Worcestershire County Council

Agenda

Health and Well-Being Board

Wednesday, 30 September 2015, 2.00 pm
County Hall, Worcester

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Health and Well-Being Board
Wednesday, 30 September 2015, 2.00 pm, Council Chamber, County Hall

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
Dr Simon Rumley	Wyre Forest CCG
Dr Jonathan Wells	Redditch and Bromsgrove CCG
Simon White	Interim Director of Children's Services. Worcestershire County Council

Associate Members

Mrs C Cumino	Voluntary and Community Sector
Supt. A Franklin-Smith	West Mercia Police
Gerry O'Donnell	South Worcestershire District Councils
Cllr Margaret Sherrey	North Worcestershire District Councils

Agenda

Item No	Subject	Presenter	Page No
1	**Apologies and Substitutes**		
2	**Declarations of Interest**		

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

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All the above reports and supporting information can be accessed via the Council's website

Date of Issue: Tuesday, 22 September 2015

Item No	Subject		Page No
3	**Public Participation** *Members of the public wishing to take part should notify Legal and Democratic Services in writing or by e-mail indicating the nature and content of their proposed participation on items relevant to the agenda, no later than 9.00am on the day before the meeting (in this case 9.00am on 29 September 2015). Enquiries can be made through the telephone number/e-mail address below.*		
4	**Confirmation of Minutes**	Chairman	1 - 8
	Decision		
5	**2016-19 Joint Health and Well-being Strategy**	Frances Howie	9 - 22
	Consideration, comment and steer further action		
6	**Public Health Ring Fenced Grant**	Richard Harling	23 - 44
7	**Better Care Fund**	Frances Martin	45 - 48
8	**Co-production**	Peter Pinfield	49 - 52
9	**Emotional well-being and mental health transformation plan for children and young people.**	Jessica Glen	53 - 56
	Information and assurance		
10	**Safeguarding Children Annual Report And Child Death Overview Panel Annual Report 2014/15**	Diana Fulbrook	57 - 60
11	**JSNA Annual Summary**	Frances Howie	61 - 64
12	**Future of Acute Hospital Services in Worcestershire**		
13	**Future Meeting Dates** **2015** **Board Meetings** Tuesday 3 November – Malvern District Council Offices *Meetings start at 2.00pm.*		

Item No	Subject		Page No
	Development (Private) Meetings 2015 Tuesday 13 October Tuesday 8 December *All held at County Hall at 2.00pm* **<u>2016</u>** **Board Meetings** Tuesday 26 January Tuesday 1 March Tuesday 10 May Tuesday 12 July Tuesday 13 September Tuesday 1 November *Meetings start at 2.00pm and may be at locations other than County Hall.* **Development (Private) Meetings 2016** Tuesday 9 February Tuesday 12 April Tuesday 14 June Tuesday 11 October Tuesday 6 December *All held at County Hall at 2.00pm*		

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

Minutes

Present:

Mr M J Hart (Chairman), Dr C Ellson (Vice Chairman), Mr S Adams, Ms J Alner, Mrs S L Blagg, Mr J P Campion, Mrs C Cumino, Mr Simon Hairsnape, Richard Harling, Dr A Kelly, Clare Marchant Mr G O'Donnell, Gail Quinton and Mrs M.A Sherrey.

Also attended:

Frances Martin, Mick O'Donnell, Nisha Sankey, Chris Tidman and Harry Turner.

Available papers

The members had before them:

A. The Agenda papers (previously circulated);

B. The Minutes of the meeting held on 12 May 2015 (previously circulated).

Copies of documents A and B will be attached to the signed Minutes.

318 Apologies and Substitutes

Apologies were received from Adrian Hardman, Simon Rumley and Jonathan Wells. Simon Adams attended for Peter Pinfield and Gerry O'Donnell attended for the South Worcestershire District Councils.

319 Declarations of Interest

None

320 Public Participation

None

321 Confirmation of Minutes

The minutes were accepted as an accurate record of the meeting apart from Minute 317 which should have read that the Local Indicators for the Quality Premium applied to all Worcestershire CCGs not just South Worcestershire. The Chairman signed the minutes.

322 Acute Hospital Services in Worcestershire

Chris Tidman and Harry Turner from the Acute Hospital Trust attended the meeting and gave a presentation.

Following the Risk Summit and the CQC actions the main issues causing concern were all improving and the Trust had rated most of them as 'green'. Staffing levels and patient flow through the Emergency Department (ED) were rated by the Trust at 'amber': the flow through the

ED had improved but more needed to be done, and 2 of the 5 A & E consultants who had been recently recruited were locums. Progress had been made in improving relationships with partners.

An Urgent Care transformation team had been established. The numbers of delayed transfer of care (DTOC) had been agreed and were falling. The number and causes of medically fit for discharge (MFFD) patients needed further clarification. Some physical changes such as a larger discharge lounge were planned for before Christmas. Greater efforts were being made to plan discharges right from hospital admission and to discharge patients earlier in the day.

The HSMR (Hospital Standardised Mortality Ratio) and SHMI (Summary Hospital Mortality Indicator) were high. Analysis of data by cause of death showed that the main outliers were acute bronchitis and liver disease. 35% of deaths occurred after hospital discharge and a process had been agreed with CCGs to carry out further analysis of deaths post discharge.

The Trust had introduced a central register of all safeguarding adults' referrals, which had enabled cases to be better tracked. Of the 9 cases that remained outstanding at the end of June, 6 had been closed and of those 9, 4 related to discharge issues. Themes and learning were be disseminated via Matrons meeting and reported via the QGC (Quality Governance Committee).

Staffing levels were being reviewed monthly at public board meetings. For fractured neck of femur, performance had improved against the target to get patients to theatre within 36 hours. Work was on-going to recruit a 5th stroke consultant in order to move to a 7 day service.

A number of other outstanding actions required follow up:

- The Systems Resilience Group (SRG) needed to review out of hospital capacity for the winter.
- Long term chairmanship of the SRG needed to be resolved.
- The Trust needed to agree a plan to address the fragility of Maternity and Emergency Care services.
- Issues raised by the Deanery based on Junior Doctors' feedback.
- The outcome of the Good Governance Institute report.
- Recruitment to substantive executive posts.

During the ensuing discussion the following points were made:

- When asked about mortality rates in emergency surgery and perinatal care it was explained that nothing stood out in emergency surgery. There had been a spike in perinatal incidents but this had now reduced and a peer review had been commissioned to check there were no further concerns. All deaths would be reviewed by the end of the year.
- When queried about when the Leadership positions would be made permanent Harry Turner explained that once the current review had been completed and the skills mix of people currently undertaking the roles had been assessed permanent appointments were likely to be made in the Autumn.
- Board Members commented that there had been an improvement in communications from the Trust and they now appeared to be more open and available for comment.
- Agency staff were only used if bank staff were not available so the amount paid to agencies was relatively low.
- It was agreed that a further report should be considered at the November HWB meeting, although it was pointed out that it would be useful to have an overview of the whole healthcare system, rather than just one element in the acute trust.

RESOLVED that the HWB:

a) Thank Chris Tidman and Harry Turner for attending the meeting; and

b) Requested a further update take place at the November meeting, which may also need to include information from other health partners.

323 5 Year Strategy for Health and Care Annual Review

Every HWB produces a five year Health and Care Strategy which brings together the various plans and activities of health and social care partners. The Worcestershire Strategy had been co-produced with partners, service users and carers. Appendix 1 showed progress against NHS outcome areas at the end of year 1.

In the following discussion the following points were raised:

- Members asked that information about years of life lost due to preventable causes be clarified so that it was easier for residents to understand. Information about the top three causes needed to be shown, along with what was being done to address them. It was confirmed that a summary was being worked on,
- Co-production had mainly involved older people, but the principles could be used across all ages including children and young people,
- The data for access to psychological therapies did not include people seen by independent providers.

RESOLVED that the HWB:

a) Noted the progress made at the end of year 1 in achieving the Five Year Health and Care Strategy for Worcestershire; and

b) Asked that the next report be more user friendly, including a summary of the data against the HWB priorities.

324 Integrated Recovery South Worcestershire

Nisha Sankey, Head of Transformation for South Worcestershire Clinical Commissioning Group (SWCCG), explained that the SWCCG and the County Council's Integrated Recovery Project was a series of change initiatives that aimed to achieve greater integration of health and social care for older people who required support to regain independence. The Board was asked to endorse the development of integrated services as part of the trailblazer bid.

It was planned to integrate the recovery at home and night services, firstly by working together and using the same processes and eventually moving to a single service managed by one provider. The plan for in-patient nursing and rehabilitation services was also to secure a single provider of services based at Timberdine. The future of Howbury would also be considered and a stakeholder event was planned to further discuss options.

Members queried why community hospitals were being excluded from these plans as they contributed to these services. It was explained that the contract for Timberdine, which provided a community hospital service for Worcester City, was expiring in April 2016 and therefore that re-commissioning and a tender for a new provider was required.

It was noted that the Better Care Fund had not been confirmed for 2016/17.

Resolved that the HWB:

a) **Noted and endorsed progress with the development of integrated health and adult social care recovery services in South Worcestershire and the plan to progress integration further as part of the South Worcestershire trailblazer bid,**

b) **Approved 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) **Noted the delegated authority awarded by Worcestershire County Council Cabinet in July 2014 to the Cabinet Member for Health and 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.**

325 Better Care Fund

RESOLVED that the Board noted the Better Care Fund Quarterly Report to NHS England, which had previously been approved by the Chairman under delegated authority.

326 Children's Plan annual report

Gail Quinton gave a brief outline of the Children and Young People Annual Report. The key areas of success for 2014/15 were listed in the agenda report along with areas of concern. Progress was being made but further work was needed in areas such as school readiness and educational attainment of disadvantaged children.

Regular information and a dashboard would be brought to the HWB and performance was considered by the Children and Families Strategic Group.

RESOLVED that the HWB:

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

b) Agreed that the HWB receive reports at every other meeting which focus on the progress of the key areas of concern outlined in paragraph 26; and

c) Recognised the role of the HWB in working with partners, including parents, to improve outcomes for Children and Families.

327 0-5s Public Health Transfer

Responsibility for commissioning 0-5 children's public health services would be transferring from NHS England to Local Government on 1 October 2015. Health Visiting and Family Nurse Partnership were the main services which made up the Healthy Child Programme.

The public health ring fenced grant was expected to be reduced in year, and the current proposal was that this would lead to funding for 0-5 children's public health services being reduced by 10% from October 2016, with the services to be re-commissioned along with Early Help with the mandated elements of all services preserved. It was agreed that a further discussion on the public health ring fenced grant would take place at the next HWB.

Health visitor services had historically been provided on a GP registered population but in future would be provided on a resident population. Around 600 children would need to be have their services arranged by other local authorities.

RESOLVED that the HWB:

a) Noted the scope and progress of the forthcoming transfer of commissioning arrangements for 0-5s public health services;

b) Noted 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.

328 Future Meeting Dates

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

The meeting ended at 3.40 pm

Chairman …….

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AGENDA ITEM 5

HEALTH AND WELL-BEING BOARD
30 SEPTEMBER 2015

DRAFT JOINT HEALTH AND WELL-BEING STRATEGY 2016-19

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

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

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

Relevance - Groups of Particular Interest
Children and young people
Communities and groups with poor health outcomes
People with learning disabilities

Item for Decision

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

    a) Approve the draft Joint health and Well-being Strategy 2016-19 for further consultation; and

    b) Note the process for further consultation.

Development of the Joint health and Well-being Strategy 2016-19

2. On 3 March 2015 the Health and Wellbeing Board agreed a process to prepare a new Joint Health and Well-being Strategy from April 2016. A Stakeholder Event was held on 4 June to:
    - Reflect on the current Strategy, its impact and utilisation;
    - Consider and refine the vision and key principles;
    - Generate criteria for the selection of priorities;
    - Consider priorities for 2016-19 based on the findings of the Joint Strategic Needs Assessment and local views; and
    - Discuss the type of Strategy required.

3. The Stakeholder Event had over 140 attendees including representatives from a range of District Councils, the NHS, and VCS organisations. The consensus views emerging from the Event were:

- That the impact of the current Strategy had often been operational, especially in giving improved partnership working and shared focus at District level;
- That the impact of the Strategy at strategic level was harder to see, especially in shaping commissioning plans;
- That it was still too soon to measure the impact on these long-term trends, and so the same priority areas should be prioritised;
- That communication and awareness of the Strategy had not been as strong as it could have been;
- That the vision and key principles in the current Strategy remained appropriate and should be carried forward;
- That the same set of criteria for selection of priorities should be used as in the last Strategy (paragraph 5) and that these should be ranked;
- A long list of priorities;
- Recommended priorities based on application of the criteria to the long list;
- That the Strategy should be a short document with a small number of priorities, but with clear associated focus for actions;
- That the Strategy should enable and strengthen communities;
- That monitoring of the implementation of the Strategy should be strengthened.

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

5. The long list of priorities suggested by participants in ranked order after applying these criteria and discussions in small groups were:

1. Mental health & well-being	14. Preventable deaths	27. Substance misuse
2. Obesity	15. Homelessness	28. Cancers
3. Health inequalities	16. Heart disease & stroke	29 Fuel poverty
4. Early help	17. Housing	30. Sexual health
5. Childhood obesity	18. Healthy ageing	31. Excess winter deaths
6. Early years	19. Dementia	32. Rural health
7. Children & young people	20. Breastfeeding	33. BME communities
8. Health hotspots / deprived areas	21. Smoking	34. Chronic lung disease
9. Healthy Eating	22. Under 75 deaths	35. Learning disabilities
10. Positive lifestyles	23. Older people	36. Sensory impairment
11. Physical activity	24. Teenage pregnancy	37. Autism
12. Limiting long-term conditions	25. Loneliness & isolation	38. Communicable disease
13. Alcohol	26. Well-being in old age	

6. The Stakeholder Event discussed these and the consensus view was that:
    - The current priorities were still of great relevance but a new approach was needed; that there were too many priorities;
    - 'Old people' was hard to define and so an all-age strategy would be more meaningful;
    - The crosscutting themes of children and young people, and communities and groups with poor health outcomes including learning disabilities had not been a strong focus in the existing strategy. Again, it was suggested that an all-age strategy would be more meaningful, with these areas as being ones for increased action and focus. Learning disabilities would be considered within the priority of populations with poorer health outcomes;
    - Some negative terms were used like obesity, and that there should be a change to positive language;
    - Older people now had a separate and specific major workstream in place through the Better Care fund; and
    - That there needs to be an emphasis on prevention throughout the Strategy.

7. Based on this discussion a statement describing our approach to prevention was included in the Strategy, the priorities were grouped and refined, and key areas of focus were suggested for each priority.

Next steps

8. Following approval at the Board, the draft Strategy will be released for consultation. We will consult widely through our usual consultation routes, including the County Council consultation portal and the Health and Well-being Board groups and networks. There will be a further stakeholder event on the 10 November at Pershore Civic Centre.

9. A revised Strategy on the basis of the consultation will be brought back to the Board in January 2016.

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Worcestershire Health and Well-being Board

Joint Health and Well-being Strategy
2016-19

Draft

Introduction

1. This will be Worcestershire's second Joint Health and Well-being Strategy It is a statement of the Health and Well-being Board's vision and priorities for 2016-19, based on the findings of the Joint Strategic Needs Assessment and public consultation. Preparation of the Strategy is a statutory duty for the County Council and the Clinical Commissioning Groups under the Health and Social Care Act 2012. The Strategy is a basis for the public to hold local organisations to account for achieving the stated outcomes.

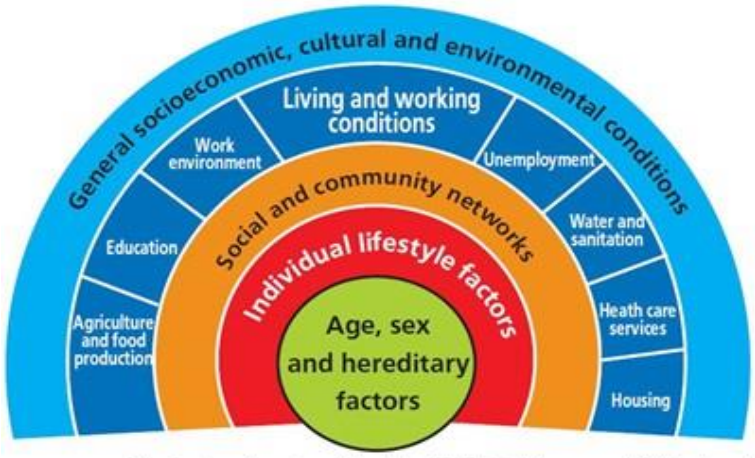
2. The Strategy sets the context for other health and well-being plans and for commissioning of NHS, public health, social care and related children's services. We will work with all partners to help align policies, services, resources and activities with the Strategy. This will enable joined-up action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

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

Context

National Policy

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



The Determinants of Health (1992) Dahlgren and Whitehead

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

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

7. Prevention duties are increasingly being articulated within legislation and statutory guidance including the Health and Social Care Act 2012 and the Care Act 2014. The Care Act 2014 articulated three levels of prevention and noted that these were a shared responsibility across the health and care system:
    - Primary prevention. To **prevent** ill health and the need for care before it occurs. Includes these services for people who currently have no particular health and care needs, and they help people to avoid developing needs. They focus on promoting well-being, good health, and independence;
    - Secondary prevention. To **reduce** the impact of health problems by detecting them as soon as possible and intervening early. Includes services are designed for people who have an increased risk of developing needs, where provision of services or resources may slow down or reduce the development of that need;
    - Tertiary prevention. Getting the right help to people who already have needs and giving support to prevent those needs escalating and **delay** the need for more intensive care. Includes services for people with established health conditions who need support to regain skills or to delay deterioration.

Health and Well-being in Worcestershire

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

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

10. There are also some serious ongoing challenges to health and well-being:
    - A growing number of elderly and frail people with complex health needs;
    - An ongoing burden of avoidable ill-health related to lifestyles - about two thirds of adults are overweight or obese, a third of men and half of women don't get enough exercise, about a third of people drink too much alcohol, and one in six adults smoke.
    - An increasing cost of providing health care due to the introduction of expensive new drugs and technologies;
    - The growing need for savings due to pressures on public sector finances;
    - Persistent inequalities between the most disadvantaged and the most affluent communities - the average number of years a person born today in Worcestershire would expect to live in good health is 18.3 years lower for men and 18.9 years lower for women in the most disadvantaged 10% of communities compared to the 10% most affluent.

Vision

11. The vision of the Board is that ***Worcestershire residents are healthier, live longer and have a better quality of life, especially those communities and groups with the poorest health outcomes.***

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

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

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

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

    iv. **Using evidence in decision making.** We will draw on the evidence of what works when develop ping strategies and plans for action.

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

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

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

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

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

    ✓ **Encouraging and enabling people to take responsibility for themselves, their families, and their communities** by promoting resilience, peer support and the development of community assets.

    ✓ **Providing clear information and advice** across the age-range, so that people make choices that favour good health and independence.

    ✓ **Commissioning prevention services** for all ages based on evidence of effectiveness and within the funding available.

    ✓ **Gate-keeping services** in a professional, systematic and evidenced way, so that services are targeted to the people who would benefit most, regardless of their personal characteristic or circumstances.

Priorities

15. We will focus on a small number of **priorities**. These priorities have been chosen because individually and collectively they:
    - Have high direct and indirect economic costs both now and in the future
    - Affect people across all age groups
    - Relate to major causes of ill health and premature death
    - Are linked to good evidence of potential to improve outcome
    - Are of high importance to the local public
    - Are linked to JSNA data which suggests a worsening situation, and/or a situation that is worse than would be expected for Worcestershire
    - Show clear geographical and/or population inequalities in health and well-being outcomes
    - Need strong partnership working to improve outcomes
    - Affect large numbers of people in Worcestershire, and these numbers will rise significantly if we do not deliver change.

16. Our priorities for 2016-19 will be:
    - Mental health and well-being throughout life
    - Being active at every age
    - Reducing harm from alcohol at all ages.

Mental health and well-being throughout life

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

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

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

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

20. We will also focus on four groups:

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

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

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

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

Being active at every age

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

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

22. We will also focus on three groups:

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

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

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

Reducing harm from drinking too much alcohol

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

24. We will also focus on three groups:

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

Middle aged. Heavy drinking in middle age is a growing problem, and usually takes place outside of public places, making it harder to regulate. It increases blood pressure and cholesterol levels, both of which are major risk factors for heart attacks and strokes.

Populations with poorer health outcomes. People living in deprived areas are more likely to drink more alcohol than the recommended limit.

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

From strategy to action

25. The Strategy requires action by a range of different organisations and individuals. The Board will ask that the statutory partners respond by:
    - Working together and with others to produce or update relevant strategies and action plans and describe how this Strategy will be implemented.
    - Making sure that this Strategy is taken in account in drawing up organisational commissioning and service development plans. For the Clinical Commissioning Groups this will be a requirement for their authorisation and approval of their commissioning plans.

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

27. A number of performance indicators will be used to measure the impact of this Strategy. These will include:

Priority	**Performance indicators**
Good Mental Health and Well-being throughout life	• Referrals to Child and adolescent mental health services • Social isolation measures • Self harm admissions • National well-being Survey satisfaction with life measure
Being Active at every age	• Travel method • % of adults taking 30 minutes physical activity on 5 days a week • Length of time spend in sedentary activities by children • % of children meeting Chief Medical Officer guidelines for physical activity
Reducing harm from Alcohol at all ages	• Alcohol related hospital admissions • Alcohol related crime rate

Working together

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

Health and Wellbeing Board Members will	All Partners will	Commissioners will	Providers will	Councillors will	Communities will	Individuals will
Encourage integrated working between health and social care commissioners	Co-produce services and resources with other health, social care and community organisations	Commission services and resources that support the priorities of the Health and Wellbeing Board and Strategy	Ensure that services and resources are measured for effectiveness	Act as leaders for their communities, deliverers of services and catalysts for change	Take ownership and responsibility for their own health and wellbeing	Take ownership and responsibility for their own health and wellbeing
Encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services	Tailor services and resources and target them according to where they are most needed	Ensure that services and resources are measured for effectiveness	Engage with and seek the views of individuals and communities	Promote the importance of prevention to improve health and wellbeing to its communities	Be proactive and access those services and resources readily available to them to increase their resilience	Be proactive and access those services and resources readily available to them to increase their resilience
Provide a forum where agencies in Worcestershire can focus on reducing health inequalities	Plan services that are person centred and developed with input from service users	Engage with and seek the views of individuals and communities	Support communities and individuals to become more empowered and resilient	Engage with and seek the views of individuals and communities	Work with organisations and commissioners to coproduce services and resources	Use services and resources that are limited and high cost wisely and only when essential
	Design services that promote independence rather than impose dependence	Consider the physical, mental and emotional wellbeing of individuals needing care		Support communities and individuals to become more resilient and empowered.	Support more vulnerable members of the community to maintain good health and develop strong social connections.	
	Support communities and individuals to become more empowered and resilient					

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AGENDA ITEM 6

HEALTH AND WELL-BEING
30 SEPTEMBER 2015

PUBLIC HEALTH RING-FENCED GRANT

Board Sponsor
Cllr Marcus Hart, Cabinet Member for Health and Well-being

Author
Richard Harling, Director of Adult Services and Health

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

Relevance - Groups of Particular Interest
Children and young people
Communities and groups with poor health outcomes
People with learning disabilities

Item for Consideration

Recommendation

1. The Health and Well-being Board is asked to consider and comment on the evolving proposals for savings and reinvestment of the public health ring-fenced grant in order to inform the final decision for each service.

Introduction

2. In July 2015 Worcestershire County Council Cabinet approved a range of initial proposals for savings and reinvestment of the public health ring-fenced grant (PHRFG). These are summarised in Appendix 1. Some of the services affected by these proposals were also affected by the March 2014 Cabinet decisions on prevention, early help and other support for adults and young people.

3. This was in the wake of a Treasury announcement on 11 June 2015 that the government intended to reduce the national PHRFG by £200m in 2015/16, with this reduction passed on to Local Authorities.

4. Cabinet requested that the Director of Adult Services and Health initiate discussions with partners and providers of services, and undertake consultations and Equality Impact Screenings or full Equality Impact assessments as necessary, and delegated a final decision for each service to the Cabinet Member for Health and Well-being in discussion with the Director of Adult Services and Health.

5. The County Council has had constructive discussions with partners and providers over the summer period and the proposals have evolved as a consequence. It is not yet clear when the Department of Health (DH) will confirm the reductions in the PHRFG and it may be necessary to make final decisions before this is confirmed in order to allow a sufficient period for implementation.

Background

6. The PHRFG was created under the Health and Social Care Act 2012 to support unitary and upper tier Local Authorities' new duties for improving the health and well-being of the local population. In Worcestershire, our initial PHRFG allocation in 2015/16 was £26.5m. In addition to this, in October 2015 a further £3.3m will be transferred from NHS England to fund 0-5 Years public health services for the remaining six months of the financial year.

7. A summary of current commitments against the PHRFG is included in Appendices 1 and 2. The PHRFG is committed in line with:

- The County Council's **corporate plan** 2013-17;
- The **Joint Health and Well-being Strategy** and associated plans;
- The County Council's **Care Act prevention policy;**
- **Nationally mandated** and **discretionary specified** conditions for expenditure; and
- The **evidence base** for interventions that have proven successful in improving health and well-being and reducing health and social care demand.

National consultation

8. The DH has consulted on the reduction in the PHRFG. The County Council's response is set out in Appendix 3.

9. The DH has not yet confirmed how the £200m in year reduction will be apportioned across local authorities, although the consultation did indicate that they favoured applying a 6.2% reduction to all local authorities. The DH have not confirmed any figures for the PHRFG in the longer term, and it is important to note that the PHRFG is not a protected area of spend. The County Council's revised planning assumption is for a reduction in the PHRFG of 6.2% in-year, and that this will be followed by further reductions to 29% below our current target position of £28.2m by 2019/20. This is in line with the reductions expected in government spending across the public sector, excluding protected areas of spend.

Local discussions and consultation

10. A list of discussions held so far with partners and providers is included in Appendix 4. The County Council has also referred back to comments received during the previous consultation on prevention, early help and other support for adults and young people in November 2013.

11. The main issues raised so far and the County Council's *points in response* are listed below. A consistent theme was the anticipated reductions in funding across the public sector, the potential for a cumulative impact across the system, and therefore the importance of a joined up approach to financial planning.

Clinical Commissioning Groups (CCGs)

12. The CCGs raised a number of concerns:

- That the County Council is planning to make greater savings than necessary.
  The revised planning assumption is in line with the reductions expected in government spending across the public sector excluding protected areas such as the NHS.

- That the savings are inconsistent with the NHS ambition for "a radical upgrade in prevention and public health".
  This seems to reflect a lack of 'join up' within the Department of Health and raises questions about the extent to which the Five Year Forward View is an NHS as opposed to a 'whole systems' document.

- That the PHRFG includes funding for NHS services as a consequence of transfers from the former NHS Worcestershire, and that the initial proposals include that this would be discontinued.
  The County Council has maintained funding for these services (Primary Care Mental Health and Child Development Centres) during 2013/14 – 2015/16. As the PHRFG and CCG allocations move towards their respective target positions, the PHRFG will have to be limited to funding the County Council's public health responsibilities, and funding for NHS responsibilities will be within the CCG baselines. The County Council will consider whether it could maintain PHRFG funding for Child Development Centres until April 2017, and will support funding Primary Care Mental Health from October 2016 from the anticipated 1.7% uplift in the Better Care Fund.

- That the savings might increase demand for NHS services.
  This would be mitigated by use of reserves to delay the majority of the savings until 2016/17 or beyond in order to allow time for service redesign and recommissioning, which would aim to maintain outcomes for people and avoid a detrimental impact on other services wherever possible.

- That the impact of Health Checks, smoking cessation and Living Well services is limited and that these do not compliment CCG commissioned services.
  The proposals for these services have been revised as described below and in Appendix 1.

District Councils

13. The District Councils are most concerned about the potential reductions in funding for homelessness services and housing related support for adults and young people. Their view is that this would lead to an increase in rough sleeping, with adverse impact for the wider community and for the health of the individuals concerned; and an increase in services that would have to be funded by social care and other public services if adults and young people were no longer supported in accommodation. They are keen to do further work to establish the potential impact on health and social care. Their priorities would be to maintain funding for (in order of priority):

(1) homelessness services;
(2) housing support for young people; and

(3) housing support for single adults who do not have other support available – e.g. adults with acquired brain injury.

They would be interested in joint commissioning and/or delegation of funding for some of these services in order to allow efficiencies and to support bids for alternative sources of income.

The County Council will explore whether it might be possible to maintain some funding for homeless services and housing related support for priority groups of single adults. It will also work with the District Councils to consider how funding can be aligned – including the possibility of joint commissioning and/or delegation of funding for some of these services. For Families and Young People housing related support the revised proposal is to maintain funding until April 2017 and then discontinue funding as the new model of prevention services for children and young people becomes embedded

West Mercia Police

14. Both the Office of the Police and Crime Commissioner (OPCC) for West Mercia and the Force are most concerned about the impact of potential reductions in funding for homeless, domestic abuse, and drug and alcohol services. They are expecting a significant reduction in central government funding, which represents 55% of their total budget and are keen to work with local authorities to join up services for crime prevention and victim support. One of their priorities would be to maintain funding for homeless services in order to give police officers an option other than arrest. This is in the context of a recent rise in antisocial behaviour associated with homelessness. In addition to this the pressures on policing in responding to domestic abuse reported offences has seen an increase of 90% in recent years, and the Domestic Abuse Helpline has seen an increase in the last 12 months of 40%. The connectivity between substance misuse, domestic abuse and homelessness is well documented and any further reductions in these services will add to the capacity issues faced by the force. The OPCC and the Force open the invitation to explore shared outcomes, alignment of resources and joint commissioning to reduce duplication and transform service design.

Discussions with the new provider of drug and alcohol services suggest that a saving of 10% in 2016/17 should be achievable as a consequence of the service improvement work already underway, and that it should be possible to maintain outcomes for people and avoid a detrimental impact on other agencies. Revised proposals in respect of homelessness and domestic abuse services are set out below and in Appendix 1. The County Council is working with West Mercia Police to develop a new joint commissioning framework from April 2016. This would ensure that funding from both partners is based on a shared understanding of needs and priorities and help to optimum support pathways in order to generate service efficiencies. A peer review of community safety is underway which would ensure that strategic oversight of crime and disorder is robust across partners.

Strategic Housing providers

15. Members of the Worcestershire Strategic Housing Partnership (WHSP - Strategic Housing Officers for Districts and Registered Social Landlords) are most concerned about the potential reductions in funding for homelessness services and housing related support for adults and young people. The effects of these cuts are compounded by other challenges facing them – e.g. the imposition of rent reductions of 1% per annum for the next four years which may result in them focusing on core services rather than prevention. They do not believe that they would be able to find alternative funding

for these services. The housing sector is increasingly reliant on income from housing benefit, which may not be secure. Without housing related support they might not be able to accept some residents, which could lead to an increase in District Council housing waiting lists, ultimately leading to increased demand, and therefore costs, for health services and the Police. They would prefer an early decision and to be involved in discussions in order to be able to plan for the impact of any funding reductions and that this should be based upon a risk assessment. Furthermore the WSHP has offered to play a lead role in redesigning services to help address, as far as is possible the reductions in funding.

Voluntary and Community Sector (VCS)

16. The VCS are particularly concerned about the cumulative impact of successive funding reductions across the public sector. This has implications for the sustainability of local organisations, their ability to provide a voice for those most marginalised in society, and their capacity to provide essential prevention services which can help people to help themselves in the longer term.

Other providers

17. Other providers have raised a number of concerns:

- That withdrawal of PHRFG funding for Childhood Development Centres without conformation of alternative sources of funding creates uncertainty about the future of services;
- That redesign of Primary Care Mental Health services could not proceed if PHRFG funding were not available and without confirmation of sources of alternative funding;
- That domestic abuse services would not be sustainable with a further reduction in funding; and
- That a reduction in funding for housing related support would remove support for people at risk of offending/reoffending.

Review of prevention services

18. The County Council has recently completed a review of prevention services. This recommended that the County Council:

- Strengthen organisational ownership of prevention and make it central to financial strategy;
- Develop a more integrated approach to commissioning of prevention services;
- Commission prevention services by outcomes – focusing on reducing demand for social care and improving health; and
- Target prevention services where appropriate to those groups most likely to benefit.

19. The review also made a number of specific recommendations in respect of some services, as described below and in Appendix 1. These recommendations will be used to inform commissioning of the services.

Current proposals

20. A summary of the current proposals for savings and reinvestment in the PHRFG are listed is included in Appendix 1. These have been developed in light of the issues raised above as well as the County Council's review of prevention services and other emerging information.

21. These proposals would allow savings of £0.8m in 2015/16, a further £2.7m in 2016/17, and a further £3.3m 2017/18. There would be an overall overspend of £3.9m over three years, which would have to be met by use of reserves.

22. The main changes since July 2015 are:

Targeted prevention services for adults

23. **Drug and alcohol services**. Discussions with the new provider suggest that a saving of 10% in 2016/17 should be achievable as a consequence of the service improvement work already underway, and that it should be possible to maintain outcomes for people and avoid a detrimental impact on other agencies. The review of prevention services recommended that the County Council explore the impact of these services on demand for social care. Investment in these services will be reviewed again before the end of the current contract in April 2018, taking into account evidence of performance and impact.

24. **Domestic abuse services.** Discussions with the District Councils, West Mercia Police and providers have raised concerns about the sustainability of services with a further reduction in funding. The County Council will retain contracts at their current value until they expire in 30 November 2016 and then make further reductions as services are recommissioning from 01 December 2016. Services will be recommissioned under the new joint commissioning framework with West Mercia Police and other partners. The specification for a new service will include a focus on reducing demand for children's social care, for which domestic abuse is a major risk factor.

25. **Adults housing related support and homeless services.** These are not core duties for the County Council. Nevertheless in view of the concerns raised by partners and providers the County Council will explore whether it might be possible to maintain some funding. The priority would be given to homeless services and housing related support for single adults who do not have other dedicated support available. It will also work with the District Councils to consider how funding can be aligned – including the possibility of joint commissioning and/or delegation of funding for some of these services. Some of the people in receipt of housing related support already receive adult social care and these individuals would be reassessed to ensure that their assessed eligible needs continue to be met. It is possible that some others might require adult social care if housing related support were no longer funded. A contingency has been created in case additional funding is required.

26. **Primary care mental health.** These are an NHS responsibility. The proposal remains to maintain funding until October 2016, and then to seek ongoing funding from the anticipated 1.7% uplift in the Better Care Fund, with the agreement of the Health and Well-being Board.

Universal prevention services for adults

27. **Sexual health services**. The proposal remains to reduce funding by a minimum of 10% from October 2016 with savings made by service redesign and recommissioning, focusing on the mandated elements of services. The review of prevention services recommended that the County Council considers the role of these services in identifying child sexual exploitation, and ensures that access is available to highest risk groups.

28. **Health Checks.** The proposal remains to maintain funding, as this is a nationally mandated service. The review of prevention services recommended that the County Council explore whether the service could be targeted towards higher risk individuals, and whether there should be any additional information, advice and follow up for people with lifestyle risk factors.

29. **Smoking cessation services**. The revised proposal is to consult on discontinuing funding for smoking cessation services. The review of prevention services recommended that services be targeted on higher risk groups such as pregnant women and those likely to require County Council funded adult social care, in line with the initial proposal. However in the context of emerging evidence about the impact of the ban on smoking in public places and the safety of 'vaping' as an alternative to tobacco, other approaches to smoking cessation may be more effective. Smoking cessation services are not well supported by the CCGs or local GPs and did not find strong public support during the County Council's 2015 roadshows, among non-smokers, ex-smokers or current smokers.

30. **The Living Well service.** The proposal remains to maintain funding, although this investment would be reviewed towards the end of the current contract in April 2018. The service specification was developed jointly with the CCGs, but in light of concerns raised by CCGs about the impact of the service the County Council would review how the service is operating and ensure that it is linked effectively to CCG commissioned services.

Prevention services for children

31. **Child Development Services.** These are an NHS responsibility. However, recognising that the CCGs collectively remain below their target funding levels, the County Council will consider whether it could maintain PHRFG funding for Child Development Centres until April 2017. This would give the local NHS an additional six months to identify alternative sources of funding should they wish to maintain the services.

32. **Families and Young People housing related support.** The revised proposal is to maintain full funding until April 2017, and then discontinue funding as the new model of prevention services for children and young people becomes embedded. This would allow for alternative sources of funding to be found if evidence suggests services need to be maintained.

33. **Children's Early Help, Maternal services, 0-5 Children's public health services and School Nursing.** The revised proposal is to recommission a single integrated 0-19 service from October 2016 as part of the wider re-focus of prevention services for children and young people. This would aim to improve health as well as prevent and reduce demand for children's social care and would be funded with £9.6m from the PHRFG. It would be aligned with 'edge of care' services funded from the County Council's base budget. The review of prevention services recommended that the County Council:

- Focus the services on key outcomes;
- Consider how the services can promote breast feeding;
- Prioritise interventions under the Family Nurse Partnership model;
- Provide more information and advice for young families with signposting to support available in the community; and
- Consider the role of services in identifying and addressing risk factors for children's social care.

Next steps

34. The Health and Well-being Board is a further opportunity for the County Council to hear the views of partners and others. There will be further discussions with partners and providers, as well as consultations with current and prospective users as required. These will aim to identify any additional or alternative sources of funding, ensure an understanding of the impact of the proposals on individuals, and identify any mitigation required. They will be reported to the Cabinet Member for Health and Well-being who will make a final decision for each service in discussion with the Director of Adult Services and Health.

Risks

35. **Families and Young People housing related support.** The revised proposal is to maintain funding until April 2017, and then discontinue funding as the new model of prevention services for children and young people becomes embedded. This would allow for alternative sources of funding to be found if evidence suggests services need to be maintained.

36. The reduction in the PHRFG and the consequent savings required from services generate three main risks.

i. That ongoing improvement in health and reductions in health inequalities might be jeopardised. The County Council intends to mitigate this through service redesign and recommissioning and by strengthening other approaches to prevention: supporting healthy policy making, providing information and advice, encouraging and enabling communities, and effective gatekeeping.

ii. That reduced investment in prevention might lead to a rise in demand for health, social care and other public services. This would be mitigated by deferring the majority of savings until 2016/17 or beyond to give partners the opportunity to consider alternative sources of funding and to allow time for service redesign and recommissioning.

iii. That a reduction in income might destabilise providers. This would be mitigated by deferring the majority of savings until 2016/17 or beyond to give providers the opportunity to consider alternative sources of income and to allow time for service redesign and recommissioning.

Legal and Equality Implications

37. These revised proposals would allow the Council to continue to meet its legal duties for prevention under the Health and Social Care Act 2012 as well as Section 2 of the Care Act 2014, and in addition its duties under Section 17 of the Crime and Disorder Act 1998. All planned expenditure would be within the conditions of the PHRFG.

38. Equality Impact screening has been completed, which has identified that a full Equality Impact Assessments would be required in respect of the following services:

- Housing related support for adults;
- Sexual health
- Smoking cessation
- Single integrated 0-19 service

39. These Equality Impact Assessments would be completed as required and reported to the Cabinet Member for Health and Well-being in order to inform the final decision for each service.

Equality impact analysis

Equality impact screening has been completed. The impact of proposals on groups with protected characteristics will be considered in the final decision for each service

Appendices

Appendix 1: Summary of initial and revised proposals
Appendix 2: Financial impact of initial and revised proposals
Appendix 3: Worcestershire County Council response to consultation on the national reduction in the public health ring-fenced
Appendix 4: List of discussions held about the initial proposals

Supporting Information

Public Health Ring-Fenced Grant. Worcestershire County Council Cabinet. July 2015.
Prevention, Early Help and other support for adults and young people: outcome of consultation and final recommendations. Worcestershire County Council Cabinet. March 2014.

Background Papers

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

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Health and Well-being Board 30 September 2015
Public Health Ring Fenced Grant
Appendix 1: summary of initial and current proposals

SERVICE	Initial proposal July 2015	Issues raised partners and providers	Recommendations from review of prevention services	Other information	Current proposal September 2015
Older people's recovery services					
Integrated Community Equipment Service (ICES)	Maintain funding	Supported by CCGs	N/A	N/A	Maintain funding
Discharge liaison nurses	Maintain funding	Supported by CCGs	N/A	N/A	Maintain funding
Targeted prevention services for adults					
Community Safety Projects	Reduce funding by 75% in 2015/16 and a further 25% in 2016/17		N/A	Funding not currently committed	Reduce funding by 75% in 2015/16 and a further 25% in 2016/17
Drug and alcohol services - main contracts	Reduce funding by 10% from October 2016	Concerns raised by CCGs about impact on NHS services	Explore the impact of these services on demand for social care	Service improvement work already being undertaken	Reduce funding by 10% from April 2016
Domestic abuse services	Reduce funding by 10% from April 2016	Concerns about the sustainability of services with a further reduction in funding	N/A		Maintain sufficient funding to cover current contractual commitments. Recommission services from November 2016.
Reablement and support to employment - mental health	Maintain funding		N/A	N/A	Maintain funding

Primary care mental health	Discontinue funding from October 2016 as these are NHS services	Concerns raised by CCGs that the funding is not yet in NHS baselines			Maintain funding until October 2016 and seek the remaining part year funding from Better Care Fund
Reablement and support to employment - learning disabilities	Maintain funding		N/A	N/A	Maintain funding
Adults housing related support and homeless services	Phase out funding for from April 2016 as current contracts come to an end	Concerns that this might lead to an increase in rough sleeping, referrals to social care and antisocial behaviour	N/A	Some of the adults are already in receipt of social care and will be reassessed to ensure that their assessed eligible needs continue to be met	Explore whether it might be possible to maintain some funding for homeless services and housing related support for priority groups of single adults. Work with District Councils to consider how funding can be aligned.
Housing adaptations & repairs	Maintain funding	Supported by District Councils	N/A	N/A	Maintain funding
Support to access information & advice	Reduce funding by 10% from April 2016 with savings made by service redesign and recommissioning		N/A	N/A	Reduce funding by 10% from April 2016 with savings made by service redesign and recommissioning
Advocacy	Reduce funding by 10% from April 2016 with savings made by service redesign and recommissioning		N/A	N/A	Reduce funding by 10% from April 2016 with savings made by service redesign and recommissioning

Support for carers	Maintain funding		N/A	N/A	Maintain funding
Support for sensory impairment	Maintain funding		N/A	N/A	Maintain funding
Social Impact Bond	Maintain funding	Supported by CCGs	N/A	N/A	Maintain funding
Falls prevention	Maintain funding	Supported by CCGs	N/A	N/A	Maintain funding
Digital inclusion	One off funding for 2015/16 only		N/A	N/A	One off funding for 2015/16 only
Universal prevention services for adults					
Sexual Health - main contract	Reduce funding by 10% from October 2016 with savings made by service redesign and recommissioning		Consider the role of these services in identifying child sexual exploitation, and ensure that access is available to highest risk groups		Reduce funding by 10% from October 2016 with savings made by service redesign and recommissioning, focusing on the mandated elements of services
Sexual Health - primary care					
Prescribing Costs - Contraception					
Health Checks	Maintain funding as this is a mandated service	CCGs raised issues about service value and specification	Consider focusing on higher risk individuals and explore follow up for people with lifestyle risk factors		Maintain funding as this is a mandated service.
Smoking cessation services	Target services on communities and groups with poor health outcomes	Not supported by CCGs or GPs	Target services on higher risk groups		Consult on discontinuing services from October 2016
Prescribing Costs - smoking					
Living Well	Maintain funding	CCGs raised issues about service value and specification	N/A		Maintain funding for duration of current contract and ensure linked to CCG commissioned services

Health improvement projects	Reduce by £1m in 2015/16 and a further £200k in 2016/17		N/A		Reduce by £1m in 2015/16 and a further £200k in 2016/17
Prevention services for children					
Child Development Services	Discontinue funding from October 2016 as these are NHS services	Concerns raised by CCGs that the funding is not yet in NHS baselines	N/A		Maintain funding until April 2017
Families & Young People housing related support	Phase out funding from April 2016 as current contracts come to an end	Concerns that this might lead to an increase in rough sleeping, referrals to social care and antisocial behaviour	N/A		Maintain funding until April 2017 and then discontinue
Children's early help	Additional funding of £336k in 2015/16, a further £664k in 2016/17, and a further £500 in 2017/18 to recommission a single integrated 0-5 service	Not supported by CCGs	• Focus the services on key outcomes • Consider how the services can promote breast feeding • Prioritise interventions under the Family Nurse Partnership model • Provide more information and advice for young families with signposting to support available in the community; • Consider the role of services in	Duplication across these services currently	Additional funding of £336k in 2015/16, and a further £1164k in 2016/17 in lieu of base budget to recommission a single integrated 0-19 service
Maternal services	Reduce funding by 10% from October 2016 and recommission as part of a single integrated 0-5 service				Reduce funding by 10% from October 2016 and recommission as part of a single integrated 0-19 service
0-5 Children's public health services					
School Nursing	Reduce funding by 10% from October 2016 and work with provider to redesign	Concerns raised by CCGs about impact on NHS services			

	the service		identifying and addressing risk factors for children's social care		
Fluoridation	Maintain funding		N/A	N/A	Maintain funding
Strategic Functions					
Public health team	Reduce funding by 10% from April 2016		N/A	N/A	Reduce funding by 10% from April 2016
Health intelligence					
Medicines management					
Emergency planning	Reduce funding by £50k in 2015/16		N/A	N/A	Reduce funding by £50k in 2015/16
Quality Assurance	Maintain funding		N/A	N/A	Maintain funding
Directorate					
Finance & Business Support					
Corporate recharges					
Children's Safeguarding Board	Discontinue funding in 2015/16		N/A	N/A	Discontinue funding in 2015/16

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Health and Well-being Board 30 September 2015
Public Health Ring Fenced Grant
Appendix 2: current commitments

SERVICE	Budget for 2015/16 based on initial PHRFG allocation
Older people's recovery services	
Integrated Community Equipment Service (ICES)	230
Discharge liaison nurses	146
Older people's recovery services - total	**376**
Targeted prevention services for adults	
Community Safety Projects	100
Drug and alcohol services - main contracts	4,324
Domestic abuse services	463
Reablement and support to employment - mental health	364
Primary care mental health	960
Reablement and support to employment - learning disabilities	199
Adults housing related support & homelessness	1,253
Housing adaptations & repairs	460
Support to access information & advice*	479
Advocacy	264
Support for carers*	709
Support for sensory impairment	164
Social Impact Bond	135
Falls prevention	435
Digital inclusion	300
Targeted prevention services for adults - sub total	**10,609**
Universal prevention services for adults	
Sexual Health - main contract	4,200
Sexual Health - primary care	427
Prescribing Costs - Contraception	330
Health Checks	750
Smoking cessation services	800

Prescribing Costs - smoking	500
Living Well	450
Health improvement projects	1,331
Universal prevention services for adults - sub total	**8,788**
Prevention services for children	
Child Development Services	997
Families & Young People housing related support	497
Children's early help	
Maternal services	280
0-5 Childrens public health services	3,342
School Nursing	2,034
Fluoridation	150
Prevention services for children - sub total	**7,300**
Strategic Functions	
Public health team	1,676
Health intelligence	70
Medicines management	71
Emergency planning	228
Quality Assurance	271
Directorate	67
Finance & Business Support	62
Corporate recharges	266
Children's Safeguarding Board	86
Strategic Functions Sub Total	**2,797**
TOTAL	**29,870**
PHRFG ALLOCATION	**29,870**

- £92K moved from Support to access information and advice and carers' budget as this is Support to access information and advice specifically for carers

Health and Well-being Board 30 September 2015
Public Health Ring Fenced Grant
Appendix 3: Worcestershire County Council response to consultation on the national reduction in the public health ring-fenced

Worcestershire County Council is extremely concerned about the proposal to reduce the public health ring-fenced grant (PHRFG).

First of all this violates the new burdens doctrine: the Council inherited new duties for public health in April 2013 and this funding was transferred to support them. We have not had a change in these duties, so would not expect a reduction in funding.

Secondly this seems at odds with the government's expressed desire to strengthen prevention in order to reduce health and social care demand. Whilst the Council will do its best to mitigate the impact of any reduction in the PHRFG, there is a risk that reducing investment in prevention could increase demand elsewhere in the system. This is particularly a risk for the local NHS. We would be interested in establishing whether any of the £8bn increase in NHS funding will be earmarked for prevention in order to compensate for any reduction in the PHRFG.

Finally the proposal is to reduce the PHRFG in 2015/16. The Council would normally expect reasonable notice of a reduction in government funding so that we are able to prepare for and manage this within our annual planning cycle. Without this the challenge of making this level of savings becomes even more daunting.

In response to the specific questions in the consultation document

Question 1: How should DH spread the £200 million saving across the LAs involved?
We would prefer C. Reduce every LA's allocation by a standard, flat rate percentage. This is because it is the simplest way of applying the reduction.

Question 2: How can DH, PHE and NHS England help LAs to implement the saving and minimise any possible disruption to services?
We think that the most important thing is to be clear as soon as possible about reductions and the level of the grant in future so that local authorities have some certainty on which to base long term planning.

Question 3: How best can DH assess and understand the impact of the saving?
We suggest that DH commission PHE centre directors to review the local impact in order to minimise the burden on local authorities and ensure a consistent approach.

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Health and Well-being Board 30 September 2015
Public Health Ring Fenced Grant
Appendix 4: list of discussions held about the initial proposals

Date	Discussion with
6 July	Drug and alcohol strategic group (includes membership from the Police, probation and CCGs)
14 July	Worcestershire Safer Communities Board (includes membership from the Police, probation, fire & rescue, CCGs and VCS)
13 July	CCGs (ICEOG)
14 July	Housing related support providers notified
15 July	Support to access information and advice meeting – CCGs, Healthwatch Worcestershire, VCS
17 July	Chief Housing Officers meeting
24 July	Worcestershire Acute Hospitals NHS Trust Interim Chief Operating Officer
5 August	West Mercia Women's Aid /Home Group performance monitoring meeting
6 August	CCG Accountable Officers and Clinical Leads
17 August	CCGs (ICEOG)
10 September	District Council Chief Executives
10 September	Police & Crime Commissioner
10 September	Health Improvement Group
16 September	Strategic Housing Officers Group

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AGENDA ITEM 7

HEALTH AND WELL-BEING BOARD
30 SEPTEMBER 2015

BETTER CARE FUND 2015/16 BUDGET MONITORING UPDATE – PERIOD 3

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

Author
Frances Martin, Integrated Commissioning Director

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

Item for Information and Assurance

Recommendation

1. The Health and Well-being Board (HWB) is asked to:

a) Note the current forecast outturn of the 2015/16 Better Care Fund (BCF); and

b) Note the actions being taken in respect of those schemes currently overspending in an effort to sustain them until 31 March 2016.

Background

2. The Better Care Fund budget for 2015/16 totals £37.193m, which is included in the Worcestershire Section 75 agreement.

3. There are three schemes within the BCF which involve the purchase of short-term care home beds from the private sector. These are Urgent and Unplanned Placements, intended to reduce acute hospital admissions; Plaster of Paris Placements and Discharge to Assess (Pathway 3) beds, which aim to facilitate hospital discharge. There is also the Enhanced Interim Packages of Care scheme, which increases the care hours to people in their own homes on a short-term basis, either to avoid a hospital admission or to enable early discharge. Activity in these has been increasing over the last two years.

BCF 2015/16

4. The latest Budget Monitoring position reported for the 2015/16 BCF is the period 3 report. The summary table is attached to this report as Appendix A. Activity and expenditure within the four schemes during this period has been greater than the budget. The excess expenditure is due to a combination of increased numbers of

people and an increase in average duration of care. If expenditure continues at its current rate the schemes would hit their financial control limits and would need to be discontinued before the end of the year - unless alternative funding sources could be found.

4. These schemes will therefore be managed in an effort to sustain them until 31 March 2016. The actions that will be taken are:
   - Weekly Funding Approval Panels to review all requests for package extensions;
   - Full review of current patients in each scheme twice per month;
   - A change in funding approval limits to ensure that funding for each individual is reviewed on a more regular basis and in a timely fashion;
   - Updated Service Protocols for all schemes;
   - Audit of case note selection to ensure that patients have been placed and costs have been coded correctly;
   - The creation and maintenance of a single list of all patients in current placements to aid monitoring and inquiries;
   - Explore the role of the Patient Flow Centre in managing the service protocols and processes;
   - An improved reporting process.

5. Progress of these actions will be overseen by Senior Managers from the Clinical Commissioning Groups, Council and NHS Trusts, meeting as the Integrated Commissioning Executive Officers Group and the Systems Resilience Group, with progress reported to the Health and Well-being Board. They will also complete a risk assessment of the impact on urgent care if the schemes had to be discontinued before the end of the year.

Supporting Information

- Appendix A – BCF Monitoring Summary Period 3

Contact Points

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

Specific Contact Points for this report
Frances Martin, Integrated Commissioning Director
Tel:
Email: Frances.Martin@worcestershire.nhs.uk

Budget Monitoring Statement No. 3 — 3 months to 30th June 2014
Better Care Fund — (25% of year)

Scheme	Annual Budget	Actual to Date	Estimate	Annual Outturn	Annual Variance	Previous Budget	Previous Outturn	Previous Variance	Change In Budget	Change In Outturn	Change In Variance	Reasons for change in projection
Admission prevention	1	2	3	2+3 =4	4-1							
UUPs placements	**726,000**	200,695	751,380	**952,074**	**226,074**	726,000	770,838	44,838	0	181,237	181,237	Increased client numbers and LOS - see Appendix A
Discharge after dark	**85,000**	0	85,000	**85,000**	**0**	85,000	85,000	0	0	0	0	
Night sitters	**50,000**	0	50,000	**50,000**	**0**	50,000	50,000	0	0	0	0	
Recovery project - urgent homecare	**498,400**	0	498,400	**498,400**	**0**	498,400	498,400	0	0	0	0	
Rapid Response Social Work Team	**660,800**	94,113	502,321	**596,433**	**-64,367**	660,800	595,986	-64,814	0	448	448	Vacancies in the team. Forecast assumes full staffing from July
Access Centre extension	**131,300**	0	131,300	**131,300**	**0**	131,300	131,300	0	0	0	0	
WHASCAS Extension	**220,700**	18,391	202,309	**220,700**	**0**	220,700	220,700	0	0	0	0	
Dementia/RMNs in Intermediate Care	**310,000**	77,499	232,501	**310,000**	**0**	310,000	310,000	0	0	0	0	
SPOA/Rapid Response Nurses	**235,400**	71,469	163,931	**235,400**	**0**	235,400	235,400	0	0	0	0	
Admission prevention schemes	**2,917,600**	**462,167**	**2,617,141**	**3,079,308**	**161,708**	**2,917,600**	**2,897,623**	**-19,977**	**0**	**181,684**	**181,684**	
Facilitated discharge	1	2	3	2+3 =4	4-1							
PoP Placements	**442,000**	136,879	342,379	**479,258**	**37,258**	442,000	776,917	334,917	0	-297,658	-297,658	Increased client numbers and LOS - see Appendix A
Pathway 3 - BCF element	**1,167,500**	387,801	1,041,056	**1,428,857**	**261,357**	1,167,500	1,344,526	177,026	0	84,331	84,331	Increased client numbers and LOS - see Appendix A
Enhanced Interim Packages of Care	**92,800**	52,988	159,658	**212,647**	**119,847**	92,800	200,000	107,200	0	12,647	12,647	Forecast based on high costs coming through in Q1
Health Support for Step-down	**61,200**	0	61,200	**61,200**	**0**	61,200	61,200	0	0	0	0	
ASWC in Community Hospitals, Resource Centres and DtA Beds	**237,000**	0	237,000	**237,000**	**0**	237,000	237,000	0	0	0	0	
Timberdine Nursing and Rehabilitation Unit	**1,805,000**	839,217	993,790	**1,833,007**	**28,007**	1,805,000	1,815,640	10,640	0	17,367	17,367	Agency and overtime costs for vacancy cover
Stroke rehabilitation	**220,000**	0	220,000	**220,000**	**0**	220,000	220,000	0	0	0	0	
Resource Centres	**2,528,000**	0	2,397,896	**2,397,896**	**-130,104**	2,528,000	2,397,894	-130,104	0	2	0	£130k reimbursement of this scheme by WCC for Howbury long-term residents
Therapy Support to Resource Centres and WICU	**128,000**	37,294	90,706	**128,000**	**0**	128,000	128,000	0	0	0	0	
Recovery project - PI	**1,581,000**	0	1,581,000	**1,581,000**	**0**	1,581,000	1,581,000	0	0	0	0	
Winter Pressures County-wide	**167,000**	-1,071,018	1,238,018	**167,000**	**0**	167,000	167,000	0	0	0	0	
Facilitated discharge schemes	**8,429,500**	**383,161**	**8,362,705**	**8,745,866**	**316,366**	**8,429,500**	**8,929,179**	**499,679**	**0**	**-183,311**	**-183,313**	
Independent living	1	2	3	2+3 =4	4-1							
Pivotell	**40,000**	8,326	31,674	**40,000**	**0**	40,000	40,000	0	0	0	0	
ICES	**456,000**	0	456,000	**456,000**	**0**	456,000	456,000	0	0	0	0	
Carers	**1,260,000**	0	1,260,000	**1,260,000**	**0**	1,260,000	1,260,000	0	0	0	0	
Implementation of the care act	**1,308,000**	0	1,308,000	**1,308,000**	**0**	808,000	1,308,000	0	0	0	0	
Care Bill (capital)	**500,000**	0	500,000	**500,000**	**0**	500,000	500,000	0	0	0	0	
DFG	**2,358,000**	2,358,488	-488	**2,358,000**	**0**	2,358,000	2,358,000	0	0	0	0	
Social Care Capital	**828,000**	0	828,000	**828,000**	**0**	828,000	828,000	0	0	0	0	
Independent living schemes	**6,750,000**	**2,366,814**	**4,383,186**	**6,750,000**	**0**	**6,750,000**	**6,750,000**	**0**	**0**	**0**	**0**	
Admission reduction	**9,684,000**	0	9,684,000	**9,684,000**	**0**	9,684,000	9,684,000	0	0	0	**0**	
SW Intermediate Care Night Sitters	**110,000**	0	110,000	**110,000**	**0**	110,000	110,000	0	0	0	**0**	
SW Enhanced Care Team	**3,866,000**	0	3,866,000	**3,866,000**	**0**	3,866,000	3,866,000	0	0	0	**0**	
Palliative care	**522,000**	0	522,000	**522,000**	**0**	522,000	522,000	0	0	0	**0**	
WF/RB Virtual Ward	**4,381,300**	0	4,381,300	**4,381,300**	**0**	4,381,300	4,381,300	0	0	0	**0**	
Reimburse reserves	**533,000**	0	533,000	**533,000**	**0**	533,000	533,000	0	0	0	**0**	
Other schemes	**19,096,300**	**0**	**19,096,300**	**19,096,300**	**0**	**19,096,300**	**19,096,300**	**0**	**0**	**0**	**0**	
BCF expenditure	**37,193,400**	**3,212,141**	**34,459,332**	**37,671,473**	**478,073**	**37,193,400**	**37,673,102**	**479,702**	**0**	**-1,627**	**-1,629**	
BCF Income - Main Allocation	**-37,193,400**	-2,358,454	-28,143,246	**-37,193,400**	**0**	-37,193,400	-37,193,400	0	0	0	**0**	
TOTAL	**0**	**853,687**	**6,316,086**	**478,073**	**478,073**	0	479,702	479,702	**0**	**-1,627**	**-1,629**	
NON - BCF: Patient Flow Schemes												
Patient Flow Centre - HACT element	**526,000**	131,500	394,500	**526,000**	**0**	626,000	526,000	0	-100,000	0	**0**	
Patient Flow Centre - WCC element	**134,000**	33,500	100,500	**134,000**	**0**	134,000	134,000	0	0	0	**0**	
Total PFC	**660,000**	**165,000**	**495,000**	**660,000**	**0**	**760,000**	**660,000**	**0**	**-100,000**	**0**	**0**	
Pathway 1- HACT element	**280,000**	70,000	210,000	**280,000**	**0**	280,000	280,000	0	0	0	**0**	
Pathway 1 - WCC element	**1,277,000**	319,250	957,750	**1,277,000**	**0**	1,277,000	1,277,000	0	0	0	**0**	
Total Pathway 1	**1,557,000**	**389,250**	**1,167,750**	**1,557,000**	**0**	**1,557,000**	**1,557,000**	**0**	**0**	**0**	**0**	
Pathway 3 - BCF funding	**1,167,500**	387,801	1,041,056	**1,428,857**	**261,357**	1,167,500	1,344,526	177,026	0	84,331	**84,331**	
Pathway 3 - other funding	**130,000**	1	130,000	**130,001**	**1**	30,000	130,000	0	100,000	1	**1**	
Total Pathway 3	**1,297,500**	**387,802**	**1,171,056**	**1,558,858**	**261,358**	**1,197,500**	**1,474,526**	**177,026**	**100,000**	**84,332**	**84,332**	
Total Patient Flow Schemes	**3,514,500**	**942,052**	**2,833,806**	**3,775,858**	**261,358**	**3,514,500**	**3,691,526**	**177,026**	**0**	**84,332**	**84,332**	

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AGENDA ITEM 8

HEALTH AND WELL-BEING BOARD
30 SEPTEMBER 2015

CO-PRODUCTION

Board Sponsor
Peter Pinfield, Chairman of Healthwatch

Author
Felicity Jones, Engagement Officer, Healthwatch

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

Relevance - Groups of Particular Interest
Children and young people
Communities and groups with poor health outcomes
People with learning disabilities

Item for Decision

Recommendation

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

a) Recommend that its member organisations formally agree the commitment to co-production including agreement to the Key Principles and Critical Success Factors through the governance arrangements of the individual member organisations;

b) Request that Commissioners consider how they will ensure providers they contract with to deliver health and social care services, undertake co-production and put arrangements in place to ensure they do so;

c) Encourage Commissioners and providers to develop a shared understanding of co-production, recognising that further work needs to be done to develop what co-production means in the following circumstances:
- **Commissioning**
- **Service design, and how commissioners will ensure providers commit to co-production**
- **Health and care planning for individuals; and**

d) Review the progress of implementing co-production in 6 months

Background

2. Healthwatch Worcestershire has led the development of Worcestershire's approach to co-production by patients, service users and carers. This work has taken place within the Well Connected programme as part of the communication and engagement enabler which is jointly led by Susan Harris and Peter Pinfield, and reflects the Strategic Partnership Group (SPG) member's commitment to putting patients, service users and carers at the heart of health and social care services.

Introduction

3. The key issues in this paper are reflected both in the NHS Five Year Forward View and in the Health and Wellbeing Boards Five Year Strategy. The strategy sets out a "commitment to ensure patients, services users and carers are fully included in all aspects of service redesign and change in the development of integrated care and that they are fully involved in their own care and well-being". It commits "to develop and implement a model of 'Co-Production' as a way of working, whereby everybody works together on an equal basis to create a service or come to a decision which works for them all". In doing this an environment is created which promotes personal responsibility, self-care and effective use of services and will enable Worcestershire citizens to contribute to their health and well-being."

4. Worcestershire commissioners and providers working together in a mutual relationship with patients, service users and carers in the commissioning, designing and delivery of services will improve health and care services throughout the county. Empowering patients, services users and carers by allowing them to become equal partners will break down existing barriers between people who use services and professionals resulting in a 'working with' relationship as opposed to the current 'do it to' approach. Recognising the assets of people and involving them not only in commissioning and service design but also the day to day delivery of care will result in long term viable and sustainable services.

5. Patients, service users and carers sharing an equal voice with professionals and recognising both as having different knowledge and skills to contribute will result in a reduction in cost to the NHS and Social Services. Resources would be used more efficiently therefore benefiting providers by reducing waste and increasing effectiveness of services.

6. Examples of co-production in action include:
   - Integrated Assessment Care Planning - This has been developed alongside patients and service users, with a commitment to continue with the current level of engagement.
   - Carers Strategy - Carers and their representatives were involved in the re-write of the strategy.
   - Personal Health Budgets

7. Healthwatch Worcestershire recognises the challenges for all commissioning and provider organisations in the county to successfully embed co-production in Worcestershire. However, through it services will be more equitable, responsive to local need and valued by those using the services.

Co-Production

8. In developing Worcestershire's approach to co-production Healthwatch Worcestershire has worked with its volunteers, Reference & Engagement Group and the public to develop a patient/service user/carer proposal for co-production which includes a definition, key principles and critical success factors which we recommend commissioners and providers should take account of in undertaking co-production.

9. Methodology included desk-top research, workshops and survey (736 responses). The definition, key principles and critical success factors are set out below and have been agreed with patient/service users/carers.

10. The definition, key principles and critical success factors were tested in the context of Long Term Conditions (LTCs) in the first phase of the Young Foundation workshops. As a result of these workshops the Young Foundation found strong support of co-production in helping patients manage LTCs. The support for co-production broadly fell into three interconnected elements; Empowerment, Integration, Relationships and Mutuality.

11. In undertaking this work Healthwatch Worcestershire has identified the potential of co-production to realise the contribution patients/service users/ carers could make in managing their own health and social needs personally, in reducing the demand on health and social care resources, and finding innovative solutions to health and care challenges.

Definition

- Co-production is about you as a 'consumer', the NHS and Worcestershire County Council making health and care services together.

Key Principles

1) 'Consumers' have an equal voice with the NHS and the County Council professionals.

2) The involvement of 'consumers' is just as important as the involvement of professionals; nobody is more important than anyone else.

3) 'Consumers' are involved from the start: The start is the point at which the NHS and County Council start to provide a service to a patient, service user or carer; think about changing an existing service or think about creating a new service.

4) 'Consumer's' should be encouraged to share their valuable skills and experiences to help shape how services are planned, designed, developed and delivered.

Critical Success Factors

1) Those organisations responsible for designing and delivering health and care services commit the right resources to co-production.

2) Listen to and acknowledge the valuable skills and experiences of 'consumers'

3) Share power with consumers making an environment where the involvement of 'consumers' happens all the time.

4) Make a commitment to co-production with a clear set of values shared by all staff.

5) Monitor how successfully they involve consumers

6) All health and care organisations need to carry-out co-production in the same way.

Equality and Diversity Implications
An equality impact analysis has not been carried out.

Contact Points

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

Healthwatch Contact Points
Tel: 01386 550 264
Email: info@healthwatchworcestershire.co.uk

Specific Contact Points for this report
Felicity Jones**,** Engagement Officer
Tel: 01905 565952
Email:felicityjones@healthwatchworcestershire.co.uk

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AGENDA ITEM 9

HEALTH AND WELL-BEING BOARD
30 SEPTEMBER 2015

EMOTIONAL WELL-BEING AND MENTAL HEALTH TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE

Board Sponsor
Simon Hairsnape, Chief Officer, NHS Redditch and Bromsgrove Clinical Commissioning Group and NHS Wyre Forest Clinical Commissioning Group

Author
Jessica Glenn, Lead Commissioner

Relevance of Paper - Priorities
Mental health and well-being

Relevance - Groups of Particular Interest
Children and young people

Item for Decision

Recommendation

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

a) Approve the draft Transformation Plan for submission to NHS England;

b) Support further development and implementation of the plan – subject to confirmation that additional funding will be available;

c) Approve the approach for commissioners to collaborate with the current NHS provider, whilst reserving the right to competitively tender if they consider that the collaborative process will not deliver improved outcomes or desired efficiencies, or where national or local guidance requires a competitive approach.

Background

2. The Department of Health and NHS England have published *Future in Mind: promoting, protecting and improving our children and young people's mental health and well-being 2015*. This document signals a national focus on addressing mental health issues for young people.

3. Mental health and well-being is a priority in the current Joint Health and Well-being Strategy and in the draft 2016-2019 Joint Health and Well-being Strategy. Local

needs assessment highlights several areas for improvement of children and young people's emotional well-being and mental health. These include increasing the skills of the wider workforce (schools, early years, health and social care services) to enable staff to promote emotional wellbeing, and investing in early intervention services to avoid the need for specialist mental health services.

4. NHS England has indicated that there may be some additional funding to support improvement of children and young people's mental health and well-being, and has asked that local areas develop a Transformation Plan, which includes details of how this funding might be use.

The Transformation Plan

5. The attached draft Transformation Plan outlines a series of actions to improve children and young people's emotional well-being and mental health. These include:
   - Investment in skills across the workforce to prevent emotional wellbeing issues and to provide early intervention.
   - A one stop shop for information, advice and guidance for young people, parents/carers and professionals.
   - Commissioning advice and support for schools to ensure the use of quality providers for addressing emotional wellbeing issues.
   - A Tier 2 emotional wellbeing service providing consultation, advice and support as well as direct intervention.
   - An on-line counselling option for young people.
   - A high quality specialist CAMHS service (Tier 3 and Tier 3 plus) where children are able to access assessment and intervention in a timely manner.
   - A high quality out of hours service.
   - A Countywide Community Eating Disorder Service for Children and Young people.

Next Steps

6. NHS England has asked that Health and Well-being Boards approve local plans by October 2015. They will then confirm whether additional funding will be made available. Subject to confirmation of funding the plan will be circulated to partners for comment and then finalised for implementation. If no additional funding is available the plan would need to be revised.

Legal, Financial and HR Implications

Financial Implications	Potential to invest in early intervention services savings over time in specialist mental health services
Human Resource Implications	Consideration of the commissioning capacity required for children and young people's emotional well-being and mental health.

Equality and Diversity Implications

7. An Equality Relevance Screening has been carried out in respect of these recommendations. It identified that further equality impact analysis will be required in respect of designing and sourcing services relating to emotional wellbeing and mental health.

Supporting Information

- Appendix 1 - Draft Emotional Wellbeing and Mental Health Transformation Plan (Available on-line)

Contact Points

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

Specific Contact Points for this report
Jessica Glenn, Lead Commissioner
Tel: 01905 765367
Email: jglenn@worcestershire.gov.uk

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AGENDA ITEM 10

HEALTH AND WELL-BEING BOARD
30 SEPTEMBER 2015

WORCESTER SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT 2014/15 AND THE CHILD DEATH REVIEW PROCESS FOR WORCESTERSHIRE 2014/15.

Board Sponsor
Director of Children's Services

Author
WSCB Annual Report 2014/15
Diana Fulbrook, Independent Chair, Worcestershire Safeguarding Children Board

CDOP Annual Report 2014/15
Felix Borchardt, Independent Chair, Child Death Overview Panel Job Title

Relevance - Groups of Particular Interest
Children and young people

Item for Information and Assurance

Recommendation

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

    a) **Consider any points which may inform future work of the HWB in respect of its strategic priorities;**
    b) **Identify cross cutting themes where the HWB has a role to play in reducing risks to children**

Background

2. The Independent Chair of Worcestershire Safeguarding Children Board is responsible for publishing an annual report that gives a public assessment of the effectiveness of child safeguarding and promotion of the welfare of children in Worcestershire, and both recognises its achievements and is realistic about the challenges that remain. The report is made publicly available through publication on the Board's website, and is also formally submitted to the Chief Executive and Leader of the County Council as the most senior strategic local leaders, to the Health and Well-Being Board, the Children and Families Overview and Scrutiny Panel. It is sent to Worcestershire's Police and Crime Commissioner and to the Chair of the Health and well-being Board.

3. 2014/15 saw continuing change amongst several agencies with downward pressure on resources. Despite this, safeguarding has remained a priority for member agencies and the Board has been able to focus on its priorities and to meet extra demands. Whilst the period covered by the report is 2014/15, some of the problem areas identified

have progressed since then. One example is social work recruitment which has significantly improved with 85% of vacancies now filled. This was achieved by changing the strategy to recruiting newly qualified staff because of the national shortage of experienced social workers. The issue is now one of retention and the Council is working to establish a career pathway to retain good staff. Referrals to Children's Social Care have increased during the year, adding to pressures on the system and some staff have high caseloads related to this and to the need to protect newly qualified staff.

4. Performance data indicated that some practice improved but some remained problematic, relating to several agencies, and by the end of the year questions were raised about the safety of the child protection system. Feedback from the recent Local Government Association (LGA) peer review confirmed these concerns and recommended four priorities for WCC:

- A 'back to basics' safeguarding improvement plan
- Resolving the future direction for the 'Front Door'
- Implementing a detailed financial recovery plan
- Reviewing and defining the role of Early Help

5. The WCC Improvement Board is now overseeing the Back to Basics safeguarding improvement plan, and there is evidence of improved practice. Timeliness remains an issue and work is underway to identify contributory factors including the performance of other agencies, and the Board is focusing on developing collective responsibility for achieving good performance levels

6. Early Help has also been an area of concern and it has become clear that there is an over-reliance on commissioned services to meet needs and provide early interventions. A new Early Help Strategy is due to be finalised in November 2015 and the expectation is for universal services to collectively manage demand levels. At the present time, early help arrangements are not achieving this and evidence in 2014/15 indicated that there were long waiting times for available support, high threshold levels for some early help cases, confusion about what early help means for practitioners, and less communication between providers and universal services than was expected. As a result the Board was not able to assure itself of the effectiveness of early help and would expect to see better outcomes for children, evidence of collective responsibility for early help, and fewer referrals to the Access Centre before it felt more assured

7. Child Sexual Exploitation has been a particular focus for the Board in recent months, most notably the development of a victim support pathway. A strategy has now been agreed and whilst there is still a great deal of work to be done, the Board has been assured that in Worcestershire sexual exploitation exists on a relatively small and generally individualised scale. During the year there was little evidence of a link to gangs, organised crime or any specific minority ethnic group, and there is also no indication that disclosures or reporting concerns have been ignored

Key Issues

8. The LGA Peer Review also identified two particular issues relating to the Board:
    - Partners could do more to ensure there is strong collective accountability for safeguarding across the partnership, and develop the level of scrutiny, challenge and focus offered
    - All the appropriate plans are in place but the Board could do more to drive improvement. It should accelerate implementation of its plans and ensure swift decision making and challenge in areas such as early help.

9. The Board accepts these as areas for improvement and based on the evidence available during 2014/15, it is now working to three main strategic priorities which will take the issues forward:
    - *Robust Safeguarding Practice* including improving core child protection work, implementing the CSE strategy, and increasing service user feedback/the voice of the child
    - *Effective Partnership Working* including work on developing the multi-agency safeguarding hub (MASH), and early help
    - *Effective Board Leadership* including improving the pace, scrutiny and challenge roles, and implementing a new structure

10. Work is therefore underway on the key issues identified in the 2014/15 Annual Report through actions such as:
    - developing policies and guidelines that establish practice standards for use by all practitioners, and providing training
    - multi-agency auditing to check on the quality of front line practice
    - obtaining performance data on agencies' practice, identifying any problem areas, and holding them to account for improving their performance where required
    - identifying gaps in the system and any groups of vulnerable children that require particular attention eg missing children
    - working together to develop new approaches to identified issues such as CSE, and managing demand through improving the Front Door service, implementing a MASH, and widening the concept of early help to encompass universal and commissioned services

Conclusion

11. The Board concluded at the end of 2014/15 that based on an improved body of evidence from data, audits, reports and learning, safeguarding arrangements are in place but it could not be assured of their effectiveness in respect of children in the child protection system. In order to be assured, the Board would need to see significant improvement in frontline basic practice, evidence that children's needs are met in a timely manner and that risk is being effectively managed. It is also clear that appropriate help needs to be offered to children and families at an earlier stage by a range of agencies in order to reduce the pressure of those requiring specific services in the social care system. Work continues on establishing the extent and nature of child sexual exploitation and on developing effective preventative measures. There continue to be multi-agency areas for improvement around consistent practice, communication/information sharing and 'Think Family'. However, overall there is a strong commitment by all Board member agencies to prioritise safeguarding.

Supporting Information

- Worcestershire Safeguarding Children Board 2014-2015 (Available on line)
- The Child Death Review Process for Worcestershire 2014-2015 (Available on line)

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AGENDA ITEM 11

HEALTH AND WELL-BEING BOARD
30 SEPTEMBER 2015

UPDATE ON THE JOINT STRATEGIC NEEDS ASSESSMENT

Board Sponsor
Richard Harling, Director of Adult Services and Health

Author
Janette Fulton, Information Analyst Principal, Public Health Intelligence

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

Relevance - Groups of Particular Interest
Children and young people
Communities and groups with poor health outcomes
People with learning disabilities

Item for Information and Assurance

Recommendation

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

a) Note the JSNA Intelligence Update;

b) Take into account the JSNA Intelligence Update in the commissioning plans for health and social care in Worcestershire; and

c) Notes the next phase of JSNA activity.

Background

2. The Health and Well-being Board has a duty to produce a Joint Strategic Needs Assessments (JSNA) and a Joint Health and Well-being Strategy.

3. The JSNA is a continuous process, which produces intelligence and evidence to inform decisions about health and well-being and commissioning of services. The JSNA is publically available via the County Council website: http://www.worcestershire.gov.uk/cms/jsna.aspx

JSNA Intelligence Update

4. Overall health in Worcestershire remains better than nationally. The average number of years a person born today in Worcestershire would expect to live in good health is better than the England average. However, this overall picture conceals some marked inequalities; for example, life expectancy is 7.4 years lower for men and 6.5 years lower for women in the most deprived areas of Worcestershire compared to the least deprived areas.

5. Despite the general prosperity in Worcestershire there are pockets of high deprivation. There are still about 15.7% (or around 18,000) children living in poverty. Just over 28,000 people (4.9% of the population) in Worcestershire live in a household with an income less than £17,016 per annum, which is less than 60% of the median household income for England (the official Government definition of poverty).

6. The percentage of children classified as overweight or obese at reception year (4 and 5 year olds) and at year 6 (10 and 11 year olds) in Worcestershire has increased; for reception year children the rate in Worcestershire is worse than the England average. This is a major concern as the long-term outcomes will be seriously compromised if these children continue to be overweight or obese into adulthood.

7. A review of performance against the existing health and well-being priorities in Worcestershire reveals that some good progress has been made overall in terms of improving health and well-being. However, many of the problems are long-term and change is slow. Inequalities in Worcestershire have narrowed slightly overall but inequalities for children persist.

Older people and long-term conditions

8. There have been mixed outcomes over the period of the current Joint Health and Well-being Strategy.

9. Key concerns include:
   - Unplanned hospital admissions for conditions that should be managed in the community are increasing;
   - There has been a significant decrease in the proportion of older service users who feel they have control over their daily life;
   - An increase in the number of hip fractures as a result of the increase in the number of older people (the age-standardised rate has not increased).

Mental health and well-being

10. Worcestershire has higher than average levels of the protective factors for good mental health and well-being. However, there is a higher prevalence of common mental disorders such as anxiety and depression.

11. Key concerns include:
    - The mental and physical health of carers;
    - That children and young people with potential mental health problems are not being effectively managed until they reach crisis point;

- A decrease in the proportion of adults in contact with mental health services who are in paid employment – although there has also been an increase in the number of people living independently; and
- An increase in the number of premature deaths in people with severe mental health problems.

Obesity

12. Obesity and its co-morbidities, particularly diabetes, are continuing to increase in Worcestershire.

13. Key concerns include:
    - Two thirds of adults population are overweight or obese;
    - One in four children aged 4-5 and one in three children aged 10-11 are overweight or obese.

Alcohol

14. Consuming higher than recommended amounts of alcohol can have serious short and long term health impacts, as well as increased danger of risk taking behaviours, particularly amongst young people.

15. Key concerns include:
    - There are an estimated 84,562 increasing risk drinkers and 23,379 higher risk drinkers in Worcestershire;
    - Months of life lost to liver disease is increasing for both genders in some districts;
    - Alcohol related hospital admissions (all ages) are significantly lower than the England average; however, in some areas hospital admissions for under 18s is higher than might be expected.

16. On the positive side there has been a reduction in alcohol related crime in Worcestershire.

The JSNA Working Group

17. A JSNA Working Group oversees production of JSNA materials and ensures that they are relevant and of a good standard. Current membership of the group includes representatives from the County Council, Healthwatch and the Clinical Commissioning Groups. The Group reports at intervals to the Board.

Materials available

18. The following documents are available on the website:
    - JSNA Annual Intelligence Update
    - DPH Annual Reports
    - Needs Assessments and briefings on specific topics
    - District profiles
    - Atlas of population and key health and care outcomes
    - Links to relevant external websites

19. Work in progress currently includes:
    - Updates on the four HWB Board priority areas
    - A profile for each of the CCGs is awaiting publication.
    - Two District Health and Well-being Profiles are currently in production.
    - A Sexual Health needs assessment
    - A Domestic Abuse needs assessment
    - Early Help needs assessment
    - Self-harm briefing
    - Rural Health briefing
    - Teenage pregnancy briefing
    - Physically activity briefing
    - Road Safety briefing

Awareness raising

20. 12 'hands on' JSNA workshops were held in 2014/15 and 2015/16. There have been attendees from the County and District Councils, CCGs, NHS England, Healthwatch, University of Worcester and the voluntary and community sector.

Supporting Information

- JSNA Intelligence Update (Available on-line)

Contact Points

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

Specific Contact Points for this report
Janette Fulton, Information Analyst Principal, Public Health Intelligence
Tel: 01905 768004
Email: JFulton@Worcestershire.gov.uk