Appendix A: 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 pubic services when they need them'

Reporting Period: 2017/18 Outturn Report - Up to 31st March 2018

Health and Wellbeing Board Duties / Requirements Headlines / Exception Report Statutory Duties and Functions Public Engagemen Workstream 1. Reports received: Action 1 'Ensue that Prevention is effectively addressed in the implementation of the Somerset NHS Sustainability and Transformation Plan' and the related metric 'Evidence of prevention outcomes and plans within the STP' have Red RAG Statuses - this is because work to embed Prevention within STP has stalled following the STP reset. Director of Public Health Annual Report 2016/17 nnual Health and Wellbeing The metric 'Number of organisations who have adopted the Prevention Charter who also have a Prevention Plan in place' has a amber RAG Status - progress is improving in relation to this metric and a total of 9 organisations have a prevention plan in place Conference 2016/17 (2017/18 omerset Children's Trust - Children and Young Workstream 2: date yet to be set) Action 1 'To develop asset based approaches to support stronger communities in Somerset' has an Amber RAG Status and related metric 'Establish a Strong Communities Stakeholder Forum and progress agreed actions' has an Amber RAG Status. The Stakeholde Undertake a Joint Strategic People's Plan 2016-19 Jeeds Assessment Forum has been established and an interim governance structure agreed. Meeting set for 7th June 2018. In addition the metric 'Stronger Communities is an integral element of the new Health and Care System being developed through the STP' has an Amber RAG status - there is a need to develop a roadmap and development plan to demonstrate how activities in the Stronger Communities workstream align as well as benefits / links / dependencies on broader system. Somerset Safeguarding Children Board - Annual Action 4 'To be assured that the Dementia Multi-Agency Strategy is being taken forward in Somerset' has an Amber RAG Status and related metric 'Multi-Agency Dementia Steering Group reports positive progress against action plan' has an Amber RAG Status -Report 2016/17 olvement and work has only just started on undating the Action Plan, however there has been input from various organisations encouragement with Metric 'Health and Wellbeing Board Partners have adopted dementia friendly status' has an Amber RAG Status - there has been some drive on partners becoming dementia friendly organisations, roll out of this will vary, no central information held on progress. Somerset Safeguarding Adults Board - Annual Healthwatch Somerset Report 2016/17 Metric 'Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population' has a Red RAG status - this was a challenging target for 2017/18 and the increased volumes (up 7%) of hospital attendees has Undertake a pharmaceutica negated the excellent work being done with discharges to peoples own homes. There is also a lack of joined up community health provision to offer people safe options to remain at home rather than be admitted to a bed based setting. The health and care strategy needs assessment \Leftrightarrow will help highlight and address some of these issues, as will admission avoidance schemes which prevent the debilitating impact of a hospital stay. Safer Somerset Partnership 2016/17 IWB Newsletter / briefing notes Metric Delayed transfers of care from hospital per 100,000 population (bed days per calendar day per 100,000 population) has an Amber RAG status but performance is improving 1 Joint Strategic Needs Assessment 2017 mproved Better Care Fund metric 'Provider Market Support' has an Amber RAG status - funding has been made available for new services and providers to begin in Somerset. This includes grant funding and new contractual arrangements. We have also ssioned an independent fair cost of care exercise in the light of market concerns over future pricing and sustainability. This will inform fees for 2018-19 in partnership with our provider sector Develop a joint Health and mproved Better Care Fund metric 'Supporting Local Care Systems' has an Amber RAG status - The IBCF funding has enabled both existing and new care to be sourced and provided, as well as funding of alternative community based support models. It has enabled Wellbeing Strategy for the Health Protection Forum Report 2016/17 ASC to continue to support the health and care system within its funding envelope and provide additional community care support options, thus supporting local providers and businesses. County All Actions, Local Measures and Project Milestones have Green RAG statuses. HWR Website To encourage integrated Workstream 5: All Actions Local Measures and Project Milestones have Green RAG statuses vorking between health, socia care and public health Healthwatch Somerset Updates including oversight of the Where a (-) is placed in the RAG Status box this indicates that work has not started in respect of this metric yet. Where a (-) is placed in the direction of travel box this indicates that this is the first time reporting this metric and therefore the direction of travel is not Better Care Fund available but will be included in the next report. Where a box is blank this indicates that performance information has not been received in respect of this metric. Priority Workstreams Workstream 1: To provide joint leadership for prevention Workstream 2: To give system leadership to build strong, resilient and Workstream 3: To drive and oversee new, integrated and sustainable models of care Workstream 4: To further develop work to improve identification and early Workstream 5: To identify and address the impact of housing on health across the County healthy communities across the county intervention to prevent Hidden Harm of Children Lead Manager: Teresa Harvey, Chris Phillips, Pip Cannons, Carolyn Arscott an Lead Manager: Trudi Grant Lead Manager: Stephen Chandle Lead Manager: Alison Bell / Dorothy Musaka Lead Manager: Tracy Aarons Mark Leeman Actions Ensure that prevention is effectively addressed in the To develop asset based approaches to support stronger communities in mbed the ability of adult mental health services to identify if patients are being implementation of the Somerset NHS Sustainability Create more effective housing outcomes for people living with mental Somerset entified as parents with dependent children and Transformation Plan nealth issues To have effective oversight of the Better Care Fund and Improved Better Care Fund Promote the Somerset Prevention Framework and Deliver a new Somerset Strategic Housing Framework to improve mbed the protocol of Hidden Harm, across adult mental health, domestic abuse Charter to local organisations nousing and related health outcomes for our communities. and drugs and alcohol services Support organisations who adopt the charter to To develop the Let's End Loneliness In Somerset Programme through levelop plans and actions to deliver prevention Support the work of the Positive Lives Programme to improve the health of District Councils and Somerset VCS Forum outcomes adults with complex needs through more appropriate housing related Review Early Help Assessments (EHA) that identify adult mental health, supported solutions Produce further three prevention case studies using To have effective oversight of the Joint Commissioning Function ubstance misuse or domestic abuse needs To be assured that the Dementia Multi-Agency Strategy is being taken the prevention framework to describe the type and evel of the intended prevention and its actual outco forward in Somerset Local Measures: Local Measures: Local Measures: Local Measures: Local Measures: vidence of prevention outcomes and plans within the Establish a Somerset Fund Better Care Fund Indicators STP Quarterly report of the number of parents being supported by each service Vork with Mental Health Commissioners and providers to map mental Permanent admissions of older people (aged 65 and over) to residential and nursing individually and collectively All local authorities in Somerset to adopt the Establish a Strong Communities Stakeholder Forum and progress ealth pathways care homes, per 100,000 population revention charter agreed actions All Foundation Trusts and other Health and Care onger Communities is an integral element of the new Health and Proportion of older people (65 and over) who were still at home 91 days after Number of staff within SDAS accessing MHFA and ASSIST training and screeni Work with housing authorities and providers to map housing pathways Providers in Somerset to adopt the Prevention Charte Care System being developed through the STP discharge from hospital into reablement / rehabilitation services and brief intervention for domestic abuse Number of organisations who have adopted the Delayed transfers of care from hospital per 100,000 population (bed days per Number of staff within SIDAS accessing MHFA and ASSIST training and Prevention Charter who also have a Prevention Plan ousing Framework Stakeholder engagement event Hold a joint workshop to share an understanding between housing and calendar day per 100,000 population) screening and brief intervention for substance misuse mental health practitioners of each other and collectively identify areas for Minimum of three further prevention case studies Carry out data research and collation to enable development of Percentage of EHAs that identify mental health, substance misuse or domestic improvement Lost Bed Days — BCF Target Monthly Total — DToC % produced and disseminate trategic framework buse where appropriate screening tool used 2,500 National Measures Produce a Positive Lives Strategy Draft document out for consultation 2,000 Percentage of EHAs that identify mental health, substance misuse or domestic Strategy Framework formed following consultation responses Deliver the actions coming from the Positive Lives Strategy 1,500 abuse where an appropriate referral has been made and accepted by specialist services 1,000 National Measures Strategy through council governance structures 500 ocused publicity campaigns focused on reducing loneliness to raise National Measures PHOF 1.15 Statutory homelessness areness through local media and press. Each District to implement the action plan from their loneliness. Aprilation J Percentage of re-referrals to Children Social Care Please note, the data for April used in the graph above is only the position part way hrough April, figure likely to rise when reported at the end of April. Seek broader VCSE sector support regarding the proposal and the PHOF 1.11 Rate of domestic abuse incidents recorded by the police per 1,000 need to consider common language and the development of a pledge / Improved Better Care Fund **★** G commitment and continue to develop a more coordinated / joined up educing Pressure on NHS approach to support initiative **(1)** Provider Market Support upporting Local Care Systems Dementia Multi Agency Strategy Steering Group continues to meet G STP Joint Commissioning Function Phase 1 - Options Appraisal Multi Agency Dementia Steering Group reports positive progress against action plan (a) Preferred options proposal drafted lealth and Wellbeing Board Partners have adopted dementia friendly (b) Approval to proceed with preferred option by Governing Body and Cabinet **⇔** G Phase 2 - Full Business Case / Shadow Working None (a) Organisational development being delivered b) Joint Commissioning - learning set Development of full business case d) Presentation to Governing Body and Cabine National Measures HSOF 3.2 Emergency readmissions within 30 days of discharge from PHOF 4.15i Excess Winter Deaths Index (Single year, all ages