

# Somerset Health and Wellbeing Board

13<sup>th</sup> July 2017

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## Health and Wellbeing Performance Report

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	<b>Seen by:</b>	<b>Name</b>	<b>Date</b>
<b>Report Sign off</b>	Relevant Senior Manager / Lead Office (Director Level)	Trudi Grant Director of Public Health	3/7/2017
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	3/7/2017
	Monitoring Officer (Somerset County Council)	Julian Gale	29/6/2017
<b>Summary:</b>	This report provides; an overview of 2016-17 performance in relation to the Health and Wellbeing (HWB) Board Priority Workstreams and duties and requirements, the refreshed HWB Board Plan on a Page for 2017-18 and performance information up to 31 <sup>st</sup> May 2017 in respect of the refreshed priority workstreams actions and metrics.		
<b>Recommendations:</b>	<b>That the Health and Wellbeing Board:</b> <ul style="list-style-type: none"><li>• <b>Consider and note the 2016/17 outturn Performance Information available in Appendix A and overview of progress provided by each Workstream Lead at paragraphs 2.3 to 2.8</b></li><li>• <b>Consider and note the performance information as at 31<sup>st</sup> May 2017 for the 2017/18 revised workstream actions and metrics in the Somerset HWB Board Scorecard, available at Appendix B</b></li></ul>		
<b>Reasons for Recommendations:</b>	<p>The Priority Workstreams outlined in the Plan on a Page are a key means of delivering the HWB Strategy. It is important that the Board understands what progress is being made in relation to the Priority Workstreams and in turn in the delivery of the HWB Strategy whilst also ensuring that the Board's duties and requirements are being met.</p> <p>The HWB Board Scorecard provides a performance update in relation to each of the Priority Workstreams and the Board's Duties and Requirements.</p>		
<b>Links to Somerset Health and Wellbeing Strategy:</b>	Links to delivery of all areas of the HWB Strategy		

<b>Financial, Legal and HR Implications:</b>	There are no direct financial implications arising from this report. However in reviewing performance reports, if performance is not at the expected or desired level then resources may need to be reviewed by appropriate organisations to enable improved performance.
<b>Equalities Implications:</b>	If addressing performance issues requires changes in the way services are delivered, these must be supported by an appropriate impact assessment which will need to be duly considered by decision makers in line with statutory responsibilities before any changes are implemented.
<b>Risk Assessment:</b>	Performance should be monitored regularly to manage any potential risk of workstream actions not being achieved. There are no identified risks from the successful delivery of the priority workstreams.

## 1. Background

- 1.1. The HWB Strategy for Somerset was adopted in 2013, setting out a shared vision for health and wellbeing across the County. The Strategy sets out three priority themes identified as being the most important things that would improve health locally.
- 1.2. Alongside the HWB Strategy, a HWB Board Plan on a Page is developed on an annual basis setting out the Boards Statutory Duties and functions, Priority Workstreams, what the Board must have oversight and influence of and the themes for Board Development Workshops.

During 2016/17 six priority workstreams were in existence, through which delivery of the HWB Strategy was enabled, these were:

The HWB Board to:

1. Provide shared leadership to increase the focus on prevention for Somerset
2. Give system leadership to build strong, resilient and healthy communities
3. Drive and oversee integrated and sustainable models of care across the county
4. Lead a programme of work to improve the identification and early intervention to prevent Hidden Harm of children
5. Identify and address the impacts of housing on health
6. Increase use of licensing powers to promote health, wellbeing and reduce harm.

## 2. Outturn 2016/17 Performance Information and Overview of Performance

- 2.1 At the beginning of 2016/17, in consultation with the Lead Managers, actions, metrics (including numeric measures and supporting project and programme progress milestones) and national data set indicators were agreed in respect of

each of the workstreams.

On a bi-monthly basis throughout 2016/17 performance information in relation to the agreed actions and metrics for each of the priority workstreams was collected from Lead Managers and reported to the HWB Executive Officers Group. This information was also presented to the HWB Board on a twice yearly basis; the most recent was an interim performance report on 24<sup>th</sup> November 2016.

- 2.2** Performance information has been gathered from Lead Managers at year-end on 31<sup>st</sup> March 2017 to provide the outturn position in relation to each of the workstreams. This performance information is summarised in the HWB Scorecard, available at **Appendix A**. The HWB Board is asked to consider and note the performance information.

An overview of the Boards achievement of its duties and requirements is also included in the scorecard.

### Overview of Performance

The table below summarises performance:

	RAG Status				Direction of Travel			
	Red	Amber	Green	N/A (Not started)	Up	Down	Stable	N/A (New)
<b>Workstream Actions</b>	0	3	13	0	1	0	15	0
<b>Local Measures and Milestones</b>	2	8	38	0	6	5	37	0
<b>Totals</b>	2	11	51	0	7	5	52	0
<b>As Percentage</b>	3%	17%	80%	0%	11%	8%	81%	0%

80% of statuses for workstream actions and local measures and milestones are rated green and are therefore on track to being achieved.

92% of workstream actions and local measures and milestones are improving or maintaining stable levels of performance.

Commentary providing an explanation in relation to those actions and local measures and milestones with a Red or Amber status has been provided by the respective Workstream Lead and is available in the Headlines / Exception Reporting box of the HWB Board Scorecard.

In addition to the outturn performance information, Lead Managers have also provided a summary of progress in relation to the workstream during 2016/17. These contributions are available below:

- 2.3 Workstream 1: To provide joint leadership for prevention across the county**  
(Lead Manager – Trudi Grant)

The purpose of this theme was to support all HWB Board partners to adopt a common understanding and approach to prevention and to encourage each

organisation and sector to identify and to take action to intervene early and to take preventative action

A Prevention Framework was developed and endorsed by the Board. Somerset Organisations are currently demonstrating their commitment by signing a Somerset Prevention Charter, which will be supported by individual prevention plans.

All actions and targets have been achieved for 2016-17 with the exception of the action '*To produce and oversee the delivery of the Prevention plan to support the NHS Sustainability and Transformation Plan*'. This remains amber as STP Prevention Plans are not yet implemented.

**2.4 Workstream 2: To give system leadership to build strong, resilient and healthy communities**  
(Lead Manager – Teresa Harvey)

The actions for this work stream have progressed steadily. All District Councils have a Health and Wellbeing page on the Website. Districts Councils held a Loneliness conference and now working to implement the resultant Action Plan. The VCSE research is complete and is ready to inform a project proposal and funding applications. The proposal will include a communication plan which will be developed collaboratively by VCSE and Local Authorities. District Councils have either attained Dementia Friendly Status or are in the progress of doing so.

**2.5 Workstream 3: To drive and oversee new, integrated and sustainable models of care across the county**  
(Lead Manager – Steven Chandler)

The Somerset Sustainability and Transformation (STP) Plan was developed in good time and endorsed by the Health and Wellbeing Board. It was also discussed by the CCG, SCC Cabinet and Somerset NHS Foundation Trust boards in November and December. It sets the way forward for the next five years and its launch marks the start of wide-ranging discussions with local people before firm proposals are drawn up.

A period of engagement, communication and consultation about the STP will continue over the Summer following which the plan will be changed and refined to reflect the consultation before transition to implementation from October 2017.

Prevention is a strong theme within the STP. Good progress has been reported on Somerset County Council's Adults Services transformation programme, with the Community Connect approach developed initially in Sedgemoor and West Somerset having now been rolled out across the County. This approach changes the nature of conversation from a focus on assessment to a discussion about the things which matter to keep people independent and well. The number of people who receive this kind of community based conversation, support or information is expected to increase over the coming year.

**2.6 Workstream 4: To further develop work to improve identification and early intervention to prevent Hidden Harm of Children**  
(Lead Managers – Alison Bell and Deborah Howard)

Action 1 (Audit if adult mental health patients are being identified as being parents

with dependent children):

Following changes to the RIO system, snap shot audits commenced during February 2017 to show month by month numbers of patients on Community Mental Health Service care loads who are parents. This is known as the parental link. A RIO Risk Assessment form, asks if the patient has regular contact with a child. This enables other family members, carers etc to be picked up. These two methods do not double-count each other. Because the parental link flag on RIO is new, we would expect over the coming months to see an increase in numbers of patients who are recorded as being parents as practitioners update records.

Action 2 (To implement the new joint protocol for Hidden Harm, across adult mental health, domestic abuse and drugs and alcohol service) and Action 3 (Ensure early help professionals have accessed identification and brief intervention training for domestic abuse and substance misuse):

Progress against the Children and Young People's Plan (CYPP) for Somerset is being reported through the Children's Trust Executive. Priority 7 with the CYPP is 'Embedding a think family approach across the workforce'. This year's priority aim is to ensure 'All professionals and staff who work with adults and children and young people understand the concept of 'think family' and are alert to the effects of adult behaviours on children and young people and know how to take action to respond appropriately'.

The CYPP workstream lead – Chris Squire – Director of HR at SCC – has developed a Children's Workforce Development Strategy (focusing on Children's Social Care), it is recognised that this will need to be expanded to incorporate wider Children's Services during year two and can then be embedded across the whole workforce. Work has begun to embed a think family approach within CSC – planning is in progress for actions beyond this to broaden the 'think family' approach.

The HWBB workstream continues to address joint working between the specialist services that meet the needs of adults and ensure that they are addressing the impact of adult behaviours on children within the household. The evaluation was undertaken on 30<sup>th</sup> September 2016, and as part of the follow up evaluation, the 3 services (with commissioners) agreed to strengthen the working group to progress with the implementation and further development of the joint working protocol.

Following presentation of the Hidden Harm needs assessment to SSAB, this has continued to influence their work. 'Think Family' remains one of the four identified priorities for the SSAB over the three year period, 2016-17, and includes exploring issues of 'hidden harm' as a specific objective.

Progress against embedding competencies around early help for families affected by substance misuse or domestic abuse within an early help competency framework has stalled. This will be picked up as part of the CYP plan workstream in the workforce development strategy that will next year widen to cover the whole children's workforce.

## **2.7 Workstream 5: To identify and address the impacts of housing on health** (Lead Manager – Tracy Aarons)

Performance for the year has been good with some positive results regarding integration of Joint Strategic Needs Assessment (JSNA) data into strategic housing. There have also been strong improvements in understanding between health and housing although pilots have shown that signposting is the preferred method of sharing for health professionals rather than having housing staff working within practices. This has shown that awareness raising amongst health staff is key to better outcomes for residents and this will be focused on as part of future work.

## **2.8 Workstream 6: To increase use of licensing powers to promote health, wellbeing and reduce harm**

(Lead Manager – Rina Singh and Nigel Marston)

In 2015, the HWB Board introduced workstream 6 as part of their on-going work in reducing alcohol harm across Somerset. A pilot was run by South Somerset District Council (SSDC), researching work elsewhere in the UK concluded that sharing Emergency Departments data with Public Health and other bodies helped bring about more informative and factual representations in Licensing applications. This resulted in applications either being withdrawn, refused or more conditions imposed than before.

This also ensures the Licensing Department and local police force can target premises more accurately using this data to ensure conditions are being met, review their licence, impose more conditions or even have it withdrawn. This should improve the quality of night time entertainment, making it safer and more attractive to customers. If proved successful, then this can be rolled out across Somerset.

The pilot project was broken down into distinct categories:

1. Research into other areas
2. Training day for partner authorities
3. Establish partnership in data sharing with regular meetings for feedback
4. New licensing policy to incorporate the data sharing as part of the Licensing Application process.
5. Roll out to other districts in Somerset.

### 1. Research/Evaluations

Research began with the work that originated with the Cardiff Violence Research group based at Cardiff University Hospital. Dr Jonathan Shepherd, is a maxofacial surgeon who was concerned about the levels of injuries he was operating on that were a result of alcohol related injuries. He could see a steady increase in levels of these injuries and investigated the reasons for the increase. His findings showed that the police were only aware of between approximately 20-50% of injuries seen in emergency departments. It was apparent the police weren't being informed and Dr Shepherd brought about the "Cardiff model" which started data sharing between relevant organisations to reduce alcohol related harm.

The results of this data sharing were outstanding and Cardiff A&E violence related attendances reduced by 50% from January 2000 to January 2015. Many other city hospitals have started sharing their data with local partners because of this. The Trauma and Injury & Intelligence Group (TiiG) based at Liverpool John Moores University have been gathering data across the North West since 2001. They take data from all the hospitals with emergency departments and

Ambulance services from Cheshire, Lancashire & Cumbria and report across the regions with the data collected. TiiG research has proven that Ambulance Service data is also crucial to improving local knowledge, quite often they have very accurate location information and the patients don't necessarily transfer to hospital and are treated at the scene. This important information would be missed by both hospitals and police.

An excellent example in using good quality data to influence decisions is Medway Councils updated Licensing Policy. This uses hospital and ambulance data to argue the need for several Cumulative Impact Policies throughout the area and the policy was agreed unanimously.

## 2. Training day

SSDC invited colleagues from neighbouring Licensing departments, Lead Sisters from the local A&E department, Paramedics from SWAST and Public Health colleagues to this training day. It was facilitated by Mr James Button, a leading expert in Licensing Law. Colleagues were able to understand what the pilot project was aiming for and the benefits it could achieve if successful.

## 3. Establish partnership in data sharing with regular meetings for feedback

In March 2016 SSDC had a meeting with the A&E Business Manager who informed SSDC that A&E were to have a new IT System that was to go live in the summer of 2016. Once the system was up and running, we met with the A&E business manager alongside colleagues from Public Health and the Ambulance Service to clearly establish the data required, reiterate the ambitions of the project and the impact this could have for the hospital and the wider area.

Unfortunately, SSDC have now been informed that the data collected is not sufficient in quality or quantity to be of any real use. There is still an on-going dialogue regarding the sharing of this data and also the incorporation of ambulance data. SSDC need to have this agreed before any meetings take place. The hospital management are aware that the Royal College for Emergency Medicine have made this data collection mandatory, yet since the implementation of the new IT system the A&E department have only taken 10% of the information required at best and in February & March of this year no data collection was taken at all.

## 4. New Licensing policy to incorporate the data sharing as part of the Licensing Application process

Due to the difficulties acquiring any data, SSDC cannot incorporate this into the Licensing policy or as part of the application process. SSDC's Licensing committee are eager to see more data based evidence from the responsible authorities, and until the data sharing issues are resolved then this cannot be offered.

## Conclusion

We are unable to determine any success from data sharing due to issues concerning Yeovil District Hospital. The delay in the hospital getting on board with this project and subsequent high levels of staff changes have resulted in significant setbacks throughout the whole timeline of this project.

Yeovil District Hospital have agreed to incorporate all the necessary fields into their new IT system in A&E - to be used when the system went live in July 2016. They have recently acknowledged that there is a setback with the data collection

in both qualitative and quantitative terms.

Hopefully, once the data quality improves and the information sharing is put in place, then this data can start helping to reduce alcohol related admissions to the hospital. There has been no timeline given to when this will improve. We cannot complete this project, nor can it be rolled out to other districts in Somerset as it stands without the information required from Yeovil Hospital.

### **3 2017/18 HWB Priority Workstreams**

- 3.1** A review has taken place of each of the 2016/17 priority workstreams to establish whether they should continue into 2017/18 or end.

Workstream 6 has come to an end as described in the conclusion of paragraph 2.8 above. The remainder of the workstreams will continue into 2017/18 and work has taken place with Lead Managers to develop new workstream actions for 2017/18

### **4 2017/18 Overview of Performance as at 31<sup>st</sup> May 2017**

- 4.1** Workstream Lead Managers have refreshed the existing measures and milestones and/or identified new ones to be used to report workstream progress during 2017/18.

Further measures and milestones will be added to Workstream 3 'To drive and oversee new, integrated and sustainable models of care across the county' to enable the HWB Board to have oversight of the progress of the STP, in particular in relation to models of care, will be provided by the STP Board over the next few months for inclusion.

The updated workstream actions, measures and milestones alongside performance information up to 31<sup>st</sup> May 2017 are included in the Somerset HWB Scorecard 2017/18 available at Appendix B. This provides the HWB Board with the first performance update on the workstreams for 2017/18.

The HWB Board is asked to consider and note the performance information.

### **5. Options considered and reasons for rejecting them**

- 5.1** N/A

### **6. Consultations undertaken**

- 6.1** Meetings have been held with Lead Managers relating to each of the workstreams to establish the set of metrics.
- 6.2** Scoping and progress meetings have been held with the Director of Public Health.
- 6.3** Appropriate data sets including The Public Health Outcomes Framework and National Health Outcomes Framework have been referenced in identifying proposed indicators.



## **7. Financial, Legal, HR and Risk Implications**

**7.1** If addressing performance issues requires changes in the way services are delivered, these must be supported by an appropriate impact assessment which will need to be duly considered by decision makers in line with statutory responsibilities before any changes are implemented.

## **8. Background papers**

**8.1** Health and Wellbeing Strategy for Somerset