Worcestershire County Council

Agenda

Health and Well-Being Board

Tuesday, 9 February 2016, 2.00 pm
County Hall, Worcester

This document can be made available in other formats (large print, audio tape, computer disk and Braille) on request from Democratic Services on telephone number 01905 728713 or by emailing democraticServices@worcestershire.gov.uk

If you can not understand the contents of this document and do not have access to anyone who can translate it for you, please contact 01905 765765 for help.

বাংলা। আপনি যদি এই দলিলের বিষয়বস্তু বুঝতে না পারেন এবং আপনার জন্য অনুবাদ করার মত পরিচিত কেউ না থাকলে,অনুগ্রহ করে সাহায্যের জন্য 01905 765765 নম্বরে যোগাযোগ করুন। *(Bengali)*

廣東話。如果您對本文檔內容有任何不解之處並且沒有人能夠對此問題做出解釋，請撥打 01905 765765 尋求幫助。*(Cantonese)*

普通话。如果您对本文件内容有任何不解之处并且没有人能够对此问题做出解释，请拨打 01905 765765 寻求帮助。*(Mandarin)*

Polski eżeli nie rozumieją Państwo treści tego dokumentu i nie znają nikogo, kto mógłby go dla Państwa przetłumaczyć, proszę zadzwonić pod numer 01905 765765 w celu uzyskania pomocy. *(Polish)*

Português. Se não conseguir compreender o conteúdo deste documento e não conhecer ninguém que lho possa traduzir, contacte o 01905 765765 para obter assistência. *(Portuguese)*

Español. Si no comprende el contenido de este documento ni conoce a nadie que pueda traducírselo, puede solicitar ayuda llamando al teléfono 01905 765765. *(Spanish)*

Türkçe. Bu dokümanın içeriğini anlayamazsanız veya dokümanı sizin için tercüme edebilecek birisine ulaşamıyorsanız, lütfen yardım için 01905 765765 numaralı telefonu arayınız. *(Turkish)*

اردو. اگر آپ اس دستاویز کی مشمولات کو سمجھنے سے قاصر ہیں اور کسی ایسے شخص تک آپ کی رسائی نہیں ہے جو آپ کے لئے اس کا ترجمہ کرسکے تو، براہ کرم مدد کے لئے 01905 765765 پر رابطہ کریں۔ *(Urdu)*

کوردی سۆرانی. ئەگەر ناتوانی تێبگەی لە ناوەرۆکی ئەم بەڵگەیە و دەستت بە هیچ کەس ناگات کە وەیگێڕێتەوە بۆت، تکایە تەلەفۆن بکە بۆ ژمارەی 01905 765765 و داوای ڕێنوێنی بکە. *(Kurdish)*

ਪੰਜਾਬੀ। ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮਜ਼ਮੂਨ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਅਤੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੱਕ ਪਹੁੰਚ ਨਹੀਂ ਹੈ, ਜੋ ਇਸਦਾ ਤੁਹਾਡੇ ਲਈ ਅਨੁਵਾਦ ਕਰ ਸਕੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਦਦ ਲਈ 01905 765765 'ਤੇ ਫ਼ੋਨ ਕਰੋ। *(Punjabi)*

Find out more online:
www.worcestershire.gov.uk

worcestershire county council

worcestershire
countycouncil

Health and Well-Being Board
Tuesday, 9 February 2016, 2.00 pm, Council Chamber, County Hall

Membership

Full Members (Voting):

Mr M J Hart (Chairman)	Cabinet Member with Responsibility for Health and Well-being
Dr C Ellson (Vice Chairman)	South Worcestershire CCG
Ms J Alner	NHS England
Mrs S L Blagg	Cabinet Member with Responsibility for Adult Social Care
Mr J P Campion	Cabinet Member with Responsibility for Children and Families
Dr R Davies	Redditch and Bromsgrove CCG
Mr S E Geraghty	Leader, Worcestershire County Council
Mr S Hairsnape	Redditch and Bromsgrove CCG / Wyre Forest CCG
Richard Harling	Director of Adult Services and Health, Worcestershire County Council
Dr A Kelly	South Worcestershire CCG
Clare Marchant	Chief Executive, Worcestershire County Council
Peter Pinfield	Healthwatch, Worcestershire
Dr Simon Rumley	Wyre Forest CCG
Simon White	Director of Children's Services. Worcestershire County Council

Associate Members

Mrs C Cumino	Voluntary and Community Sector
Chief Supt. L. Davenport	West Mercia Police
Gerry O'Donnell	South Worcestershire District Councils
Cllr Margaret Sherrey	North Worcestershire District Councils

Agenda

Item No	Subject	Presenter	Page No
1	**Apologies and Substitutes**		

Agenda produced and published by Simon Mallinson, Head of Legal and Democratic Services, County Hall, Spetchley Road, Worcester WR5 2NP

To obtain further information or a copy of this agenda contact Kate Griffiths, Committee Officer on Worcester (01905) 846630 or email: KGriffiths@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the Council's website at http://worcestershire.moderngov.co.uk/uucoverpage.aspx?bcr=1

Date of Issue: Thursday, 28 January 2016

Item No	Subject		Page No
2	**Declarations of Interest**		
3	**Public Participation** *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 8 February 2016). Enquiries can be made through the telephone number/e-mail address below.*		
4	**Confirmation of Minutes**		1 - 8
5	**Joint Health and Well-being Strategy - Draft**	Frances Howie	9 - 32
6	**Update on HWB Priorities - Obesity**	Frances Howie	33 - 40
7	**2016/17 Better Care Fund**	Richard Harling	41 - 46
8	**NHS Planning Guidance and Development of Sustainability and Transformation Plan**	David Mehaffey	47 - 54
9	**South Worcestershire New Model of Care Strategy**	David Mehaffey	55 - 58
10	**Worcestershire Safeguarding Adults Board**	Kathy McAteer	59 - 62
11	**Future of Acute Hospital Services**	Carl Ellson	63 - 66
12	**Children's Plan Update**		67 - 74
13	**Future Meeting Dates** **Public meetings** • 10 May 2016 • 13 September 2016 • 1 November 2016 **Private meetings** • 1 March 2016 • 12 April 2016 • 14 June 2016 • 12 July 2016 • 11 October 2016 • 6 December 2016		

worcestershire
countycouncil

Health and Well-Being Board
Tuesday, 3 November 2015 County Hall, Worcester - 2.00 pm

Minutes

Present:

Mr M J Hart (Chairman), Mrs S L Blagg, Mr J P Campion, Mrs C Cumino, Mr S Hairsnape, Mr A I Hardman, Richard Harling, Mr S Jarman-Davies, Dr A Kelly, Clare Marchant, Hannah Needham, Mr G O'Donnell, Mrs J Ringshall, Dr S Rumley and Mrs M Sherrey.

Also attended:

Kate Griffiths, Sandy Hogg, Frances Martin and Nisha Sankey.

Available papers

The members had before them the Agenda papers and the minutes of the meeting held on 30 September;

Copies of those documents will be attached to the signed Minutes.

341 Apologies and Substitutes

Apologies had been received from Jo-Anne Alner, Lee Davenport, Carl Ellson, Peter Pinfield, Jonathan Wells and Simon White.

Steve Jarman-Davies attended for Jo-Anne Alner, Jo Ringshall attended for Peter Pinfield and Hannah Needham attended for Simon White.

Marcus Hart was late for the meeting due to attending a funeral; the meeting was Chaired by Richard Harling.

342 Declarations of Interest

None

343 Public Participation

None

344 Confirmation of Minutes

A correction was required in that Margaret Sherrey be added to the list of attendees at the last meeting but otherwise the minutes were agreed to be a correct record of the previous meeting and were signed by the Chairman.

345 Update on the Development of a Worcestershire Health and Care Winter Plan

Simon Hairsnape introduced this item. The Health and Care System was most under pressure during winter making it necessary to have a clear Plan to ensure there were sufficient resources available to meet demand and for escalation if necessary.

The Worcestershire Health and Care Winter Plan had

been agreed by the two health trusts, the Ambulance Trust, CCGs, and the County Council through the Systems Resilience Group and formal sign off from NHS England was expected. Sandy Hogg, (Associate Director of Urgent Care Transformation and System Resilience) gave details to the Board.

Sandy explained that the Winter Plan was produced based on guidance from a number of national bodies. The plan referenced other plans such as the 'flu immunisation plan, the cold weather plan and last year's winter plan.

This year NHS England had issued System Resilience Funds back in March as part of CCG baselines and the money had been used to fund urgent care pathways, along with the Better Care Fund. An extra non-recurrent £250,000 would be made available for mental health liaison services.

All key services would operate seven days a week including over the Christmas holiday period. In the acute hospitals 60 additional beds with the necessary staffing would be opened - 28 additional beds were already open at Worcestershire Royal.

There were three main urgent care pathways for hospital discharge:

1. Discharge to home
2. Discharge to a community hospital or
3. Discharge to a care home for assessment

Discharge numbers were agreed every week and it was expected that numbers would increase over the winter.

The Plan also included arrangements for escalation as there may be surges in demand when other plans such as the infection control plan and the adverse weather plan, as well as additional action would be needed. Managers met twice a day to manage patient flow and Executives met weekly.

The Plan had been approved by the Systems Resilience Group and was now with NHS England for sign off. The Plan would be kept under active review.

In the ensuing discussion the following main points were made:

- It was clarified that there had been a review of last year's plan and activity so this year they were ensuring that front line staffing was in place and

that there would be sufficient management oversight over Christmas and New Year. It was understood that maximising patient flow was important. Plans for escalation were being tested over the next few weeks,

- Additional beds had been made available at Worcestershire and there would be more at Redditch if they were required,
- It was important that communication reached the public so that they went to the most appropriate place for their needs rather than just attending A&E. All partners had signed up to the communication plan which included weekly press releases, posters, newsletters and emails to patient groups and encouraging staff to cascade messages to their families.

RESOLVED that the Health and Well-being Board:

a) noted the information regarding the development of the Health and Care Winter Plan; and

b) helped to cascade key communications messages.

346 Integrated Recovery

Frances Martin explained that the NHS, South Worcestershire Clinical Commissioning Group and Worcestershire County Council's South Worcestershire Integrated Recovery Programme was a series of commissioning projects that were working towards greater integration of health and social care for older people who needed support to regain their independence following a crisis at home or admission to hospital.

Nisha Sankey, Head of Transformation for South Worcestershire CCG, gave further details about the commissioning of recovery beds over and above those provided within the community hospitals or the Timberdine Unit.

Analysis had shown if an increased number of people can be cared for at home and if length of stay reduced then there should be sufficient capacity between the new single integrated community-based inpatient nursing and rehabilitation unit and the community hospitals along with a small number of pathway 2 ***residential*** beds, Plaster of Paris beds and Pathway 3 discharge to assess beds. The project was exploring options for commissioning these.

In the ensuing discussion various points were clarified:

- The long lead in time from the tender in February 2016 to implementation in October 2016 was a

'worst case scenario' if a competitive tendering exercise became necessary; however managers wished to provide as much stability for staff as possible;

- The length of stays in community hospital beds were monitored and the modelling worked on an average length of stay of 21 days. The quicker people are able to go home the more like they were to regain their independence;
- It would be necessary to work with providers to ensure the right care was available in the community to enable people to be cared for at home rather than in bedded facilities. The expectation was that as capacity for care at home was increased the requirement for beds would fall;
- Simon Hairsnape wished to note that the Better Care Fund was a countywide fund which was expected to meet local needs on an equitable basis but this project so far just covered south Worcestershire. Ideally the sign off of this project should be for the whole county so in due course the north of the county would need to be considered.

RESOLVED that the Health and Well-being Board:

a) Noted the progress with the development of the integrated health and adult social care recovery services in South Worcestershire and the plan to progress integration further;

b) Noted current availability, usage and future requirements of recovery beds in South Worcestershire;

c) Endorsed the process and timeline for commissioning recovery beds, and asked that the Cabinet Member for Health and Well-being and the NHS South Worcestershire Clinical Commissioning Group Chief Clinical Officer finalise the specifications , agreed the costs that can be met from the Better Care Fund, and determined how providers should be procured, noting the delegated authority awarded by Worcestershire County Council Cabinet in July 2014 to the Cabinet Member for Health and Well-being;

d) Agreed to extend the Better Care Fund funding for Howbury House Resource Centre until 30 September 2016, to allow sufficient time to complete the review of recovery beds and implement the resulting commissioning process; and

e) Noted that this project was only for South

Worcestershire and that the Better Care Fund was for the whole of the County.

347 Better Care Fund

Frances Martin presented her report which gave an update of the Better Care Fund (BCF).

The number of emergency hospital admissions had reduced by more than expected, likely as a consequence of integrated working of which BCF funded services were a key component.

The amount of the BCF 2016/17 had not been confirmed; however it was expected to be the same size as in 2015/16. Details of all schemes funded in 2015/16 and proposals for expenditure in 2016/17 would be brought to the February Board meeting for approval, noting that the Board had previously committed funding to the new integrated community-based inpatient nursing and rehabilitation unit, and to Howbury House.

RESOLVED that the Health and Well-being Board:

a) **Noted the contribution of the Better Care Fund in reducing emergency hospital admissions and facilitating acute hospital discharges as per the Q1 return to NHS England; and**
b) **Noted that the current basis for Better Care Fund budget planning for 2016/17 is for no increase in BCF allocation.**

348 HIG Bi-Annual Report

Richard Harling gave a brief overview of the work of the Health Improvement Group (HIG). The HIG monitored the delivery of Strategic Plans such as Alcohol, Mental well-being and suicide prevention, Obesity and Tobacco control. The HIG also looked at plans from the District Councils.

The report in the agenda gave details of work that had taken place during the first year of the Tobacco Control Plan. Outcomes were good as smoking prevalence was going down and had decreased more in Worcestershire than nationally. Smoking in pregnancy rates remained worse in Worcestershire than the England average.

The drug and alcohol contract had been re-commissioned from 1 April 2015 with the contract awarded to Swanswell Charitable Trust for an initial period of three years. The numbers of people returning after drug treatment remained high but this was the case nationally.

The report also gave details about the District Council

plans as well as other issues the HIG had looked at.

The following comments were made:

- Gerry O'Donnell explained that Wychavon District had recently appointed a Health Improvement co-ordinator and Health and Well-being was one of the key aims in the new District Council Strategy;
- It was clarified that there was a Strategic Plan for each of the Board's priorities and the HIG monitored progress against the actions within each plan;
- Board Members felt that it was not enough to just note the report; they felt the question 'what more can we do?' needed to be asked. Actions needed to be measured to show what difference had been made and what impact particular programmes had had;
- It was suggested the each of the key priorities be looked at in more detail at the next few meetings. More feedback was needed to show what impact particular action plans had had, especially how children had been affected.

RESOLVED that the Health and Well-being Board

a) **Considered and commented on progress made between April 2015 and September 2015,**
b) **Agreed that the Health Improvement Group Bi-Annual Report was presented at the meeting in May 2016; and**
c) **Requested that the individual strategic plans for each priority area be considered at the next few meetings to see the impact of any actions taken.**

349 Future Meeting Dates

The next meeting would be the development meeting on **8 December** at County Hall.

At the last development meeting it had been decided that public meeting should be quarterly and there should be more development meetings as listed.

2016

Public meetings – these are for 'mandated' items, assurance against progress of Joint Health and Well-being Strategy and other key system plans

- 09 February 2016
- 10 May 2016
- 13 September 2016
- 1 November 2016

Private (Development) meetings - for discussion of big issues and/or board development

- 26 January 2016
- 1 March 2016
- 12 April 2016
- 14 June 2016
- 12 July 2016
- 11 October 2016
- 6 December 2016

The meeting ended at 3.05.

Chairman …….

This page is intentionally left blank

worcestershire countycouncil

AGENDA ITEM 5

HEALTH AND WELL-BEING BOARD
9 FEBRUARY 2016

Joint Health and Well-being Strategy

Board Sponsor
Dr Richard Harling, Director of Adult Services and Health

Author
Dr Frances Howie, Head of Public Health

Priorities

Older people & long term conditions	Yes
Mental health & well-being	Yes
Obesity	Yes
Alcohol	Yes
Other (specify below)	

Groups of particular interest

Children & young people	Yes
Communities & groups with poor health outcomes	Yes
People with learning disabilities	Yes

Safeguarding

Impact on Safeguarding Children	No
If yes please give details	
Impact on Safeguarding Adults	No
If yes please give details	

Item for Decision, Consideration or Information
Decision

Recommendation

1. **The Health and Well-being Board is asked to:**

   a) **Consider the responses the consultation on the Joint Health and Well-being Strategy;**

   b) **Endorse the revised version;**

   c) **Delegate final approval of the Strategy to the Chair, taking account discussions at this Board meeting;**

   d) **Request that the Health Improvement Group start action planning against the Strategy, and embed co-production in this process;**

e) Confirm that members of the Board are fully committed to action planning and implementation.

Background

2. The Board released the Joint Health and Well-being Strategy for consultation on 16th October 2015. Consultation included awareness raising through the website, local press and posters at community venues, as well as discussion of the Strategy and response to the consultation questions at two major stakeholder events for local organisations and partnership groups. The full list of consultees is included in the background documents.

3. We had a good level of interest in the consultation. We received 188 responses to the online consultation, many of which were very full and detailed, which was an increase from the 148 who responded to the 2012 consultation. In addition, 140 people attended the stakeholder events. Many of the stakeholders who responded to the online consultation or attended events represented organisations and communities of interest and so the reach of the consultation extended significantly beyond the 328 individuals.

4. A public consultation on prevention has also been commissioned by the Council. Interviews were carried out during November and December with 532 respondents and results were weighted to reflect the Worcestershire population. This consultation did not specifically reference the Strategy consultation, but did explore whether or not residents support the County council spending money on prevention activities. A large majority (93%) or residents thought that it is a good idea for the Council to spend money on prevention.

Responses

5. There was a strong, broad agreement with the Strategy's vision (82% in agreement); principles (85%); and focus on prevention (87%). **It is therefore recommended that these remain unchanged.**

6. There was strong agreement with the proposed timescale of 3 years. However, 20% suggested a longer timescale than 3 years. This was an active discussion item at the stakeholder events, with key stakeholders such as NHS colleagues suggesting a 4 year timescale, so as to align with other planning cycles. Some pointed out that a slightly longer time frame would allow for more longer-term evidence of impact to emerge. Others suggested a shorter timeframe would allow for responsiveness to a fast changing policy and financial environment. **It is recommended that a 4 year timescale be adopted, to fit with other medium term planning frames to 2020 and to allow for the collection of longer term evidence.**

7. 77% of respondents agreed with the priorities of good mental health and well-being throughout life; being active at every age; and reducing harm from alcohol at every age. Most of the suggestions for different priorities were focusing on specific age groups: older children, families or children. **It is recommended that the priorities remain unchanged but that, as in the consultation, these age groups are given particular focus in action plans.**

8. In considering other suggestions for different priorities we drew on the selection criteria which had been agreed at the first workshop, and which were used for the previous Health and Well-being Strategy. Priorities were given a high ranking if they:

    - Have high direct and indirect economic costs both now and in the future;
    - Affect people across all age groups;
    - Relate to major causes of ill health and premature death;
    - Are linked to good evidence of potential to improve outcome;
    - Are of high importance to the local public;
    - Are linked to JSNA data which suggests a worsening situation, and/or a situation that is worse that would be expected for Worcestershire;
    - Shows clear geographical and/or population inequalities in health and well-being outcomes
    - Need strong partnership working to improve outcomes; and
    - Affect large numbers of people in Worcestershire, and these numbers will rise significantly if we do not deliver change.

9. **Other suggestions for priorities:**

    - **Include obesity as a priority rather than being active.** NHS respondents felt that obesity should remain a priority as in 2013-16. This was also discussed at the stakeholder events. The Obesity Action Plan has been in place for the last 3 years, and a programme of work has been in place to tackle obesity, focusing on a multi-facetted approach, responding to the complexity of the issue. Legacy actions have now been identified and much of this work continues now as mainstream, for example by changing planning practice, by focusing campaign work; by delivering healthy workplace initiative; and by training front line staff in delivering brief interventions. A change to a priority on physical activity allows for the more positive and simple message of getting active, and allows for a freshness of approach to reduce the health harm of obesity.
    - **Include drugs as well as alcohol as a priority.** This does not meet the criteria in terms of affecting large numbers of people or of being linked to good evidence to improve outcome.
    - **Focus on men.** This was considered, in light of gender differences in outcomes such as life expectancy, and different patterns of access to services. This was not raised by many people, and there is no evidence of a worsening situation in terms of gender gap. However, this was felt to be an area for further exploration and **it is recommended that the Joint Strategic Needs Assessment include a thematic review on gender differences in health and well-being outcomes during the life of the next Strategy.**
    - **Focus on health inequalities.** This will be addressed in the detailed action plans that sit under each of the priority areas. Inequalities relating to geographical disadvantage and to communities of interest will be included in the plans.
    - **Focus on carers.** Again, this will be addressed in detailed action plans.
    - **Safeguarding children.** The response from the Worcestershire Safeguarding Children's Board asked that safeguarding children be included as a key principle of the strategy, and that the 'Think Family' approach and children's

Early Help be included as priorities. This response has been carefully noted and it was concluded that it is important not to confuse the purpose and responsibility of the Health and Well-being Board with that of the Safeguarding Children's Board. 'Think Family' is already embedded in the service specification of the new alcohol service, and so is monitored through commissioning arrangements. The specific mention of Early Help was not felt to be appropriate because other specific services are not mentioned. However, this will also be picked up in the more detailed action plans, with children and families being a thread through the plans.

10. Full summaries of responses and themes are in background documents.

11. The Strategy has been amended and the revised version is attached for consideration. Subject to endorsement by the Board and final approval by the Chair, the Strategy will be launched at the end of March 2016.

Legal, Financial and HR Implications

12. The Council has a duty to ensure the agreement of a Strategy by the Board. There are no other direct legal, financial, and HR implications.

Privacy Impact Assessment

13. Not applicable.

Equality and Diversity Implications

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

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

14. An Equality Relevance Screening has been carried out in respect of these recommendations. It identified that further equality impact analysis will be required in respect of action plans relating to each of the three priority areas.

15. Contact Points

County Council Contact Points
County Council: 01905 763763
Worcestershire Hub: 01905 765765
Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this report

Frances Howie, Head of Public Health
Tel: 01905 765533
Email: fhowie@worcestershire.gov.uk

Supporting Information

Background Papers

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

- Understanding Resident Attitudes to Spending on Prevention.
- Equality Impact Assessment Screening
- Technical appendix
- App 1 summary.

This page is intentionally left blank

Draft Worcestershire Joint Health and Well-being Strategy 2016 to 2020

Document Details:

Status: Draft Version 4 ER

Date: January 2016

Document Location:

Contact: Janette Fulton

Contents

Forward

Placeholder: Forward by Cllr Marcus Hart, Chair of Health and Well-being Board.

Introduction

1. This will be Worcestershire's second Joint Health and Well-being Strategy It is a statement of the Health and Well-being Board's vision and priorities for 2016-20, based on the findings of the Joint Strategic Needs Assessment and public consultation. Preparation of the Strategy is a statutory duty for the County Council and the Clinical Commissioning Groups under the Health and Social Care Act 2012. The Strategy is a basis for the public to hold local organisations to account for achieving the stated outcomes.

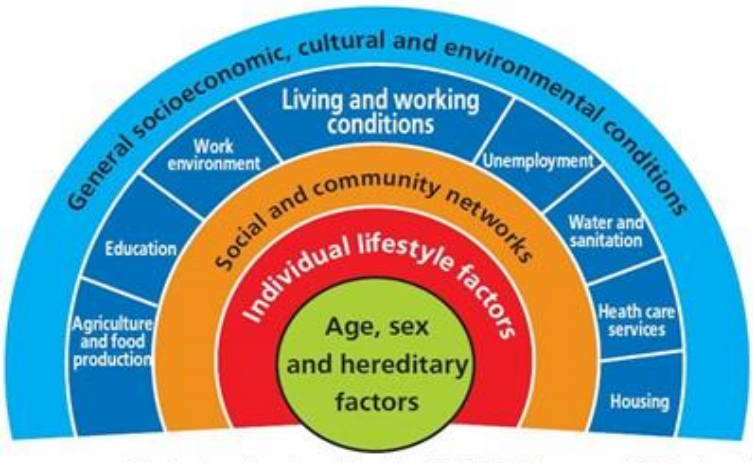
2. The Strategy sets the context for other health and well-being plans and for commissioning of NHS, public health, social care and related children's services. We will work with all partners to help align policies, services, resources and activities with the Strategy. This will enable joined-up action to tackle issues that will benefit from multi-agency working.

3. The Board expects that the commissioning plans of the County Council and the local NHS are consistent with the Strategy, as required by the Health and Social Act 2012. The Strategy will provide a basis for commissioners of NHS, public health, social care and related services to integrate commissioning plans and pool budgets wherever possible, using the powers under Section 75 of the NHS Act 2006 where appropriate.

Context

National Policy

4. Health and well-being is influenced by a range of factors over the course of people's lives. These factors are related to people's surroundings and communities as well as their own behaviours. Collectively they have a much greater impact on health and well-being than health and social care services. To improve health and well-being it is these factors that we need to influence.



The Determinants of Health (1992) Dahlgren and Whitehead

5. Subsequent national policy has emphasised the importance of prevention. Two Government White Papers on public health in the last decade have focussed on the need to develop a wide-ranging and effective approach to prevention. These have made recommendations from changing individual behaviour through education and empowerment, to changing what choices are available by regulating the availability and sales of tobacco, unhealthy food and alcohol.

6. These have not yet proved sufficient to reduce the burden of avoidable disease. In response to this, the NHS has recently produced a **Five Year Forward View**, which argues that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a **radical upgrade in prevention and public health**. It particularly calls for all parts of the system to work together on prevention right through life.

7.

8. Prevention duties are increasingly being articulated within legislation and statutory guidance including the Health and Social Care Act 2012 and the Care Act 2014. The Childcare Act 2006 requires the Council to improve the well-being of young children and reduce inequalities; the Education and Inspections Act 2006, requires the Council to secure equality of access for all young people to the positive, preventive and early help they need to improve their well-being.

9. The Care Act 2014 set out three levels of prevention and noted that these were a shared responsibility across the health and care system:
   - Primary prevention. To **prevent** ill health and the need for care before it occurs. Includes these services for people who currently have no particular health and

care needs, and they help people to avoid developing needs. They focus on promoting well-being, good health, and independence;

- Secondary prevention. To **reduce** the impact of health problems by detecting them as soon as possible and intervening early. Includes services are designed for people who have an increased risk of developing needs, where provision of services or resources may slow down or reduce the development of that need;
- Tertiary prevention. Getting the right help to people who already have needs and giving support to prevent those needs escalating and **delay** the need for more intensive care. Includes services for people with established health conditions who need support to regain skills or to delay deterioration.

Health and Well-being in Worcestershire

10. There are around 575,400 people living in Worcestershire. The county has a greater proportion of older people resident than the nation in general. The population of Worcestershire is projected to increase by 21,579 to around 597,000 in the next 10 years with the biggest increase projected to be in the older age groups. This is especially apparent in the 75-79 age range, although proportionally the projected rise in the 90-plus age range is higher. The forecast increase in numbers of older people is due to increased life expectancy resulting in greater numbers of older people, surviving to very old age[1].

11. Overall health in Worcestershire is better than the England average. The average number of years a person born today in Worcestershire would expect to live in good health is 66.4 years for women and 66 years for men compared to 63.9 and 63.3 nationally[2]. Death rates from causes that could potentially be avoided by public health interventions in the broadest sense are below national rates and have been declining[3].

12. There are also some serious ongoing challenges to health and well-being:
    - A growing number of elderly people who are also frail and people with complex health needs;
    - An ongoing burden of avoidable ill-health related to lifestyles - about two thirds of adults are overweight or obese, a third of men and half of women don't get enough exercise, about a third of people drink too much alcohol, and one in six adults smoke.
    - An increasing cost of providing health care due to the introduction of expensive new drugs and technologies;
    - The growing need for savings due to pressures on public sector finances;
    - Persistent inequalities between the most disadvantaged and the most affluent communities - the average number of years a person born today in

Worcestershire would expect to live in good health is 15.4 years lower for men and 14.3 years lower for women in the most disadvantaged 10% of communities compared to the 10% most affluent.

Vision

13. The vision of the Board 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.

Principles

14. The Board works to **six key principles** and these underpin the Strategy:

i.  **Working in partnership.** We will facilitate partnership and ensure that organisations work together across the public, voluntary and private sectors to maximise their contribution to health and well-being.

ii.  **Empowering individuals and families.** We will encourage and enable individuals and families to take responsibility and improve their own health and well-being. We will also ensure that targeted support is available where necessary to increase individual, family and community resilience and self-reliance.

iii.  **Taking Local action.** We will recognise local assets and strengthen the ability of communities to develop local solutions to local issues.

iv.  **Taking actions that we know will work.** We will draw on the evidence of what works when develop ping strategies and plans for action.

v.  **Involving people.** We will respect the views of the public, patients, service users and carers and ensure that they have an opportunity to shape how services are organised and provided.

vi. 

Being open and accountable. We will be clear about the impact we expect from investment and action to improve health and well-being, and open about the progress we are making.

Prevention

15. Meeting the challenges described above will require renewed emphasis on prevention with action in the long term to address the wider influences on health and well-being, as well as more immediate action to continue to improve the quality and value for money of health and social care and to make sure that prevention is embedded in care pathways.

16. The Board will ensure that actions to implement this Strategy align with our **five approaches to prevention**:

✓  1. Working together to promote healthy lifestyles

✓  2. Helping people to take charge of their health and wellbeing

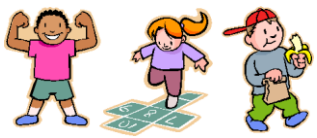
- ✓  3. Giving good clear information to people
- ✓ 

4. Planning and buying services that work to prevent people becoming ill.
- ✓  5. Making sure our help goes to those that need it most.

Priorities

17. **Our priorities for 2016-20 will be:**

- 

1. Mental health and well-being throughout life 
- 

2. Being active all through your life 
- 

3. Helping all people to drink less alcohol 

Mental health and well-being throughout life

18. We will focus on **building resilience to improve mental well-being,** and **dementia**.

19. People who are more resilient do better in life, being happier, more able to cope with adversity and less at risk of developing mental health conditions such as anxiety and depression. There is growing evidence about how to improve resilience throughout life, and we will base out work on this.

20. The numbers of people with dementia are expected to rise by almost one third between 2012 and 2020. There are things that can be done to reduce the risk of getting dementia. There are also things that can be done to help people live with dementia so early diagnosis is important - only 40% of cases are diagnosed currently.

- Mental ill health costs the economy £105 billion per year
- Mental health has an impact on people's physical health: for young people, mental ill health is strongly associated with behaviours that pose a risk to their health, such as alcohol and drug use and smoking
- In Worcestershire 70,000 adults and 7,000 children are living with mental ill- health at any time
- A higher proportion of adults (7.8%) are diagnosed with dementia than the national average (5.8%)
- 50 people take their own life each year

21. We will also focus on four groups:

Under 5s and their parents. Because building resilience from an early age will have life-long benefits: resilient children do better at school and grow up to be resilient adults; resilient parents will support their children well through childhood and adolescence.

Young people. Front-line professionals across the health, education, and social care system are expressing concern about a deterioration in the mental health and well-being of young people. There has been an increase in Emergency Department attendances for self-harm related reasons in this age group.

Older people. Dementia is more common in older people. Worcestershire has a higher proportion of people aged 65 or over than the national average and the number of people in this age group is going to grow by over a third between 2014 and 2029. There are large numbers of people who care for people with dementia, and this can put a significant strain on mental health and well-being.

Populations with poorer health outcomes. Building resilience can help people to succeed, improving health and social outcomes. This will help to reduce the gap in in health outcomes across the county, between different social groups and between different geographical areas.

Being active at every age

22. We will focus on **increasing everyday physical activity** because this is a low or no cost option, and because long-lasting behaviour change is most likely to be achieved by making changes to daily routines.

- Being inactive is a major cause of ill health throughout life - including heart disease, diabetes and some cancers.
- The negative health impact of being inactive is both avoidable and in some cases reversible
- In Worcestershire at least a third of people do not meet the recommended guidelines for being physical active

23. We will also focus on three groups:

Under 5's and their parents. One in four children in Worcestershire are overweight or obese by 5 years old and one in three children by 11 years old. Being physically active can easily become a life-long behaviour if it is started in early childhood. Physical inactivity can reduce the chances of doing well at school for children, and is associated with poorer mental health in childhood.

Older people. Physical activity reduces the risk of depression in adults and older adults as well as the risk of cognitive decline and dementia, including Alzheimer's disease. Physical activity builds and maintains muscle mass, which will increase older people's ability to live independently and reduce the risk of falls.

Populations with poorer health outcomes. People living in deprived areas are less likely to physically active and more likely to develop ill health. Some people, such as those with a learning disability or sensory impairment, have particular challenges in being physically active.

Reducing harm from drinking too much alcohol

24. As well as **reducing consumption of alcohol** we will focus on **reducing risky behaviour** associated with drinking too much. Alcohol can influence people's decisions such that they do things that they would not have done without a drink – such as being careless, not practicing safe sex, or becoming aggressive. Alcohol is the biggest single cause of accidents in the home. It increases the likelihood of being a perpetrator or a victim of violence. It is associated with two third of suicide attempts.

- Alcohol is ranked by the World Health Organisation as the third leading cause of death and disability in the developed world
- Around three quarters of Emergency Department attendances at night time and 40% during day time are associated with drinking too much alcohol
- Drinking too much also have long-term social consequences such as family break-up, domestic abuse, unemployment, homelessness and financial problems.
- In Worcestershire 85,000 people drink more alcohol than the recommended limit, which puts their physical and mental well-being at risk

25. We will also focus on three groups:

Middle aged. Heavy drinking in middle age is a growing problem, and usually takes place outside of public places, making it harder to regulate. It increases blood pressure and cholesterol levels, both of which are major risk factors for heart attacks and strokes. A focus on this age-group will also address the links between heavy drinking and family break-up.

26. **Older people.** Alcohol has a greater effect on older people. The Royal College of Psychiatrists now recommends that people over 65 should not drink more than half the recommended maximum daily limits for adults under 65 years. A third of those who experience problems with alcohol do so for the first time later in life, often as a result of big changes like retirement, bereavement or feelings of boredom, loneliness and depression.

27. **Populations with poorer health outcomes.** People living in deprived areas are more likely to drink more alcohol than the recommended limit. This will include specific attention to young people since, although overall patterns of drinking among young people are becoming less risky, there remain some issues in disadvantaged areas.

From strategy to action

28. The Strategy requires action by a range of different organisations and individuals. The Board will ask that the statutory partners respond by:
    - Working together and with others to ensure the Strategy is implemented. Board members, commissioners, providers, elected members, communities and individuals will all have a role – as set out in 'Working Together' below.
    - Making sure that this Strategy is taken into account in drawing up organisational commissioning and service development plans. For the Clinical Commissioning Groups this will be a requirement for their authorisation and approval of their commissioning plans.

29. The Board will in addition support implementation by:
    - Ensuring that the Strategy is widely available and raising awareness of it at every opportunity.
    - Providing leadership and advocacy.
    - Seeking participation and contributions from the voluntary sector, businesses, schools and others.
    - Facilitating debate on difficult issues.
    - Building relationships and enabling partner organisations to align policies, services, resources and activities to increase their collective impact on health and well-being.
    - Publicising examples of good work
    - Overseeing progress and offering challenge and support where necessary.

30. The Board will hold statutory partners to account for implementation of the Strategy by:
    - Delegating to the Health Improvement Group (HIG) the responsibility to agree a set of detailed Plans with clear actions, responsibilities, milestones and timescale.
    - Receiving bi-annual reports from the HIG about progress against these Plans.
    - Tracking progress against a set of performance indicators which will be reported bi-annually to the Board.

Measuring progress

31. A range of performance indicators will be used to measure the impact of this Strategy – as set out below. These will be presented as a single outcome framework with baseline data, direction of travel and targets. These are selected from indicators which are already embedded in the performance frameworks of partner organisations and are intended to enable sharper focus and a new opportunity for the Board to challenge, debate, and support progress.

Partner Responsibilities

32. To improve the health and wellbeing of Worcestershire residents we all need to work together.

Health and Wellbeing Board Members will

33. Encourage integrated working between health and social care commissioners across the system.

34. Encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services

35. Provide a forum where agencies in Worcestershire can focus on reducing health inequalities.

All Partners will

36. Co-produce services and resources with other health, social care and voluntary and community organisations

37. Tailor services and resources and target them according to where they are most needed

38. Plan services that are person centred and developed with input from service users

39. Design services that promote independence rather than impose dependence

40. Support communities and individuals to become more empowered and resilient

Commissioners will

41. Commission services and resources that support the priorities of the Health and Wellbeing Board and Strategy

42. Ensure that services and resources are measured for effectiveness

43. Engage with and seek the views of individuals and communities

44. Consider the physical, mental and emotional wellbeing of individuals needing care

Providers will

45. Ensure that services and resources are measured for effectiveness

46. Engage with and seek the views of individuals and communities

47. Support communities and individuals to become more empowered and resilient

Councillors will

48. Act as leaders for their communities, and catalysts for change

49. Promote the importance of prevention to improve health and wellbeing to its communities

50. Engage with and seek the views of individuals and communities

51. Support communities and individuals to become more resilient and empowered.

Communities will

52. Take ownership and responsibility for their own health and wellbeing

53. Be proactive and access those services and resources readily available to them to increase their resilience

54. Work with organisations and commissioners to coproduce services and resources

55. Support more vulnerable members of the community to maintain good health and develop strong social connections.

Individuals will

56. Take ownership and responsibility for their own health and wellbeing

57. Be proactive and access those services and resources readily available to them to increase their resilience

58. Use services and resources that are limited and high cost wisely and only when essential.

Performance indicators

Priority	Performance indicators
Good Mental Health and Well-being throughout life	• Satisfaction with life measure (National Wellbeing Survey) • 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 • Hospital admissions as a result of self-harm (10-24 years) • Referrals to Child and adolescent mental health services • Diagnosis rate for people with dementia • Health-related quality of life for people with long-term conditions • % of adult social care users who have as much social contact as they would like • Proportion of adults in contact with secondary mental health services in paid employment
Being Active at every age	• Age standardised mortality rate from all cardio-vascular diseases under 75 years of age • % of children meeting Chief Medical Officer guidelines for physical activity • Length of time spend in sedentary activities by children • % of children aged 4 - 5 classified as overweight or obese • % of children aged 10 – 11 classified as overweight or obese • Cycling Walking travel measures for adults to be confirmed • % of adults taking 30 minutes physical activity on 5 days a week • Numbers of older people taking up Strength and Balance training • Numbers of people taking part in health walks • Numbers of people training as volunteers for health walks
Reducing harm from Alcohol at all ages	• Age-standardised rate of mortality considered preventable from liver disease in those aged under 75. • Under 18s hospital admissions for alcohol related conditions • All hospital admissions for alcohol related conditions • Alcohol related crime

This document can be provided in alternative formats such as Large Print, an audio recording or Braille; it can also be emailed as a Microsoft Word attachment. Please contact Kate Griffiths on telephone number 01905 766630 or by emailing: KGriffiths@Worcestershire.gov.uk

worcestershire countycouncil

AGENDA ITEM 6

HEALTH AND WELL-BEING BOARD
9 FEBRUARY 2016

IMPACT OF THE OBESITY PLAN

Board Sponsor
Dr Richard Harling, Director of Adult Services and Health, Worcestershire County Council

Author
Dr Frances Howie, Head of Public Health, Worcestershire County Council

	(Please click below then on down arrow)
Priorities	
Older people & long term conditions	No
Mental health & well-being	No
Obesity	Yes
Alcohol	No
Other (specify below)	
Groups of particular interest	
Children & young people	Yes
Communities & groups with poor health outcomes	Yes
People with learning disabilities	Yes
Safeguarding	
Impact on Safeguarding Children	No
If yes please give details	
Impact on Safeguarding Adults	No
If yes please give details	

Item for Decision, Consideration or Information
Consideration

Recommendation

1. **The Health and Well-being Board is asked to:**

   a) Note the delivery against the Obesity Plan;

   b) Recognise the challenge of measuring the impact of the work in the short term;

   c) Support the legacy work on obesity in Board members' own organisations, especially through commissioning.

d) Consider development of a cross-system social marketing programme to further tackle obesity

Background

2. The Obesity Plan was developed in January 2013 as a result of the Health and Well-being Strategy 2013-2016 which identified Obesity as one of its four priorities. The Joint Strategic Needs Assessment in 2012 found that obesity rates for adults in Worcestershire were higher than the national average and overweight or obese adults make up over 50% of the Worcestershire population. Obesity leads to a range of health problems including diabetes, high blood pressure, stroke, cardiovascular disease and cancer, as a result, the local NHS spends over £80 million treating obesity related ill-health, and a further £60 million treating the consequences of excess weight. However, obesity is not solely a burden on the NHS: the impact on the wider economy is even higher in sickness absence, benefits and lost earnings.

3. Over the past three years the Board has supported an Obesity Action group, which includes relevant partners from organisations across the county including: the Health and Care NHS Trust, CCGs, Sports Partnership Herefordshire and Worcestershire, District Councils, Regulatory Services and University of Worcester. This group oversees the development and implementation of the operational aspects of the Obesity Plan and reports on its progress in tackling obesity to the Health Improvement Group.

4. The causes of obesity are complex and tackling obesity requires long term action across society. As a consequence of the engagement over the last three years, many of the Obesity Plan aims and actions are now embedded in mainstream services across partner organisations. The Obesity Action Group has enabled organisations to share local, regional and national examples of best practices as well as evaluations, experiences and resources to shape and influence initiatives, to tackle obesity and physical inactivity. Legacy work as a result of the Obesity Plan will ensure that this focus on obesity will continue and will help to produce a whole systems approach across the county to tackling obesity and physical inactivity.

Impact of the Obesity Plan

5. The full plan, 3 year progress report and Director of Public Health report are available as background papers.

6. The four aims of the Obesity Plan are:
   - Empowering individuals to take responsibility for their own and their families' diet and physical activity habits
   - Tackling the obesogenic environment
   - Developing a healthy workforce
   - Developing robust care pathways

7. Although it is too soon to produce or expect hard evidence of change, the Obesity Plans actions are evidenced based and therefore output activity is such that we can be confident that the actions will reduce obesity over the longer term.

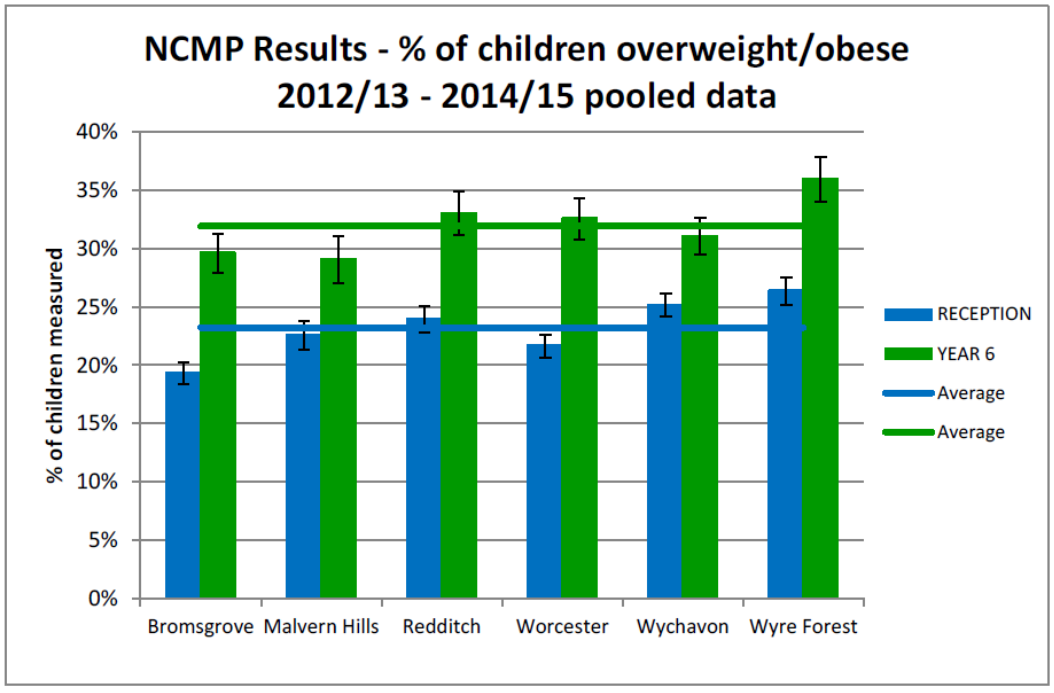
There has been a clear change in attitude about obesity, with system leaders raising the issue and regularly engaging with the obesity agenda and challenge.

8. **Estimates for excess weight in adults** in Worcestershire reported within the Public Health Outcomes Framework (PHOF) have been updated recently to include the results from the Active People Survey (APS) for the 3 year pooled period up to 2014. Questions on self-reported height and weight were added to the APS for the first time from January 2012 to provide data for monitoring excess weight in adults at local authority level. These figures now show the estimated percentage of adults that are obese and overweight to be 66.6% compared to the previous estimate of 65.5% in 2012. However, extreme caution should be exercised with these figures as they are self-reported telephone survey data and use a small sample, and therefore likely to be significant under-estimates. The most robust source of data to monitor trends in adult obesity is the Health Survey for England (HSE) but this does not give any local level information.

9. **Childhood Obesity National Childhood Measurement Programme (NCMP)** This is robust data with every year six and reception class child in Worcestershire weighed and measured each year.

- The percentage of overweight and obese Reception children (aged 4 -5) have decreased during 2014/2015 to 22.4% bringing them to their lowest levels since measuring began. This has narrowed the gap considerably between Worcestershire and England as a whole, however, Worcestershire still has a higher percentage than England (21.9%).

- In 2014/2015 the percentage of overweight and obese Year 6 children in Worcestershire dropped to 30.7%, which is below the England average of 33.2%. Although this is promising it is too soon to say whether or not there is a sustained downward trend. The figure is in itself of great concern, with nearly 1/3 of our 10-11 year olds overweight or obese.

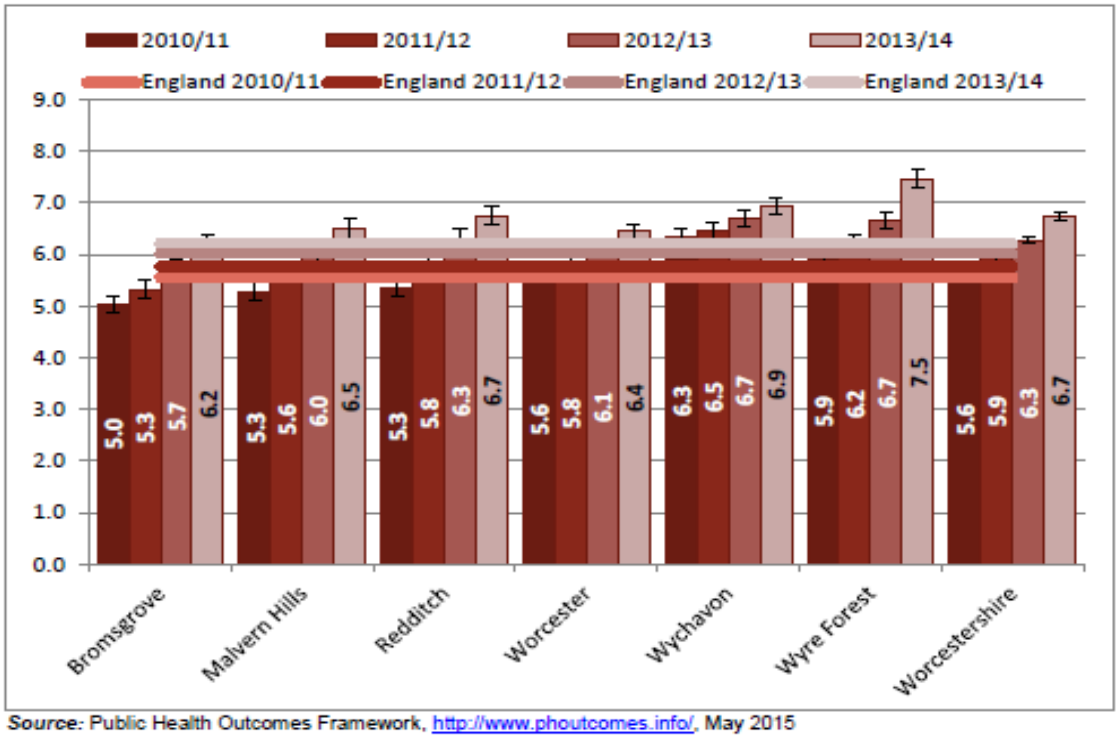


- Variation across the County reported in the Director of Public Health report shows a link between social deprivation and percentage of overweight and obese children, with those living in areas of disadvantage being more likely to be overweight or obese

10. Worcestershire rates for **breastfeeding** have increased over the last three years following the renewed focus by the Obesity Plan. However, breastfeeding initiation is still significantly lower in Worcestershire at only 70.1% compared with the national (74.3%) average. Breastfeeding rate at 6-8 weeks after birth is 45.5% which compares well with the national average of 43.8%, but this suggests more needs to be done to encourage women in the first few weeks after their babies birth

11. The percentage of people recorded as having **diabetes** registered with GP practices in Worcestershire is significantly higher than the National average at 6.7% compared to 6.2%. This reflects better diagnosis rates, which then enable intervention and management. This increase in recorded rates in recent years is notable and reflects the growing awareness of obesity by the CCGs and GPs. Five of the six districts have a significantly higher rate of recorded diabetes in 2013/14 compared to the national average with Bromsgrove as the exception. If CCGs are able to tailor self-management programmes effectively, high diagnoses rates should result in a reduced rate of obesity among this group over time.

Percentage of people aged 17+ recorded as having diabetes registered with GP practices



Source: Public Health Outcomes Framework, http://www.phoutcomes.info/, May 2015

Legacy Work: Ongoing actions and outputs

12. In reviewing the impact of the plan we have identified a set of priority ongoing work as follows:

13. As a result of the Obesity Plan aim **to empower individuals to take responsibility for their own and their families' health and physical activity**;

- The campaigns planner by the Public Health team prioritised obesity and physical activity advice and information. As a result the Change for Life campaign has shown an increase to year on year to 3,830 individuals and families in Worcestershire signed up to the national campaign. This successful increase means more of our residents are receiving nationally constructed messages to encourage personal responsibility and behaviour change using education and motivational resources.

- The Health Chats training programme delivers a scaled up training offer to front line staff and to those in training. To date it has trained over 1,720 people to promote healthy lifestyles to their community or workplace. Of these, 1,000 people are community Health Champions.

- An Eating Well on A Budget programme has been developed to empower local people to eat more healthily, this upskills staff in delivering healthy eating messages to the public, including those with a disability. So far over 90 staff and volunteers have been trained across the county from a range of organisations.

- The Sports Partnership Herefordshire and Worcestershire has developed a Couch to 5k running programme to improve physical activity rates, as well as supporting school sport and physical education. So far, 753 runners have attended 28 courses from April – December 2015, of those, 552 people were new to running. A further 25 courses are planned for January to March 2016.

14. As a result of the aim **to tackle the obesogenic environment**, we are focusing on changing the practice of planners.

- A Health Impact Assessment (HIA) Group has been established, with representation from Public Health and planners from all six District Council and Licencing officers.

- We have produced a Technical Research Paper for Worcestershire and subsequent workshops, which outlined the need to re-establish the links between planning and health in order to address health inequalities that exist in the community, helping to provide a consistent and positive planning framework for health and well-being issues.

- The use of a HIA will guide policymakers to consider the positive and negative impact of their proposed policy, on health for the community and groups within that community. The HIA group has identified with District partners a planning application on which to do a pilot HIA. A countywide toolkit has been developed and will be tested in the pilot. There is close cooperation with the county planning officers group.

15. As a result of the aim **to develop a healthy workforce**, the Worcestershire Works Well (WWW) scheme is designed to support businesses to improve the

health and well-being of their employees. Improved employee health and well-being has been shown repeatedly to improve profitability and productivity.

- The scheme was awarded a Royal of Public Health, Health and Well-being Award, in 2015 which recognized its achievement in developing and implementing health promotion and community well-being strategies and initiatives.

- The scheme is currently reaching approximately 10% of the workforce in Worcestershire, through over 75 organisations actively working towards accreditation, reaching approximately 25,000 employees. A strategic board is now in place to continue to increase the number of organisations accredited to the scheme. It is chaired by the Chamber of Commerce with membership from businesses including CH2M and Southco who are both WWW accredited.

16. As a result of the aim to **develop robust care pathways** we have;

- Commissioned a Living Well Service to support adults to make lifestyle changes to improve their health and well-being. The Council has also pledged to work with the Living Well service to enable pregnant women with a BMI of 30 or more, and adults with a learning disability who have a Health Action Plan, to be referred to the service by their GP. A programme to improve referrals to this service from primary care is ongoing.

- Commissioned a Health Checks programme which presents an opportunity to promote healthy lifestyle choices to those at risk of ill-health aged 40-74 years. However, recent evidence has shown lower uptake in men and the younger age group and that lifestyle advice is not being systematically delivered. Most providers are in primary care and we will be working with them in the coming year to strengthen uptake and delivery.

- Strengthened the 0-19 year's obesity pathway which draws together front line health professionals who interact with children at different stages through life, to support a child and their family with healthy eating and physical activity advice and support. The renewed focus on obesity since the pathway's introduction in 2013 has also resulted in an increase year on year in breastfeeding initiation as well as 6 – 8 weeks after birth, which benefits both mother and infant.

- A new integrated prevention service for 0-19s is being commissioned and a reduction in childhood obesity will be a key performance indicator.

- A summary of the interventions that are now in place to support the public across the life course to tackle obesity and physical inactivity is set out overleaf;

Conclusion

17. The three year work programme to tackle obesity has been overseen by the Obesity Action Group, reporting in to the Health Improvement Group. A range of activity has taken place in the Districts and in partner organisations.

18. It is too soon to measure robustly the impact of this activity on obesity rates in the County. However, trends and engagement of colleagues across the system are promising.

19. Key areas for legacy work have been identified. However, it is important to recognise that system leaders should still prioritise tackling obesity through their own organisational priorities, since it continues to be one of the major public health challenges of the 21st century.

20. The Health Improvement Group (HIG) have recognised the achievements of the Obesity Plan and support the continued action and long term commitment required to tackle obesity and physical inactivity. The group reinforced the need to embed tackling obesity into practice across all Council and Stakeholder functions as well as using their influence to achieve change at all levels

21. This summary paper was discussed at the HIG and alongside the actions outlined above, the HIG supports the development of a social marketing platform to drive collective public action throughout the County on weight loss, through campaigns, incentives and challenges as well as recording achievements and suggests this platform requires commitment and leadership at all levels across the County. The HIG asked that the Health and Well-being Board support further cross system work on this proposal.

Legal, Financial and HR Implications

22. None

Privacy Impact Assessment

23. None

Equality and Diversity Implications

24. Equality considerations were made in respect of relevant parts of the Obesity Plan. These did not identify any potential equality considerations requiring further consideration during implementation.

Contact Points

County Council Contact Points
County Council: 01905 763763
Worcestershire Hub: 01905 765765
Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this report
Frances Howie, Head of Public Health
Tel: 01905 765533
Email: fhowie@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Director of Adult Services and Health) the following are the background papers relating to the subject matter of this report and will be available on the website:

- The Obesity Plan 2013-2016
- Obesity Progress Report Year Three – Presented to the Health Improvement Group 17 December 2015
- Obesity Progress Report Year Two – Presented to the Health Improvement Group 17 December 2014
- Foresight Report
- Director of Public Health Annual Report

worcestershire countycouncil

AGENDA ITEM 7

HEALTH AND WELL-BEING BOARD
9 FEBRUARY 2016

BETTER CARE FUND PLANNING 2016/17

Board Sponsors
Dr Richard Harling, Director of Adult Services and Health, Simon Hairsnape, Chief Officer of WFCCG and R&B CCG, Carl Ellson, Chief Clinical Officer SW CCG.

Author
Frances Martin and Christopher Bird

Priorities	(Please click below then on down arrow)
Older people & long term conditions	Yes
Mental health & well-being	Yes
Obesity	No
Alcohol	No
Other (specify below)	

Groups of particular interest	
Children & young people	No
Communities & groups with poor health outcomes	No
People with learning disabilities	No

Safeguarding	
Impact on Safeguarding Children	No
If yes please give details	
Impact on Safeguarding Adults	Choose an item.
If yes please give details	

Item for Decision, Consideration or Information
Decision

Recommendation

1. **The Health and Well-being Board is asked to:**

a) Note the Clinical Commissioning Group (CCG) contribution to the Better Care Fund for 2016/17;

b) Approve the allocation of these to individual schemes as set out in paragraphs 14 to 20

c) Note the remaining CCG contribution still to be committed, currently £973k,

d) Approve the use of £217k to address funding gap in Pathway 1, noting that this reduces the CCG contribution still to be committed to £756k;

e) Note that the Worcestershire County Council contribution has not yet been confirmed by central government;

f) Agree that Chairman of the Board in collaboration with the CCG accountable officers has the authority to commit the remainder of the CCG contribution, and the Worcestershire County Council contributions once these are confirmed.

Background

2. The Better Care Fund (BCF) was announced in June 2013 with the overarching aim of facilitating integration of health and social care through creation of a single pooled budget. It is a key part of the five year strategy for health and care. The NHS Planning Framework ('Everyone Counts: Planning for Patients 2014/15 to 2018/19') asks CCGs to agree five year strategies, including a two year operational plan, and use of the BCF, through the Health and Wellbeing Board.

3. The BCF budget for 2015/16 totalled £37.193m - £33.507m from the CCGs, and £3.686m from Worcestershire County Council - and was included in the Worcestershire Section 75 agreement.

4. The Worcestershire 2015/16 BCF plan grouped schemes under three main headings - Admission Prevention, Facilitated Discharge, and Independent Living. The plan was agreed by the Board in September 2014, and approved by NHS England without condition or support.

Budget Position of BCF 205/16

5. The budgetary position of the BCF is reported monthly to the senior officers of the County Council and the CCGs, and quarterly to the Board. The finance projection at the end of November 2015 was for an overall overspend of £90k, due to significant pressures on the patient flow schemes – Urgent and Unplanned Admissions beds (within the Admission Prevention group), and Plaster of Paris Placements and Pathway 3 Discharge to Assess beds (within the Facilitated Discharge group).

6. The projected overspend has reduced significantly in recent months. The County Council and the CCGs are currently working together, meeting on a weekly basis, to reduce the pressures on the patient flow schemes and return the Better Care Fund to a within-budget position by the end of the financial year.

7. The next detailed BCF budget monitoring report to be presented to the Board will be the Quarter 3 report.

8. The Better Care Fund cannot overspend during this financial year, and therefore if pressures cannot be sufficiently managed, alternative funding sources for the schemes must be identified, or the schemes will close The implications of this for emergency hospital admissions and delayed discharges would need to be taken into account.

Better Care Fund 2016/17 allocation

9. The Better Care Fund will continue in 2016/17. The CCG contributions have now been confirmed, and will total £33.907m, an increase of £400k on 2015/16. The County Council contributions in respect of Social Care Capital and the Disabled Facilities Grant have not yet been confirmed.

Table 1 – BCF Funding Levels for 2015/16 and current assumptions for 2016/17 as per Appendix A

Funding Source	2015/16 (£000)	2016/17 (£000)	Increase/ (decrease) (£000)
South Worcestershire	16,866	17,167	301
Wyre Forest	6,572	6,554	(18)
Redditch and Bromsgrove	10,069	10,186	117
Total CCG contribution	**33,507**	**33,907**	**400**
DCLG Social Care Capital	1,328	tbc	tbc
DFCG Capital	2,358	tbc	tbc
Total BCF	**37,193**	**tbc**	**tbc**

10. NHS England released the BCF Policy Framework on 8th January 2016. This has been included as Appendix C to this report. The headlines from this document are as follows:

a) The local flexibility to pool more than the mandatory amount will remain;
b) It is important that the BCF plans are aligned with other programmes of work, including the new models of care and 7-day services;
c) To reduce bureaucracy, the Payment for Performance requirement of the BCF is to be removed;
d) This will be replaced with two national conditions – requiring local areas to fund commissioned out-of-hospital services and delivering a plan to reduce delayed transfers of care (DTOC);
e) The requirements that the BCF be included in the Section 75 agreement, that plans are to be approved by the Health and Well-being Board and then by NHS England, remain for 2016/17;
f) The national performance metrics for the BCF are to stay the same in 2016/17, in the interests of stability and consistency; and
g) This policy framework is not the detailed planning guidance, which is still to be released.

Individual Scheme Budgets for 2016/17

11. Appendix A shows an overview for all of the schemes in the Better Care Fund, their budgets and projected outturn for 2015/16, and the current recommended budget for 2016/17.

12. Appendix B contains individual scheme evaluations for each BCF scheme, including activity data where appropriate.

13. The grouping of the schemes has changed from the 2015/16 groupings mentioned in paragraph 4. Reflecting our strategic priority to enhance and develop home-based care and support, the groupings are now built around which schemes are included in the Integrated Recovery projects and urgent care schemes in each CCG area.

14. For the majority of schemes, the recommendation is that existing budgets be maintained in 2016/17, including the schemes that are currently within the scope of the Integrated Recovery projects. This will allow continuation of important services whilst long-term commissioning decisions are being made reflecting broader the requirements of the 2016/17 planning guidance to be considered by the Board elsewhere on the agenda.

15. As per paragraph 10, the Admission Reduction element of the BCF is to be removed for 2016/17, and replaced with two new national conditions. Currently the budget for this line in 2016/17 has been held at the 2015/16 level until the detailed guidance is published, which may include specific amounts to be set aside for these conditions.

16. The only scheme where the BCF budget is recommended for withdrawal is Pivotell. In the scheme evaluation, it is clear that for some individuals the service is worthwhile and effective, and so should continue, but that an alternative source of funding has been identified, negating the need for the BCF budget of £40k.

17. The 2015/16 BCF included £533k for a 'Reimburse Reserves' scheme, to pay back the previous year's overspend. For 2016/17, this will no longer be required as the expectation is that the BCF will achieve financial balance in 2015/16.

18. With the additional CCG contribution, this therefore means than an additional £973k is available in 2016/17.

19. The hospital discharge service 'Pathway 1' provides short-term support for patients discharged from hospital into their own home. This scheme does not currently have any BCF funding. At the current level of staffing, Pathway 1 has a shortfall of £217k in funding for 2016/17. This is the difference between the costs of running the service and the funding available from the CCGs. In 2015/16, WCC agreed to fund this shortfall by the use of one-off Department of Health monies. For the service to continue at the current capacity, this funding gap needs to be addressed. One option is for the £217k to come from the BCF for 2016/17, and this is included in the recommendations.

20. If this recommendation is accepted, a balance of £756k would remain uncommitted and would be available to use for other schemes and projects. Potential uses include winter pressures, mitigating reductions in the Public Health ring-fenced grant for primary care mental health services, and home care. The Board is asked to agree that recommendations for the use of this sum as well as the County Council contributions be approved by the Chairman.

Contact Points

County Council Contact Points
County Council: 01905 763763
Worcestershire Hub: 01905 765765
Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this report
Name, Job Title: Frances Martin, Integrated Care Director
Tel: 07436 038357
Email: Frances.Martin@worcestershire.nhs.uk

Supporting Information

- Appendix A – Overview of Schemes and recommendations for 2016/17 BCF budgets
- Appendix B – Detailed BCF Scheme evaluations
- Appendix C – BCF Policy Framework 2016/17

This page is intentionally left blank

worcestershire countycouncil

AGENDA ITEM 8

HEALTH AND WELL-BEING BOARD
9 FEBRUARY 2016

Sustainability and Transformation Planning – 2016-2021

Board Sponsor
Dr Carl Ellson, Chief Clinical Officer, South Worcestershire CCG
Simon Hairsnape, Chief Officer, Redditch & Bromsgrove and Wyre Forest CCGs

Author
David Mehaffey, Director of Strategy, South Worcestershire CCG

Priorities

Older people & long term conditions	Yes
Mental health & well-being	Yes
Obesity	Yes
Alcohol	Yes
Other (specify below)	

Groups of particular interest

Children & young people	Yes
Communities & groups with poor health outcomes	Yes
People with learning disabilities	Yes

Safeguarding

Impact on Safeguarding Children	No
If yes please give details	
Impact on Safeguarding Adults	No
If yes please give details	

Item for Decision, Consideration or Information
Consideration

Recommendation

1. **The Health and Well-being Board is asked to:**
   a) **Note the requirements of the NHS Planning Guidance for 2016/17 and the need to develop a Sustainability and Transformation Plan covering 2016-2021.**

   b) **Note that the planning footprint required for the plan needs to be proposed to NHS England by 29 January 2016.**

   c) **Approve the proposed governance arrangements for overseeing the development and delivery of the Sustainability and Transformation Plan.**

Background

2. On 22 December 2015, NHS England issued new planning guidance covering one year operational plans for Clinical Commissioning Groups (CCG) and a requirement to develop a Sustainability and Transformation Plan (STP) covering the health and social care economy from 2016-2021.

3. This paper summarises the key requirements of the STP and identifies a range of issues that the Health and Well Being Board will need to be lead on.

Introduction

4. On 22 December 2015, NHS England issued the annual and long term planning guidance for Clinical Commissioning Groups (CCG). As well as the regular requirements for one year operational plans, this guidance called for the development of Sustainability and Transformation Plans (STP) covering a defined "planning footprint".

The Planning Footprint

5. At an NHS England planning workshop on 14 January 2016 it was made clear that planning footprints will need to be on a sub-regional basis, beyond the boundaries of individual CCGs and spanning multiple Health and Well Being Boards. This almost certainly precludes the STP footprint being Worcestershire alone and initial indications suggest that an STP footprint to covering Worcestershire and Herefordshire would be suitable. This would support existing NHS patient flows and the potential for more joined up clinical pathways.

6. In recent years Worcestershire CCGs have been part of a network covering Arden, Herefordshire and Worcestershire so planning on this level is not unusual for NHS bodies. Bringing together plans over a wider footprint enables us to formalise the existing arrangements and explore new ones to deliver high quality services that are financially sustainable.

7. Future NHS Transformational funds will be allocated in line with the STPs and it is therefore vital that the plan is developed on a footprint that will maximise the potential in this area.

8. We are therefore initially intending to submit a proposal for a Worcestershire and Herefordshire STP. The proposed planning footprint needs to be submitted to NHS England on 29 January 2016 and a verbal update on the whether the proposal is approved will be provided at the Health and Well-being Board meeting on the 9 February 2016. In doing this we will be clear that we expect to continue to develop other relationships beyond this footprint where relevant.

Requirements of the Planning Guidance

9. As in previous years each CCG is required to produce a one year operational plan identifying the finance, activity and performance plans for the CCG. CCGs will

be able to share a copy of their plans with the Health and Well Being Board in due course.

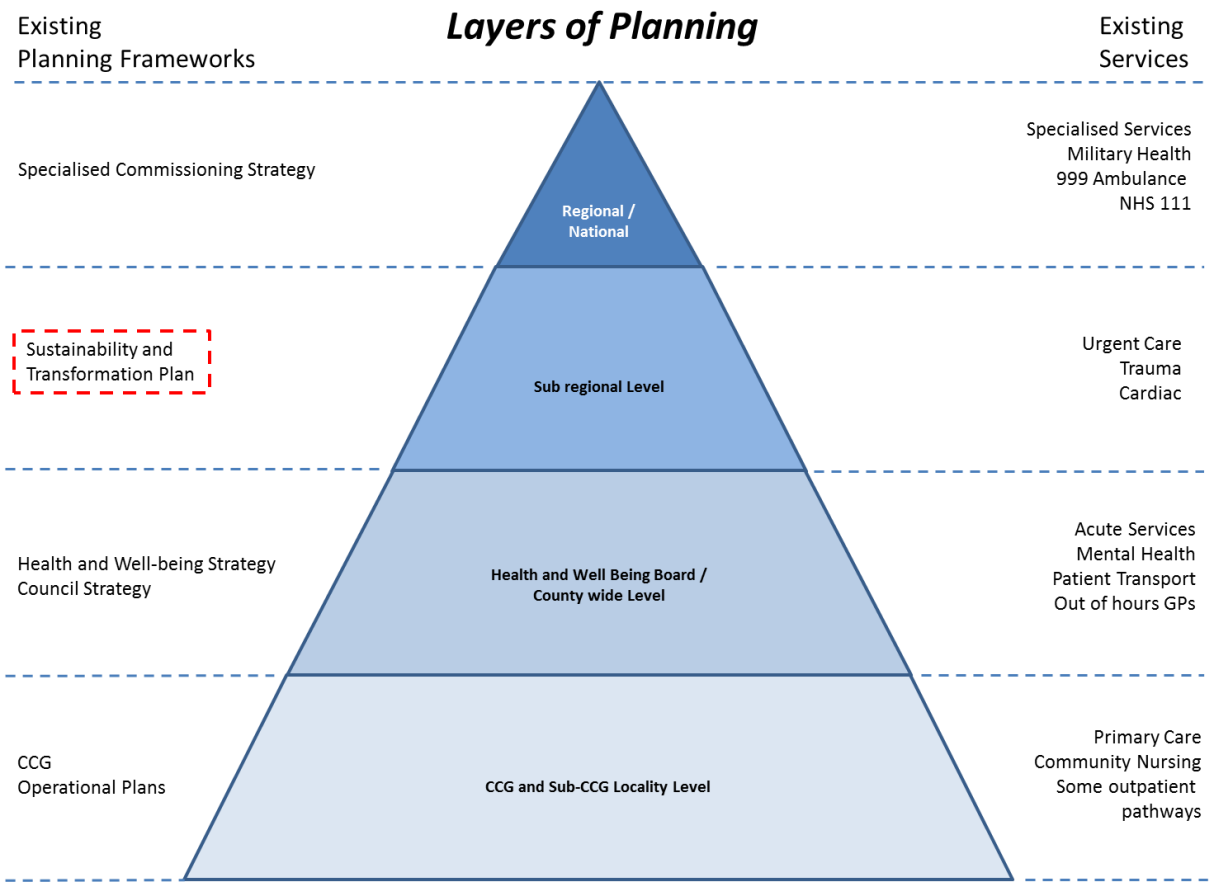
10. The more significant aspect of the guidance is the requirement for the Sustainability and Transformation Plan. The Health and Well Being Board will have central role in the development of this plan.

11. Whilst the overarching footprint of the plan could be covering Worcestershire and Herefordshire, due to the “layering” of services, there will be the need for a dedicated Worcestershire section as well chapters covering local service developments at lower levels (CCG and Locality).

12. Likewise, because of existing regional commissioning arrangements (for example Ambulance Commissioning and Specialised Services) there will also need to be a section on higher layers. The purpose of the STP will be to bring the various levels of planning together into one integrated document.

13. Furthermore, there will inevitably be additional relationships that need to be developed outside this footprint. For example patients in the north of the County looking towards Dudley or Birmingham, in the east towards Warwickshire and the south towards Gloucestershire. There is also an additional dynamic for Herefordshire regarding its border with a different health system in Wales. The planning footprint will not prevent or preclude these relationships from being developed as it is clear that simple footprints cannot be imposed on complex systems without flexibility.

Existing Commissioning Layers


Existing
Planning Frameworks
Layers of Planning
Existing
Services
Specialised Commissioning Strategy
Specialised Services
Military Health
999 Ambulance
NHS 111
Regional /
National
Sustainability and
Transformation Plan
Sub regional Level
Urgent Care
Trauma
Cardiac
Health and Well-being Strategy
Council Strategy
Health and Well Being Board /
County wide Level
Acute Services
Mental Health
Patient Transport
Out of hours GPs
CCG
Operational Plans
CCG and Sub-CCG Locality Level
Primary Care
Community Nursing
Some outpatient
pathways

14. The guidance says that the plan must:

a) Bring local leaders together as a team
b) Define a shared vision for the local community (including local government)
c) Identify a programme of coherent activities to deliver this vision
d) Outline the arrangements to oversee the delivery of the programme
e) Ensure that there is learning and adaptation as the programme is implemented.

15. The guidance also states that plans must be "place-based" with the following scope:

a) CCG and NHSE commissioned activity
b) Specialised commissioning through the 10 commissioning hubs
c) Primary medical care
d) Integration with Local Authority services
e) Voluntary sector services

16. Finally the guidance says that plans must include the following content:

a) Prevention
b) Self-care
c) Patient empowerment
d) Workforce
e) Digital
f) New models of care
g) Finance

17. In terms of the financial aspect of the plan this must identify how commissioners and providers will work together in areas such as demand moderation, allocative efficiency, provider productivity and income generation to ensure that the local NHS can balance its books.

18. Further guidance will be issued during February to help local systems shape their plans and clarify the respective responsibilities of partners.

Governance Proposals

19. At this stage it is recommended that the following arrangements are considered for overseeing the development of the plan. However, it is important to recognise that some aspects of this may need to change as the guidance becomes clearer:

a) Overarching system ownership of the plan to rest with the two Health and Well Being Boards, with each one taking ownership of their geography and working together as necessary on the sub regional issues.

b) The Chairs and Vice Chairs of the two Health and Well Being Boards liaise to ensure that sub regional issues are appropriately reflected in the plan.

c) For the Worcestershire aspects of the plan, the Health and Social Care Leaders Forum to act as programme board.

d) For the Worcestershire aspects of the plan, a cross-system working group is formed to undertake the detailed work. This group should include director level representation from the CCGs, Social Care, Integrated Care, Acute Trust and Community Trust, along with senior coordinated input from the Voluntary and Community Sector, Primary Care Providers, Healthwatch and any other body that is recommended.

e) An individual or groups of individuals are nominated by the working group to engage with their Herefordshire equivalents to ensure the sub regional issues from the plan are properly managed and implemented as part of the wider programme.

Timeframe

20. The plan needs to be submitted in draft by the end of June 2016. The following milestones are therefore recommended:

a) 9 February – Health and Well-being Board agrees approach and governance arrangements.

b) End of April 2016 – Draft STP is distributed to HWB members for review.

c) 10th May – Health and Well-being Board reviews progress on the draft and delegates responsibility to the Health and Social Care Leaders forum to approve the submission for the end of June 2016.

d) End of May 2016 – Target date for completion of draft strategy to allow one month to present to Councils, Boards and Governing Bodies.

e) End of June 2016 – Draft STP submitted to NHS England.

f) July onwards – NHS England review of submissions, following which Health and Well Being Board formally approves the plan and recommends it to statutory bodies for implementation.

g) October 2016 – Implementation of the plan begins.

Legal, Financial and HR Implications

21. There are no specific legal, financial or HR implications associated with this paper, but there will be significant implications associated with the development of the STP itself. These will be identified and reported in due course.

Privacy Impact Assessment

22. There are no specific issues to highlight at this stage.

Equality and Diversity Implications

23. 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.

Supporting Information

- Link to the NHS Planning Guidance for 2016/17 - https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf

Contact Points

County Council Contact Points
County Council: 01905 763763
Worcestershire Hub: 01905 765765
Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this report
David Mehaffey, Director of Strategy, South Worcestershire CCG
Tel: 01905 681965
Email: david.mehaffey@worcestershire.nhs.uk

This page is intentionally left blank

worcestershire countycouncil

AGENDA ITEM 9

HEALTH AND WELL-BEING BOARD
9 FEBRUARY 2016

NHS South Worcestershire CCG – New Model of Care Strategy

Board Sponsor
Dr Carl Ellson

Author
David Mehaffey, Director of Strategy, South Worcestershire CCG

Priorities

Older people & long term conditions	Yes
Mental health & well-being	Yes
Obesity	No
Alcohol	No
Other (specify below)	

Groups of particular interest

Children & young people	No
Communities & groups with poor health outcomes	Yes
People with learning disabilities	No

Safeguarding

Impact on Safeguarding Children	No
If yes please give details	
Impact on Safeguarding Adults	No
If yes please give details	

Item for Decision, Consideration or Information
Consideration

Recommendation

1. The Health and Well-being Board is asked to note the development of the proposed strategy for South Worcestershire and offer any comments to help the development of the strategy.

Background

2. NHS England produced a document called the Five Year Forward View in November 2014. This document identified the challenges facing the NHS over the period 2015 to 2020 and proposed a series of actions and work programmes that

should be developed by local services to respond to these challenges.

3. The draft strategy presented in this paper is the proposed response that South Worcestershire CCG believes is the best solution to take forward for the population in the south of the county. Whilst there have been early discussions with other CCGs in Worcestershire, at this stage the proposed strategy only applies to South Worcestershire. However, with the arrival of the 2016/17 NHS Planning Guidance, which is subject to a separate paper on this agenda, it is likely that the issue of joint planning across all three CCGs in Worcestershire will need to be developed further.

Introduction

4. In July 2014 the Health and Well Being Board approved the five year health and care strategy for Worcestershire. This strategy included a proposal to develop services based on population segmentation using capitated budgets (pages 30-32 of the 2014 strategy on financial sustainability).

5. In October 2014 NHS England published the Five Year Forward View which identified the key challenges facing the NHS and established a series of options that local health and care systems could explore in trying to meet those challenges. The document identified an anticipated £30bn national funding gap between what would be required to fund NHS services if they carried on being provided in the same way as now, and the likely resource that would actually be available to pay for them. The Government has since pledged to match NHS England's request to provide £8bn additional funding to close this gap, leaving the NHS with a £22bn efficiency challenge.

6. To help local systems respond to the challenges, NHS England identified a series of options for "New Models of Care" that could be locally developed. The objective of these being to remove the barriers to effective working across the NHS and Social Care Services, thus improving patient care and lowering costs.

The South Worcestershire CCG Strategy

7. In June 2015, the Governing Body of South Worcestershire CCG began developing its proposed local response to the NHS England document. In November 2015 this work culminated in the publication of a proposed strategy to develop an integrated Multispecialty Community Provider (MCP).

8. If implemented an MCP will bring together a range of health and social care services for a defined cohort of the population (likely to be about 1,500 of the most complex patients) into a single contractual framework commissioned with a capitated budget. This would represent a significant change to the current commissioning approach where multiple services are commissioned by multiple providers through individual contracts.

9. The objective of developing this strategy is to ensure care is commissioned in a more joined up way that improves patient care but at a substantially lower cost to the health and social care economy. The attached strategy (Appendix 1) outlines the detail of how the CCG intends to achieve this.

10. In summary the strategy calls for a single contract to be developed covering the primary care, acute care, community care and social care needs of the cohort population. Due to the vast array of services required to meet the needs of these patients, the CCG anticipates that there is no single provider currently in existence that could deliver all the requirements of the contract.

11. Therefore, to respond to this, existing and new providers will need to come together in collaboration on a scale not required before. How they do this will be for them to decide, but it is likely to require some form of joint venture, alliance or the development of a new provider entity. To support delivery of the contract there will be a single payment mechanism and a single set of key performance indicators.

What it will mean for patients and the community

12. For patients in the cohort, successful delivery will mean they will experience care that is much more joined up than it is now. For example there will be a single care plan and care record, patients won't have to give basic information about themselves each time they receive new services, all people involved in a patient's care will see all of the information relevant to the provision of their care, not just the bits held by their own employing organisation.

13. Patients will also be supported more effectively to manage their own condition through more coordinated self care education and training. This is important because most patients with even those living with the most complex conditions, only spend a tiny fraction of their lives directly in contact with health professionals. How they manage their conditions when they are alone is therefore vital to their health outcomes.

14. Patients will also experience care differently, for example with hospital consultants involved in providing more care when they are at home and GPs involved in providing more care when they are in hospital. Boundaries between care in the community and hospital will be blurred and services that patients currently have to travel to hospital for may be delivered locally in community hospitals, GP surgeries or even at home using telecare or other digital technologies.

15. Successful delivery will also result in significantly fewer emergency admissions, which often lead to the most expensive forms of care being required. There is evidence to show that the longer frail and elderly patients spend in hospital following an emergency admission, the less likely they are to regain independence and are more likely to require some form of state funded support. To enable our health and social care system to become sustainable it is therefore important that we successfully tackle this issue.

The Next Steps

16. The CCG is currently seeking feedback from the public and stakeholders on the proposed approach set out in the strategy. It is aiming to draw this feedback together during March with a view to finalising the strategy at the Governing Body meeting on 24th March 2016.

17. As part of this engagement approach the CCG welcomes the views of Health and Well Being Board members.

Legal, Financial and HR Implications

18. This strategy is a proposed draft at this stage and the CCG is seeking comments from stakeholders and partners. At this stage there are no specific legal, financial and HR implications associated with this paper. However, if the strategy is approved in line with the proposals in the draft, there will be significant implications in each area, but most likely not until the 2018/19 financial year.

Privacy Impact Assessment

19. There are not specific issues to highlight at this stage.

Equality and Diversity Implications

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

Contact Points

County Council Contact Points
County Council: 01905 763763
Worcestershire Hub: 01905 765765
Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this report
David Mehaffey, Director of Strategy, South Worcestershire CCG
Tel: 01905 681965
Email: david.mehaffey@worcestershire.nhs.uk

Supporting Information

- Appendix 1 – Draft Strategy

Background Papers

21. The only background paper relevant to this report is the five year health and care strategy that the Health and Well Being Board approved in July 2014.

worcestershire
countycouncil

AGENDA ITEM 10

HEALTH AND WELL-BEING
9 FEBRUARY 2016

WSAB Annual Report – 2014-15

Board Sponsor
Richard Harling, Director of Adult Services and Health

Author
Lynne Taylor, Interim Board Manager

Relevance of Paper – Priorities
Older people and long term conditions
Mental health and well-being
Alcohol

Relevance - Groups of Particular Interest
People with mental health needs
People with learning disabilities
Older People

Item for Decision, Consideration or Information
Information

Recommendation

1. The Health and Well-being Board is asked to consider any cross cutting themes and to refer issues either directly to The Board or, through the next Joint Cross Cutting Issues meeting to be held between the Chairs of the four Boards.

Background

2. The Annual Report provides an overview of the activity of the Board during 2014-15. This includes the safeguarding activity that took place to protect people in Worcestershire with care and support needs at risk of harm during this period.

3. The activity data indicates that Worcestershire continues to perform strongly in alerting concerns of adult abuse when compared to other areas of England. This reflects an awareness of the alert process across the County.

4. Protection planning was also an area of high activity. Cases that met the threshold to go forward as a referral were subject to an assessment for protection planning. The plan provides a means to reduce the risk to the alleged victim whilst the safeguarding process is continuing.

5. Neglect was the highest reported type of primary abuse followed by physical and financial abuse, in that order. These abuse types are usually the most highly

reported because the signs are more visible. Self-neglect is to be included in the abuse type categories from April 2015 onwards.

6. The safeguarding processes operating in 2014-15 ceased in April 2015 with the introduction of the new Care Act (2014). The report therefore represents activity under policy and procedures that were due to come to an end.

7. The report provides details of the developments taking place to prepare the Board for the introduction of the Care Act (2014). A new Chair of the Board, Kathy McAteer was appointed. Kathy developed new Board strategy with the involvement of the community. The priorities for 2015/16 against the strategy are set out in the report.

8. During the period covered, a judgement by the Supreme Court impacted on the number of cases being referred to the Council (as the Supervisory Body) under the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS). The number of cases went up to approximately 50 cases per week putting severe pressure on the system. The Council introduced a process of risk assessment for the referrals in order to manage the scale of demand. The demand is continuing to be assessed and managed in this way.

9. Finally, the report includes contributions from each of the key partner agencies of the Board. These illustrate the work that is taking place across the County by the partner agencies to protect adults at risk from harm.

Legal, Financial and HR Implications

10. Not applicable

Privacy Impact Assessment

11. Not applicable

Equality and Diversity Implications

12. The report contains references to the demographic of the County and cross references safeguarding activity to the demographic. The outcomes show there is an under-representation of BME citizens being referred for safeguarding protective arrangements. This trend will be further analysed during 2015/16 with more targeted information for these groups.

13. The Board will be assessing progress towards the target of Making Safeguarding Personal, this is a key part of the Care Act (2014). The aim is to put the person at risk at the centre of the process. The report indicates that practitioners currently have a level of understanding on how to include the person in safeguarding decision making which is encouraging for the future. The board intends to build upon this knowledge base to meet the aspirations of making safeguarding personal.

Supporting Information

14. Worcestershire Safeguarding Adults Board Annual Report 2014/15

Contact Points

County Council Contact Points
County Council: 01905 763763
Worcestershire Hub: 01905 765765
Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this report

Name, Lynne Taylor
Job Title: Interim Board Manager
Tel: 01905-766877
Email: LTaylor7@Worcestershire.gov.uk

This page is intentionally left blank

worcestershire countycouncil

AGENDA ITEM 11

HEALTH AND WELL-BEING BOARD
9 FEBRUARY 2016

FUTURE OF ACUTE HOSPITAL SERVICES IN WORCESTERSHIRE

Board Sponsor
Dr Carl Ellson, Chief Clinical Officer, SWCCG

Author
Lucy Noon, Director of Corporate and Organisational Development, SWCCG

Priorities	(Please click below then on down arrow)
Older people & long term conditions	No
Mental health & well-being	No
Obesity	No
Alcohol	No
Other (specify below)	

Groups of particular interest	
Children & young people	Yes
Communities & groups with poor health outcomes	Yes
People with learning disabilities	Yes

Safeguarding	
Impact on Safeguarding Children	No
If yes please give details	
Impact on Safeguarding Adults	No
If yes please give details	

Item for Decision, Consideration or Information
Information and assurance

Recommendation

1. **The Health and Well-being Board is asked to:**

   a) **Receive and endorse the changes to the Clinical Model which was previously approved by the Future of Acute Hospital Services in Worcestershire Programme Board**

   b) **Reaffirm support for the case for change**

Background

1. This paper sets out the clinical model for future acute hospital services in Worcestershire. The model has been developed by clinicians within Worcestershire with support from external experts. It is a clinically sustainable model which enables all residents to have access to high quality, safe, acute hospital services in the future. The model has been in development over the last four years.

2. The work on the model has been overseen by the Future of Acute Hospital Services in Worcestershire programme's Clinical Sub-Committee and involved clinicians from all three CCGs and Worcestershire Acute Hospitals NHS Trust as well as Worcestershire Health and Care NHS Trust, Birmingham Women's NHS Foundation Trust and West Midlands Ambulance Service NHS Foundation Trust. This approach has ensured that the proposed model is owned and supported by clinicians across the county.

3. The original clinical model was approved by the FoAHSW Programme Board in August 2014 and submitted to the West Midlands Clinical Senate for review. The West Midlands Clinical Senate supported the vast majority of the clinical model but asked for further work to be undertaken on the plans for emergency care. The Programme Board established an Emergency Care Redesign Group under the chairmanship of Dr Kiran Patel, Medical Director of NHS England Midland and East, and a Paediatric Task and Finish Group under the chairmanship of Mr Martin Lee, secondary care doctor on the governing bodies of both Redditch and Bromsgrove and Wyre Forest CCGs, to refine the model.

4. NHS England recently published planning guidance requiring all health economies to develop long term Sustainability and Transformation Plans. The FoAHSW clinical model will form an integral part of the health economy's Sustainability and Transformation Plan which is currently in development and will be submitted to NHS England in June 2016. The plan will articulate how longer term financial stability will be achieved across the whole health economy.

5. The Programme Board recognises the importance to progress the current clinical model in advance of any future plans. Any further delays in consulting on and implementing the model will result in further clinical safety issues and financial challenge. Implementation of the model post consultation will enable the Trust to address a number of issues highlighted in the case for change, for example providing stability for the workforce and reducing the need for the temporary employment of costly agency staff. Once the clinical model has been agreed by the three CCG Governing Bodies it will be submitted to a Clinical Senate for assurance before being presented to NHS England for assurance. The model will be subject to a full, formal public consultation before any changes are implemented on a permanent basis**.**

Contact Points

County Council Contact Points
County Council: 01905 763763
Worcestershire Hub: 01905 765765
Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this report
Lucy Noon, Programme Director
Tel:
Email: lucy.noon@worcestershire.nhs.uk

Supporting Information

- **Future of Acute Hospital Services in Worcestershire Proposed Clinical Model of Care**

All the appendices mentioned in the Clinical Model are available on www.worcsfuturehospitals.co.uk

This page is intentionally left blank

worcestershire countycouncil

AGENDA ITEM 12

HEALTH AND WELL-BEING BOARD
9 FEBRUARY 2016

CHILDREN'S PLAN - UPDATE

Board Sponsor
Simon White, Director of Children's Services

Author
Hannah Needham, Strategic Commissioner: Early Help and Partnerships

	(Please click below then on down arrow)
Priorities	
Older people & long term conditions	No
Mental health & well-being	Yes
Obesity	Yes
Alcohol	Yes
Other (specify below)	
Groups of particular interest	
Children & young people	Yes
Communities & groups with poor health outcomes	No
People with learning disabilities	No
Safeguarding	
Impact on Safeguarding Children	Yes
If yes please give details: key activity focused on keeping children safe	
Impact on Safeguarding Adults	No
If yes please give details	

Item for Decision, Consideration or Information
Information and assurance

Recommendation

1. **The Health and Well-being Board is asked to:**

   a) **Note the content of the report and the progress made on implementing the Children and Young People's Plan.**

   b) **Approve the refresh of the Children and Young People's plan following the approval of the Joint Health and Well-Being Strategy as outlined in paragraph 23**

Background

2. The Children and Young People's Plan (CYPP) 2014 – 2017, outlines how partner agencies across Worcestershire will work together to improve outcomes for children and young people. There are seven priorities within the Plan. These are:-

- Children and young people have a healthy lifestyle
- Children and young people reach their full potential in education
- Children and young people are helped at an early stage
- Children and young people are protected from abuse and neglect
- Children and young people grow up in secure and stable homes
- Young people have the life skills they need so they feel ready for adult life
- Children, young people and their parent/carers know where to go for information about services.

3. This report provides a half-year review of performance against the seven areas of focus.

Children and young people have a healthy lifestyle

4. The areas of focus are:

- to improve the emotional health of children and young people, including access to mental health support;
- to encourage children and young people to eat healthily and participate in physical activity and sport;
- to reduce the harm caused by, and improve young people's awareness of, smoking, drugs and alcohol.

5. Progress against the agreed actions within the plan continues. For example:-

- A comprehensive needs assessment has been completed to understand emotional wellbeing and mental health needs, and many focus groups have been held with parents and young people to inform the needs assessment.
- An Emotional Wellbeing and CAMHS Transformation Plan has been approved by NHS England which is focussing on redesigning services to improve emotional wellbeing for children and young people.
- A new 0-19 Prevention service is being commissioned from October 16 which incorporates greater emphasis on both perinatal mental health & emotional health & wellbeing of children and young people.
- The redesign of adult primary mental health services includes provision for YP aged 16+ - a new "Healthy Minds" service provides self-referral and access to computerised CBT and a range of courses available in the community for stress and anxiety.
- Additional resource has been committed from April 2016 for early intervention around emotional wellbeing, and for specialist services for young people who need specialist mental health support.

- Within 2015-16, commissioners have invested additional resource in out of hours CAMHS services, and training within eating disorder services.
- Partnership working continues between CAMHS, Social Care and the Acute Trust to follow the urgent care protocol and undertake case reviews to improve the pathway for those young people who attend A&E and who are admitted to the Paediatric hospital ward.
- The School health service have supported identified schools with promotion of and improvement in availability and uptake of healthy food and physical activities
- Schools continue to implement School Food Plans and participate in local initiatives in support of national Change4Life social marketing campaign
- **The National Child Measurement Programme data for academic year 14/15 shows improvement for both Reception age (4-5 years) and Year 6 (10-11 years) which is being received optimistically**.
- Healthy weight and obesity pathways for under 5s and for age 5-19s have been reviewed and an integrated pathway developed and agreed across all agencies. A new Health Visitor led preschool Healthy Weight service for obese infants has been piloted and has now rolled out countywide. School nurse service supports schools with high prevalence rates to better promote and support healthy weight. School nursing service can provide either one to one or group programmes of support for overweight school age children & families when requested.

6. Success measures update:

- Hospital admissions for self-harm (rates) have plateaued in Worcestershire since 2008, but remain higher than national and regional average.
- A&E attendances for self-harm (rates) have decreased overall (using data from 2010-2014), but there has been an increase in attendances amongst females aged 10-14 yrs.
- 30.7% of Year 6 pupils had excess weight in the 14/15 academic year. The Gap decreased in 13/14 but increased in 14/15. Overall % amongst the disadvantaged did decrease in 14/15 but decreased more amongst least disadvantaged communities which caused the gap to widen.
- Alcohol-specific admissions has reduced to 46.5 (target was 47.1)
- Smoking at delivery reduced to 12.6% for 14/15 (target was lower than 14%)
- Breastfeeding at 6-8 weeks increased to 45.5% and is now significantly better than the England average

Children and young people reach their full potential in education

7. The areas of focus are:

- to increase the diversity and further improve the quality of learning opportunities and access to them for all children and young people;
- to reduce educational attainment gaps between vulnerable learners and their peers;
- to match learning opportunities to the child or young person;
- to help parents and carers to be involved in their child's learning (with a focus on parents with poor literacy skills).

8. The performance headlines are outlined below:-

- There has been an increase in the percentage of pupils who achieved a good level of development in the Early Years Foundation Stage from 58% in 2013/14 to 66.4% in the 2014/15 academic year. This has now put us above the national average which is 66.3%.
- During 2014/15, the marked improvement seen in the previous three years has been sustained and further improved for schools judged as good or better by Ofsted.
- There has been a small decrease in the percentage of pupils that achieve level 4 or above in Reading, Writing and Maths at Key Stage 2 from 77% in 2013/14 to 76% in 2014/15 (academic year). We are currently 4% lower than the national average of 80%.
- There has been an improvement in the percentage achieving five or more A*-C at GCSE or equivalent including English and Maths from 58.5% in 2013/14 to 60.0% in 2014/15 (academic year). *
- There has been a further improvement in closing the SEN/Non SEN attainment gap for 5 A*-C GCSEs including English and Maths from 49% in 2013/14 to 47.2% in 2014/15 (academic year).*

** Please note that all data is provisional and validated results will all be published in January 2016*.

Children and young people are helped at an early stage

9. The last performance update to the Health and Well Being Board outlined the intention to refresh and re-focus the current Early Help Strategy. In November 2015, Worcestershire County Council approved an All-Age Prevention Policy that sets out a clear, consistent and evidence-based approach to prevention by the Council that will inform its work with partners.

10. Using the same language within the draft Joint Health and Well Being Strategy, the All-Age Prevention Policy outlines the **aim of prevention** to:

- **Prevent** ill health and the need for care before it occurs.
- **Reduce** the impact of problems which have occurred, detecting risk and problems as soon as possible and intervening early to limit their impact.
- **Delay** the need for further help and avoid crises by getting the right help to people who already have needs and giving the right support to prevent those needs escalating.

11. It also outlines the **five main approaches to prevention** which will inform work with all ages. The Council will ensure that it can demonstrate these approaches in action.

- **Creating a health promoting environment** by developing and enforcing healthy public policy and taking health impact into account systematically in decision making.

- **Encouraging and enabling people to take responsibility for themselves, their families and their communities** by promoting resilience, peer support and the development of community assets.
- **Providing clear information and advice** across the age-range, so that people make choices that favour good health and independence.
- **Commissioning prevention services** for all ages based on evidence of effectiveness and within the funding available.
- **Gate-keeping services** in a professional, systematic and evidenced way, so that services are taken up by those who will most benefit and the service offer is available on the basis of need, regardless of differences between people in terms of where they live or characteristics such as deprivation.

12. Complementing Worcestershire County Council's All-Age Prevention Policy is the Health and Well Being Board's Joint Health and Well Being Strategy and Worcestershire Safeguarding Children's Board Threshold document. These three strategies form the basis of the Worcestershire's prevention and early intervention strategy for children and families and:-

- provide clarity on roles, responsibilities and relationships between agencies and organisations from across the children and families sector;
- focus on strengthening communities – building resilience and transforming the way people and communities help themselves and each other
- shape future WCC / NHS commissioning and influence other commissioning activity

13. Underpinning Worcestershire's approach to early help is an **Early Help Needs Assessment.** This was carried out to:

- Determine and forecast the demography, epidemiology and outcomes for children and young people
- Identify what works and is cost effective for 0-19 prevention and early intervention
- Assess how this compares with the support and service configuration currently delivered
- Make recommendations for future service commissioning and provision.

The full assessment can be accessed here
http://www.worcestershire.gov.uk/downloads/file/6506/2015_early_help_needs_assessment

14. This needs assessment is being used to drive the commissioning of a new 0-19 prevention service which will integrate Public Health services (e.g. Health Visiting, School Nursing) with some of the services currently delivered by the 0-19 early help providers (e.g. Children's Centres). The new service will be in place by October 2016.

15. The performance headlines from the current Early Help Strategy are:-

- The referral rate to Children's Social Care has increased from 355.6 per 10,000 in 2014/15 to 380.1 per 10,000 in Quarter Two of 2015/16.

- There was an increase in permanent exclusions from 0.07% in 2013/14 to 0.11% in 2014/15 (academic years). This data is provisional and will be validated by the Department for Education in July 2016.
- There has been a decrease in persistent absence from Primary and Secondary school from 4.1% in 2013/14 to 3.7% in 2014/15 (academic year). This data is provisional and will be validated by the Department for Education in May 2016.
- The percentage of 16 to 18 year olds not in education, employment and training has increased from 3.8% at the 30/03/2015 to 4.8% at the 30/09/15. This is higher than the target, however the NEET figure is adversely affected at this point of the year by the transition of young people between education establishments.

Children and young people are protected from abuse and neglect

16. The areas of focus are:

- to improve services that help to keep children safe;
- to reduce the impact on children and young people of domestic abuse, parental mental health issues and substance misuse;
- to protect children and young people who go missing and from child sexual exploitation;
- to help children and young people feel safe wherever they are.

17. Worcestershire Children's Safeguarding Children's Board (WSCB) oversees the implementation of this key priority and progress is captured within their annual report (shared with the Health and Well Being Board in September 2015).

Children and young people grow up in secure and stable families

18. Our areas of focus are as identified in Corporate Parenting Strategy. The Corporate Parenting Board is developing a programme of work for the next year. This will include oversight of educational attainment for Looked After Children and the focus on improving outcomes for Care Leavers.

19. Along with the refresh of the Strategy, the Corporate Parenting Board has focused effort on improving the timeliness and quality of health assessments for Looked after Children. There has been an improvement in the percentage of Looked After Children who have an up to date health assessment from 70.5% in 2014/15 to 75.5% in Quarter Two 2015/16.

20. In addition to the performance on health assessments for looked after children the main performance headlines are:-

- There has been an increase in the Looked After Children (LAC) rate in Quarter Two 2015/16 (62.6 per 10,000). This compares to 60 per 10,000 in 2014/15.
- The percentage of LAC adopted as a proportion of children looked after for six months or more increased to 14.5% in 2014/15 from 13.1% in 2013/14. This is better than the target.

Young people have the life skills they need so they feel ready for adult life

21. Our areas of focus are:

- to work with businesses and other organisations to improve the range of work experience, jobs, apprenticeships and volunteering opportunities for young people, especially for those who are not currently in education, training or employment or those who are in care;
- to help all young people to gain the information and skills that will help them to live independently, especially those young people who are about to leave care;
- to improve transition arrangements between children's and adults' services for children with special educational needs and disabilities.

22. In response to these areas of focus:-

- Worcestershire Connecting Schools and Business Programmes' "Worcestershire Careers Central" website is fully functional and since its launch in July 2015 has received 6500 unique visitors primarily young people. Work is underway to populate the site with further job profiles information covering Worcestershire's key Growth Sectors. Through our partnership with Worcestershire Youth Cabinet, Worcestershire's Careers' Video has been created and uploaded via our you tube link on the Careers Portal. The video provides a young person's perspective on the careers' Advice and Guidance being offered by schools and information from businesses and other organisations on the potential career pathways.
- The changes made during the development of phase 2 of the "Worcestershire Skills Central" are completed and the portal is now fully functional. The key change undertaken allows the web portal to be accessed by parents/guardians who have their children attending Worcestershire high schools and assists them in the identification and facilitation of their child's work placement.
- Worcestershire County Council is currently working with a local voluntary sector organisation to submit a Reaching Communities bid for key worker support to 18+ Care Leavers focused on supporting them into employment. The bid is due to be submitted in March 2016.

23. The main performance headlines are:-

- The percentage of care leavers not in employment, education and training has decreased from 38.2% in 2014/15 to 35.4% in Quarter Two 2015/16. This is not currently meeting the target.
- There has been an increase in the percentage of care leavers in suitable accommodation from 71.2% in 2014/15 to 76.8% in Quarter Two 2015/16. However, the target has not been met.

Children, young people and their parents/carers know where to go for information about services and support

24. Our areas of focus are:

- to continue to develop the internet as a point of access for children, young people and their parents/carers requiring information, advice and guidance on all aspects of a child's life;
- to continue to develop and promote existing information on services for children, young people and their parents/carers, the support they offer and how to access them;
- to improve accessibility of information on what to do when there are concerns about the welfare and safety of a child or young person.

25. This area of focus currently does not have any specific performance measures attached to it. However, **providing clear information and advice** across the age-range, so that people make choices that favour good health and independence is a key theme within the all-age prevention policy and as such will have targets and performance indicators attached to it.

Future Plans

26. The current Children and Young People's Plan will need refreshing in light of the changes to the Joint Health and Wellbeing Strategy and the wider Prevention agenda. It is proposed, post approval of the Joint Health and Well Being Strategy, to hold a Children and Young People Strategic Planning event with partners to consider a refresh of the current CYPP. It is intended that this event would focus on identifying and agreeing complementary priorities, to those within the JHWB Strategy, which will improve outcomes for children and young people. The Health and Wellbeing Board is asked to approve this approach.

Contact Points

County Council Contact Points
County Council: 01905 763763
Worcestershire Hub: 01905 765765
Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this report
Hannah Needham, Strategic Commissioner: Early Help and Partnerships
Tel: 01905 728914
Email: HNeedham@worcestershire.gov.uk