life lost related to alcohol vary across the Worcestershire districts.
- Months of life lost to liver disease is increasing for both genders in some districts.
- Recently there has been a decrease in the number of alcohol related hospital admissions in Worcestershire.

# Alcohol



- Previous trends suggested numbers would increase to 14,000 by 2012/13
- Actual numbers came down
- New projection is for slight increase, but uncertain

# Viewpoint Survey

- In Worcestershire as a whole overweight and obesity is seen as by far the greatest threat to health (mentioned by 65% of respondents), followed by physical inactivity (39% of residents).
- Other major threats to health of concern (in order of importance to people in Worcestershire) are smoking, drinking too much alcohol (36% of respondents) and drug abuse and mental health and well-being (24% of respondents).
- There is some clear variance by district in terms of what residents consider to be the most important threats to health in their locality:
- Two thirds of residents (68%) strongly agree that a "healthy lifestyle will reduce their chance of getting ill".
- However, the proportion strongly agreeing with statements about having control of their own health decreases to just over 40%.
- Only a quarter of Worcestershire residents strongly agree that they "live a healthy lifestyle"; and even fewer (14%) strongly agree that they "intend to change to a healthier lifestyle".

# National emerging issues & trends

- 38% of work-related illness is due to work-related mental health problems
- The average age of workers is increasing as a result of an increasing average age of retirement and a high rate of unemployment in the young
- The public should be educated on the often high sugar (and thus calorie) content of fruit juices, smoothies, and carbonated soft drinks.
- Closer investigation of the association between fast food outlets and deprivation may help to inform local policy.
- While cancer incidence is increasing, cancer mortality is decreasing. The gap in cancer mortality between the most and least deprived areas of the country is widening.
- Liver disease is the only major disease category in which premature mortality is increasing in England while decreasing among our European neighbours.

# National emerging issues & trends

- The average quantity of alcohol consumed per person in the UK remains far higher than fifty years ago
- On- and off-licence retailers of alcohol could refrain from using promotions to encourage individuals to purchase large amounts of alcohol
- Encouraging more people to engage in active travel, such as walking and cycling, is crucial to reducing the prevalence of obesity. In order to improve uptake, we need to improve safety
  - The relative risk associated with journeys by active travel methods are unacceptably high and must be reduced
  - The risk of serious injury for each kilometre travelled is almost 16 times higher on foot than by car, and 21 times higher on a bicycle than by car



# Local emerging issues & trends

- The percentage of people offered a diabetic retinopathy screening test who attend is lower than the England average.
- Rates of treatment completion for tuberculosis are low although it should be noted that numbers are small with just 25 people contracting TB during 2010-2012.
- The proportion of women in Worcestershire who are smokers at the time of delivery is higher than the England average.
- The percentage of people successfully leaving drug treatment who do not re-enter treatment within 6 months is lower in Worcestershire than the England average:
  - For non-opiate users it is 24%
  - For opiate users it is just 7%, meaning 93% of opiate users who leave treatment are back in treatment within 6 months

# Local emerging issues & trends

- The rate of homelessness acceptances in Worcestershire is higher than the England average
- School readiness particularly amongst those receiving free school meals
  - Less than half of children achieve a good level of development by the end of reception and for those on free school meals this is just 27%
- Long-term employment measured by claimant counts is increasing

# Work Plan

The JSNA Working Group has developed a proposed workplan for 14/15 which includes

- Adult Mental Health Needs Assessment  
*(already completed)*
- Substance Misuse Needs Assessment  
*(already completed)*
- Updated CCG profiles  
*(already completed)*
- Updates on the four Health and Well-being Strategy priority areas;
- Updates of District briefings
- A series of briefings on areas where Worcestershire outcomes are worse than the national average, including communicable disease and childhood immunisations
- Early years development
- Homelessness
- Fuel poverty
- Smoking in pregnancy
- Updates on 2 District Health Profiles
- Partial updates of Worcestershire Schools Health Profiles
- Survey of stakeholder use of the JSNA website
- Practical workshops on site use
- Production of quarterly stakeholder newsletter

# Recommendations

- The Board is asked to:
  - Note the JSNA annual summary and other materials, disseminate these within their organisations, and ensure that they are used to inform decision making; and
  - Approve the proposed workplan of the JSNA working group for 14/15.
- Other materials available are
  - JSNA Annual Summary
  - Needs Assessments and Health Profiles – including a profile for each CCG
  - DPH Annual Reports
  - Briefings on specific topics
  - JSNA mapping tools
  - Links to relevant external websites
  - Links to census data.

# Discussion points

- Does the Board have any comment on the data presented?
- Does the Board feel it has sufficient collective understanding and ownership of the associated work programmes?
- Would the Board like to do anything else to strengthen leadership of prevention in these areas?

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