

Somerset Health and Wellbeing Board Scorecard

The Vision for health and wellbeing in Somerset is: 'People Living healthy and independent lives, supported by thriving and connected communities, with timely and easy access to high quality and efficient public services when they need them'

Reporting Period: 2017/18 - Up to 31st May 2017

Health and Wellbeing Board Duties / Requirements				Headlines / Exception Report			
Statutory Duties and Functions		Better Care Fund National Indicator Set:		Reports received:		Public Engagement	
Undertake a Joint Strategic Needs Assessment	↔ G	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	TBC	Director of Public Health Annual Report 2015/16	↔ G	Annual Health and Wellbeing Conference	↔ G
Undertake a pharmaceutical needs assessment	↔ G	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	↑ G	Somerset Safeguarding Children Board - Annual Report 2015/16	↔ G	Involvement and encouragement with Healthwatch Somerset	↔ G
Develop a joint Health and Wellbeing Strategy for the County	↔ G	Delayed transfers of care from hospital per 100,000 population	↑ G	Somerset Safeguarding Adults Board - Annual Report 2015/16	↔ G	HWB Newsletter / briefing notes	↔ G
To encourage integrated working between health, social care and public health including oversight of the Better Care Fund	↔ G	Avoidable emergency admissions	TBC	Safer Somerset Partnership 2015/16	↔ G	Health Protection Forum Report 2015/16	↔ G
				Joint Strategic Needs Assessment 2016	↔ G	Healthwatch Somerset Updates	↔ G

Workstream 1: Four STP prevention proposals have been given authorisation to proceed to full business case - these are Fall Prevention, Smoking in Pregnancy, Make Every Contact Count and Social Prescribing. In addition, Prevention is a key theme for the STP Commissioning Academy. Local Organisations are adopting the Charter. All NHS Organisations have adopted the Charter. All District Councils have prevention plans in place. Two new case studies have been developed, hope to see more case studies relating to health care settings going forward.

Workstream 2: One measure currently has an Amber RAG status 'Each District Council to achieve Dementia Friendly Status' - the RAG will turn green when all District Councils have Dementia Friendly Status

Workstream 3: Further work is needed to determine the 2017/18 local measures and project milestones for this workstream

Workstream 4:
 Action 1 (Embed the ability of adult mental health services (crisis team, community MH services and mental health social work service) to identify if patients are being identified as parents with dependent children) has an Amber RAG Status this is because the parental flag is now in place on RIO but staff need to retrospectively use the flag).
 Action 2 (Embed the protocol of Hidden Harm, across adult mental health, domestic abuse and drugs and alcohol services) has an Amber RAG status - this is because xxxx
 Action 3 (Review Early Help Assessments (EHA) that identify adult mental health, substance misuse or domestic abuse needed) has a Red RAG status - this is because the screening tool (referred to in the local measures) is not in use to assess the risk of behaviour on adults and children - this work is expected to be undertaken in quarter 2.
 A further metric 'Number of staff within SIDAS accessing MHFA and ASSIST training and screening and brief intervention for substance misuse' has an amber status. This is because no staff have had any specialist MH training, but all have done Safeguarding as an ongoing rolling programme and 1 member of staff has done dementia training. This training is done internally by Knightstone. Four staff have completed the Assist Training and two further member of staff have signed up. No staff have received substance misuse training. There hasn't been any training given or offered by SDAS / Associated services.

Workstream 5: All Actions, Local Measures and Project Milestones have Green RAG statuses. Where are (-) is placed in the RAG Status box this indicates that work has not started in respect of this metric yet.

Priority Workstreams

Workstream 1: To provide joint leadership for prevention across the County		Workstream 2: To give system leadership to build strong, resilient and healthy communities		Workstream 3: To drive and oversee new, integrated and sustainable models of care across the county		Workstream 4: To further develop work to improve identification and early intervention to prevent Hidden Harm of Children		Workstream 5: To identify and address the impact of housing on health	
Lead Manager: Trudi Grant				Lead Manager: Stephen Chandler		Lead Manager: Alison Bell / Deborah Howard		Lead Manager: Tracy Aarons	
Actions		Actions		Actions		Actions		Actions	
Ensure that prevention is effectively addressed in the implementation of the Somerset NHS Sustainability and Transformation Plan	- A	To further develop the Lets end loneliness in Somerset Programme through the District Councils	- G	To develop and drive a shared vision for a more sustainable and integrated model of commissioning and provision of health and social care across Somerset	- G	Embed the ability of adult mental health services to identify if patients are being identified as parents with dependent children	- A	Create more effective housing outcomes for people living with mental health issues	- G
Promote the Somerset Prevention Framework and Charter to local organisations	- G	To further develop the Lets end loneliness in Somerset Programme through the Somerset VCS Forum	- G	To influence the development of new models of care across Somerset	- G	Embed the protocol of Hidden Harm, across adult mental health, domestic abuse and drugs and alcohol services	- A	Support the work of the Positive Lives Programme to improve the health of adults with complex needs through more appropriate housing related supported solutions	- G
Support organisations who adopt the charter to develop plans and actions to deliver prevention outcomes	- A	To continue to raise the profile of loneliness through the media	- G			Review Early Help Assessments (EHA) that identify adult mental health, substance misuse or domestic abuse needs	- R		
Produce further three prevention case studies using the prevention framework to describe the type and level of the intended prevention and its actual outcome	- A	Submit a funding bid to the BIG lottery (or other appropriate funding bodies) to implement a Somersetwide Lets end loneliness in Somerset programme	- G						
Local Measures:		Local Measures:		Local Measures:		Local Measures:		Local Measures:	
Evidence of prevention outcomes and plans within the STP	- A	Focussed publicity campaigns to raise awareness through local media and press.	↔ G	Status of Adults' Transformation Programme	↔ A	Quarterly report of the number of parents being supported by each service individually and collectively	- G	Work with Mental Health Commissioners and providers to map mental health pathways	- -
All local authorities in Somerset to adopt the prevention charter	- A	Each District to implement the action plan from their loneliness conference	↔ G	Proportion of contacts that result in Community Based Support or Information and Advice (with no funded service)	↑ R	Number of staff within SDAS accessing MHFA and ASSIST training and screening and brief intervention for domestic abuse	- G	Work with housing authorities and providers to map housing pathways	- G
All Foundation Trusts and other Health and Care Providers in Somerset to adopt the Prevention Charter	- G	Develop a communication plan, project plan and a case for support as the basis for funding proposals	↑ G			Number of staff within SIDAS accessing MHFA and ASSIST training and screening and brief intervention for substance misuse	- A	Hold a joint workshop to share an understanding between housing and mental health practitioners of each other and collectively identify areas for improvement	- -
Number of organisations who have adopted the Prevention Charter who also have a Prevention Plan in place	- A	Seek broader VCSE sector support regarding the proposal and the need to consider common language and the development of a pledge / commitment and continue to develop a more coordinated / joined up approach to support initiative.	- G	Suitable STP board metrics will be provided to give the HWB Board and Exec with oversight of the progress of the STP. In particular main deadlines / milestones in relation to models of care. These will be provided in a few months.		Percentage of EHAs that identify mental health, substance misuse or domestic abuse where appropriate screening tool used	- A	Produce a Positive Lives Strategy	- G
Minimum of three further prevention case studies produced and disseminated	- A	Using the information gathered from best practice research in 2016/17 develop a project proposal and submit funding applications	- G			Percentage of EHAs that identify mental health, substance misuse or domestic abuse where an appropriate referral has been made and accepted by specialist services	- A	Deliver the actions coming from the Positive Lives Strategy	- -
		Each District Council to achieve Dementia Friendly Status	↔ A						
National Measures		National Measures		National Measures		National Measures		National Measures	
None		PHOF 1.18i Percentage of adult carers who have as much social contact as they would like (Adult Social Care Users Survey)	↔ A	To be determined		Percentage of re-referrals to Children Social Care	↑ G	PHOF 1.15 Statutory homelessness	- -
		PHOF 2.23iii Self-reported wellbeing - people with a low happiness score	↑ A			PHOF 1.11 Rate of domestic abuse incidents recorded by the police per 1,000 population	↓ G	PHOF 4.11 Indirectly standardised percentage of emergency admissions to any hospital within 30 days of the previous discharge from hospital	↑ G
								NHSOF 3.2 Emergency readmissions within 30 days of discharge from hospital	↑ A
								PHOF 4.15i Excess Winter Deaths Index (Single year, all ages)	↓ A