Worcestershire County Council

Agenda

Health and Well-Being Board

Tuesday, 3 November 2015, 2.00 pm
County Hall, Worcester

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

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	Director of Children's Services. Worcestershire County Council

Associate Members

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

Agenda

Item No	Subject	Presenter	Page No
1	**Apologies and Substitute**		
2	**Declarations of Interest**		
3	**Public Participation** *Members of the public wishing to take part should notify Legal and Democratic Services in writing or by e-mail indicating the nature and content of their*		

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

Date of Issue: Friday, 23 October 2015

Item No	Subject		Page No
	proposed participation on items relevant to the agenda, no later than 9.00am on the day before the meeting. Enquiries can be made through the telephone number/e-mail address below.		
4	**Confirmation of Minutes**		1 - 8
	For Decision		
5	**Update on the Development of a Worcestershire Health and Care Winter Plan**	Sandra Hogg	To Follow
6	**Integrated Recovery**	Frances Martin	9 - 16
	For Consideration		
7	**Better Care Fund**	Frances Martin	17 - 20
8	**HIG Bi-Annual Report**	Frances Howie	21 - 30
	For Information		
9	**Future Meeting Dates** **<u>Development (Private) meeting</u>** Tuesday 8 December 2015 County Hall, 2.00pm **<u>2016</u>** **Public Meeting Dates** Tuesday 09 February 2016 Tuesday 10 May 2016 Tuesday 13 September 2016 Tuesday 1 November 2016 *Meetings start at 2.00pm and may be at locations other than County Hall.* **Development (Private) Meetings 2016** Tuesday 26 January 2016 Tuesday 1 March 2016 Tuesday 12 April 2016 Tuesday 14 June 2016 Tuesday 12 July 2016 Tuesday 11 October 2016 Tuesday 6 December 2016 *All held at County Hall at 2.00pm*		

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

Minutes

Present:

Mr M J Hart (Chairman), Dr C Ellson (Vice Chairman), Ms J Alner, Mrs S L Blagg, Mr J P Campion, Mr Simon Hairsnape, Richard Harling, Dr A Kelly, Clare Marchant, Peter Pinfield and Simon White

Also attended:

Simon Adams, Frances Howie and Frances Martin

Available papers

The members had before them the Agenda papers (previously circulated); which included the Minutes of the meeting held on 15 July 2015.

329 Apologies and Substitutes

Apologies were received from Adrian Hardman, Gerry O'Donnell and Simon Rumley. Jonathan Sutton attended for Carole Cumino.

The Chairman welcomed Simon White, Interim Director of Children's Services to his first Board meeting.

330 Declarations of Interest

None.

331 Public Participation

There were two public participants.

David Trigger was a member of the Co-production Panel of the Coalition for Collaborative Care (C4CC) and was an NHS England Patient Leader. He wished to support the Healthwatch report on Co-Production. He explained that the process needed to start with people who were dependent on social care. A pilot in Cornwall was proving to be successful and was leading to a reduction in emergency admissions as well as reductions in care costs. With strong leadership he felt that Worcestershire could also do well with co-production.

Jim Smith and Jackie Payton were from the Worcestershire Coalition for Independent Living. They wished to support the Healthwatch report on Co-Production. They were pleased that there was a higher proportion of direct payments to individuals in Worcestershire than the national average. Users of services and carers needed to be part of the formation stage rather than just the consultation stage. Jackie Payton described a case study which demonstrated the benefits of co-production.

332 Confirmation of Minutes

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

333 2016-19 Joint Health and Well-being Strategy

Frances Howie explained that the process for the development of the Joint Health and Well-being Strategy had been brought to the Board meeting in March 2015. She was now bringing the draft strategy for comments, prior to the strategy going out to public consultation.

A Stakeholder event had taken place on 4 June with 140 attendees and following this and using data from the JSNA, a draft strategy had been developed. The strategy detailed six key principles and five approaches to prevention.

The draft strategy suggested that the three priorities for 2016-19 would be:

- Mental health and well-being throughout life
- Being active at every age
- Reducing harm from alcohol at all ages

A further stakeholder event had been organised for 10 November to start the public consultation process.

During the discussion the following points were made:

- The all age nature of the strategy and the emphasis on prevention were positive, but some members felt that the role of the Board to support and facilitate implementation was too passive. There should be more challenge and checking by the Board,
- Reductions in funding for prevention were being made, which seemed contradictory to the vision set out in the Strategy. However, it was pointed out that the Strategy was not mainly about spending dedicated prevention funding. A range of approaches to prevention were outlined, and the services commissioned and provided by all agencies had an opportunity to make a contribution,
- Members suggested that the document should include more detail about how the Strategy would be implemented. It was pointed out that the Strategy was a high level document. Action plans would be put in place to implement the Strategy and it would be their role to ensure improvements were achieved.

RESOLVED that the Health and Well-being Board

a) **delegated to the Chairman of the Board approval of the draft Joint Health and Well-being strategy within the next 14 days; following the necessary changes being made due to comments made by Board members; and**
b) **noted the process for further consultation.**

334 Public Health Ring Fenced Grant

In June 2015 the Treasury announced that the government intended to reduce the national Public Health Ring Fenced Grant (PHRFG) by £200 million, with this reduction being passed on to Local Authorities. Although not yet confirmed, it was thought that the reduction would mean a 6.2% reduction to all Local Authorities in-year and as the PHRFG was not a protected area of spend, further reductions of 25% to 40% were expected by 2020.

It was not clear when the Department of Health would confirm the reductions, so it may be necessary to make final decisions about how services would be affected before the reduction was confirmed to allow a sufficient period for implementation. A final decision had been delegated to the Cabinet Member for Health and Well-being in discussion with the Director of Adult Services and Health.

A list of discussions held with partners prior to the Board meeting was detailed in the agenda.

The main points made in the meeting were:

- The police had already been working towards cuts of 20% in their own funding and the proposed reductions of 25% to 40% would be challenging. West Mercia Police had a change programme in place which was nationally recognised and advocated a whole system approach. They requested that they put forward a written submission to the County Council prior to the final decisions being made. They were informed that a written submission would be helpful if it was submitted by the end of October and was solution focussed with constructive comments,
- The Clinical Commissioning Groups (CCGs) raised concerns that the reductions in the PHRFG were inconsistent with the NHS Five Year Forward View. They were also concerned about the potential for reductions to prevention services to increase costs to the NHS, both directly and indirectly. It was pointed out that it would be

impossible to make 25-40% savings without reducing some services, although the County Council would try to mitigate the impact of this,
- The County Council had written to the Government to ask for the PHRFG to be maintained, and other partners were encouraged to lobby them as well,
- Members believed it was necessary to be honest with the public that there would be an effect on front line services due to such a large reduction in funding,
- The Chairman agreed that 'they could do anything, but not everything.' He had written to the six local MPs and would listen to partners before final decisions were made. He felt that prevention was a key issue and there was a need to ensure that the money was spent in the best way and targeted to where it was most needed.

RESOLVED that the Board had the opportunity to consider and comment on the evolving proposals for savings and re-investment of the public health ring fenced grant in order to inform the final decision for each service.

335 Better Care Fund

Budget monitoring information about the Better Care Fund (BCF) was provided in the agenda papers. The Board was assured that monitoring was on-going to ensure that placements were as short as possible in order to allow that the schemes to be sustained during winter.

RESOLVED that the Health and Well-being Board:

a) Noted the current forecast outturn of the 2015/16 Better Care Fund and,

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

336 Co-production

Peter Pinfield introduced his report by saying Worcestershire was the first county in the Country to introduce co-production as a way of working. He was leading it along with Worcestershire Health and Care Trust. The process would have benefits for all partners but would not be achieved overnight.

Simon Adams explained that the Joint Health and Well-

being Strategy set out a commitment to 'ensure patients, service users and carers were fully included in all aspects of service redesign and change in the development of integrated care and that they were fully involved in their own care and well-being.' The process was being tested with elderly service users with long term conditions and their carers.

The key principles were that 'consumers' should have an equal voice to the NHS and the County Council, be involved from the start of any service plan or amendment and be encouraged to share skills and experience.

Critical success factors were that organisations needed to commit the right resources to co-production, they should listen to 'consumers,' monitor how successfully consumers were involved and ensure that co-production was carried out in the same way by all health and care organisations.

Board Members supported the idea of co-production and its key principles but recognised that the difficult thing was putting the principles into practice. It was suggested that examples of good practice should be used to encourage partners.

The Chairman had attended the event on co-production and agreed with the principles and encouraged them to be put into action.

RESOLVED that the Health and Well-being Board:

a) Agreed to 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) Requested that Commissioners consider how they would ensure that the 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) Agreed to encourage commissioners and providers to develop a shared understanding of co-production, recognising that further work needed to be done to develop what co-production means in the following circumstances:

- **Commissioning**
- **Service design, and how commissioners would ensure providers commit to co-**

production

- **Health and care planning for individuals; and**

d) Review the progress of implementation in 6 months.

337 Emotional well-being and mental health transformation plan for children and young people.

It was necessary for the Board to approve the Emotional Well-being and Mental Health Transformation Plan for Children and Young People so that it could be submitted to NHS England in a bid to attract additional national funding. The plan was based on successfully attracting additional funding so if the additional funding was not awarded the plan would need to be revised.

The services would be delivered by the Health and Care Trust but Commissioners reserved the right to take the service out to competitive tender if outcomes were not improving.

RESOLVED that the Health and Well-being Board:

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

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

c) Approved 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 would not deliver improved outcomes or desired efficiencies, or where national or local guidance required a competitive approach.

338 Safeguarding Children Annual Report And Child Death Overview Panel Annual Report 2014/15

Worcestershire Safeguarding Children Annual Report

Diana Fulbrook presented the Worcestershire Safeguarding Children Annual Report for the year up to March 2015. Partners had given a great deal of support to Safeguarding and achievements had been made with the establishment of a multi-agency Safeguarding hub and the development of a Child Sexual Exploitation Action Plan. User feedback had also greatly improved with Voice of the Child. Despite these achievements by the end of the year the Safeguarding Board found they could not be assured of the effectiveness of early help or the safety of the child protection system. To address the problems the County Council had set up a new 'Back to Basics' Improvement Board.

It was hoped that by the end of 2015/16 Partners would be able to manage demand which would result in a fall in the number of referrals through the Access Centre and improvements would be seen in front line practice.

Child Death Review Process for Worcestershire 2014-15

Felix Borchardt was Chairman of the Child Death Overview Panel. He explained that the Panel had reviewed 48 deaths and considered any modifiable factors. The majority of cases included similar issues such as chaotic households as well as health problems. The panel was able to recognize good practice and identify learning. A safer sleeping programme was being introduced.

In response to queries it was clarified that it was not always possible to prove what caused deaths but behaviours could be identified which made them less likely. It was also not possible to compare Worcestershire with other areas as the recording of associated factors was not consistent.

RESOLVED that the Health and Well-being Board:

a) **Considered the points which may inform future work of the HWB in respect of its strategic priorities; and**
b) **Identified cross cutting themes where the HWB had a role to play in reducing risks to children.**

339 JSNA Annual Summary

The Board was informed that the JSNA was a continuous process and that a range of materials were available on the website. Overall health in Worcestershire was better than nationally, however there were some inequalities with lower life expectancy in deprived areas. The JSNA Working Group quality assured materials and included representatives from the County Council, CCGs and Healthwatch.

RESOLVED that the Health and Well-being Board:

a) **Noted the JSNA Annual Summary,**
b) **Would take the JSNA Annual Summary into account in developing commissioning plans for health and social care in Worcestershire, and**
c) **Noted the next phase of JSNA activity.**

340 Future of Acute

A brief update was given by Simon Hairsnape. The CCGs and the Trust were still working on a 'modified

	Hospital Services in Worcestershire	option 1' and would shortly be presenting the details to NHS England for agreement. It was hoped that the proposal would then be ready to go out to public consultation in the New Year. The Board reiterated its position that they wished to see an outcome to the lengthy review process as soon as possible. **RESOLVED that the Health and Well-being Board noted this update.**
341	**Future Meeting Dates**	The Chairman brought the Board's attention to the meeting dates for 2016 which were listed on the agenda.

The meeting ended at 4.00 pm

Chairman …….

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AGENDA ITEM 6

HEALTH AND WELL-BEING BOARD
3 NOVEMBER 2015

INTEGRATED RECOVERY SERVICES IN SOUTH WORCESTERSHIRE: COMMISSIONING OF RECOVERY BEDS

Board Sponsor
Dr Richard Harling, Director, Adult Services and Health, Worcestershire County Council
Dr Carl Ellson, Chief Clinical Officer, South Worcestershire Clinical Commissioning Group

Author
Frances Martin, Integrated Commissioning Director (Adult Services)

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

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

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

c) Endorse the process and timeline for commissioning recovery beds, and ask that the Cabinet Member for Health and Well-being and the NHS South Worcestershire Clinical Commissioning Group Chief Clinical Officer finalise the specifications, agree the costs that can be met from the Better Care Fund, and determine how providers should be procured, noting the delegated authority awarded by Worcestershire County

Council Cabinet in July 2014 to the Cabinet Member for Health & Wellbeing.

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

Background

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

3. The vision for the Programme is to achieve:
   - A service in which people and their families will feel safe, supported, and be at the centre of planning for recovery in their own homes.
   - A seamless, person centred health and social care recovery pathway for the frail elderly in South Worcestershire, delivered by providers who work across organisational boundaries.
   - A service that has a single point of access, which makes it easier for people and their carers, as well as professionals to navigate.

4. This is in line with the requirements of the Care Act 2014 to prevent, reduce or delay the need for adult social care, as well as Worcestershire's Urgent Care Strategy and its aims for:
   - Admission prevention and avoidance - enhance out of hospital urgent care services so we can avoid an emergency admission where possible;
   - Right care, right time, right place - treat with the best care in the best place in the fastest time; and
   - Effective patient flows - promote rapid discharge to the most appropriate place for recovery in a co-ordinated, timely and planned manner.

5. Howbury House Resource Centre (and the Grange Resource Centre in Kidderminster) is a County Council provided re-ablement facility that was originally funded by the County Council. Howbury House is currently funded to provide 32 recovery beds, although 5 are currently occupied by permanent residents. In 2013/14, the County Council indicated an intention to move towards more community or home based provision of re-ablement services as part of the Future Lives programme. At the time the CCGs in Worcestershire expressed concern about the potential impact of this on the local health and social care system and agreed to provide financial support through the Better Care Fund to retain the Resource Centres in the short term. This was with a view to enabling the new community models to be fully implemented and for some detailed bed modelling work to be undertaken to ascertain likely need and demand for bedded facilities in the future. The financial support to these services was extended in 2014/15 and 2015/16, when the Resource Centres became fully funded by the Better Care Fund, as the detailed review was undertaken.

6. In July 2015, the Health and Well-being Board received an update on progress with integrating South Worcestershire's health & adult social care home based recovery services and approved the procurement of a single integrated community based inpatient nursing and rehabilitation unit – to be provided at the existing Timberdine site. The tender has subsequently been issued and the evaluation panel is in place. Contract award is on track for early December 2015 with the service due to start in April 2016.

Current availability and usage of recovery beds

7. The next phase of the programme is to review the requirement for any additional recovery beds currently commissioned by either health or social care, over and above those provided within the community hospitals or the Timberdine Unit. Recovery beds are used to avoid acute hospital admission and to facilitate hospital discharge. Further details of current availability and usage are set out in ***Appendix 1***.

8. Recovery beds are currently used as:

- 'Step up' beds, which aim to avoid the need for acute hospital admission by offering 24 hour care and support. Along with appropriate investigation and therapy, they provide rehabilitation and reablement to help people to regain their independence. These are predominantly provided at Timberdine Nursing and Rehabilitation Unit and the four community hospitals across South Worcestershire. At times of increased demand, additional urgent unplanned placement beds are commissioned from local nursing and care homes.

- Hospital discharge - Pathway 2 for people who are medically stable and able to leave the acute hospital, but who need 24 hour care, further assessment, rehabilitation and reablement to help them regain their independence. It includes general and specialist stroke nursing beds and is currently provided at Worcester Intermediate Care Unit (WICU), Timberdine Nursing & rehabilitation Unit and the community hospitals. Residential care only, i.e. not requiring 24 hour nursing, is provided at Howbury House Resource Centre.

- Hospital discharge - Pathway 3 for people who are medically stable and able to leave the acute hospital, but who need a period of assessment and recovery in order that their long-term care needs can be agreed. These are commissioned from local nursing and care homes, with the expectation of a maximum six week stay to allow for completion of the assessment and any subsequent long term care arrangements to be agreed and put in place.

- Plaster of paris beds for people who have sustained a fracture and have a plaster cast making it difficult for them to undertake activities of daily living. As a result they are unable to return directly home from the acute hospital and require 24 hour care until they are able to regain their independence. These are currently predominantly provided by local residential homes, but admissions to nursing homes will also take place if needed.

Future requirements for recovery beds

9. A review of current and required recovery bed capacity was undertaken during 2014 on behalf of the Worcestershire Systems Resilience Group (SRG) and the findings were presented to SRG in June 2015.

10. Details of the conclusions about the future requirements for recovery beds are set out in ***Appendix 2***. In summary these were:
    - There are too many beds currently – the estimated excess is 85 beds
    - The analysis shows that current beds are not always located in areas of highest demand, but reflect historical decisions around location of community hospitals and other inpatient facilities.
    - Currently, the length of stay in some facilities is longer than it needs to be for some people.
    - If length of stay is reduced for Step up beds and Pathway 2 ***nursing*** beds, the modelling suggests there will be sufficient capacity between the new single integrated community-based inpatient nursing and rehabilitation unit and the community hospitals.
    - The analysis shows a requirement for a small number of (approximately 6) Pathway 2 ***residential*** beds, as well as a continued need for Plaster of Paris beds.
    - The modelling demonstrated a continued requirement for Pathway 3 discharge to assess beds.

11. In terms of configuration, there are two potential options for the beds required over and above those provided in the Community Hospitals and the Timberdine Nursing & Rehabilitation Unit. These include the potential to commission from a single facility or to spot purchase beds as required from multiple facilities. Initial advantages and disadvantages are outlined below in ***Table 1*** and will be further developed, together with associated costs, in order to support final decision making. Further consideration will also be given to the role the beds play as part of the county network of resources and any plans and implications will be discussed with colleagues from Redditch & Bromsgrove & Wyre Forest CCGs.

***Table 1*: Options for configuration for Pathway 2 residential beds, Plaster of Paris beds and discharge to assess beds**

Option 1: commission from a single facility	**Option 2: 'spot purchase' beds as required from multiple facilities**
Potential advantages: • A dedicated facility might offer a higher quality service, particularly with respect to rehabilitation and reablement. • Might be easier to co-ordinate the hospital discharge process.	**Potential advantages:** • This would offer people a choice of location and be more likely to be geographically convenient for more people. • Avoids underutilisation of beds.
Potential disadvantages: • Would need to determine the optimal location. Unlikely to be geographically convenient for everyone.	**Potential disadvantages:** • Might be harder to guarantee service quality, particularly with respect to rehabilitation and reablement. • Might also be harder to co-ordinate

	the hospital discharge process.

12. Note that Howbury House currently has five long term residents, as well as the 26 recovery beds, and the final decision would need to take into account any consequences for these individuals.

Commissioning process and timeline

13. Further work to finalise future requirements and agree a preferred option for the configuration of the beds required over and above those provided in community hospitals and the Timberdine Unit will be led by the Project Group. This includes officers from Worcestershire County Council and SWCCG, who will work in partnership with users and carers, providers and wider stakeholders, and in accordance with the principle of co-production.

14. The outline process and timeline for future commissioning of any additional beds is:
    - Finalise future requirements: November 2015
    - Market engagement with potential providers: November-December 2015
    - Development of specification(s): November-December 2015
    - Options appraisal for configuration: November-December 2015
    - Decision on preferred configuration: January 2016
    - Notification to current providers: January 2016
    - If required, tender issued: February 2016
    - If required, contract(s) awarded: August 2016
    - Revised service to start: October 2016.

Legal, Financial and HR Implications

15. Legal Implications: To be defined during the evaluation stage.

16. Financial Implications: Continued funding for Howbury House to be approved from the Better Care Fund until October 2016. Services procured after that date will be within the existing financial envelope – see ***Appendix 1.*** Assuming it is possible to deliver best practice in terms of length of stay, initial assessment suggests that the number of recovery beds required could be reduced, allowing savings against the BCF in 2016/17. The Health and Well-being Board would have the opportunity to agree how these might be used.

17. Human Resources Implications: To be defined during the evaluation stage.

18. Privacy Impact Assessment: As appropriate.

19. Equality and Diversity Implications: An Equality Relevance Screening has been carried out recommendations. It identified that further equality impact analysis will be required in respect of: the issue of choice in relation to the location of services, and any impact of changes to services on Howbury House's five long term residents.

Contact Points
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Specific Contact Points for this report
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Supporting Information

- Appendix 1 - Current bed availability & funding arrangements
- Appendix 2 - Future bed requirements

Background Papers
In the opinion of the proper officer (in this case the Director of Adult Services and Health and the Chief Clinical Officer, South Worcestershire Clinical Commissioning Group) the following are the background papers relating to the subject matter of this report:

- Integrated Recovery South Worcestershire. Health and Well-being Board. 15 July 2015.
- Urgent Care Strategy for Worcestershire. May 2014.

Health and Well-being Board
3 November 2015

Integrated Recovery Services in South Worcestershire: Commissioning of recovery beds

Facility	Provider	Service details	Number of beds[1]	Average length of stay (days)	Budget (£000)	Source of funding
Timberdine Nursing & Rehabilitation Unit	Currently being procured	Step up & hospital discharge – pathway 2 *24hr nursing care*	46 (post 01 April 2016)	General 37 Stroke 52	3,823	BCF & CCGs
Howbury House Resource Centre	Worcestershire County Council	Step up & hospital discharge – pathway 2 *Residential care only*	32[2]	38	1,524	BCF
Malvern Community Hospital	Worcestershire Health and Care Trust	Step up & hospital discharge – pathway 2 *24hr nursing care*	24	General 27 Stroke 36	10,840	SWCCG
Pershore Community Hospital			26			SWCCG
Evesham Community Hospital			69			SWCCG
Tenbury Community Hospital			16			SWCCG
Spot purchased beds	Independent sector - local nursing and residential homes	Step up only	7	17	221	BCF
		Hospital discharge - pathway 3	24	53	584	BCF
		PoPs	10	49	145	BCF
Total			**254**		**17,137**	

[1] Equivalent number of beds for care home activity – calculated based number of admissions and average length of stay
[2] Includes 5 beds currently occupied by permanent residents

Health and Well-being Board
3 November 2015

Integrated Recovery Services in South Worcestershire: Commissioning of recovery beds

Pathway	2018/19 Predicted Demand (*admissions*)	Modelled length of stay (*days*)	2018/19 Suggested bed requirements (*number of beds*)	2016 Actual Bed capacity
Step up[3]	468	Between 14 and 21 days	23	Combined Step up and hospital discharge beds 192 Stroke rehab beds 28
Hospital Discharge – *Pathway 2* - General - Stroke Rehabilitation	1,256 185	21 38	91 26	
Hospital Discharge – Pathway 3	170	42	20	24
Plaster of Paris beds	76	42	9	10
Total	**2,155**		**169**	**254**

[3] Includes a combination of nursing and residential care and includes demand currently met by care homes

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AGENDA ITEM 7

HEALTH AND WELL-BEING BOARD
3 NOVEMBER 2015

BETTER CARE FUND UPDATE

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

Author
Frances Martin, Integrated Commissioning Director (Adult services) and Christopher Bird

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 contribution of the Better Care Fund in reducing emergency hospital admissions and facilitating acute hospital discharges as per the Q1 return to NHS England**

   b) **Note that the current basis for Better Care Fund budget planning for 2016/17 is for no increase in BCF allocation.**

Background

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

3. The BCF budget for 2015/16 totals £37.193m, which is included in the Worcestershire Section 75 agreement.

4. The Worcestershire 2015/16 BCF plan grouped schemes under three main headings - Admission Prevention, Facilitated Discharge, and Independent Living. The plan was agreed by the Health and Wellbeing Board in September 2014, and approved by NHS England without condition or support. The detailed list of each scheme within these group headings is available on line as Appendix A.

Budget Position of BCF 2015/16

5. The budgetary position of the Better Care Fund is reported monthly to the Integrated Commissioning Executive Officers Group (ICEOG), and quarterly to HWB. The forecast presented to HWB at the end of Quarter 1 was a £478k overspend, due to significant pressures on the schemes focusing on patient flow – Urgent and Unplanned Admissions beds (within the Admission Prevention group), and Plaster of Paris Placements and Pathway 3 Discharge to Assess beds (within the Facilitated Discharge group).

6. All stakeholder organisations are currently working together, meeting on a weekly basis, to reduce the pressures on those schemes and return the Better Care Fund to a within-budget position by the end of the financial year.

7. ICEOG have made it clear to operational managers and lead commissioners that the Better Care Fund cannot overspend during this financial year, and therefore if pressures cannot be sufficiently managed, alternative funding sources for the schemes must be identified, or the schemes will close The link between the reductions in emergency admissions and the implementation of these schemes is however something that will need to continue to be reviewed.

Effectiveness of 2015/16 Better Care Fund

8. There are 6 National Conditions for access to the Better Care Fund. In the 2015/16 Quarter 1 return for the BCF, Worcestershire reported that it was currently meeting all six of these conditions. The return is available on line as Appendix B.

9. For the schemes which focus on patient flow, we have very clear figures on the number of purchased placements and average length of stay, cost etc. The summary data for these three schemes can be seen in the table below:

Scheme	Client Numbers Apr-Sept	Average days purchased per client	Average cost per client (£)
Urgent and Unplanned Placements	174	21	1,844
Plaster of Paris Placements	106	50	3,990
Pathway 3 (Discharge to Assess)	230	49	3,494

10. The data indicates that our Urgent and Unplanned Placements purchased has led to 174 emergency hospital admissions being avoided since April 2014, and that 336 patients have had facilitated discharge into either the Plaster of Paris Placements or Pathway 3 beds. A working group has been set up to reduce the length of stay and improve case management across all three of these schemes, thereby lowering the average cost per client, as part of the wider work in managing the BCF budget.

11. An important metric for the Better Care Fund is emergency hospital (non-elective) admissions. A return on this measure is submitted to NHS England (after approval by HWB) on a quarterly basis. The 2015/16 Quarter 1 return was submitted in August 2015 and is available on line as Appendix C. The data for non-elective admissions shows a figure of 12,402 admissions in Q1, compared to a planned figure of 12,951. This represents a decrease for the quarter of 4.95% against our baseline figure (baseline 13,048 down by 646 to 12,402). It is reasonable to conclude that integrated working in Worcestershire (of which the Better Care Fund is a key component) has helped contribute to a reduction in emergency admissions.

2016/17 Better Care Fund allocation

12. The Worcestershire Better Care Fund allocation for 2016/17 is not currently known, and we do not expect full detailed guidance until after the Comprehensive spending review in late November. The indication given by the Minister of State for Care and Support, the Parliamentary Under Secretary of State (Minister for Local Government), and the Better Care Fund Support team is that we should budget that the allocation will remain at the 2015/16 figure.

2016/17 Better Care Fund Priorities for expenditure

13. A number of the BCF projects involve a transfer of funding responsibility from County Council Adult Social Care budgets to the BCF. There are also a number of Better Care Fund schemes that are within the scope of the various Integrated Recovery projects. These projects are ongoing and involve the CCGs and WCC. The HWB receive regular updates on progress with implementation of these projects. The outcomes – chiefly whether those BCF schemes within scope should continue to be commissioned – may impact on the funding available for any new Better Care Fund schemes, or enhancements to existing schemes, for 2016/17. The scheme groupings in Appendix A denote which individual schemes are affected.

14. Aside from the Integrated Recovery projects, other schemes are currently ring-fenced within the overall BCF allocation. These include capital funds for Social Care, a revenue allocation for Care Act Implementation, and the Disabled Facilities Capital Grant which is Passported to District Councils. It is expected that the confirmation of the 2016/17 BCF allocation will include some guidance on amounts to be ring-fenced. It is also important to note that many BCF schemes have contracts with providers with notice periods that could not be ceased by April 2016.

15. Therefore the <u>current</u> amount in the 2015/16 BCF that is not part of an integrated recovery project or ring-fenced for a specific purpose is £8.579m. The amounts are highlighted in blue in the table below:

Grouping	Note	2015/16 Budget (£000)
Admission Prevention	Part of Integrated Recovery Project	6,541
Admission Prevention	Not recovery or ring-fenced	5,255
Total Admission Prevention		**11,796**
Facilitated	Part of Integrated	6,135

Discharge	Recovery Project	
Facilitated Discharge	Not recovery or ring-fenced	2,984
Total Facilitated Discharge		**9,119**
Independent Living	Carers	1,260
Independent Living	Implementation of Care Act (Revenue)	1,308
Independent Living	Social Care Capital and Care Act Implementation (Capital)	1,328
Independent Living	Disabled Facilities Capital Grant	2,358
Independent Living	Not recovery or ring-fenced	340
Total Independent Living		**6,594**
Held centrally against 3.5% reduction in admissions		9,684
Total Better Care Fund		**37,193**

16. Work is currently ongoing to agree funding priorities for the 2016/17 fund. This involves an analysis of all the schemes this year to evaluate effectiveness and value for money. A more detailed report will be presented in January to inform the HWB of the priorities proposed by ICEOG, and more information (if available) of the allocation and conditions of the 2016/17 Better Care Fund.

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Supporting Information – Available on-line

- Appendix A – Grouping of 2015/16 Better Care Fund schemes
- Appendix B – Copy of Worcestershire Q1 return for National Conditions
- Appendix C - Copy of Worcestershire Q1 return for Non-elective admissions data

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AGENDA ITEM 8

HEALTH AND WELL-BEING BOARD
3 NOVEMBER 2015

BI-ANNUAL PROGRESS REPORT FROM THE HEALTH IMPROVEMENT GROUP

Board Sponsor
Marcus Hart, Chairman and County Council Cabinet Member for Health and Well-being.

Author
Dr Frances Howie, Head of Public Health

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

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

Item for Decision, Consideration or Information
Consideration

Recommendation

1. **The Health and Well-being Board is asked to:**
   a) **Consider and comment on progress made between April 2015-September 2015; and**
   b) **Request that the Health Improvement Group Bi-Annual Report is presented to the Board in May 2016.**

Background

2. The Health Improvement Group (HIG) is a sub-group of the Health and Wellbeing Board. It was set up in March 2014 and its purpose is 'to lead, co-ordinate and ensure progress of action to improve health and well-being, focusing on health inequalities and the wider determinants of health and well-being in Worcestershire'. Full terms of reference and membership are published on the County Council's website. Each Local Authority is represented by a Councillor. The HIG has been well attended by all its members since it was set up in 2014.

3. Part of the role of the HIG is to monitor the delivery of the following Worcestershire strategic plans and associated actions plans:
   - Alcohol Plan
   - Mental Well-being and Suicide Prevention Plan
   - Obesity Plan
   - Strategic Drug Plan
   - Tobacco Control Plan

4. The HIG also considers District Health and Well-being Plans with the aim of highlighting and co-ordinating local action and sharing good practice.

Summary of progress: strategic plans

5. Since the bi-annual progress report was presented to the Board in May 2015, the HIG has received updates on the Tobacco Control Plan, and the Strategic Drug Plan. A summary of progress against these plans is set out below.

Tobacco Control Plan

6. The HIG received an annual update for the Tobacco Control Plan for Worcestershire (2014-2017) in June. Below is a summary of progress of work in year 1 of the Plan
   - Worcestershire County Council (WCC) signed the Local Government Declaration on Tobacco Control in January 2015 and has encouraged partners to sign the declaration (District Councils), or the sister declaration that has been launched for NHS organisations to sign; the NHS Statement of Support. To date, Worcester City Council and Wyre Forest District Council have signed the declaration, and Redditch and Bromsgrove Clinical Commissioning Group (CCG) and Wyre Forest CCG have signed the NHS Statement of Support.
   - WCC mapped stop smoking service locations against deprivation areas in March 2015 and found most areas, including those most deprived, are well supplied. Service providers were notified of the gaps and encouraged to identify opportunities to deliver in venues in these areas for permanent or time-limited services
   - An annual Tobacco Control Alliance (TCA) workshop took place in June 2015 which focused on the Local Government Declaration on Tobacco Control and the NHS Statement of Support as well as monitoring and reviewing the plan.
   - WCC PH have met with Midwifery services about midwives raising smoking with pregnant mothers, data collection, and the use of CO2 monitors. A smoking in pregnancy programme in under consideration.
   - National campaigns have been promoted across the county including Stoptober, Public Health England (PHE) New Year's campaign, and No Smoking Day.
   - A TCA workshop update as well as information on smokefree places/ playgrounds for District Councils to discuss and consider progressing was presented to the HIG in September.

7. Key outcomes
    - Overall smoking prevalence is going down and has decreased more in Worcestershire than Nationally

Smoking Prevalence		
	WCC	National
2010	19.1%	20.8%
2011	18.5%	20.2%
2012	17.7%	19.5%
2013	14.7%	18.4%

Source: Public Health Outcomes Framework

    - Locally and nationally there has been a slight decrease in the number of people setting a quit date.
    - The quit rate through services in Worcestershire is similar to services national (51% vs 50%)
    - Smoking in pregnancy rates remain high in Worcestershire and smoking status at time of delivery (SATOD) is significantly worse than the England average (14.3% vs 12%)

Smoking Status at Delivery		
	WCC	National
2010/11	15.0%	13.5%
2011/12	16.3%	13.2%
2012/13	13.8%	12.7%
2013/14	14.3%	12.0%

Source: Public Health Outcomes Framework

8. Implementation against the Tobacco Control Plan is progressing well. The HIG will receive the next annual update at its June meeting.

<u>Strategic Drugs Plan</u>

9. The HIG received an annual update for the Strategic Drugs Plan for Worcestershire (2014-2017) in September. Below is a summary of progress of work in year 1 of the Plan:

    - After a re-commissioning process, including production of a needs assessment, Swanswell Charitable Trust was awarded Worcestershire's drug and alcohol contract for an initial period of three years, to provide a range of substance misuse treatment services for children, young people and adults. The new contract commenced on 1st April 2015
    - Health Chats now feature a range of information about drug misuse, including signposting information to the local support services. Over 1300 people have now been trained to deliver Health Chats including University of Worcester student nurses and midwives
    - Information on support available for those concerned about drug use has been included in a booklet being developed for ex service personnel who are returning to civilian life
    - New drug drive legislation came into force on 2 March 2015 in England and Wales. West Mercia and Warwickshire Police engaged in a summer drink

and drug driving campaign which ran from Monday 1st June 2015 until Tuesday 30th June 2015

- A 'walk though' of criminal justice services was carried out in September 2014 by officers from the Police and Crime Commissioner, Worcestershire Public Health and Public Health England, in order to review referral systems for service users. The resulting report was used to inform an action plan to implement recommendations. Many of the actions are now complete and over the next year, the Criminal Justice Working Group will be actively working on priority areas
- A 'Substance Misuse Strategic Oversight Group' has replaced the previous Joint Commissioning Group to receive information and learning from partner agencies with the aim of maximising the impact of partner initiatives

10. Key outcomes
    - The percentage of people successfully leaving drug treatment who do not re-enter treatment within 6 months has increased slightly for non-opiate users, but has remained very low for opiate users
        - For non-opiate users it is now 30%
        - For opiate users it is just below 5%, meaning 95% of opiate users who leave treatment are back in treatment within 6 months
    - The increase for non-opiate users to 30% still leaves it well below the 39% national average and below what it was 5 years ago

	Opiate		Non-opiate	
	WCC	National	WCC	National
2010	4.3%	6.7%	34.6%	34.4%
2011	6.0%	8.6%	29.4%	36.6%
2012	6.8%	8.2%	24.5%	37.7%
2013	4.8%	7.8%	23.0%	37.7%
2014	4.6%	7.4%	29.6%	38.9%

Source: Public Health Outcomes Framework

11. The HIG will receive the next annual update at its September meeting.

Summary of Progress: District Plans

12. One of the objectives of the HIG is to receive the district Health and Wellbeing Plans and to consider local issues on a regular basis. Since the bi-annual progress report to the Board in May 2015, three districts (Redditch, Wyre Forest, Bromsgrove) have given a presentation on their Plan. Set out below is the progress made to date.

<u>Redditch Borough Council</u>

13. The Redditch Health and Well-being plan has identified a number of priorities including obesity, mental health and well-being, alcohol, older people, smoking and maternal and early years health. Progress includes:
    - Social Prescribing- Pilot started in May 2014 in 8 practices across Redditch and Bromsgrove. Model rolled out to all 22 practices across Redditch and Bromsgrove in February 2015. Currently over 230 referrals from GP's through the model to a range of local services (160+ of those within the last

4 months since roll out to all practices). The “Mental wellbeing” theme on the model received around two thirds of the referrals,

- Eating Well on a Budget training- A training package was developed for frontline staff in Redditch to increase their confidence to support their service users to eat well on low budgets. 5 sessions were delivered to staff from a range of organisations. 53 staff members attended in total. 91% of attendees stated their confidence to deliver eating well on a budget messages to their service users had improved,
- Older people/ social isolation- An Older peoples' services day event took place with over 100 public attendees. A social activities for older people booklet was created with details of over 60 local groups/clubs,
- Mental well-being in children and young people (CYP)- A task and finish group was set up which created a plan to support low level mental wellbeing for CYP, supported by a leftover pot of funding. Partners were invited to bid for pots of money to support local projects meeting the aims and objectives of the plan. Projects funded over the last 12 months include: Mental Health Champions project, Local MHFA/YMHFA training, Counselling hours for CYP, Protective Behaviours group, Safe Journey course, Development of the Youth Forum, Self-Harm awareness project.

Bromsgrove District Council

14. The Bromsgrove Health and Wellbeing Plan (Balanced Communities Theme Group Action Plan) is split into health inequalities, older people, and children and young people. Progress includes:
    - Mental well-being- Bromsgrove District Council has signed the Time to Change pledge and are encouraging other organisations to sign,
    - The Early Help team delivered numerous MoodMaster sessions to young people attending North Bromsgrove High School for those experiencing anxiety with exams. MoodMaster sessions planned in Bromsgrove for families in October,
    - Eating Well on a Budget training- Five ‘Train the Trainer’ sessions delivered by HICs across Bromsgrove and Redditch for partner agencies and were positively evaluated,
    - A number of physical activity opportunities including Positive Activities, Short Breaks, Sportivate, Falls Prevention Strength and Balance Classes are successfully being delivered across Bromsgrove,
    - Free ‘Winter Prepared’ Training has been planned for September.
    - Cold Weather Plan - 2014 Local Cold Weather Plan agreed and implemented. Existing Cold Weather Plan to be used as foundation to develop a more comprehensive and robust Cold Weather Plan for winter 2015.

Wyre Forest District Council

15. The Wyre Forest Health and Wellbeing plan 2015-2016 was presented to the HIG in September. The aims of the plan include:
    - Promoting Independent Living
    - Improving mental health and wellbeing
    - Promoting safe drinking
    - To reduce harm from obesity

- To improve health & wellbeing of communities / groups with poorest health outcomes
- To ensure accurate info/advice distributed
- To improve the health of children and young people

16. Progress in 2014-2015 in Wyre Forest includes:
    - Community Wellbeing Buddies- Project now entering year 2 with widespread delivery across 9 GP practices and 206 people attending appointments to date.
    - Annual Older People Showcase of Services event attended by over 250 people in 2014
    - Wyre Forest Parkrun has recently been set up, and has been well attended.
    - MHFA courses are being delivered in Wyre Forest

17. <u>District Outcomes</u>
    - A number of outcomes measured at district level show how progress is being made on a range of issues tackled in the district reports. Smoking prevalence is down in Redditch and Bromsgrove and although it has risen in the latest figures for Wyre Forest this is not significant and it has declined over a number of years.
    - Physical activity has changed little in Bromsgrove and Wyre Forest and has increased in Redditch where it was already higher than average
    - Under 18 alcohol admissions have reduced significantly in all three districts
    - Under 18 conception rates are also down in Bromsgrove and Redditch. The increase in Wyre Forest follows a smaller increase the previous year, but there has still been a big decrease since 2009.

	Redditch		Bromsgrove		Wyre Forest		England	
	Latest	Previous	Latest	Previous	Latest	Previous	Latest	Previous
Smoking prevalence	20.9	24.9	10.3	13.5	19.9	16.6	18.4	19.5
Physically active adults	58.5	59.3	65.7	60.6	54.5	56.4	57	56
Alcohol-specific hospital stays in under 18s	60.3	83.9	40.3	49.1	52.5	71.8	40.1	44.9
Under 18 conceptions	28.8	34.5	17.7	19	29.1	25.3	24.3	27.7

Source: Public Health Outcomes Framework

Issues Considered

18. In addition to the updates on the WCC Strategic Health and Well-being Plans and the District Plans, the HIG has considered the following:

    - Early Help Strategy Update
    - A briefing on JSNA
    - Worcestershire Health Indicators Summary
    - Suicide Audit Group report
    - Revised Joint Health and Well-being Board Strategy
    - Future Lives updates
    - An update on the Public Health Ring-fenced Grant
    - Worcestershire Works Well update
    - Blood and Transplant Partnership update
    - Response to the LGA/PHE consultation on implementing the NHS 5 year forward view prevention ambition

19. The Loneliness Plan for Worcestershire is a new plan. The HIG approved the draft Worcestershire Loneliness Plan 2015-2018 and agreed that the Tackling Loneliness Group continue to support the implementation, monitoring and evaluation of the plan, reporting to the HIG in May 2016.

    - In June 2014 the Health and Wellbeing Board hosted an event to raise awareness of the issue of social isolation and loneliness in older people across Worcestershire. The outcomes of the event have informed the development of Worcestershire's Plan,
    - Worcestershire's commitment to tackling loneliness in older people is illustrated by the tendering of the innovative social impact bond to reduce loneliness in older people, which is central to the plan,
    - The Plan has the vision that older people in Worcestershire will maintain their connections, friendships and networks through times of life change, and therefore eliminate loneliness across the county,
    - To achieve this vision, the plan has set the following 3 aims:
        - Empower residents and communities to maintain their connections, friendships and networks, making use of community assets and active members and volunteers,
        - Improve access to activities and services that can prevent or alleviate isolation and loneliness, ensuring services are tailored to meet people's needs,
        - Raise awareness of isolation and loneliness including why it is important, how to recognise the signs and risk factors and local opportunities available for prevention and intervention.

20. A forward plan is in place to ensure that the HIG will oversee, implement and support the priorities of the Board, and to monitor progress against health and well-being outcomes.

21. Updates on The Obesity Plan, Alcohol Plan, and Mental Well-being and Suicide Prevention Plan will be provided to the HIG in December and March.

22. The district plans received since the HIG set up have been well received by all partners and it has been demonstrated how Health and Well-being priorities are being supported and delivered in the localities. District updates will take place annually.

JSNA Outcomes

23. The JSNA and Health Indicators papers highlighted outcomes and indicators that we are doing well on and those that require some improvement or focus.

24. Things we do well on
    - General health and well-being is better than the England average
    - Indicators where we continue to do particularly well are:
        - Overall life expectancy and healthy life expectancy, especially for men
        - Mortality from common conditions and those considered preventable
        - The proportion of low birthweight babies
        - Rates of people killed or seriously injured on the County's roads
        - Cancer screening coverage
        - Injuries due to falls
        - Emergency readmissions to hospital within 30 days
        - Smoking prevalence in Worcestershire is lower than the national average (14.7% vs 18.4%)
        - Alcohol related hospital admissions (all ages) are significantly lower than the England average

25. Areas that have improved
    - Adult obesity - Although the number of overweight adults is estimated to be higher than average this is no longer significant and the proportion of obese adults is in line with national figures
    - Statutory Homelessness - Figures for the latest year are no longer significantly higher than average and for those in temporary accommodation they are significantly lower than average
    - Diabetic Retinopathy Screening - Up from 75% to 89% and now significantly above average
    - Alcohol - There has been a reduction in alcohol related crime.

26. Areas of ongoing concern
    - Obesity
        - Childhood Obesity
            - 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.
            - In Worcestershire almost one in four children aged 4-5 (24.2%) and one in three children aged 10-11 (33.2%) were either overweight or obese in 2013/14.
        - Breastfeeding - Worcestershire has significantly lower rates of breastfeeding than the England average
    - Alcohol
        - Alcohol-specific hospital stays in under 18s - The rate of under 18s admitted to hospital for alcohol-specific conditions remains higher in Worcestershire than the England average

- Mental Health & Wellbeing
  - Hospital stays for self-harm
    - The standardized rate of admissions to hospital for self-harm is still higher than the England average
    - A significant increase has been seen in the number of premature deaths in people with severe mental health problems.
- Older people and people with long-term conditions
  - Fuel poverty - the percentage of people experiencing fuel poverty in Worcestershire is higher than the England average
- Other issues
  - Smoking in pregnancy - The proportion of women in Worcestershire who are smokers at the time of delivery is higher than the England average
  - School readiness particularly amongst those receiving free school meals
    - The proportion has increased by over 10% but remains significantly below average
    - The proportion for those on free school meals has also increased but remains below average
  - Successful completion of drug treatment
    - The percentage of people successfully leaving drug treatment who do not re-enter treatment within 6 months has gone down even below last year's figure
    - For non-opiate users it is now 23%
    - For opiate users it is just 5%, meaning 95% of opiate users who leave treatment are back in treatment within 6 months

27. Health Inequalities
    - Overall health inequalities as measured by under 75 mortality have narrowed over the latest 5 years of data
    - However, life expectancy is still 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
    - 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).
    - Inequalities for children and young people are stark for many outcomes, from smoking in pregnancy and breastfeeding, through school readiness to educational outcomes.

Contact Points

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