

**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: 2018/19 Outturn Performance Report

| Health and Wellbeing Board Duties / Requirements  |  |   | Headlines / Exception Report   |  |  |
|---|--|---|--|--|--|
| Statutory Duties and Functions:   | Reports received:  | Public Engagement:  |  |  |  |
| Undertake a Joint Strategic Needs Assessment  | G Director of Public Health Annual Report 2017/18                      | G Annual Health and Wellbeing Conference                  | <p><b>Workstream 1:</b> One action 'To embed a population health and preventative approach into the emerging integrated care system for Somerset' has an Amber RAG status and three metrics also have an Amber RAG status including 'All Health and Wellbeing Board member organisations to identify a Mental Health Champion' - all organisations are committed to this, however recent internal transformation has delayed progress. 'All Fit for My Future proposals address Health and Wellbeing and Inequalities' - Proposals are still in development and not yet in the public domain. Feedback to date suggests that most, if not all, business cases do address prevention and 'Population health approach has been included in Commissioning of Early Help Services' - work is on-going on this area of work.</p> <p><b>Workstream 2:</b> A performance update was not received in respect of this workstream. HWBB receive regular updates on this piece of work. Is there value in also including a workstream in the performance report?</p> <p><b>Workstream 3:</b> Cross system working has been facilitated by the BCF and in particular the Improved Better Care Fund and one off winter funding. Work on support for people at home has been expanded, as have the options and support within hospital. All of this led to a managing of the winter demand differently and ensured less escalation and delays remaining below the 2.5% target despite a continuation of the increased demand.</p> <p><b>Workstream 4:</b> This report contains Quarter 3 information, Quarter 4 not yet provided. Action 'Embed strong links between school and local communities - including Team Around the School (TAS) process' has an amber RAG status - Team Around the School revised service level agreements (SLAs) were sent out to all (Primary and Secondary via the community learning partnerships SASH and SAPTO) in November 2018. TAS training sessions were delivered to ensure reporting requirements are well understood. 78 school staff were trained, and work is underway to coach schools in developing their TAS model.</p> <p>Action 'Engage the CYP partnership in the development of a Family Support Service offer for Somerset' - Public consultation completed on reduction of SCC early help service. Decision to be taken in February 2019, then FSS will be rescoped. Public Health Nurses transfer to SCC on track. Staff engagement to finalise details January 2019.</p> <p>Action 'Ensure that children's initial health assessments are timely and that the emotional and mental health needs of care leavers and children looked after are recognised and addressed' has a red RAG status - the Emotional Health and Wellbeing Team is in place and working well. Engagement with CAHMS remains poor, with little effective support for young people with mental health needs. There remains problems with Health and the CLA Nursing Service, including timeliness of initial health assessments, and lack of support for care leavers.</p> <p>Action 'Improve outcomes for children experiencing neglect' has an Amber RAG status - The strategy has been completed by is not embedded. Operational Managers to ensure neglect tool is discussed at team meetings to help embed use; Strategic Managers to arrange audit of neglect cases with specific reference to use and impact of neglect tool.</p> <p>Action 'Strengthen the existing Workforce Development Board to develop a whole system multi-agency approach to working together especially with health, police, education and district councils' has a red RAG status - the Workforce Board is being strengthened with the development of a revised Workforce Strategy. The Board still needs some time to consolidate the direction of travel and activity before it is ready to move to a multi agency model.</p> <p><b>Workstream 5:</b> All RAG statuses for actions and measures have a green status.</p> <p><b>Workstream 6:</b> One action 'To improve health outcomes for people who have been in contact with the criminal justice system' has an Amber RAG status. Provision of data is awaited to focus the area of support most effectively. One metric 'Engage with health services to develop effective routes for ex-offenders' also has an Amber RAG status - engagement with health services has slipped due to a delay in the provision of data from criminal justice partners to evidence the areas identified by these partners when mapping health pathway weaknesses. Once this has been provided this action will move forward under the work linked with Positive Lives and Second Step.</p> |  |  |
| Undertake a pharmaceutical needs assessment   | G Somerset Children's Trust - Children and Young People's Plan 2016-19 | G   |  |  |  |
| Develop a joint Health and Wellbeing Strategy for the County  | G Somerset Safeguarding Children Board - Annual Report 2017/18         | G   |  |  |  |
| To encourage integrated working between health, social care and public health including oversight of the Better Care Fund | G Somerset Safeguarding Adults Board - Annual Report 2017/18           | G Involvement and encouragement with Healthwatch Somerset |  |  |  |
|   | G Safer Somerset Partnership 2017/18                                   | G   |  |  |  |
| Joint Commissioning is in place for SEND  | G Joint Strategic Needs Assessment 2018                                | G   |  |  |  |
|   | G Health Protection Forum Report 2017/18                               | G   |  |  |  |
|   | G Healthwatch Somerset Updates   | G HWB Website   |  |  |  |

**Priority Workstreams**

| Workstream 1: To drive system leadership to improve the health and wellbeing of the population  | Workstream 2: To develop and drive a Joint Commissioning Strategy for future Health and Social Care Services  | Workstream 3: To drive the integration of health and social care using the Better Care Fund  | Workstream 4: To improve outcomes for Children and Young People through partnership working   | Workstream 5: To give system leadership to building stronger, resilient, healthy communities  | Workstream 6: To provide system leadership to address multiple vulnerabilities and complex needs   |   |
|---|---|--|---|---|--|---|
| Lead Manager: Trudi Grant   | Lead Manager: Maria Heard   | Lead Manager: Stephen Chandler   | Lead Manager: Julian Wooster  | Lead Manager: Teresa Harvey   | Lead Manager: Tracy Aarons   |   |
| Actions   | Actions   | Actions  | Actions   | Actions   | Actions  |   |
| To develop and produce a Health and Wellbeing Vision and Strategy for the next 10 years   | To develop and implement the Vision for the Future - a Health and Care Strategy for Somerset  | To deliver the Better Care Fund Ambitions  | Embed strong links between schools and local communities - including Team Around the School process                                 | In partnership, to work closely with the voluntary and community sector to take local action to strengthen local community action for health and wellbeing  | To improve outcomes for people with complex needs who are insecurely housed  |   |
|   |   |  | Engage the CYP partnership in the development of a Family Support Service offer for Somerset  |   |  | To use the Boards influence to support the work to promote positive lives for children and adults in Somerset |
|   |   |  | Collation and initial implementation of CYP Mental Health Improvement Plan  |   |  |   |
| To embed a population health and preventative approach into the emerging integrated care system for Somerset.                           | Embed the Think Family Strategy   | To progress the priorities and ambitions of the Strategic Housing Framework in Somerset  |   |   |  |   |
|   | Embed joint working between schools and early help services to establish a more cohesive pathway that meets the needs of children with SEND and vulnerable groups, and ensures they are supported within the community  |  |   |   |  |   |
| To influence the Fit for My Future Strategy   | Ensure that children's initial health assessments are timely and that the emotional and mental health needs of care leavers and children looked after are recognised and addressed  |  | To improve health outcomes for people who have been in contact with the criminal justice system                                     |   |  |   |
|   | Improve outcomes for children experiencing neglect by:<br>(a) developing and implementing multi-agency neglect toolkit as part of SSCB neglect strategy<br>(b) take part in regional neglect peer challenge to identify partnership strengths and areas for development |  |   |   |  |   |
|   | Strengthen the existing Workforce Development Board to develop a whole system multi-agency approach to working together especially with health, police, education and district councils   |  |   |   |  |   |
| Local Measures:   | Local Measures:   | Local Measures:  | Local Measures:   | Local Measures:   | Local Measures:  |   |
| All Health and Wellbeing Board member organisations have a prevention plan in place (with the exception of Healthwatch and NHS England) | Delivery of the Case for Change   | Permanent admissions of older people (aged 65 and over) to residential and nursing case homes, per 100,000 population                                | Number of schools participating in the Team Around the School Programme   | <b>Action 1:</b><br><b>Working with the Voluntary and Community Sector:</b><br>Establish a Somerset Fund<br>Actively engage with the VCSE through the Strategic Forum and website to ensure that initiatives are shaped and co-produced together.<br>Establish a Stronger Communities for Somerset Steering Group and progress agreed actions.<br><b>Prevention Work:</b><br>Focused publicity campaigns focused on the 'One You' App to raise awareness through local media, press, voluntary organisations and District Councils<br>Proportion of Disabled Facilities Grant Spend and Prevention Spend<br>Each District Council to implement the action plan from their loneliness conference<br>Health and Wellbeing Board Partners have adopted dementia friendly status<br>To ensure that work in this workstream is reflected and included in the emerging Health and Care Strategy and new Health and Wellbeing Strategy<br><b>Action 2:</b><br>Carry out research and consultation to enable development of housing strategy<br>Draft Housing Strategy developed and consulted upon<br>Housing Strategy finalised following consultation response<br>Development of Multi-Agency Delivery Plan and associated monitoring arrangements | <b>Action 1 and 2:</b><br>Deliver the Positive Lives Strategy<br>To describe a new set of outcomes to deliver creative solutions commission<br>To identify an appropriate delivery mechanism<br>New Creative Solutions Service in place<br>To ensure that the mental and physical health of people with complex needs is addressed in Workstream 2<br>Percentage of positive lives residents who are registered with a GP<br><b>Action 3:</b><br>Arrange a workshop with key stakeholders to map health pathways for offenders<br>Engage with health services to develop effective routes for ex-offenders |   |
| Health and Wellbeing Strategy 'Improving Lives Strategy' out for consultation   | Develop Strategic Options   | Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | Number of referrals to the Team Around the School   |   |  |   |
| Health and Wellbeing Strategy 'Improving Lives Strategy' sign off   | Develop pre-consultation business case  | Delayed transfers of care from hospital attributable to Adult Social Care per calendar day   | 5 mandated 0-4 years checks   |   |  |   |
| All Health and Wellbeing Board member organisations to identify a Mental Health Champion  |   | Somerset wide monthly Delayed Transfers of care against percentage bed base  | Percentage of children not reaching the expected level for development at 2.5 years   |   |  |   |
| All Fit for My Future proposals address Health and Wellbeing and Inequalities   |   | Total non-elective admissions (General and Acute, all ages, per 100,000 population)  | Referral to assessment times for CAMHS routine referrals  |   |  |   |
| Population health approach has been included in Commissioning of Early Help Services  |   |  | Referral to treatment times for CAMHS routine referrals   |   |  |   |
|   |   |  | Referral to treatment times for CAMHS urgent referrals  |   |  |   |
|   |   |  | Referral to treatment times for CAMHS emergency referrals   |   |  |   |
|   |   |  | Embed the Think Family Approach into operating protocols and policies   |   |  |   |
|   |   |  | The proportion of improved Behaviour and Vulnerability Profile Scores   |   |  |   |
|   |   |  | Percentage of cases by referral reasons (risk factors on BVPT)  |   |  |   |
|   |   |  | SEND children that have or have had an Early Help Assessment  |   |  |   |
|   |   |  | Number of Education and Health Care Plan (EHCP) requests  |   |  |   |
|   |   |  | 80% of IHAs are completed on time   |   |  |   |
|   |   |  | 90% of IHAs are completed on time   |   |  |   |
|   |   |  | 95% of IHAs are completed on time   |   |  |   |
|   |   |  | Increased percentage of EHAs where neglect is a factor and where the EHA ends with improved outcomes for the child                  |   |  |   |
|   |   |  | Families receive good quality multi-agency help to support parents or carers in changing behaviour so risks to children are reduced |   |  |   |
| National Measures   | National Measures   | National Measures  | National Measures   | National Measures   | National Measures  |   |
| None  | None  | NHSOF 3.2 Emergency re-admissions within 30 days of discharge from hospital %  | None  | PHOF 1.17 Fuel Poverty  | None   |   |