Worcestershire County Council

Agenda

Health and Well-Being Board

Wednesday, 15 July 2015, 2.00 pm
Committee Room, Pershore Civic Centre

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Health and Well-Being Board
Wednesday, 15 July 2015, 2.00 pm, Pershore Civic Centre

Membership

Full Members (Voting):

Mr M J Hart (Chairman)	Worcestershire County Council
Dr C Ellson (Vice Chairman)	South Worcestershire CCG
Ms J Alner	NHS England
Mrs S L Blagg	Worcestershire County Council
Mr J P Campion	Cabinet Member with Responsibility for Children and Families
Mr Simon Hairsnape	Redditch and Bromsgrove CCG / Wyre Forest CCG
Mr A I Hardman	Worcestershire County Council
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
Gail Quinton	Director of Children's Services, Worcestershire County Council
Dr Simon Rumley	Wyre Forest CCG
Dr Jonathan Wells	Redditch and Bromsgrove CCG

Associate Members

Mrs C Cumino	Voluntary and Community Sector
Supt. A Franklin-Smith	West Mercia Police
Mr P Grove	South Worcestershire District Councils
Margaret Sherrey	North Worcestershire District Councils

Agenda

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2	**Declarations of Interest**		
3	**Public Participation** *Members of the public wishing to take part should*		

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Date of Issue: Tuesday, 7 July 2015

	notify Legal and Democratic Services in writing or by e-mail indicating the nature and content of their proposed participation on items relevant to the agenda, no later than 9.00am on the day before the meeting (in this case 9.00am on 14 July 2015). Enquiries can be made through the telephone number/e-mail address below.		
4	**Confirmation of Minutes**	Chairman	1 - 12
5	**Acute Hospital Services in Worcestershire**	Richard Harling	13 - 26
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10	**0-5s Public Health Transfer**	Richard Harling	63 - 68
11	**Future Meeting Dates** Tuesday 30 September – County Hall, Worcester Tuesday 3 November – Malvern District Council Offices Meetings start at 2.00pm. **Development (Private) Meetings 2015** Tuesday 13 October Tuesday 8 December All held at County Hall at 2.00pm		

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Health and Well-Being Board
Tuesday, 12 May 2015, Council Chamber, County Hall – 2.00 pm

Minutes

Present:

Mr M J Hart (Chairman), Dr C Ellson (Vice Chairman), Mrs S L Blagg, Mr JP Campion, Mrs C Cumino, Supt. A Franklin-Smith, Mr P Grove, Mr A I Hardman, Richard Harling, Dr A Kelly, Clare Marchant, Peter Pinfield, Gail Quinton, Dr Simon Rumley, Mr P Sheldon and Mrs M Sherrey.

Also attended:

Martin Heuter, Frances Howie, Richard Keble, Frances Martin, David Mehaffey, Dr Phillips, Chris Tidman and Harry Turner.

304 Apologies and Substitutes
(Agenda Item 1)

Apologies were received from Simon Hairsnape who was represented by Paul Sheldon; and Hannah Campbell who was represented by Phil Grove.

The Chairman welcomed the new members of the Board; Superintendent Alex Franklin-Smith from West Mercia Police, Noreen Dowd from NHS England, Margaret Sherrey for the District Councils in the North of the County, and John Campion, the new County Council Cabinet Member for Children and Families.

Harry Turner, Chairman of the Worcestershire Acute Hospitals NHS Trust, Chris Tidman, Deputy Chief Executive of the Acute Hospitals NHS Trust and Dr Phillips, Chief Medical Officer, attended for item 7.

305 Declarations of Interest
(Agenda Item 2)

None.

306 Public Participation
(Agenda Item 3)

Maddy Bunker, Chairman of the Carers Consultative Group made a short statement regarding Agenda Item 6 The Carers' Strategy:

- They accepted the strategy had made considerable progress since it was last at the Health and Well-being Board (HWB) in November 2014,
- They welcomed the commitment not to charge eligible carers for services for the current financial year and hoped that could continue throughout the

lifetime of the strategy,
- They felt the assessment strategy had been clarified but they had some concerns about the reliance on digital technology,
- They wished for a commitment from the HWB to further enhance co-production, especially in acknowledging and recognising the role of carers, and
- They were committed to working with other carers and officers to produce an action plan and to monitor the implementation of the strategy.

307 Confirmation of Minutes
(Agenda Item 4)

The minutes of the 3 March 2015 were agreed to be a correct record of the meeting and were signed by the Chairman.

308 Autism Strategy
(Agenda Item 5)

Richard Keble asked the HWB to note the outcome of the consultation about the All Age Autism Strategy and approve the final draft of the Strategy. The adult Strategy had been seen by the Board in November 2014 when it had been agreed to develop it as an all age strategy.

The consultation documents had been presented to the Worcestershire Autism Strategy Partnership Group, CCGs, NHS Trusts and the voluntary and community sector. Following responses the strategy was revised.

After the presentation had been finalised a detailed action plan would be developed and implemented. An official launch would take place during summer 2015.

Board members made the following comments;
- Healthwatch wished to endorse the strategy and thanked officers for responding to comments made at the November meeting regarding co-production,
- In response to a query about how oversight would be managed it was explained that the Autism Partnership would monitor progress of the strategy and there would be an annual report to the HWB,
- The Local medical Committee had queried what happened to the services that were provided to children once they reached 18. It was explained that a working group was continuing to look at how services could be extended to include adults,
- It was accepted that a reasonable number of responses had been received. The strategy had been written as a co-production with the Autism

group and schools so the content was not new to many people and as their views were already reflected in the document there had been less need for them to comment through the consultation.

RESOLVED that the Board:

a) **Noted the outcome of the consultation about the All Age Autism Strategy;**
b) **Approved the final draft of the All Age Autism Strategy; and**
c) **Requested that the Strategy be brought back to the HWB for an annual update.**

309 Carers' Strategy

(Agenda Item 6)

Richard Keble explained that a first draft of the Carers' Strategy had been presented to the HWB in November 2014 when it was decided to develop an all age strategy. Consultation for the new strategy had taken place from 26 January 2015 to 8 March 2015. Not many responses had been received but carers had been included in producing the strategy that went out for consultation. The views of the overview and scrutiny panel had also been included.

Once approved by the Board a detailed action plan would be produced with the Carers' Consultative Group which would include a clear parent carer pathway. Further work would be done to renew the commitments by employers and providers in a Worcestershire Carers' Charter and the layout would be updated. An official launch was then planned for National Carers Week, 8-15 June and would be hosted by the Health and Well-being Board.

Members made the following comments:

- Healthwatch felt that credit was due to the County Council for listening to those on the front line. They especially liked the 'strategy on a page' which was included in the strategy document,
- Members of the Board would welcome an update on how the strategy was being implemented at a future Board meeting,
- Further details were given of how young carers were engaged in the consultation. It was appreciated that it was not easy for people to comment on a full strategy document so key issues had been presented to some groups. In future increased use of social media would be important.

RESOLVED that the Board:

a) **Noted the outcome of the consultation about the Carers Strategy,**
b) **Approved the final draft of the Carers Strategy; and**
c) **Requested that the Strategy be brought back to the HWB for an annual update.**

310 Acute Hospital Services: Emerging Concerns and Actions

(Agenda Item 7)

A range of concerns about the Acute Hospital Trust had been identified and had resulted in a Risk Summit on 25 March and a Care Quality Commission Inspection on 24 March.

There had been three main areas of concern:

1. Performance - which included issues around
   i) Key targets,
   ii) Urgent care – work was underway to improve this area which would be monitored through the systems resilience group,
   iii) Mortality rates – Provisional data was given at the Rick summit which suggested that rates were up to 10% higher than expected.

2. Workforce – which included the resignation of 5 Emergency Department Consultants, although appointments had now been made, and staffing in general surgery and women and children's services.

3. Leadership and Culture – which included accusations of bullying and harassment that had led to a review by the Good Governance Commission, the results of which were awaited.

There had been a question at the Risk Summit that the Trust Board did not know about some areas of concern, but assurances had been given the Trust Board was functioning adequately.

The HWB did not have direct accountability for the acute hospital services but did have a responsibility to ensure concerns were placed on public record and to seek assurances that they were being addressed.

Chris Tidman, Deputy Chief Executive, gave a presentation about what the Trust was doing now and would do in the future to address the concerns.

- Key performance targets were being pursued but further improvements were required and would be

monitored closely,

- Additional support had been brought in with an interim Chief Medical Officer and an Improvement Director,
- Improvements had been made in the Emergency Department, the Urgent Care pathway had been improved and a Patient Care Improvement Plan had been produced,
- There had been increased openness and transparency in reporting and through the Trust Board agenda,
- Their approach would be to look for support and advice from partners,
- An Organisational Development plan would be put in place to support staff,
- Protocols had been signed off concerning ambulance handovers and delayed transfers of care numbers.

In the ensuing discussion the following points were made:

- HWB Members thanked Chris Tidman for his presentation and commented that it was much more positive and a marked difference to responses that had previously been received from the Trust,
- It was suggested that closer collaboration would be useful with other health and social care providers, for example using the same definitions and data for targets,
- The Acute Trust should work with Healthwatch to gain the views of Worcestershire residents to whom they were accountable,
- An improved, more open communications strategy would be useful, which was more pro-active and produced jointly with partners,
- It was clarified that a review by a specialist would occur within an hour in the Emergency Department but out of hours specialists would visit people on the ward within 12 hours,
- Mortality rates took age and case mix into account so that data could be standardised. Worcestershire rates were higher than average and a robust procedure was to be introduced to review all deaths and escalate any concerns,
- The use of the term 'bed blockers' should be seen as offensive and it was not a term used by the Acute Trust,
- A whole system finance response had been mapped by the CCGs, County Council and the

Acute Trust so that joint savings can be achieved through combining resources through programmes such as Well-Connected,

- The Risk Summit included actions for all the Health and Social Care Partners and not just for the Acute Trust so action needed to be taken jointly,
- It was suggested that patient and staff experience had improved in certain areas of the hospital, but it was acknowledged that the CQC view was still awaited,
- The Systems Resilience Group would be monitoring progress against the actions listed at the Risk Summit in respect of urgent care and the HWB would seek reassurance from them,
- The Chairman of the Acute Trust concluded by stating that patient safety and care was the top priority for the Trust Board and if concerns arose they should be informed as early as possible. They would welcome a HWB member at Board meetings and wondered if including someone from the Acute Trust on the HWB would improve partnership working.

RESOLVED that the Board;

a) **Thank Harry Turner, Chris Tidman and Dr Phillips for attending the meeting, and**
b) **Continue to monitor the situation and receive a further report at the next HWB meeting.**

311 Children and Young People's Early Help Strategy
(Agenda Item 8)

Gail Quinton asked the HWB to approve the proposed refresh to the governance arrangements for the Children and Young People's Early Help Strategy and note the feedback from the recent Children's Services Safeguarding Peer Review.

The Early Help Strategy reported to the Children's Trust Executive Board which was a sub group of the HWB. All six districts have County Council funded Early Help Services.

It was proposed that the Children's Trust Executive Board be replaced with a Children and Families Strategic Group. The Group would be able to carry out more detailed work and strengthen oversight.

John Campion, Cabinet Member for Children and Families, supported this change to the governance arrangement. The Peer Review had been clear and it was very important to get the first part of persons' life

right.

The Chairman suggested that it would be useful to continue the discussion of the role of HWB in Early Help and its contribution to the wider children's agenda at the next Board Development session in June.

The next Stakeholder Event on 4 June would include looking at some findings about Early Help and that would be fed into considerations that would contribute to the next Joint Health and Well-being Strategy.

RESOLVED that the Board:

a) **Approved the proposals to refresh the governance arrangement, by replacing the Children's Trust Executive Board as a sub group of the HWB, with a Children and Families Strategic Group and strengthen the involvement of other groups (e.g. Health Improvement Group) in overseeing the implementation of the Children and Young People's Plan;**
b) **Noted the feedback from the recent Children's Services Safeguarding Peer Review,**
c) **Would consider and agree the role of the Health and Well-being Board in leading the development and implementation of the revised Early Help Strategy and its contribution to the wider Children's agenda, at the Board Development meeting on 16 June 2015,**
d) **Noted the plans to refresh the Children and Young people's (CYP's) Early Help Strategy to capture the role that all partners have in meeting 'early help' demand and to inform future funding / commissioning decisions, and**
e) **Noted the timescales for consultation to inform the development of the CYP's Early Help Strategy including using the stakeholder event (4 June) arranged on reviewing the Health and Well-being Strategy.**

312 JSNA: Worcestershire Health Indicators Summary
(Agenda Item 9)

Frances Howie stated that generally Worcestershire was a healthy place to live and compared favourably against many health and well-being indicators.

Members were asked to feed into the Stakeholder event on 4 June to ensure that issues they were concerned about were considered when the Joint Health and Well-being Strategy was renewed.

In the ensuing discussion the following comments were made:

- Members queried the timescales for when improvements would be seen for some indicators. It was explained that those areas relevant to the Joint Health and Well-being Strategy where further improvement was required would be considered by the Health Improvement Group who report back to the HWB,
- Childhood obesity remained a concern but at a stable level,
- Falls had reduced as a result of falls prevention activities which had been successful,
- It was queried whether Councils should become more active in areas such as using planning to limit the numbers of fast food outlets or licensed premises. A Planning for Health paper had been produced to inform planning and licensing decisions,
- Health Chats were being introduced which included rigorous training for staff.

RESOLVED that the Board:

a) **Noted the contents of the report,**
b) **Make use of the information alongside the JSNA and other data to inform the renewed priorities,**
c) **Requested the Health Improvement Group to respond to areas of concern; and**
d) **Ensure that all partner organisations were fully involved, through the groups highlighted, in addressing the concerns raised.**

313 Health Improvement Group Annual Report
(Agenda Item 10)

Frances Howie confirmed that the Health Improvement Group was a sub-group of the HWB that was responsible for developing and implementing Strategic Plans against the priorities in the Joint Health and Well-being Strategy. There had been good attendance at the HIG by all members. They had received updates on the Obesity Plan, the Alcohol Plan and the Mental Well-being and Suicide Prevention Plan. A Suicide Audit Group had also met and reported that no further concerns had been raised about the Bromsgrove footbridge.

The HIG had received updates from Malvern Hills and the Worcester City about their district plans to improve health and well-being. It had also considered Planning for Health, the Pharmaceutical Needs Assessment, Health Impact Assessment, the Director of Public Health Annual

Report and updates on the Care Act and Future Lives.

The Chairman of the HWB Chaired the HIG and agreed that attendance had been good. Board members felt it was a good idea for for the HIG and its District Council members to review local policies such as planning before issues were reported to the Board to consider the wider determinants of health.

As Health and Well-being was one of the Council's Corporate Priorities and part of making Worcestershire World Class, Board Members felt it was important to receive updates from the HIG every six months.

RESOLVED that the Board:

a) **Considered and commented on progress made between September 2014 and March 2015,**
b) **Requested that the next Health Improvement Group Bi-annual report be presented to the Board in November 2015.**

314 Development of new models of integrated care - The Worcestershire 'Trailblazers'
(Agenda Item 11)

Following the Five Year Forward View published in October 2014, local health and social care economies were invited to apply for Vanguard status to develop new models of care. Worcestershire's joint bid was supported by the Regional NHS England team but had not been successful.

The Strategic Partnership Group (SPG) proposed to identify three Worcestershire Trailblazers to develop new models of integrated care focused around clusters of GP practices. The Trailblazers would have access to support and be expected to share their experiences.

The terms of reference of the SPG would be revised to allow Chief Officers of the commissioning and provider organisations to support the Trailblazers.

Board members were keen that examples of good practice should be shared and the voluntary and community sector wished to continue to be involved.

RESOLVED that the Board:

a) **Support the development of 'Worcestershire Trailblazers'; and**
b) **Support the development of revised Terms of Reference for the Strategic Partnership Group and the development and implementation of a countywide support programme.**

315 Better Care Fund 2014/15 Update and 2015/16 Plan
(Agenda Item 12)

Frances Martin thanked Christopher Bird for his efforts in producing the Better Care Fund (BCF) accounts and made the following comments about the BCF:

- Once the contingency was taken into account, the BCF outturn position moved to break even,
- Part of the Winter Pressures budget was unfunded. It was proposed that the extra amount be reimbursed from the 2015/16 BCF,
- The BCF Operationalisation Guidance detailed that money could be withheld if certain conditions were not met,
- Quarterly and annual reports were required by NHS England but the monitoring reports needed to be signed off by HWB before submission. It was proposed that the Chairman have delegated authority for signing off the quarterly returns before they are reported at the next Board meeting.
- It was recommended that the target for reducing emergency hospital admissions remain at 3.5%.

RESOLVED that the Board:

a) **Noted the outturn position of the 2014/15 Better Care Fund,**
b) **Agreed the proposal to reimburse the 2014/15 CCG overspend arising as a result of Systems Resilience Group decisions with a reduction in the 2015/16 BCF Winter Pressures allocation,**
c) **Noted the financial implications of the recently released BCF operationalisaion guidance, including the requirement for the Board to sign off quarterly monitoring reports,**
d) **Approved the proposal that the quarterly BCF returns can be signed off by HWB Chairman rather than the full Board,**
e) **Approved the proposal to retain the 3.5% target for reduction in emergency hospital admissions reduction in the BCF plan.**

316 Future Meeting Dates
(Agenda Item 13)

Wednesday 15 July – Pershore Civic Centre
Tuesday 30 September – County Hall, Worcester
Tuesday 3 November – Malvern District Council Offices

All meetings start at 2.00pm.

Development (Private) Meetings 2015

Tuesday 16 June
Tuesday 13 October
Tuesday 8 December

All held at County Hall at 2.00pm

317 South Worcestershire CCG Quality Premium - Local Indicators
(Agenda Item 14)

A paper was tabled by South Worcestershire CCG regarding the Quality Premium. CCGs were required to select local indicators to form part of the measures against which their performance would be measured. £5 per head of population would be available if the measures were fully delivered although it would be very difficult to fully achieve all the measures.

CCGs had discretion on the indicators they wished to include related to:

1. Urgent Care
2. Mental Health
3. Health Outcomes

Suggestions were made for indicators to be included, ready for further discussion at the next development meeting.

RESOLVED that the Board:

a) Noted the proposed local indicators for inclusion in the South Worcestershire CCG Quality Premium for 2015/16,

b) Agreed to consider them further at the June development meeting, and

c) Delegated to the Chairman the authority to formally endorse the final set of indicators on behalf of the Board.

The meeting ended at 4.10 pm

Chairman …….

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Worcestershire Health and Well-being Board

Worcestershire Acute Hospitals NHS Trust: quality of services

Agenda item 5

Date	15 July 2015
Board Sponsor	Cllr Marcus Hart
Author	Dr Richard Harling, Director of Adult Services and Health
Relevance of paper	**Priorities** Older people & long term conditions — Yes Mental health & well-being — Yes Obesity — No Alcohol — No Other (specify below) — No **Groups of particular interest** Children & young people — Yes Communities & groups with poor health outcomes — Yes People with learning disabilities — Yes Has an equality impact analysis been carried out? — **No** If yes, please summarise findings:
Item for	Consideration
Recommendation	**1. That the Health and Well-being Board consider progress in resolving concerns about the quality of services at the Worcestershire Acute Hospitals NHS Trust, and seek additional assurances from the Trust where necessary.**
Background	**2.** On 12 May 2015 the Board considered a range of issues related to the quality of services at the Worcestershire Acute Hospitals NHS Trust, and heard from the Trust about how concerns were being addressed. This paper provides an update on progress in resolving the outstanding issues and suggests some additional assurances that might be sought from the Trust and NHS

partners.

Performance

Key targets

2. Latest performance against key national targets is:

   - **Urgent care**: 89.1% of people seen and treated in the Emergency Departments within 4 hours in May 2015 compared to a target of 95%.

   - **Elective care**: 77.1% of people with completed admission for treatment within 18 weeks of referral in May 2015 compared to a target of 90%.

   Suggestions for additional assurances:
   - *Have there have been further waits in the Emergency Departments of more than 12 hours since 12 May 2015?*

Urgent care

3. On 17 June 2015 the Care Quality Commission published the report of their unannounced inspection of the Trust's Emergency Departments on 24 March 2015. This repeated many of the concerns highlighted in the report to the Health and Well-being Board on 12 May 2015 and highlighted some others. The Trust's response notes that improvements have been made since this time. A summary of all these concerns, the Trust's responses and suggestions for additional assurances are listed in Appendix 1.

Mortality

4. In the wake of data suggesting a high mortality rate, the Trust has introduced a new procedure for reviewing all patient deaths in hospital. The CCGs' have established a county-wide mortality group to monitor trends, evaluate learning, look at best practice, and commission improvements in patient care across all providers in order to prevent avoidable deaths. High mortality was a particular concern in emergency surgery at the Alexandra hospital and a pathway has been established to transfer those people requiring the most complicated emergency surgery to the Worcester Royal.

   Suggestions for additional assurances:
   - *What are the latest Hospital Standardised Mortality Rate and Standardised Hospital Mortality Indicator?*
   - *What is the experience so far of the new procedure for reviewing all patient deaths in hospital? Are the*

clinicians fully supportive? When might we expect any emerging themes?

- *Is the pathway for transfer of more complex emergency surgical cases from the Alexandra hospital to Worcester Royal working effectively?*

Other issues

5. Further analysis has revealed a total of 42 **Safeguarding Adults alerts** in relation to aspects of care at the Trust since October 2014. There have been delays in completing some Safeguarding Adults investigations, which are being addressed by the Trust and Adult Social Services. 9 investigations remain open. Of the 33 that have been completed, 22 alerts were unsubstantiated or inconclusive and 11 were fully or partially substantiated. Of these the main themes are pressure ulcers and discharges of patients from hospital before they are clinically stable and/or without proper handover to community based services.

   Suggestions for additional assurances:

   - *What processes and governance does the Trust have in place to ensure prompt investigation of Safeguarding Adults alerts?*
   - *What policies and practice does the Trust have in relation to prevention and management of pressure ulcers?*
   - *What policies and practice does the Trust have in place to review patients before discharge and ensure proper handover to community based services?*

6. The Trust continues to address **mandatory training** of staff in key aspects of people's care overseen by the Trust Development Authority (TDA) and monitored by the CCGs.

   Suggestions for additional assurances:

   - *How does the Trust predict the number of nursing staff required?*
   - *On how many days does the actual number of staff meet the required number?*

7. The Trust continues to work to improve **staffing levels**, overseen by the TDA and monitored by the CCGs.

   Suggestions for additional assurances:

   - *How does the Trust predict the number of nursing staff required on each shift?*
   - *How many and what proportion of shifts are properly filled?*

- *Are there any particular wards where filling shifts is a problem?*

8. The Trust continues to try to improve management of **fractured neck of femur**, overseen by the TDA and monitored by the CCGs.

Suggestions for additional assurances:

- *How many and what proportion of these patients are admitted to an orthopaedic ward within 4 hours?*
- *How many and what proportion of these patients have surgery on the day or day after admission?*
- *How many and what proportion of orthopaedic consultant and middle grade doctor posts are filled?*
- *How many hours of dedicated trauma lists should there be each week and how many hours are there actually?*
- *Has a comprehensive fractured neck of femur recovery programme been put in place?*
- *How many and what proportion of these patients are followed up within 30 days?*

9. The Trust continues to try to improve management of **transient ischaemic attack** ('mini stroke'), overseen by the TDA and monitored by the CCGs.

Suggestions for additional assurances:

- *When will seven day services be in place?*

10. There have been no further **'never events'** since 12 May 2015.

Workforce

11. In light of difficulties recruiting and retaining staff in emergency surgery and women and children's services at the Alexandra hospital, the Trust and CCGs are monitoring the mortality rate in emergency surgery, as well as perinatal and infant mortality rates to ensure that outcomes do not deteriorate.

Suggestions for additional assurances:

- *What are the mortality rate in emergency surgery, and the perinatal and infant mortality rates currently?*
- *What are the trends?*
- *How do the rates compare to other areas?*

Leadership and culture

Bullying and harassment

12. The TDA report into bullying and harassment, commissioned from the Good Governance Institute is still awaited.

Partnership working

13. The protocol and procedure for counting, validating and reporting delayed transfers of care is now being used and has led to much closer agreement between the Trust and other partners about the numbers of **delayed transfers of care**. There remains a difference of views about the numbers and significance of people declared **medically fit for discharge**.

Conclusion

14. There has been some progress in resolving concerns about the quality of services at the Trust. There remains much to do and the Health and Well-being Board should continue to seek assurances that they have been addressed in full.

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Appendix 2: latest overall mortality data Worcestershire Acute Hospitals NHS Trust

SHMI Definition

What is the Summary Hospital-level Mortality Indicator?
The Summary Hospital-level Mortality Indicator (SHMI) is a high level hospital mortality indicator that is published by the Department of Health on a quarterly basis. The SHMI follows a similar principle to the general standardised mortality ratio; a measure based upon a nationally expected value. SHMI can be used as a potential smoke alarm for potential deviations away from regular practice.

How does SHMI work?

1. *Deaths up to 30 days post acute trust discharge are considered in the mortality indicator, utilising ONS data*
2. *The SHMI is the ratio of the Observed number of deaths in a Trust vs. Expected number of deaths over a period of time*
3. *The Indicator will utilise 5 factors to adjust mortality rates by*
    a. *The primary admitting diagnosis;*
    b. *The type of admission;*
    c. *A calculation of co-morbid complexity (Charlson Index of co-morbidities);*
    d. *Age; and*
    e. *Sex.*
    4. *All inpatient mortalities that occur within a Hospital are considered in the indicator*

How should SHMI be interpreted?
Due to the complexities of hospital care and the high variation in the statistical models used all deviations from the expected range are highlighted using a Random Effects funnel plot.

HSMR Definition

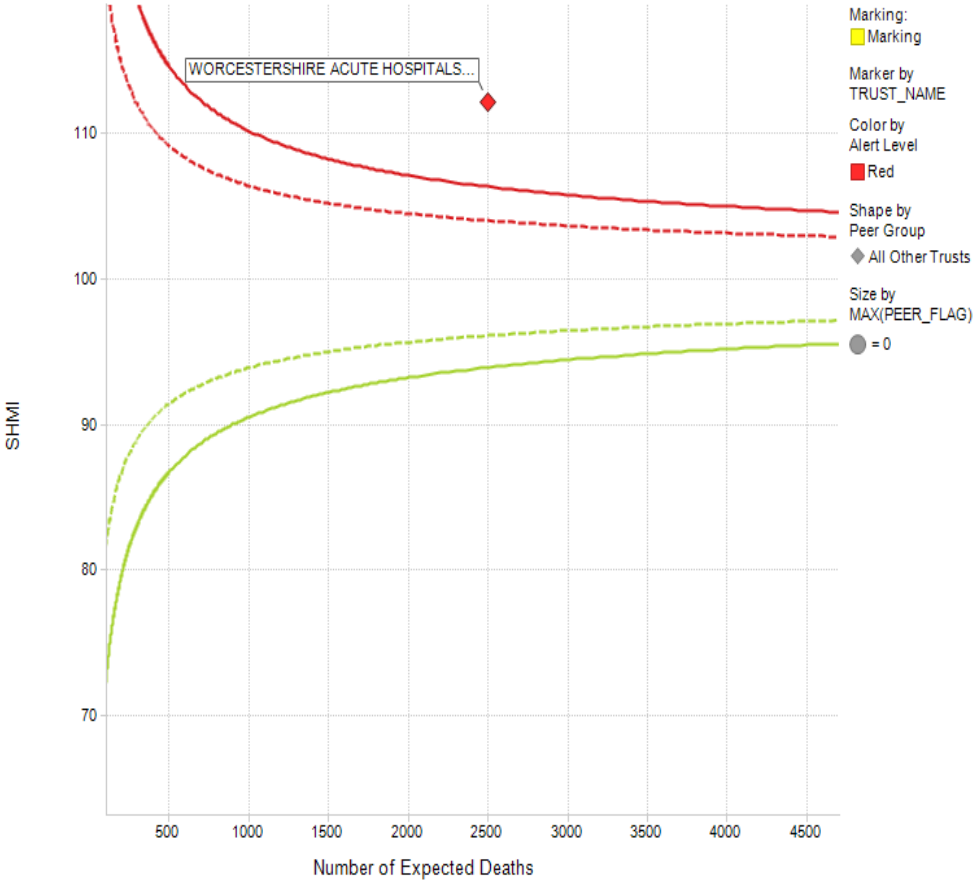
What is the Hospital Standardised Mortality Ratio?
The Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the mortality rate at a hospital is higher or lower than you would expect. Like all statistical indicators, HSMR is not perfect. If a hospital has a high HSMR, it cannot be said for certain that this reflects failings in the care provided by the hospital. However, it can be a warning sign that things are going wrong.

How does HSMR work?
The HSMR is a ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in-hospital deaths (multiplied by 100) for 56 specific CCS groups; in a specified patient group. The expected deaths are calculated from logistical regression models taking into account and adjusting for a case-mix of: age band, sex, deprivation, interaction between age band and co-morbidities, month of admission, admission method, source of admission, the presence of palliative care, number of previous emergency admissions and financial year of discharge.

How should HSMR be interpreted?
Care is needed in interpreting these results. Although a score of 100 indicates that the observed number of deaths matched the expected number in order to identify if variation from this is significant confidence intervals are calculated. A Poisson distribution model is used to calculate 95% and 99.9% confidence intervals and only when these have been crossed is performance classed as higher or lower than expected.

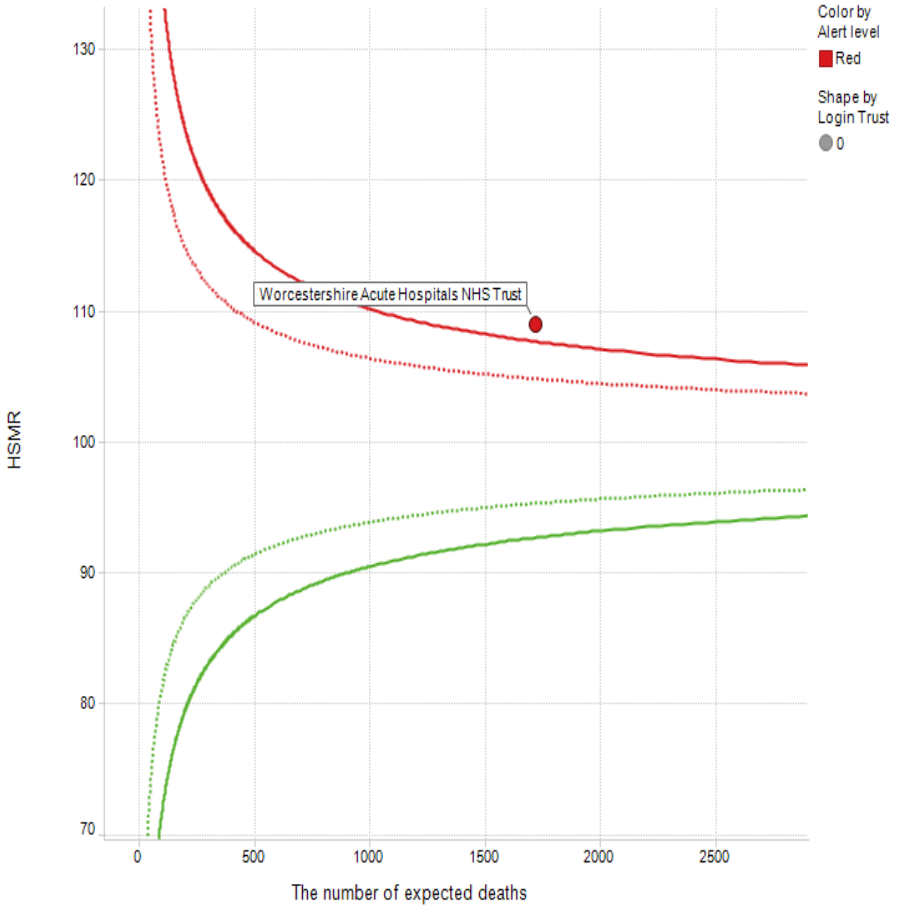
SHMI funnel chart – February 2014 to January 2015

Please note that funnel plot is only valid when SHMI score is 100 for all the organisations (shown below) as a whole. It can be verified through highlighting all data items and checking grand total in Tab 3 breakdown table.

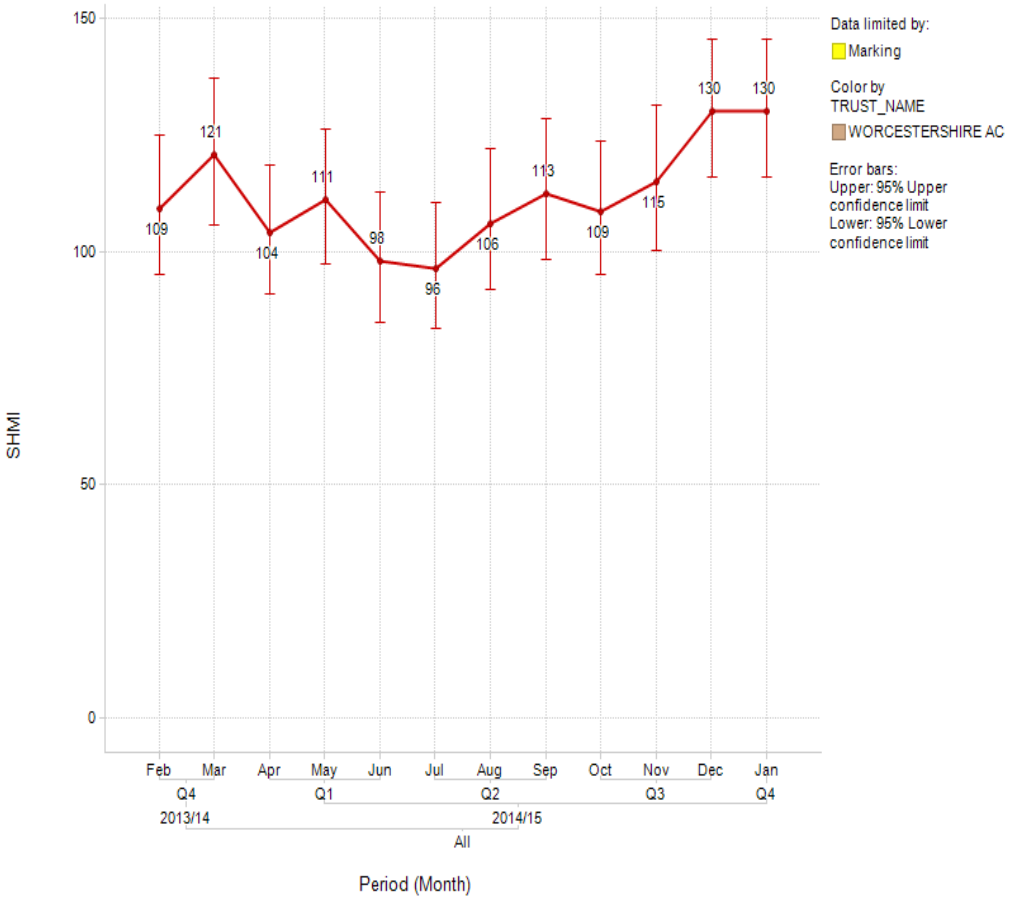


HSMR funnel plot – March 2014 to February 2015

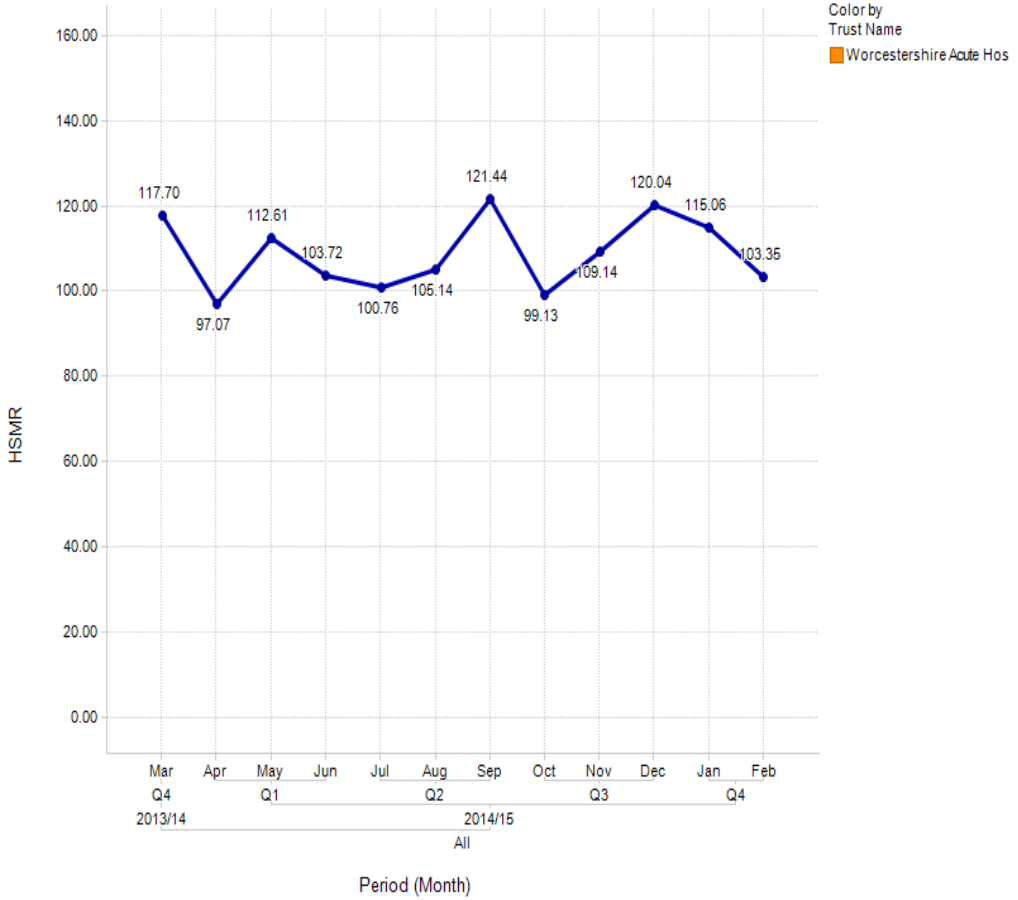
Please note that the funnel plot is only valid when the overall HSMR score is around 100.



SHMI trend – February 2014 to January 2015



HSMR trend – March 2014 to February 2015



Indicator	SHMI	HSMR
Are all hospital deaths included?	Yes all deaths are included	No, around 80% of in hospital deaths are included, which varies significantly dependent upon the services provided by each hospital
When a patient dies how many times is this counted?	1 death is counted once, and if the patient is transferred the death is attached to the last acute/secondary care provider	If a patient is transferred between hospitals within 2 days the death is counted multiple times
Does the use of palliative care code reduce the relative impact of a death on the indicator?	No	Yes
Does the indicator consider where deaths occur?	Considers in-hospital deaths but also those up to 30 days post discharge anywhere too.	Only considers in-hospital deaths
Is this applied to all health care providers?	No, does not apply to specialist hospitals	Yes

Appendix 1: summary of concerns about urgent care

Theme: admission pathway			
Concern	**Source**	**Trust's response**	***Suggestions for additional assurances***
Delays in handover time from ambulance crews to the Emergency Department team.	CQC report	Protocols have been agreed with the Ambulance Trust for patient handover and care of people in Emergency Department corridors in exceptional circumstances. Significant improvements have been made to the triage process, with dedicated space and resources, and triage time has significantly improved.	*How many and what proportion of patients are being triaged within the 15 minute target?* *How many and what proportion of patients is handed over within 30 minutes of arrival by ambulance?*
Providing care for people in Emergency Department corridors in the absence of current protocols.	Report to the Health and Well-being Board on 12 May 2015 and CQC report	Emergency Department capacity at Worcester Royal has been increased by 12 cubicles and the Clinical Decision Unit (CDU), Medical Admissions Unit (MAU), and emergency admission wards reconfigured. The routine use of non-cubicle space as for patient care will be eliminated.	*Are any patients being cared for in Emergency Department corridors?*
Routing of emergency admissions through the Emergency Departments rather than using medical and surgical assessment units.	Report to the Health and Well-being Board on 12 May 2015	Assessment units for patients within the main hospital have been reinstated so that GP emergency admissions can bypass the Emergency Department.	*How many and what proportion of patients are admitted through the assessment units vs Emergency Departments?* *Are local GPs confident in the assessment units?*
People being admitted to hospital without assessment from a senior clinician, and medical staff not sufficiently engaged in the pathway of care.	Report to the Health and Well-being Board on 12 May 2015	Senior clinical review of all admissions within 12 hours will be introduced.	*How many and what proportion of all emergency admissions have a senior clinical review within 12 hours?*
Lack of clarity about the respective roles and responsibilities of Emergency Department and ward teams, and inadequate handover procedures. No formal “in-reach” from specialities to the Emergency Departments	Report to the Health and Well-being Board on 12 May 2015 and CQC report	Emergency pathways of care for Medicine, Surgery (general and some specialty), and Gynaecology are being developed to reduce the workload on the Emergency Departments.	*What is the progress of development of these pathways?*

Theme: clinical safety in Emergency Departments			
Concern	**Source**	**Trust's response**	**Suggestions for additional assurances**
Children not routinely screened for safeguarding concerns.	CQC report		*What is being done to address this?*
Paediatric patients at risk because of inadequate measures in place in relation to their security.	CQC report	Procedures have been introduced for maintaining the security of the Emergency Department and paediatric areas.	*Are these procedures fully operational?* *Is there any residual security risk?*
High reliance on locum senior medical staff.	CQC report		*Are there any plans to recruit additional substantive senior medical staff?*
One consultant on site after 5pm covering both sites, including trauma calls.	CQC report		*Are there any plans to increase out of hours senior medical cover?*
Shortfall in nursing staff numbers.	CQC report	Staffing numbers are monitored every day both retrospectively and prospectively. Additional non-clinical staff have started work to support the clinical teams.	*How does the Trust predict the number of nursing staff required on each shift?* *How many and what proportion of shifts are properly filled?*
There were occasions when the Emergency Departments were "Overwhelmed", however the escalation process could not always been carried out because there were no more staff available.	CQC report	Escalation policies are being developed to support staffing when the Emergency Department is busy.	*Are these escalation policies completed?* *How are staff redeployed when the Emergency Departments are overwhelmed?*
Clinical risk assessments not always completed for each patient and observations not always recorded in patient notes.	CQC report	Additional checks and audits of patient care are in place.	*How does the Trust measure whether clinical risk assessments have been completed and recorded?* *What are the results?*
Patients not always appropriately monitored.	CQC report	Additional checks and audits of patient care are in place.	*How does the Trust measure whether patients are properly monitored?* *What are the results?*
Delays in administering medication,			*What is being done to address*

including pain relief			*this?*
Patients not offered fluids			*What is being done to address this?*
Lack of quality controls for basic clinical procedures.	Report to the Health and Well-being Board on 12 May 2015		*What is being done to address this?*
Not all staff followed infection control procedures.	CQC report		*What is being done to address this?*
Lack of systems to accurately track people onto the wards. The white boards used to track patients did not always reflect where they actually were.	Report to the Health and Well-being Board on 12 May 2015 and CQC report		*What is being done to address this?*
Computer terminal screens were not always locked and confidential patient details were on display.	CQC report		*What is being done to address this?*

Theme: environment (relates to the Worcester Royal Emergency Department			
Concern	**Source**	**Trust's response**	**Suggestions for additional assurances**
Systems for the management, storage, administration, disposal and recording of medication, including controlled drugs and oxygen, were not robust.	CQC report		*What is being done to address this?*
Staff had not documented daily equipment testing for the resuscitation trolley. Single use items had expired.	CQC report		*What is being done to address this?*
Some equipment was dirty or broken.	CQC report		*What is being done to address this?*
Clinical “sharps” boxes were left open and unsecured in patient areas.	CQC report		*What is being done to address this?*
A fire door was damaged.	CQC report		*What is being done to address*

			this?
Doors had been wedged open in contravention of Trust policy.	CQC report		*What is being done to address this?*

Theme: discharges			
Concern	**Source**	**Trust's response**	**Suggestions for additional assurances**
Poor discharge lounges.	Report to the Health and Well-being Board on 12 May 2015	A fully functioning discharge lounge will be established.	*When will this be complete?* *What capacity will it have?*
Unsafe transfers – people being discharged before they are medically stable and/or without proper handover to community services			*What has been done to explore this?* *Is there any evidence that this remains a problem?*

Theme: governance			
Incidents are not always reported.	CQC report		*What is being done to address this?*
Dissemination of learning is informal, through teaching sessions for junior doctors.	CQC report		*What is being done to address this?*
Recommendations and improvement plans not being properly implemented.		A comprehensive improvement plan is now in place	*What does this cover?* *Is there clinical sign up?* *How does the Trust monitor progress?*
Limited perceived support at executive level for the Emergency Departments.	CQC report		*What is being done to address this?*

Worcestershire Health and Well-being Board

Five Year Health and Care Strategy for Worcestershire – 2015 update report

Agenda item 6

Date	15 July 2015
Board Sponsor	Dr Carl Ellson, and Simon Hairsnape
Author	Frances Martin, David Mehaffey and Mick O'Donnell
Relevance of paper	**Priorities** Older people & long term conditions — Yes Mental health & well-being — Yes Obesity — Yes Alcohol — Yes Other (specify below) — No **Groups of particular interest** Children & young people — Yes Communities & groups with poor health outcomes — Yes People with learning disabilities — Yes Has an equality impact analysis been carried out? — No If yes, please summarise findings:
Item for	Information and assurance
Recommendation	**1. That the Health and Well-being Board is asked to:** **a) Note the progress made at the end of Year 1 in achieving the Five Year Health and Care Strategy for Worcestershire.**
Background	2. July 2014 Health and Well-being Board ratified the Five Year Health and Care Strategy for Worcestershire and agreed the Strategy should be reviewed on an annual basis. 3. The development of the Strategy was led by a strategic working group covering all commissioners and providers

and followed the publication by NHS England of *Everyone Counts: Planning for Patients 2014/15 to 2018/19*. The Strategy was submitted to NHS England in June 2014.

4. Bringing together the various discrete plans and activities previously committed to by health and social care partners, the Strategy outlines the ambitions CCGs identified for the key NHS Outcome areas and a set of vision statements that define key aspects of major transformation programmes.

Progress against the NHS Outcome areas

5. For each outcome area key headline indicators were specified by NHS England to measure direction of travel towards the longer term ambition. The table in the Appendix summarises progress after one year. Green signifies performance is improving towards the ambition, red signifies that performance has slipped backwards away from the ambition and amber indicates neither a particularly positive or negative direction of travel.

6. Key highlights are:

Additional years of life secured in conditions considered amenable to healthcare

- This is a new composite indicator and Commissioners are working with colleagues from Public Health to understand the detail affecting the direction of travel for this indicator. The data suggests that performance has slipped back against the target trajectory.

All people over 65 or those under 65 living with long term conditions have their own coordinated care plan

- Performance has improved. Indicator is a key measure for Worcestershire's ambition for Integrated Assessment, Care and Support planning.

Emergency admissions and length of stay reduced by managing care more proactively in other settings

- Performance for this indicator has improved.

Safe and effective care secured and the proportion of people having a positive experience of care in all settings increased

- Patient overall experience in acute services has improved
- Patient overall experience in General Practice, Out of Hours and Dentistry has reduced, but at a rate less than the national average, consequently, the comparative position against other CCGs has

actually improved and remains well above average (in the top 20% for SWCCG and WFCCG).

Parity of esteem for people suffering with mental health conditions alongside those with physical health conditions

- As a strategic priority within the commissioning strategy for primary care mental health, additional investment has been made in this area, leading to improved performance from the baseline. More work is required in Redditch and Bromsgrove CCG and in Wyre Forest CCG to achieve the 15% target.

The major transformational programmes

7. The Five Year Health and Care Strategy for Worcestershire encompasses the following major transformational programmes; The Urgent Care Strategy, Out of Hospital Care, Specialised Commissioning, Acute Hospital Services, Future Lives and the Children's and Young People's Plan.

8. The agreed vision statement for Urgent Care is *"To ensure the people of Worcestershire have access to the right urgent care service that is of a consistently high quality and which is available 24 hours a day 7 days a week".*

Urgent Care

9. To deliver the vision an Urgent Care Strategy was developed and approved by partners in May 2014. The strategy identified three core areas of focus,

    - **Admission prevention and avoidance:** Enhance out of hospital urgent care services to avoid emergency admission where possible
    - **Right care, right time, right place:** Treat with the best care in the best place in the fastest time
    - **Effective patient flows:** Promote rapid discharge to the most appropriate place for recovery in a planned manner.

10. 14 key delivery projects were agreed for implementation over the three year period covered by the strategy. Three of the projects were identified as priorities for year one,

    - Develop **Urgent Care Centres** at Worcestershire Royal Hospital (WRH) and the Alexandra Hospital (AH). The UCC at WRH opened on the 23 June 2014, the UCC at AH opened in November 2014.
    - Implement **Discharge to Assess** pathways to enable patients to receive assessments for on-

going care needs away from acute hospital sites. Discharge to assess pathways are now routinely used as a route for supporting complex discharges from hospital and regularly facilitate the discharge of more than 110 patients per week.

- Introduce a **Patient Flow Centre** to enable improved discharge for complex patients who need on-going health or social care support following their acute stay. The PFC opened in October 2014 and has been identified as a model of good practice for other systems to learn from.

11. Managed through the System Resilience Group, each of the three projects is on track. Following a recent review of progress, the following priorities were identified for year two;

    - Completing and responding to the urgent care demand and capacity modelling work
    - Continued improvement of patient flow processes through the DTA pathways and the PFC
    - Deliver the 7 day working strategy across partner organisations
    - Procure an effective NHS 111 solution for Worcestershire
    - Improve access to urgent mental health services.

Out of Hospital Care

12. Out of Hospital Care includes all services provided in community settings such as in people's homes by community nurses, at GP surgeries and in health centres. The aim is to develop services in the community and focus on self-care, early diagnosis and high quality management of long-term conditions. This will enable acute hospitals to focus on patients who are critically ill and those who require specialist investigations and interventions. The key areas of action for Out of Hospital Care are Primary Care at Scale and Care closer to home. Future developments will be taken forward through the Trailblazer process and the Alliance Boards.

Specialised Services

13. Accounting for £1 in every £8 of NHS expenditure, Specialised services are generally those services which;

    - Are provided from a small number of centres
    - Require a concentration of specialist staff and equipment to be safe and cost efficient
    - Often exhibit high patient costs and low patient numbers (making planning and budgeting difficult at a local level)
    - May be subject to rapid technological change.

14. The Health and Social Care Act 2012 gave statutory

responsibility for commissioning specialised services to NHS England. For Worcestershire, this function has been delivered by NHS England, Birmingham and Black Country. During 2014/15 a change was signalled and, as with the delegation of commissioning of primary care services to CCGs, a similar transfer of specialised commissioning started to take place as part of the national policy of developing "place based commissioning" focused on CCGs.

15. In order for CCGs to be involved in the on-going commissioning of these services and oversee the transfer process, the West Midlands Specialised Collaborative Commissioning Oversight Group (SSCOG) has been established. Worcestershire is represented on this by the Director of Commissioning for the three CCGs.

16. As part of this process Worcestershire's CCGs will need to consider and agree appropriate risk sharing and pooling arrangements within the county and also with neighbouring CCGs so that fluctuations in unpredictable, high cost services do not result in undue financial pressure to individual CCG commissioning budgets and adversely affect resources available for other non-specialised services.

Acute Hospital Services in Worcestershire

17. West Midlands Clinical Senate published its review of the proposed clinical model at the end of June 2015. Subsequently, all members of The Future of Acute Hospital Services in Worcestershire Programme Board confirmed their commitment to the ongoing development of the clinical model produced last year (known as modified option one).

18. Plans for the majority of the proposals including emergency surgery, obstetrics and gynaecology were supported. Plans for paediatrics were also supported but the Programme Board recognised staff and public will need a common understanding about where to take children requiring hospital treatment. The Programme Board also needs to confirm there is capacity at WRH for additional paediatric patients.

Future Lives: Pathway to Independence

19. The changing landscape of social care presents a number of significant challenges for the health and social care economy in Worcestershire. The County Council is experiencing real terms cuts in social care budgets at a time when demographics suggest that increased funding is required. The efficiency challenge for the Council, working jointly with local partners, is significant. The Council's strategy must ensure that any service redesign

recognises the implications of reduction to social care support and the impact that will have on the wider health system.

20. Future Lives is reviewing and reforming all aspects of adult social care. It will result in new models of care that promote health and independence, increase choice and control and reduce the need for long term services by maximising the impact of investment in prevention and recovery. It comprises the following programme areas:

    - **Keeping Well** - Focusing on enabling self-management through high quality information and advice, identifying needs that might benefit from early help, such as; loneliness, risk from falls and cold weather and ensuring that support is available through communities and neighbourhoods
    - **Integrated Recovery** - Redesigning services in conjunction with the CCGs to promote recovery and a return to independence, usually delivered at home
    - **New Models of Care** - Reviewing the approach to assessing, arranging and providing adult social care, consider how the Council can improve the timeliness and quality of assessments, promote choice and control and improve quality and productivity.
    - **Effective Commissioning** - Aims to expand choice for service users and carers by increasing the number and range of providers of adult social care. It involves working with service users and carers to understand their preferences, and with existing and potential providers to encourage them to enter the market for adult social care and prepare them for operating in a competitive environment where service users and carers have control over personal budgets.

21. Future Lives has,

    - Launched the first version of ***Your Life, Your Choice*** website. Feedback will be gathered to inform the development of version two.
    - Made progress with the **redesign of integrated recovery services**, a service specification for South Worcestershire is close to completion
    - The **new model of social care** is live
    - The Council is now working to the requirements of the **Care Act**
    - A major **review of the care home and home care market** has been launched
    - A work stream has been launched to explore the potential of **new technologies**.

Children and Young People's Plan

22. A comprehensive report on the Children and Young's People's Plan is an agenda item for 15 July Health and Well-being Board and is not repeated here.

The enablers supporting the major transformational programmes

23. The major transformational programmes encompassed by the Five Year Health and Care Strategy are supported by a number of 'enablers' as detailed below.

Communications and Engagement, including Co-production

24. Led by Peter Pinfield, Chair, Healthwatch and Sue Harris, Director Strategy and Business Development, Worcestershire Health and Care Trust. It reflects partner organisations' commitment to putting patients, service users and carers at the heart of health and social care services.

25. The enabler team has been working with The Young Foundation to develop new models of care for people with multiple long term conditions through co-production methodologies. Three co-production workshops were held at the beginning of this year, each was well attended by patients, carers, clinicians and other stakeholders, receiving positive feedback. They built consensus around the key principles that would need to be incorporated in any new model of care such; as a single care plan created with people and their carers, robust care co-ordination, support to “navigate” the system, and links to community support. Three further workshops were held in June.

26. Healthwatch Worcestershire recognises further work needs to be done in developing co-production, and plan to present a report to the Health and Wellbeing Board in September 2015 with key recommendations.

Integrated Assessment, Care and Support Planning

27. The agreed ambition is for individuals to have a single care plan. The individual and everyone involved in providing their care and support will be able to access and contribute to the plan. A workshop (7 July) aims to collate user requirements. Delegates include frontline professionals and patients/service users and carers. The output of the workshop will inform the design specification for the IT development required. Dr Anthony Kelly is the Strategic Sponsor for Integrated Assessment, Care and Support Planning.

Information Technology

28. Clare Marchant, Chief Executive, Worcestershire County Council is the Strategic Sponsor for IT. Joined up information technology systems are crucial to the development of a single care plan. All the partners have now adopted the Integrated IT strategy ensuring new IT systems within their own organisations are aligned. Resources have been secured to develop a proposal for greater interoperability between the respective IT systems. Significant investment is likely to be required. The Board will be kept informed of progress.

Information Governance

29. Clare Marchant, Chief Executive, Worcestershire County Council is the Strategic Sponsor for IG. A local Information Governance Group oversees the development of information sharing protocols, ensuring staff feel empowered to share information appropriately. A number of information sharing constraints have been escalated to the national Pioneer programme.

Workforce planning

30. Led by Jo Galloway, Chief Nursing Officer, Redditch & Bromsgrove CCG and Wyre Forest CCG. A local Workforce Planning group has been developing an Integrated Workforce plan, which will highlight the context and key challenges and highlight best practice and opportunities for innovation with the development of new and expanded roles. Worcestershire has a number of innovations - e.g. the Physician Assistant role at The University of Worcester; the piloting of pharmacists in A&E by WAHT, and an education programme at the University of Worcester for Practice Nurses. The group has informed Worcestershire's submission to Health Education West Midlands which analyses plans from across the region to inform education and training commissioning.

Voluntary and Community Sector

31. The Well Connected VCS Group has met on a number of occasions over the past two years to consider the support the VCS can provide to the integrated care programme. They have allocated significant individual resource to supporting the development of all the relevant enablers and transformational programmes and have submitted a report on the VCS's requirements to develop and become a strong sector to support the implementation of the integration agenda.

32. Members of the group have engaged in a number of positive developments, both individually and collectively, such as End of Live Care; Reducing Loneliness, developing support for Carers, co-production and a Social Prescribing initiatives.

33. There is significantly more the VCS could do, but lacking the appropriate investment resource (and recognising it is not the 'big player' in the marketplace), it requires some resource to engage and appropriately make the case for, integrated care to include a wellbeing focus to stem the flow of demand on the wider health care system. The development of Worcestershire Trailblazers, creates a significant opportunity to enhance and extend arrangements.

Appendix 1: Progress against NHS Outcome areas

	Redditch and Bromsgrove	South Worcestershire	Wyre Forest
Potential years of life lost (PYLL) from causes considered amenable to healthcare. *Composite indicator based on a calculation of likely early deaths from conditions that should be avoidable*	**Baseline:** 1977.4 years of life lost per 100,000 registered patients (Best 40%) **5 year ambition:** Reduce to 1,681 years **Performance at Year 1:** Deteriorated to 2,095	**Baseline:** 1893 years of life lost per 100,000 registered patients (Best 30%) **5 year ambition:** Reduce to 1,557 years **Performance at Year 1:** Deteriorated to 1,995	**Baseline:** 2099.9 years of life lost per 100,000 registered patients (Middle of all CCGs) **5 year ambition:** Reduce to 1,784.7 years **Performance at Year 1:** Deteriorated to 2,564
All people over 65 or those under 65, living with long term conditions (including children and young people) having their own coordinated care plan. *Composite indicator based on a survey of patients*	**Baseline:** 74.1 points (Just outside best 40%) **5 year ambition:** Increase to 75.1 **Performance at Year 1:** Improved to 75.8	**Baseline:** 74.1 points (Just outside best 40%) **5 year ambition:** Increase to 75.1 **Performance at Year 1:** Improved to 75.8	**Baseline:** 74.1 points (Just outside best 40%) **5 year ambition:** Increase to 75.1 **Performance at Year 1:** Improved to 75.8
Emergency admissions and length of stay reduced by managing care more proactively in other settings. *Composite indicator based on admissions for health conditions that should be treatable in primary or community care without an acute inpatient stay*	**Baseline:** 2,317 admissions (Bottom 40%) **5 year ambition:** Reduce to 1,920 **Performance at Year 1:** Improved to 2235.9	**Baseline:** 1,738 admissions (Best 30%) **5 year ambition:** Reduce to 1,669 **Performance at Year 1:** Improved to 1,684	**Baseline:** 1,541 admissions (Best 20%) **5 year ambition:** Reduce to 1,530 **Performance at Year 1:** Improved to 1,481.5
Safe and effective care secured and the proportion of people having a positive experience of care in all settings increased. *Composite indicators based on an annual survey of patients*	**Acute services** **Baseline:** 155.2 rate of negative responses per 100,000 patients (Worst 30%) **5 year ambition:** Reduce to 135.5 **Performance at Year 1:** Improved to 109		
	General Practice, Out of Hours and Dentristy **Baseline:** 5.1 rate of negative response per 100,000 patients (Best 30%) **5 year ambition:** Reduce to 4.8 **Performance at Year 1:** 6.5 (best 40%)	**General Practice, Out of Hours and Dentristy** **Baseline:** 4.8 rate of negative response per 100,000 patients (Best 20%) **5 year ambition:** Reduce to 4.5 **Performance at Year 1:** 5.2 (best 15%)	**General Practice, Out of Hours and Dentristy** **Baseline:** 5.8 rate of negative response per 100,000 patients (Middle of all CCGs) **5 year ambition:** Reduce to 5.5 **Performance after Year 1:** 6.1 (best 30%)

	Redditch and Bromsgrove	South Worcestershire	Wyre Forest
Parity of esteem for people suffering with mental health conditions alongside those with physical health conditions. *Indicator measuring the proportion of people estimated to have anxiety and/or depression that can access structured psychological therapy treatments.*	**Baseline:** 5% **14/15 Target:** 15% **Performance at Year 1:** 6.8%	**Baseline:** 5% **14/15 Target:** 15% **Performance at Year 1:** 18%	**Baseline:** 5% **14/15 Target:** 15% **Performance at Year 1:** 12.5%

Note: *Green signifies performance is improving towards the ambition; red signifies that performance has moved away from the ambition; amber indicates neither a particularly positive or negative direction of travel.*

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Worcestershire Health and Well-being Board

South Worcestershire Integrated Recovery Programme

Agenda item 7

Date	15 July 2015
Board Sponsor	Dr Richard Harling, Director of Adult Service and Health, WCC Dr Carl Ellson, Chief Clinical officer, NHS SWCCG
Author	Nisha Sankey, Head of Transformation, NHS SWCCG
Relevance of paper	**Priorities** Older people & long term conditions — Yes Mental health & well-being — No Obesity — No Alcohol — No Other (specify below) — No **Groups of particular interest** Children & young people — No Communities & groups with poor health outcomes — Yes People with learning disabilities — No Has an equality impact analysis been carried out? — **Yes** If yes, please summarise findings: Main concern is the increase in the over 65 population expected in the next 3 years- modeling has been completed to ensure that the capacity of the service will be able to cope with increase in demand and ensure that access to the service is not compromised. Needs of carers also highlighted in the EIA.
Item for	Decision
Recommendation	1. **That the Health and Well-being Board:** **a) Note and endorse progress with development of integrated health & adult social care recovery services in South Worcestershire and the plan to**

progress integration further as part of the South Worcestershire trailblazer bid;

b) Approve the procurement of a single integrated community based inpatient nursing and rehabilitation unit, provided at the existing Timberdine site, noting the associated Better Care Fund implications and procurement timeline; and

c) Note the delegated authority awarded by Worcestershire County Council Cabinet in July 2014 to the Cabinet Member for Health & Well-being, in consultation with the Director of Adult Services and Health, to agree with NHS South Worcestershire Clinical Commissioning Group the details of the specifications for integrated health and adult social care re-ablement and rehabilitation services, including Timberdine, the costs that can be met from the Better Care Fund, and how providers should be procured.

Background

2. NHS South Worcestershire Clinical Commissioning Group's (SWCCG) and Worcestershire County Council's South Worcestershire Integrated Recovery Programme is a series of interlined large scale change projects that together will achieve greater integration of health and social care for older people who need support to regain their independence following a crisis at home or admission to hospital.

3. Over the last 18 months work has been underway to determine how services could be redesigned and improved. This has been undertaken in tandem with work by the South Worcestershire Alliance Board to develop its vision of a new model of care, which will be the key component of the developing South Worcestershire Trailblazer proposal. This work is now at a point where agreement is required from the Health & Well-Being Board to commit BCF resources to support the procurement process.

Current system

4. Recovery services currently commissioned by SWCCG and the Council and in scope of this project are:
    - Recovery at home services
    - Night services
    - Inpatient nursing and rehabilitation services
    - Howbury House Resource Centre

5. These services typically offer re-ablement, rehabilitation and support for a period of 6 weeks to older people with acute health and/or social problems in order to avoid acute hospital admission or facilitate discharge, and as far as possible to return people to their previous level of

independence in order to avoid or reduce the need for long term care.

6. Full details of funding and current providers are listed in Appendix 1. Collectively the services have a commissioning budget in excess of £12m, much of which comes from the Better Care Fund (BCF). This affords an opportunity for SWCCG and the Council to work together to achieve better outcomes for this rapidly growing client group.

Future demand

7. SWCCG includes 32 general practices with a total list size of 298,389 (April 2015). It accounts for approximately half of the registered population in Worcestershire and has a slightly higher proportion of people aged 75 and over [n=29,038] compared to the rest of the county. Population projections indicate that the rate of growth in this age group will be 4.1% per annum, suggesting there are likely to be 35,000 people aged 75 and over by 2020.

8. The predicted impact of this demographic pressure on some of the current recovery services has been modeled using the existing demand as a baseline – see Table 1 and 2. This indicates that demand for services is likely to increase. Maintaining current service to an increased number of people will not be possible without further investment, significant efficiencies, or both.

Table 1: South Worcestershire integrated community team enhanced care pathway - projected demand

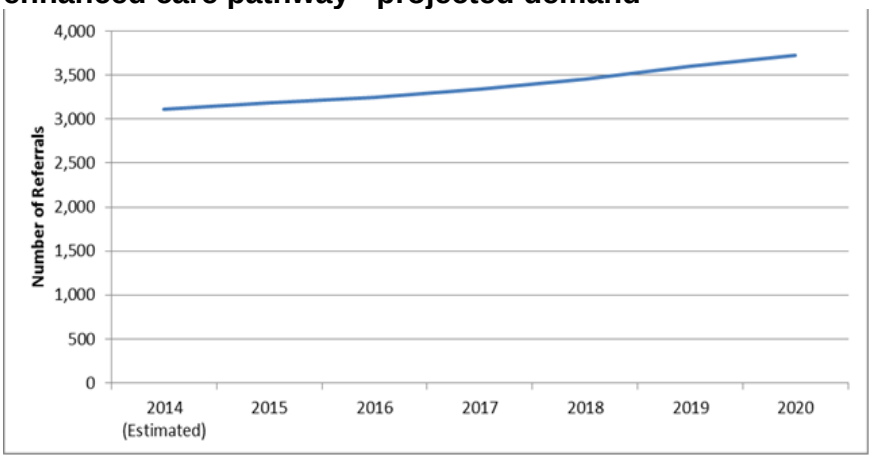
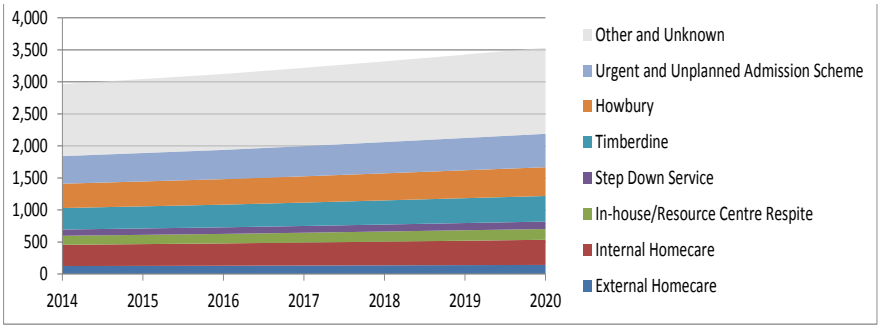


Table 2: Council provided recovery services – projected demand



9. Recovery services are currently provided by a range of providers, with Worcestershire Health and Care NHS Trust and the Council the largest providers. They have separate leadership and management structures, as well as different criteria for access, documentation, training and associated processes. As a result, whilst care delivered by the individual services is good, feedback from service users and their families suggests this approach leads to multiple referrals and assessments and many different professionals potentially visiting people in an uncoordinated and potentially inefficient manner. This does not reflect the person-centred approach to service delivery we want to commission in the future.

10. The sections below set out progress with development of integrated health & adult social care recovery services.

Recovery at home services and night services

Current position

11. Recovery at home services include the Urgent Promoting Independence (UPI) team provided by WCC and the SW integrated community team enhanced care pathway provided by Worcestershire Health and Care Trust, both of which have associated night services which have the capacity to provide urgent night sits to people who need support overnight. Together they provide services which enable people to remain in their own home following a crisis or deterioration in health and help them regain their independence.

12. The number of referrals to the services has dramatically increased in the last 12 months. There has been additional investment from NHS System Resilience monies and the Department of Health Delayed Transfers of Care Grant. The teams play a pivotal role in supporting Worcestershire's urgent care system, specifically 'Pathway 1' which facilitates discharge from the acute hospital to home. SWCCG have also invested an additional £1.3m extra in community services providing rapid response enhanced care over the last 18 months.

What is planned?

13. The plan is to fully integrate the teams into a single service, managed by one provider.

14. A staged approach to integration is being taken. Initially, the teams will 'virtually integrate': working together adopting the same referral criteria, processes and training but with separate employers and line management arrangements. Night services will work in this way from July 2015, followed

by the Recovery at home services from September 2015.

15. This stage of integration will be fully evaluated from February 2016 onwards to determine the benefits and risks and inform the final specification for a fully integrated service and a decision about procurement from a single provider. If approved it is anticipated that this could proceed early in 2016/17.

Progress

16. There has been good progress thus far, with integrated models of care being co-produced between health and social care partners and service users. Current providers have demonstrated a great willingness to collaborate with a real 'can do' attitude being applied to overcome the barriers to integration.

17. The South Worcestershire Alliance continues to develop its vision of a new model of care, reflecting the Five Year Forward View. This includes its potential role in providing a range of community services, including integrated recovery services. This is expected to form part of the South Worcestershire Trailblazer proposal currently being developed.

Next Steps

18. These are:
    - Virtual integration pilots – July 2015 onwards
    - Initial benefit and risk analysis, development of a service specification and consideration of procurement and contracting options - end of July 2015.
    - Evaluation of pilots – February 2016
    - Final benefit and risk analysis, confirmation of a service specification and decision about procurement from a single provider - February 2015.

Inpatient nursing and rehabilitation services

Current position

19. These are:
    - **Worcestershire Intermediate Care Unit (WICU),** with 20 beds provided by the Shaw Trust. The current contract is due to expire at the end of March 2016.
    - **Timberdine Nursing & Rehabilitation Unit**, with 28 'general' inpatient nursing and rehabilitation beds and 8 specialist stroke rehabilitation beds provided by the Council under a 5 year contract due to end in July 2016.

20. Whilst being located and predominantly serving populations

in Worcester City & Droitwich, the two facilities are available to and used by patients from all parts of the county. They are part of a network of services across Worcestershire, which offer mutual support as different parts of the county come under pressure. They specialist stroke beds, in particular, form part of the countywide stroke specialist rehabilitation service and are regularly accessed by patients from across South Worcestershire, as well as Redditch & Bromsgrove and Wyre Forest. Both facilities offer admission from home to avoid acute hospital admission as well as admission following an acute hospital stay to facilitate discharge. The rehabilitation element of the service helps to return people to independence and avoid or reduce the need for long term care.

21. Note that in addition the four community hospitals in South Worcestershire offer nursing and rehabilitation, but are out of scope of the project. Detailed demand and capacity modelling has recently been undertaken to support delivery of the system wide Urgent Care Strategy. This suggests that South Worcestershire has around 40 more inpatient nursing and rehabilitation beds than required if the system were working optimally. This information has been taken into account when planning future inpatient capacity requirements, and as a result the recommendation is to commission 46 beds compared to the current 56 across WICU and Timberdine.

What is planned?

22. In order to continue to secure high quality and best value services, SWCCG routinely tests the market when contracts of this nature are reaching the end of their term. As a strategic commissioning authority, the Council has indicated that it will in future only directly provide services where there is no viable alternative, and is actively looking for an alternative provider for Timberdine.

23. The plan therefore is to secure a single provider of services, optimising opportunities for integration and efficiency and reducing the bureaucratic burden associated with two separate contracts. Given the existing contractual arrangements, the procurement process is required to start as soon as possible to ensure that a contract is in place to allow the new service to commence from 01 April 2016, including a minimum three month period between contract award and service commencement to allow a smooth transition of services.

24. Timberdine has consistently received excellent feedback. The plan is to stipulate the continued use of the Timberdine site as part of the service specification. The Council has

previously agreed a plan for capital developments, which will facilitate the provision of an additional 10 beds, with work planned to complete no later than 31 March 2016. This will mean that sufficient capacity will be available at the Timberdine site and a separate facility will no longer be required.

Progress

25. A procurement plan has been developed, with a view to a contract award being made by 1 December 2015, followed by an implementation period through to March 2016, and the new service to commence from 01 April 2016.

26. A service specification has been drafted and shared with stakeholders. The final service specification will need to be agreed between the SWCCG Accountable Officer and the Cabinet Member for Health & Well-being, in consultation with the Director of Adult Services and Health. Relevant staffing details have been requested from existing providers in line with current procurement and TUPE regulations.

Next Steps

27. These are (see also Appendix 2):
    - Agree use of BCF funding and start procurement process – July 2015.
    - Finalise service specification, including KPIs and quality standards – July 2015.
    - Conclude procurement and award contract – July to December 2015.
    - New service in place – April 2016.

Howbury House Resource Centre

Current Situation

28. Howbury House, based in Malvern, is a 32 bedded unit and is currently funded by the BCF. Due to uncertainty about the future service requirements, recruitment at Howbury House has been an issue and 10 beds are currently closed. The unit currently provides 16 rehabilitation beds and 6 long term care beds.

29. It has played a significant role in the urgent care system and is a highly valued and well used asset. An analysis of activity between April 2014 and January 2015 showed:
    - 211 individuals had 239 intermediate care admissions.
    - 7,117 bed nights were available; actual occupancy was 6,251 (88%).
    - 27% of admissions came from home, 65% came from either acute or community hospital, 7% from nursing or residential homes and 2% from other sources.
    - 67% of people discharged returned home, 17% were

admitted to hospital, 11% of people moved into a residential or nursing care home, 2% were rehoused or died and 2% were classified as “other”.

30. Note, there are 6 permanent residents, funded by the Council, who were moved to Howbury House following the closure of a local care home in 2014. The needs of these people will be considered alongside any decision about the longer term future of Howbury House.

What is planned?

31. There are a number of factors being considered as part of the determination of the future of Howbury House:
    - Is it possible to carry out the rehabilitation activity in people's own homes by expanding the capacity of integrated recovery at home services?
    - If no longer required for rehabilitation, could Howbury House provide capacity for urgent care ‘discharge to assess pathway 3'? - these are step down beds that allow timely discharge from the acute hospital and allow time for assessment of the individual’s long term care needs.
    - If not required for rehabilitation or 'Pathway 3', what other options are available for Howbury House in the longer term?

32. A stakeholder event is planned for July 2015 to explore these in more detail and generate options and recommendations. These will need to be agreed between the SWCCG Accountable Officer and the Cabinet Member for Health & Well-being, in consultation with the Director of Adult Services and Health.

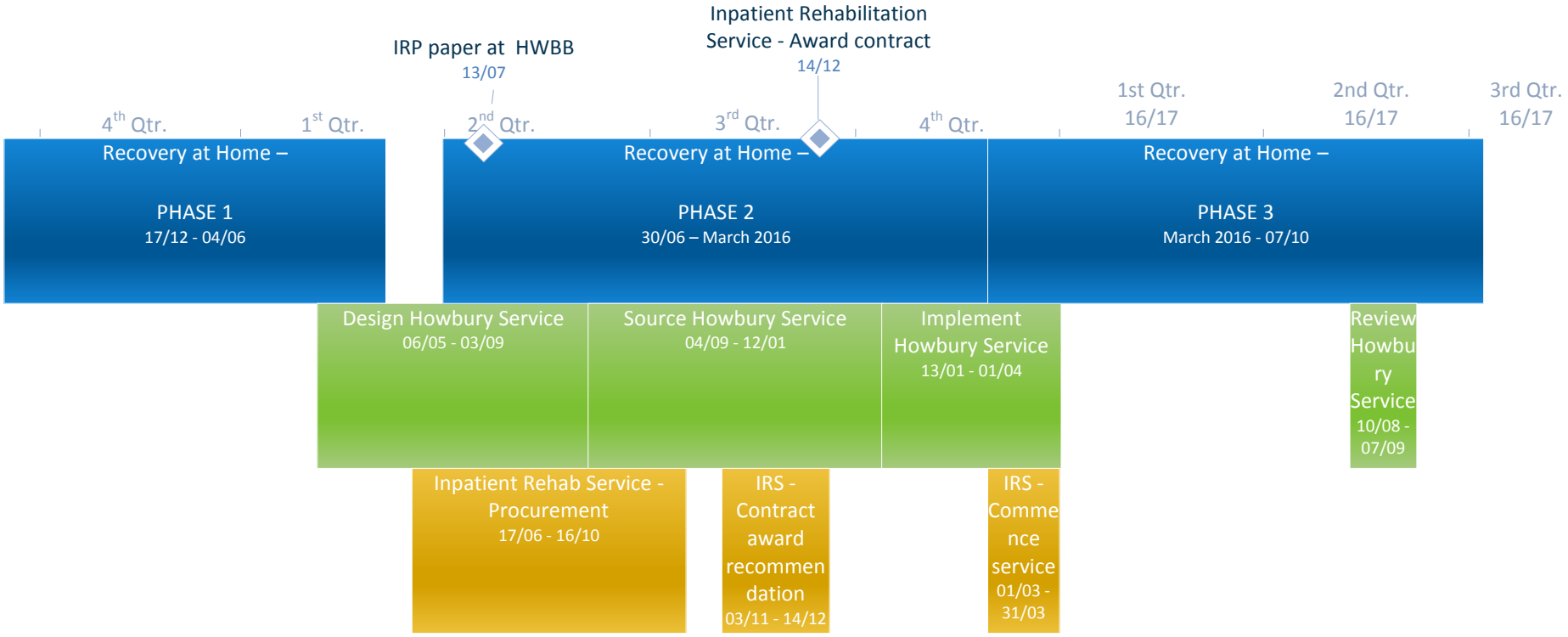
Next Steps

33. These are:
    - Stakeholder engagement - July 2015
    - Finalise recommendations - July to September 2015
    - Decision - September 2015

Appendix 1: Current recovery services - funding and providers

Integrated Recovery programme Service	*Scheme Name*	*Current Commissioner*	*Current Provider*	*BCF*	*WCC*	*CCGs*	*SW Integrated Recovery Programme Funding*
Night Services	Intermediate Care night sitters	SWCCG	WHCT	110,000	0	0	110,000
	Night sitters and Discharge After Dark Service	WCC	WCC	67,500	0	0	67,500
	Urgent response night service/urgent homecare	WCC	WCC	61,500	7,750	0	69,250
	RACE (rapid access to carers at end of life)	SWCCG	Various VCS	0	0	tbc	tbc
	Sub total			**239,000**	**7,750**	**0**	**246,750**
Recovery at Home Services	Urgent Homecare	WCC	WCC	187,500	0	0	187,500
	Urgent Promoting Independence Service	WCC	WCC	790,500	34,050	0	824,550
	Discharge to Assess Pathway 1 - additional funding for Social Care element	WCC	WCC	8,500	100,000	530,000	638,500
	Discharge to Assess Pathway 1 - additional funding for Health element	SWCCG	WHCT	0	0	140,000	140,000
	Rapid Response social work team (now working as part of Integrated Community Team)	WCC	WCC	332,500	0	0	332,500
	RMN's in intermediate care (now working as part of Integrated Community Team)	SWCCG	WHCT	155,000	0	0	155,000
	Rapid Response Nurses (now working as part of Integrated Community Team)	SWCCG	WHCT	117,700	0	0	117,700
	SW Integrated Community Team - Enhanced care pathway	SWCCG	WHCT	3,866,000	0	0	3,866,000
	Reablement at home - enhanced interim packages of care	WCC	WCC	46,000	0	0	46,000
	Hospital at Home -24 hour care	SWCCG	Allied Healthcare	0	0	tbc	tbc
	Sub total			**5,503,700**	**134,050**	**670,000**	**6,307,750**
Inpatient Nursing & Rehabilitation Service	Timberdine nursing and rehabilitation unit - core contract	SWCCG	WCC	1,805,000	0	1,015,703	2,820,703
	Timberdine nursing and rehabilitaion unit - 2014 contract variation to include UUPs	SWCCG	WCC	217,602	0	0	217,602
	WICU (including medical cover and therapy input)	SWCCG	Shaw Homes	0	0	tbc	tbc
	Sub total			**2,022,602**	**0**	**1,015,703**	**3,038,305**
Howbury House Resource Centre	Core service funding	WCC	WCC	1,362,000	0	0	1,362,000
	Therapy support	SWCCG	WHCT	0	0	43,000	43,000
	Medical cover	SWCCG	Malvern Health Centre	0	0	31,600	31,600
	sub total			**1,362,000**	**0**	**74,600**	**1,436,600**
	Total			**9,127,302**	**141,800**	**1,760,303**	**11,029,405**

Appendix 2: South Worcestershire Integrated Recovery Programme - Major Milestones & Timeline



Worcestershire Health and Well-being Board

Better Care Fund Quarterly Report (January to March 2015) to NHS England

Agenda item 8

Date	15 July 2015
Board Sponsor	Richard Harling, Director of Adult Services and Health
Author	Frances Martin, Integrated Commissioning Director (Adults)
Relevance of paper	**Priorities** Older people & long term conditions — Yes Mental health & well-being — Yes Obesity — No Alcohol — No Other (specify below) — No **Groups of particular interest** Children & young people — No Communities & groups with poor health outcomes — Yes People with learning disabilities — Yes Has an equality impact analysis been carried out? — **No** If yes, please summarise findings:
Item for	Information and assurance
Recommendation	**1. That the Health and Well-being Board is asked to note the Better Care Fund Quarterly Report to NHS England, previously approved by the Chairman under delegated authority.**
Background	2. Quarterly and annual monitoring reports on the Better Care Fund (BCF) are required by NHS England. Reports are submitted in a standard format on a template provided. The quarterly returns comprise the income and expenditure position of the BCF, as well as quarterly data on the metrics that were part of the BCF plan, including non-elective admissions.

3. The Health and Well-being Board is required to sign-off the monitoring reports. The submission to NHS England for the period January to March was due on 29 May 2015 and as agreed at May Health and Well-being Board was signed off by the Chair under delegated authority. The submission for the Board to note.

Key points

4. The key points are:

   - Everything is on track to deliver as planned,
   - The only exception is the delayed transfers of care numbers are above our planned trajectory. Work is ongoing to ensure accurate reporting of delayed discharges in line with legislation and guidance. Since the BCF Q1 return was completed, DTOC figures have improved with more consistent and improved reporting. Work is also ongoing to review and improve discharge pathways. Advice has been received from the DH Helping People Home Team, Health Education West Midlands, West Midlands Quality Review Service and others. A recovery plan is being managed by the Systems Resilience Group.

5. The Spending Round established six national conditions for access for the BCF. These are set out in table 1, with progress from Worcestershire.

Additional Information

Appendix: BCF Quarterly Data Collection Q4 14/15 Worcestershire V-1 (Impactchange) FINAL – (Online)

Table 1: Spending Round established six national conditions for access for the BCF

Condition	Please Select (Yes, No or No - In Progress)	Comment
1) Are the plans still jointly agreed?	Yes	Initial plan was agreed and endorsed by Health and Well-being board on 23rd September 2014. Subsequent admendments to the plan (for instance, increase or
2) Are Social Care Services (not spending) being protected?	Yes	11.5m of the Better Care Fund is funding revenue spend on Social Care services such as bed-based recovery centres and rapid response social work assessments. This
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes	Admission Prevention schemes such as Urgent and Unplanned placements in care homes, Rapid Response, and Urgent Homecare are 7-day services
4) In respect of data sharing - confirm that:		
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	NHS number is used as the primary identifier for both health and social care services in Worcestershire
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Appropriate information governance controls are in place, that are in line with Caldicott 2, to facilitate integrated working and sharing of information.
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	Case Management is in place. Segmentation data is currently being developed to support identifying those at risk of admission or deterioration. This data will be used for case management as well as assist with commissioning services that best meet the local population.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	The target for reduction in non-elective admissions and the P4P element of the BCF is in the agreed plan. The contract with the Acute Trust is P4P and so it is clear what the financial impact of the reduction would be.

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Worcestershire Health and Well-being Board

Children and Young People Annual Report

Agenda item 9

Date	12 May 2015
Board Sponsor	Gail Quinton, Director of Children's Services
Author	Hannah Needham, Strategic Commissioner – Early Help & Partnerships Lisa Peaty, Business Planning & Performance Manager
Relevance of paper	**Priorities** Older people & long term conditions — No Mental health & well-being — Yes Obesity — Yes Alcohol — Yes Other (specify below) — No **Groups of particular interest** Children & young people — Yes Communities & groups with poor health outcomes — No People with learning disabilities — No
Equality Analysis	Has an equality impact analysis been carried out? — No If yes, please summarise findings:
Item for	Consideration
Recommendation	**1. That the Health and Well-being Board (HWBB) is asked to:** **a) Note the content of the report and the progress made on implementing the Children and Young People's Plan.** **b) Agree that the Health and Well Being Board receives reports at every other meeting which focus on the progress of the key areas of concern outlined in paragraph 26.** **c) Recognise the role the Health and Well Being**

Board has in working with all Partners (including Parents) to improve outcomes for Children and Families.

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 an annual review of performance against the seven areas of focus.

Performance management arrangements

4. The implementation of the CYPP has been performance managed through the Children's Trust Executive Board (CTEB) and Local Children's Trusts (LCTs)

5. Progress against the seven areas of priority has been measured using the key performance indicators listed in the plan. The performance management process has:

    - provided each LCT with data relating to performance in their geographical area to enable them to assess their progress and to monitor the delivery of their local plans;
    - enabled LCTs to report to the CTEB on activity that contributes to the 'story behind the data;'
    - provided the CTEB with an overview of performance at countywide level as well as for each LCT, enabling them to celebrate successes and to provide challenge on areas of underperformance.
    - enabled each LCT to agree mitigating actions to address areas of underperformance before these actions are discussed by the CTEB.

6. A CYPP performance management report containing performance indicator data and commentary has been produced for the CTEB quarterly. This has focused on areas of performance that:

- could be influenced directly at a local level;
- were related to countywide or local key strategies and plans, particularly the Early Help Strategy;
- were areas of concern.

Children and young people have a healthy lifestyle

7. 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.

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

   - A new substance misuse service has been commissioned
   - An urgent mental health care pathway has been developed and is being implemented across the Acute Trust, Worcestershire Health and Care Trust and Children' Social Care
   - A CAMHS single point of access has been introduced and the referral pathway between GPs, CAMHS Spa and Early Help has been simplified.
   - The community school nursing service has been re-designed to focus on prevention and to actively build capacity both in and out of the school setting to improve health outcomes for children and young people and contribute to building healthier communities.

9. However the impact of these actions is still unclear as there the 2014/15 data to measure performance against the outlined target within the CYPP is currently unavailable.

Children and young reach their full potential in education

10. 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).

11. 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 49% in 2012/13 to 58% in 2013/14 (academic year) which was better than the target. However, this is still below expected levels of progress for Worcestershire.
- The marked improvement seen in the previous two years was sustained and further improved upon in 2013-14 for schools judged as good or better by Ofsted.
- There has been an increase in the percentage of pupils that achieve at level 4 or above in Reading, Writing and Maths at Key Stage 2 from 72% in 2012/13 to 77% in 2013/14 (academic year) which was better than the target.
- Fewer pupils achieved five or more A*-C at GCSE or equivalent including English and Maths than last year. Results also dropped nationally and for statistical neighbours which is as a result of changes to national policy and mean that it is not possible to directly compare 2013 outcomes with 2014.
- The percentage gap in achievement between pupils eligible for Free School Meals and their peers did not decrease in the expected level at Key Stage 2 or at Key Stage 4. Outcomes for disadvantaged pupils are increasing at Key Stage 3, but outcomes for other pupils are increasing at a similar rate, so schools are not making any real headway in closing the gap.
- Although the achievement gap between LAC and the rest of their peers improved at Key Stage Two, it did not at Key Stage Four.
- There has been an improvement in the SEN/Non SEN attainment gap at for 5 A*-C GCSEs including English and Maths from 50% in 2012/13 to 49% in 2013/14.

Children and young people are helped at an early stage

12. The area of focus was to implement the Early Help Strategy. All of the Local Children's Trusts (LCTs) have been active in the development and oversight of their local early help offer and have worked closely with the respective 0-19 Early Help Provider to embed the new service. The other main areas of focus of all the LCTs have been on the prevention of young people becoming NEET (not in education, employment or training).

13. Throughout the implementation of the Early Help Strategy the demand on specialist services (e.g. children's social care) has continued to increase, despite the introduction of

the early help offer. The recent Safeguarding Peer Review also concluded that greater clarity is required on the difference between the Worcestershire-wide early help strategy and the council commissioned early help services and reinforced that identifying and meeting the needs of children, young people and families goes beyond the County Council's responsibilities.

14. The Early Help strategy is therefore being refreshed and refocused into a Children and Families Prevention and Intervention Strategy to:-

- 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

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

- The rate of referrals to children's social care, the referral rate has increased from 308 per 10,000 in 2013/14 to 373 per 10,000 in quarter four 2014/15. The demand for social care services has continued to rise across all districts, but districts where Early Help provision has been commissioned longest have the lower referral rates.
- There was an increase from 0.07% in 2012/13 to 0.08% in 2013/14 (academic years) and at the end of the school spring term 2015, there were three more exclusions than there had been for the whole academic year in 2013/14.
- There has been a decrease in persistent absence from school from 4.3% in 2012/13 to 4.1% in 2013/14 (academic year) which was better than the target we set.
- A success has been the decrease of the percentage of 16 to 18 year olds not in education, employment and training from 4.7% in 2012/13 to 3.8% in quarter four 2014/15.
- There is demonstrable evidence that 833 (out of the expected 900) or 92.5% of families within the Stronger Families programme have improved outcomes e.g. child is now back in school.

Children and young people are

16. The areas of focus are:

- to improve services that help to keep children safe;

protected from abuse and neglect	• 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 will be captured within their annual report (due to go to 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 has been leading a review and refresh of this Strategy and subsequent action plan. A development day is being planned for July 2015 to sign off the strategy, pledge and action plan. 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. At the end of 2014/15 70.5% of children had up to date health assessments against March 2014 figure of 42%. 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 number of children in care to 60 looked after children per 10,000 population in quarter four 2014/15 compared to 58 per 10,000 in 2013/14. • The latest adoption scorecard results show a one year trend improvement in 2013/14 and a three year trend improvement from 2010/13 to 2011/14.
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 this areas of focus:-

- The Connecting Schools and Business Project team has completed Phase 1 of the "Worcestershire Careers Central" online app / website. Work is underway to populate the site with a further 10 Key Growth industry sectors, associated job roles and career pathway information.
- The development of phase 2 of the "Worcestershire Skills Central" web portal has now entered the testing and feedback phase. One of the changes being undertaken will allow the web portal to be accessed by parents who have students at Worcestershire high schools and will in turn assist parents in facilitating their child's work placement.
- The refreshed strategy of the Employment and Skills Board has a strand focussed on improving opportunities for vulnerable learners, including those not in employment, education or training.

23. The main performance headlines are:-

- There has been a decrease in the percentage of 16 to 18 year olds not in education, employment and training from 4.7% in 2012/13 to 3.8% in quarter four 2014/15. However the percentage of care leavers in not employment, education and training had not improved by the end of quarter four.
- Approximately 33% of Key Stage 5 students are based in Worcestershire schools, outcomes for these students is broadly in line with national outcomes with the average grade achieved being a 'C' in academic subjects. Over the last 5 years Worcestershire outcome per student have remained quite stable.
- There has been a decrease in the percentage of care leavers in suitable accommodation.

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, within the new Prevention and Intervention Strategy providing information and advice to people to help them make positive choices will be a theme of activity and as such will have targets and performance indicators attached to it.

Summary of performance

26. The key areas of success for 2014/15 are:-

- an increase in the number of young people who are in education, employment or training;
- an increase in the percentage of looked after children who have an up to date health assessment;
- further improving on the percentage of schools judged as good or better by Ofsted;
- an increase in the percentage of pupils that achieve at level 4 or above in Reading, Writing and Maths at Key Stage 2 from 72% in 2012/13 to 77% in 2013/14 (academic year) which was better than the target.

27. The areas of concern and potential priorities for greater HWBB scrutiny and oversight are outlined below. Making the required improvements will require partners across the wider children and families sector to work together. Improvement is also dependent on the willingness and cooperation of parents, children and young people.

- School readiness (Early Years Foundation Stage Profiles) and the broader range of health inequalities for the under 5s;
- Education attainment of pupils eligible for free school meals;
- Educational attainment of looked after children
- Educational attainment at key stage 4 and post 16;
- Progress of Care Leavers into suitable accommodation and education, employment and/or training;
- Demand on social care at every level (Children in Need, Child Protection and Looked After Children).

28. It is recommended that the Health and Well Being Board receives progress reports at every other meeting on activity to address the areas of concerns outlined in paragraph 26. These reports will also include the latest performance information. However the validated educational performance will only be available annually.

Future Plans

29. The Health and Well Being Board is already sighted on the development and implementation of a Prevention and Intervention Strategy for Children and Families (report

tabled in May 2015). This strategy will be used to shape the future commissioning of services such as Early Help, Speech and Language and Child and Adolescent Mental Health Services. It is envisaged that the Children and Young People's Plan will be reviewed in light of this Strategy so the CYPP can continue to add value.

30. In addition to the work on the Prevention and Intervention Strategy the following is taking place which all contributes to the identified areas of focus in paragraph 26:-

- Refreshing and refocusing LAC and Care Leavers Strategies
- Implementing the WSCB Business Plan 2015-2016
- Development and implementation of the NEET Strategy
- Ongoing implementation of the Special Education Needs and Disabilities Reform

Background Papers	Children and Young People's Plan

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Worcestershire Health and Well-being Board

The Transfer of 0-5 public health commissioning responsibilities to Local Authorities

Agenda item 10

Date	15 July 2015
Board Sponsor	Richard Harling
Author	Liz Altay, Public Health
Relevance of paper	**Priorities** Older people & long term conditions — No Mental health & well-being — Yes Obesity — Yes Alcohol — Yes Other (specify below) — No **Groups of particular interest** Children & young people — Yes Communities & groups with poor health outcomes — Yes People with learning disabilities — No Has an equality impact analysis been carried out? — **No** If yes, please summarise findings:
Item for	Information and assurance
Recommendation	**1. That the Health and Well-being Board is asked to:** **a) Note the scope and progress of the forthcoming transfer of commissioning arrangements for 0-5s public health services;** **b) Note progress of implementation of the revised national health visiting model, in particular the move from a registered to a resident basis; and** **c) Ask CCG Board members to disseminate the key messages to GPs.**

Background

2. Responsibility for commissioning 0-5 children's public health services is transferring from NHS England to Local Government on 1 October 2015. The transfer of public health commissioning for 0-5s is the final part of the transfer of public health commissioning to local authorities under the Health and Social Care Act 2012, which saw wider responsibilities successfully transfer in April 2013. 0-5 children's public health services comprise the Healthy Child Programme (HCP) including the Health Visiting (HV) service, and the Family Nurse Partnership (FNP). Local Authorities will receive funding, as part of their public health ring fenced grant (PHRFG), to commission these services as from October 2015. The transfer will enable join-up with 5-19 public health services (school nursing) and join-up across all WCC commissioned 0 to 19 services, particularly Early Help provision.

3. Regional oversight groups have been set up by the LGA in partnership with NHS England and PHE. However there is also an expectation nationally that Health and Well-being Boards will 'oversee' and assure the transfer. The Council is currently co-commissioning these services with NHS England in preparation for the transfer and has jointly developed key messages for GPs and for families for onward dissemination.

Healthy Child Programme

4. The HCP is a universal preventive and early intervention public health service for improving the health and wellbeing of children. The HCP provides a progressively targeted schedule of evidence based assessments, screening, immunisations and contacts for all children, with more targeted and tailored support for those who need it. The HCP for 0-5s is built on a strong evidence base originally identified in 2009 and more recently reviewed and updated in March 2015.

Health Visiting Services

5. Health Visitors (HV) are trained specialist community public health nurses who lead and deliver the HCP for all children aged 0–5. The Worcestershire HV service is provided by the Health & Care Trust (WHCT). Nationally a "call to action" commenced in 2011 with additional investment for more HV numbers and transformation through a revised HV model. The local service has achieved 20% growth to 122.8 wte fully qualified HVs by March 2015.

6. A national specification for Health Visiting sets out a model of evidence based delivery based on progressive universalism:
    - Community Offer – tailored to meet needs of local

communities
- Universal – delivery of HCP to all families
- Universal Plus – targeted support to address additional needs
- Partnership Plus – multi-agency working where there is identified need

7. In preparation for transfer the Council and NHS England have co-commissioned and localised the specification to include alignment to Early Help providers, improved information sharing, development & inclusion of various local integrated pathways, implementation of integrated 2.5 year checks and strengthened communications with GP practices in light of the move from a registered to a resident population.

Family Nurse Partnership

8. The Family Nurse Partnership (FNP) is an evidence based prevention programme that was developed in the US. Trained family nurses provide intensive structured home visiting for young teenagers in their first pregnancy. The programme is licensed and highly structured, with fidelity measures to ensure replication of the original research. There are three main goals:
    - To improve antenatal health;
    - To improve child health; and
    - To promote economic self- sufficiency.

9. Trials to date have demonstrated positive outcomes including improved prenatal health, fewer childhood accidents, reduction in attendance and admittance to hospital, fewer subsequent pregnancies, increased maternal employment and improved school readiness. NHS England have recently procured the first FNP service for Worcestershire to provide 100 places. The Provider is a social enterprise, Ripplez CIC, who commenced a 3 year contract in April 2015.

Mandation of service provision

10. The Government has arranged to mandate certain universal elements of the 0-5 HCP following transfer namely:
    - Antenatal health promoting visits;
    - New baby review;
    - 6-8 week assessment.
    - 1 year assessment
    - 2-2½ review.

11. These elements are delivered by HVs or through FNP. Mandation will ensure that the increase in health visiting services' capacity achieved continues as the basis for provision of evidence-based universal services and local authorities will need to ensure service levels are sufficient to achieve universal coverage for these

mandated checks. However LAs will have flexibility to ensure that these universal services support local community development, early intervention and complex care packages.

Funding, contracts & transfer

12. Final allocations for Local Authorities in respect of funding for commissioning 0-5 public health services for 2015/16 were published February 2015. Total funding for the six month period from 1 October 2015 to 31 March 2016 for Worcestershire is £3.342m. The final allocation in respect of the HV contract was less than full contract value due to an historical non-recurrent element of NHS England funding. Following negotiations with WHCT, contract values and HV staffing levels have been agreed for the 6 month period of a 2 wte reduction in HV numbers. All 2015/16 contracts and deeds of novation have been executed and signed.

13. A national self-assessment for the transfer has been undertaken, overseen by the regional oversight groups. NHS England are currently developing a number of legacy and handover documents in preparation for October. NHS England are addressing issues that have arisen regarding current national and local NHS data collection systems that contribute to service monitoring and performance. It is anticipated that current HV KPIs will start to be collected on a local authority resident basis prior to transfer.

14. The Treasury announced on 11 June 2015 that it intended to reduce the national PHRFG by £200m in 2015/16. We are expecting that Worcestershire's PHRFG will be reduced, with a planning assumption of a £3.3m reduction in year. This will affect services funded by the PHRFG, including 0-5 public health services. Initial proposals for savings have been developed and will be put to Cabinet on 16 July. These are that funding for 0-5 public health services would be reduced by 10% from October 2016 and that the services would be recommissioned along with children's Early Help as a single 0-5 service, with the mandated elements of the services preserved.

Registered to resident basis

15. Nationally, the new HV model and the local authority allocations for 0-5 Public Health services are based on a resident population. WHCT have historically provided HV services in Worcestershire on a GP registered population, these numbers are greater than the resident population. In addition WHCT have historically provided a service for children resident in Frankley, Birmingham. It has been estimated that this requires approximately 300 Frankley children to be repatriated to Birmingham HVs

and a further 300 children resident in other LAs currently registered with Worcestershire GPs across the county will require repatriation to other local authority HV providers.

16. The repatriation of Frankley children is being undertaken via a phased approach and will be complete by October. The process to do this and any lessons learnt are being used as a pilot for all West Midlands local authorities, led by NHS England and WHCT and overseen by the Regional Oversight Group. It is intended the Frankley pilot will inform the move of all other registered to resident children out of county on a phased approach during the period October 15 to April 16 in Worcestershire and all other neighbouring local authorities at the same time.

17. Concern has been expressed by a number of local GPs regarding the move from a registered to resident basis. In a small proportion of cases, where families are registered with a Worcestershire GP but do not reside in the county, they will no longer receive health visiting services from a Worcestershire Health Visitor. To mitigate the impact of this change each Practice will retain a named HV; HVs will have regular communication and safeguarding meetings with practices; NHS England have developed a strategy to communicate changes clearly to parents, GPs and other stakeholders and robust pathways are being put in place to ensure a safe and managed handover of children between providers. To achieve the new HV model, WHCT have re-organised some HV services in parts of the county. HV checks and health assessments will continue to take place in GP premises where they do currently, however HVs serving Redditch & Bromsgrove moved to Trust premises in January 2015 and Evesham HVs will be based in Evesham Community Hospital.

18. A slide deck outlining the HV service model, the transfer of commissioning responsibility in October and the implications of the move from a registered to resident basis has been prepared for CCGs and GPs by NHS England. In addition, FAQs for both GPs and families are available. CCGs are invited to take the presentation and communication materials and disseminate to their practice members.

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