

WELLBEING

Outcomes



Executive Summary

The quality of life experienced by the residents of the Isle of Wight is in part dictated by the success of its communities and by the way everybody's needs are met. A great number of these needs are met by the Isle of Wight Council and its partners in both the public and private sector.

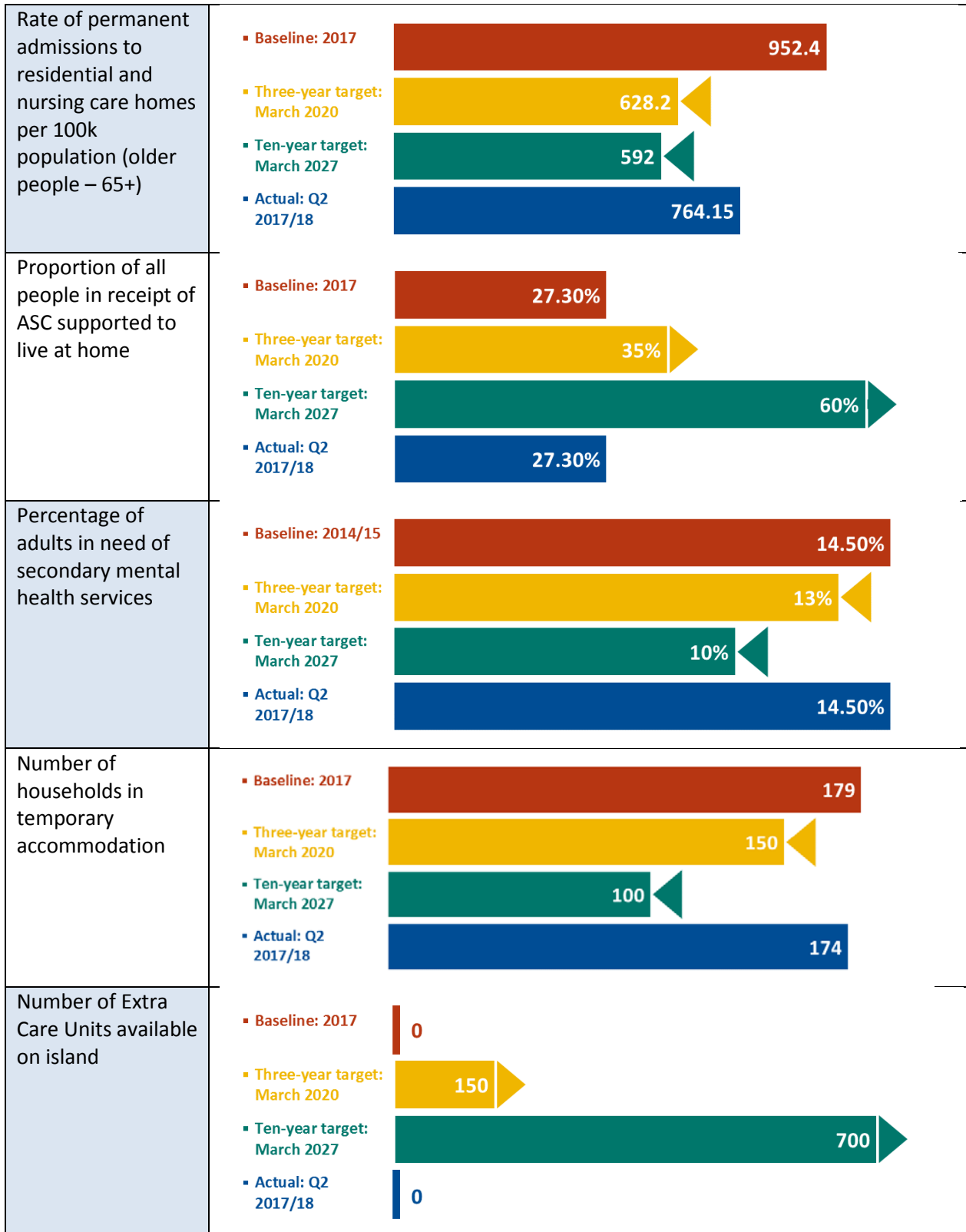
Our new emerging strategy for the delivery of Adult Social Care Services "Care Close to Home" is already having a big influence in the way in which we deliver these key services and we are increasing both the amount and the effectiveness of our collaboration with colleagues in the CCG and NHS agreeing plans for the allocation of the Better Care and Improved Better Care funds this year. A new Local Care Board has been set up to drive the integration agenda.

One of the most important needs for the people of the Isle of Wight is the need to feel safe and all of the emergency services contribute to this immensely both in a preventative and in a corrective manner.

Of course the Council must be informed about the services it provides and consulting with the public as it has recently done with the "Wight you Want" survey is vital in order to deliver or commission the right services at the right location to the right people. Consultation is also scheduled regarding the renewal of the Island Plan which will include area based policies for key regeneration areas.

Long Term Success Factors

We will assess our long term achievements over 3 and 10 years against the following measures



<p>Percentage of residents, very or fairly satisfied with the Isle of Wight as a place to live.</p>	<ul style="list-style-type: none"> ▪ Baseline: 2015 89% ▪ Three-year target: March 2020 90% ▪ Ten-year target: March 2027 90% ▪ Actual: 2015 Survey 89%
<p>Percentage of residents, very or fairly satisfied with the way the Isle of Wight Council runs things</p>	<ul style="list-style-type: none"> ▪ Baseline: 2015 39% ▪ Three-year target: March 2020 50% ▪ Ten-year target: March 2027 70% ▪ Actual: 2015 Survey 39%
<p>Percentage of residents who strongly or tend to agree that the Isle of Wight Council provides value for money</p>	<ul style="list-style-type: none"> ▪ Baseline: 2015 32% ▪ Three-year target: March 2020 40% ▪ Ten-year target: March 2027 55% ▪ Actual: 2015 Survey 32%

Key Activities

Champion the needs of the Island's community in the development & implementation of the NHS sponsored Hampshire & Isle of Wight Sustainability Transformation Plan/Programme (STP)

The Chief Executive, Leader and Cabinet Member for Adult Social Care (ASC) and Public Health met with the Chair and Chief Executive of the STP. The conversation focussed on the delivery of the Local Care Plan and explored the potential for wider and organisational integration across the Clinical Commissioning (CCG) and the Council. This would build upon the recent creation of the CCG/ASC Integrated Commissioning Unit covering urgent care, winter planning, Better Care Fund (BCF/iBCF), integrated community health and adult social care services and relationships with the independent and voluntary and community sectors.

Positively, it should be noted that the IOW is the only area in the STP footprint to meet its Delayed Transfer of Care (DTC) targets. Moreover, the IOW is meeting its vanguard targets regarding non-elective admissions into hospital (the need is to be 3% better than the national rate of non-elective admissions).

Revise and refresh the terms of reference for, and the operation of Health and Wellbeing Board (HWB); ensuring that it is an effective strategic driver of community wellbeing for the Island

The statutory roles of the HWB are: to improve the health and wellbeing of local people; to reduce health inequalities; to promote the integration of services; and to oversee the production of a Joint Strategic Needs Analysis and Joint Health and Wellbeing Strategy. The Leader of the Council has taken over as Chair of the HWB.

The Health and Wellbeing Board Strategy is being updated for 2018. The agreed themes and priorities of the business plan will inform the strategy and it will be focused around the three domains of Start Well, Live Well and Age Well and two place-based initiatives. Strategy Development, as well as how the actual meeting should operate, was reviewed at the [Health & Wellbeing Board on 19 October 2017](#).

Develop and implement a clear plan, process and system for securing the integrated delivery of local health and care services

Under the leadership of the Local Care Board, the Local Care Plan comprises the following core delivery priorities: acute services redesign; transforming mental health services; transforming learning disability services; integrated access hub; frailty; rehabilitation, reablement and recovery; and integrated locality services. The Local Care Board is currently considering a proposal to amalgamate the last three of these core delivery priorities.

Each of these priorities has a Task and Finish Group and has created a charter setting out: aims and ambition; individual areas of work; milestones; responsible individuals; and performance targets. Each Task and Finish Group reports on a monthly basis to the Operational Delivery Group. To date, only the Learning Disability Task and finish Group has benefitted from any independent scrutiny. The Learning Disability Peer Review team

revisited on the 23 October 2017 and confirmed that progress has been secured against all of its 16 recommendations made in January 2017. It also confirmed that many of the changes put into place since January need to embed further and that some of the transformations planned depend upon the delivery of commissioning activity that will take some time to deliver (e.g., supported living).

In addition to the core delivery priorities, the Local Care Board has also established a number of Standing and Assurance Groups responsible for the development of system wide plans covering: workforce; finance; quality; one public estate; and IT (including information governance).

The Operational Delivery Group, chaired by the Director of Adult Social Services, brings together the key leads for all of the core delivery priorities and Standing and Assurance Groups. It reviews progress, agrees any remedial actions necessary and reports on progress to the Local Care Board.

Complete the implementation of integrated locality services (ILS) and an integrated access hub with Isle of Wight NHS Trust

Whilst all three ILS teams are now operational, they are still in their infancy and not delivering at scale or pace – although some good outcomes can be identified for different people using the serve and satisfaction levels are high. The Assistant Director for Integrated Services has led the development of an operating model based on the urgent need to have: a single budget; standard operating policies and procedures; single line management; and ring fenced staff from community health services (ASC ring fencing as already taken place). A paper setting out the future blueprint for the ILS comes to the 12 December 2017 meeting of the Operational Delivery Group for discussion and recommendation thereafter to the Local Care Board.

The integrated access hub also needs to be moved from proof of concept to proof of implementation. There are detailed plans as to how the Hub could operate – but these need to be translated into detailed implementation plans and there is currently no programme resource to enable this to happen. Detailed implementation plans are needed for: staff office moves; IT installation (of IWC systems including PARIS); call handling and triage decision making across the system. My Life a Full Life (MLFL) funding has been released to create programme management capacity and a review of where that needs to exist is being undertaken. It is anticipated that this review will free up the necessary programme management now urgently needed if this LCB priority is to meet its deadlines.

Implement an agreed three year delivery plan for the ‘Care Close to Home’ strategy based on the principles of person centred practice and support & making best use of the additional Improved Better Care Fund monies

The introduction of the Care Close to Home strategy in February 2017 was designed to deliver best outcomes for adults with social care needs within available resources.

Although relatively early days, the implementation of Care Close to Home is already making a tangible difference to the effectiveness of the ASC and those it serves. In particular, significant improvements have been secured in the Department's business flow processes; reduced the percentage of referrals resulting in permanent admissions into residential care from 10% (January 2017) to 1.9% (October 2017); increased the numbers using care at home services by over a fifth; reduced to 61 the numbers of reviews overdue by more than 15 months (from a starting point of 358) and reduced the time taken to complete a financial assessment from over 14 working days to under seven.

Improved performance in the key area of delayed transfer of care has been recognised as best practice nationally. To date, Adult Social Services have been visited by the national Hospital to Home Best Practice Team, addressed a national conference on DTOC best practice on the 20 November and appeared in the 16 November edition of the Municipal Journal as the second highest LA nationally to be hitting the target and improving.

A tight financial grip has also been maintained and the projected forecast outturn for 2017/18 at the end of month seven (October) is only £15,700. Moreover, the service is on track to secure the £3.485M savings identified during the current financial year.

Commissioning capacity has been strengthened significantly in the last six months or so. The Independent Sector commissioning officer started on the 1 December 2017 and specialist housing expertise is being commissioned from Southampton City Council to support the implementation of the new housing strategies around Extra Care and Supported Living. We are also working with the institute of Public Care to develop our outcomes based commissioning competencies. There has also been the introduction of comprehensive new training offers to ASC staff and care staff working in the independent sector.

Priorities moving forward are: to deliver person centred care and support (we are behind the curve regarding the implementation of strength based social work); to improve and transform the quality of our in-house Learning Disability (LD) care homes; to implement a plan to significantly reduce the number of outstanding Deprivation of Liberty safeguards (DoLS); and to implement the safeguarding action plan in full so that good progress can be secured in making safeguarding Personal.

Develop a robust and effective processes for securing annual Better Care Fund agreements with the IW CCG with appropriate action plans and to ensure significant increase in joint commissioning activity

The Better Care Fund (BCF) is a single pooled budget for local health and social care services which has been created as a national requirement to drive greater integration of commissioning and provision. After producing detailed proposals, the Island was fully assured on its BCF by NHS England for 2016/17.

The officers within the CCG and the LA have reviewed the existing schemes within the pooled fund and have adopted a more focussed approach for 2017/19, identifying targeted BCF schemes with key deliverables 'in year', and developing new iBCF Schemes to deliver the purposes of the iBCF grant in meeting adult social care needs generally, reducing pressures on the NHS (including DTOC) and stabilising the care provider market.

Deliver demonstrable improvements in adult safeguarding practice using the principles of 'Making Safeguarding Personal' and ensure a high quality and consistent approach in the council and its partners thereafter

Between March and August 2017 a Consultant Practitioner in the Adult Safeguarding Team completed a project where visits were made to organisations to promote better understanding of Making Safeguarding Personal (MSP). A total of 29 organisations were visited during the project. This consisted of voluntary, private and statutory sector. There is an action plan currently in place to further develop MSP and outcomes for adults who are party to any Safeguarding enquiries.

Following on from the criteria work, engagement with all the partners/ providers will be undertaken to embed MSP in practice and offer workshops for all our partners to share the best practice.

Review and revise if necessary the role and effectiveness of the Local Area Coordination model for area based community development and wellbeing, by December 2017

A full evaluation of the programme is being undertaken in partnership with Southampton Solent University which is due for completion in May 2018. This will build on existing national and international evidence whilst focussing on the local context. The Local Area Coordination (LAC) programme is building working partnerships across the council and the wider health and social care system. How and why this approach adds value to services reduces demand on the system and builds long term individual and community resilience will inform the evaluation process.

Revise the Health and Wellbeing Strategy and ensure support from partners in its delivery and application

With a review of the Health and Wellbeing Board (HWB) presently taking place the completion of a jointly written Health and Wellbeing Board Strategy (HWBS), due to be updated for 2018, is seen as a central part of the closer working/integration of health and social care services. The agreed themes and priorities of the business plan will inform the strategy and it will be focused around the three domains of Start Well, Live Well and Age Well and two place-based initiatives. The strategy development will provide clarity so as to assist the Health and Wellbeing Board operate more effectively in its delivery of its statutory roles improve health and wellbeing of its populations and address inequalities.

The first draft of the strategy is scheduled to be completed by the end of October 2017 with the final draft completed early in 2018.

Build on the robust short terms arrangements put in place for the continued delivery of sexual health, substance misuse and 0-19 (school nursing and health visiting) services and develop a plan for the long term delivery of the services

The aim of the services to be focused more on prevention and early intervention and integration. Revised plans to be in place for mid-2019.

Consider and implement the outcomes of the business for the provision of extra care housing and seek the funding for its delivery

An Extra Care strategy and market position statement for the Island has been completed. The Council is now awaiting proposals from developer / providers. The Head of Place will lead a group to deliver the Extra Care Housing Strategy

Adult Social Care Commissioning and Housing will liaise on individual projects or wider commissioning strategies as necessary aiming to bid for external; grants where possible.

Planning will provide pre-application guidance to ensure proposed schemes are more successful when submitted and will strive to determine any such application in a timely manner.

Island Planning will include, as far as is relevant and required, supportive planning policies.

Update the Joint Strategic Needs Assessment (JSNA) ensuring the data is relevant, current and informs decision making at all levels of the council

A Steering group was formed to review the effectiveness of the current JSNA process with the first meeting held on the 25 September 17. A Workshop was held on the 13 November 2017 to identify actions required to make JSNA factsheets more relevant to all stakeholders in the health and wellbeing sector.

The JSNA Steering Group will work closely with the Health and Wellbeing Board to improve governance over the JSNA to ensure the update achieves the required outcomes.

Work with partners and key stakeholders to identify and deliver appropriate schemes to meet local housing needs through a housing delivery plan

Work is ongoing and a Housing Delivery Plan is scheduled to be completed by the middle of 2018. In order to do so the Council will have to refresh its evidence base of local housing need (including specialist and affordable accommodation).

Among work already ongoing by the Council are the following functions:-

- Providing advice, assistance and any appropriate housing enabling activity to assist delivery partners in the provision of affordable and other housing schemes*
- Ensuring developments of new housing provide affordable housing at an appropriate level*
- Engaging with stakeholders to ensure housing sites are delivered*

The Council will also ensure that the new Island Planning Strategy contains as far as is relevant and required, supportive planning policies.

Work with strategic partners and key stakeholders to ensure the Island has effective and robust arrangements to ensure the safety of the community at all times

Update to be received in Quarter 3

Develop a business case considering the options for future governance of the Isle of Wight FRS building on the successful partnership with Hampshire Fire and Rescue Authority

Work packages to inform the business case have been produced and issued to IWC department leads (in areas such as Legal Services, HR and Finance) following introductory meetings. Information returned has formed part of work packages for HFRS areas that will enable progress to be made with the preparation of the business case. Members' engagement will commence towards the end of November/early December. There is an issue around recent condition surveys for Fire Service properties as these have not taken place consistently in recent years.

Develop options to improve the overall effectiveness of the IWFR Service, ensuring an effective, resilient and safe fire and rescue service for the Island

To continue with this improvement journey which started in 2005 with the DDIP project and ensure the efficiency and effectiveness of the service in the context of the IWC medium term financial strategy (MTFS), an evidence based review of IWFRS which understands the current type and size of the risks to the community is required. This will enable the Council to fully understand the risks faced on the island, and the options available for matching the appropriate resources to those risks and any potential efficiency savings that may be possible.

The Service Review project aims to provide an innovative approach to further developing the Isle of Wight Fire and Rescue Service into a modern and diverse Fire and Rescue Service that delivers efficiently through a wide range of partnerships and collaborations, taking advantage of economies of scale, knowledge management and technology, to achieve greater levels of efficiency and effectiveness across a range of operational and non-operational service areas, whilst maintaining governance and identity. The review serves to adhere to the requirements of the Home Office 'Fire Reform Agenda' and centres on the three pillars of reform: Efficiency and Collaboration, Accountability and Transparency, and Workforce Reform

Fully assess the options and opportunities presented by the Policing and Crime Act 2017 liaising with the Hampshire Police and Crime Commissioner (HPCC) via a Memorandum of Understanding (MOU)

The Council will work in partnership with the Office and Police Crime Commissioner through the Community Safety Alliance.

Continue to secure improvements in the public's ability to contact the council and make best use of its services, especially via the contact centre

The contact centre improvement plan is in place which is designed to improve call waiting times. Additional one-off resource was made available to increase staffing levels alongside a programme of activity that aims to secure a reduction in the number of calls made to the contact centre, through building better relationships with the top service users to co-ordinate common business activities and communications with the public more effectively. For example, all council tax website pages have been re-vamped and enabled for use by mobile technology and a successful communications campaign was undertaken to coincide with the issuing of council tax bills to avoid unnecessary calls being made to the contact centre in favour of self-help and online transaction facilities. By working with these teams to review business processes in order to reduce calls and promote more online transactions has seen the speed of answer of calls drop to 108 seconds as at the end of October.

However, the service is still struggling to reduce the longest wait times in high traffic areas such as waste, council tax and housing benefits due to the talk time required to respond to often complex issues that members of the public require help with. However, overall there has been a reduction in longest wait times and work continues to be undertaken to reduce further. Call abandon rates are also down having seen a significant reduction over the period of the improvement plan activity. Trends for online transactions also show a steady increase.

A report to Scrutiny Committee at its meeting of 10 October 2017 on the progress being made against the improvement plan which was well received.

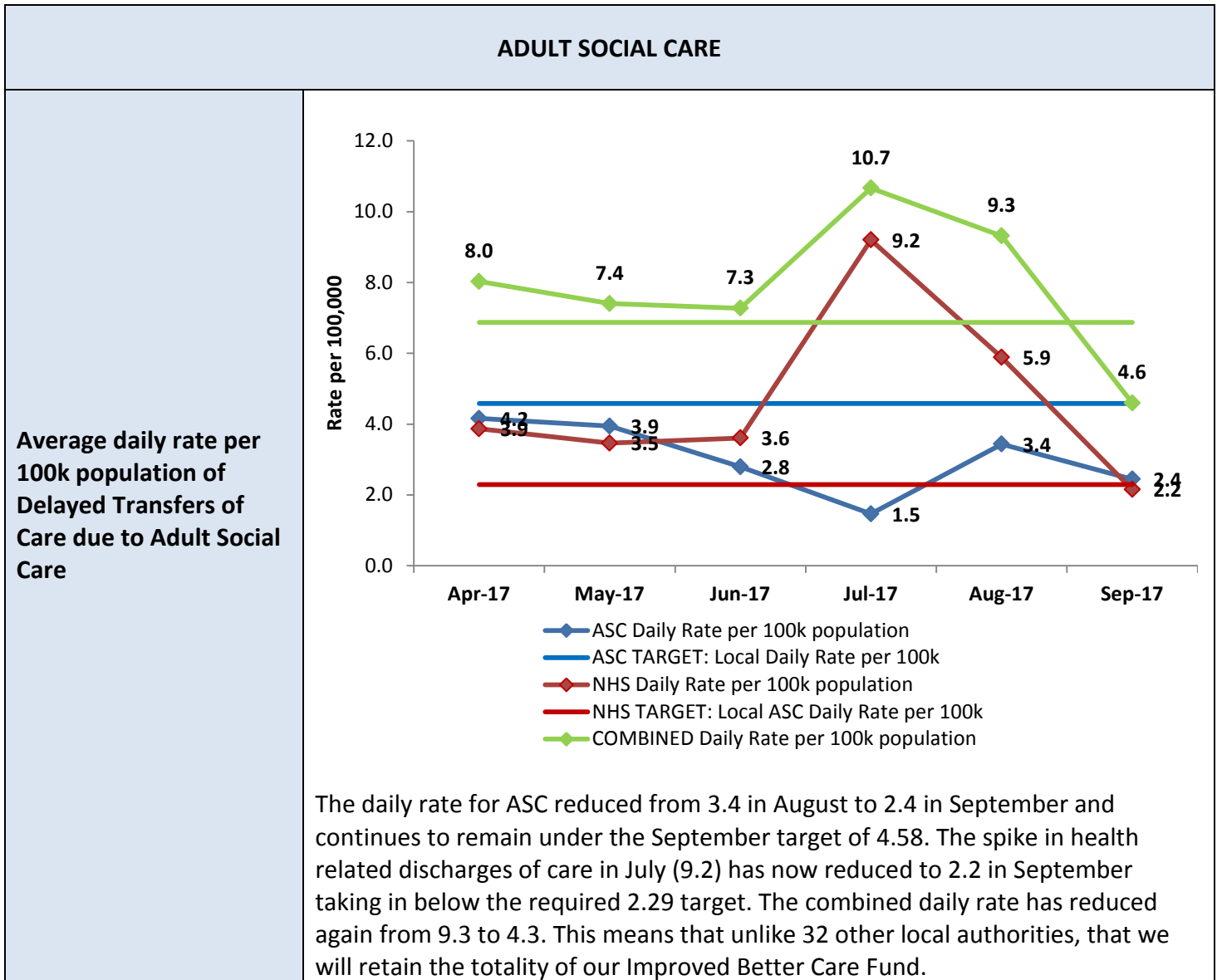
Changes to the provision of the green waste service has just gone live which offers residents the opportunity to subscribe to a collection service without the need to book online or via the contact centre.

Liaise with and represent the views and needs of the Island's rural community in informing the council's activities

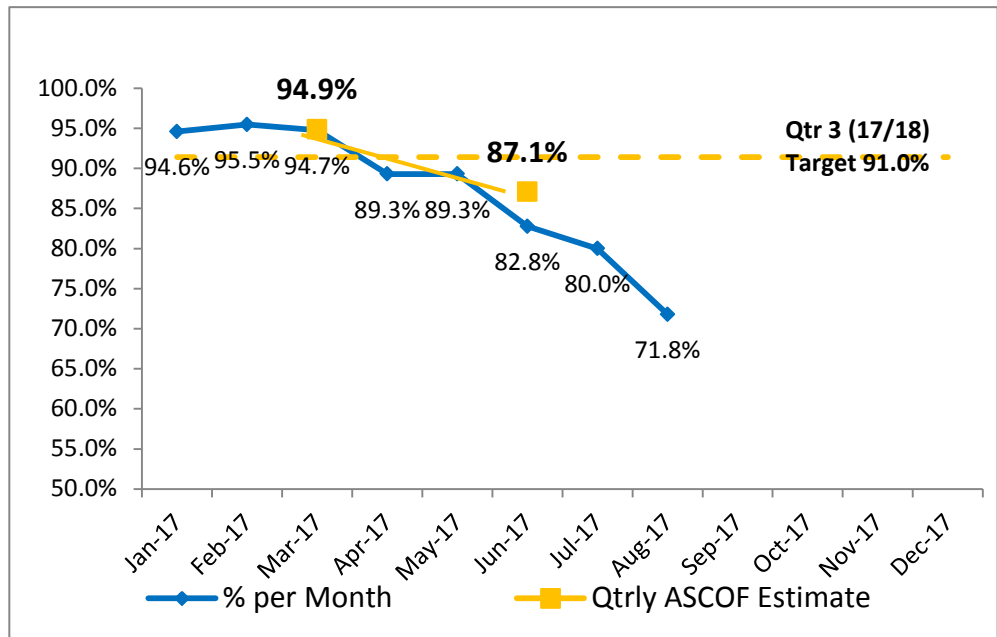
A number of engagement activities are taking place including:-

- Exercise on Prescription: Continue with the work started with the wellbeing service to encourage more people in the community to take up exercise.*
- Engagement with communities through promotion of leisure activities.*
- Engage with rural communities and Town and Parish Councils when re-tendering of the corporate grounds maintenance contract.*
- Community Safety community engagement days*
- Engagement with communities to deliver the Healthy Libraries Plan, creating campaigns, events and activities within rural libraries.*
- Ensure the rural community is involved in any activities that may require consultation such as a review of the Allocation Policy*

Short Term Progress Measures



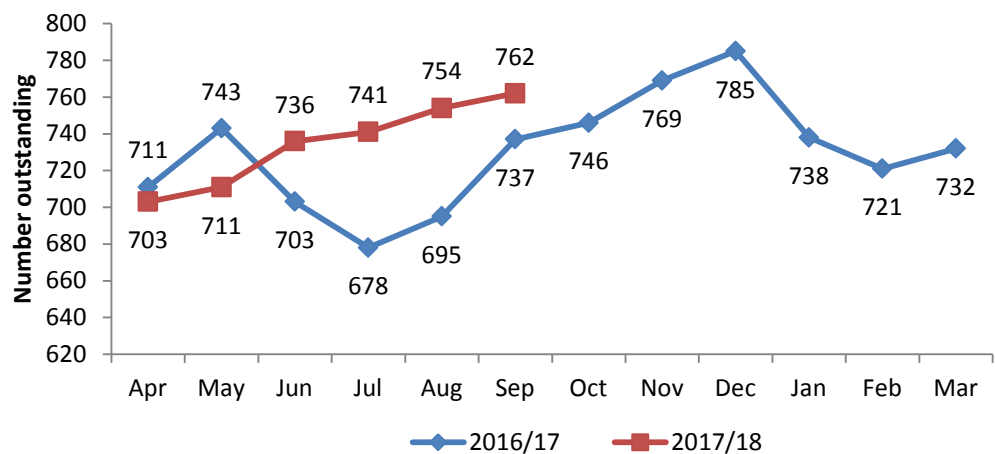
Proportion of older people (65+) still at home 91 days after discharge from hospital into reablement / rehabilitation services



Figures for 91 days measure will always be 3 months in arrears due to the nature of the measure. Figures provided are to highlight the monthly and quarterly position.

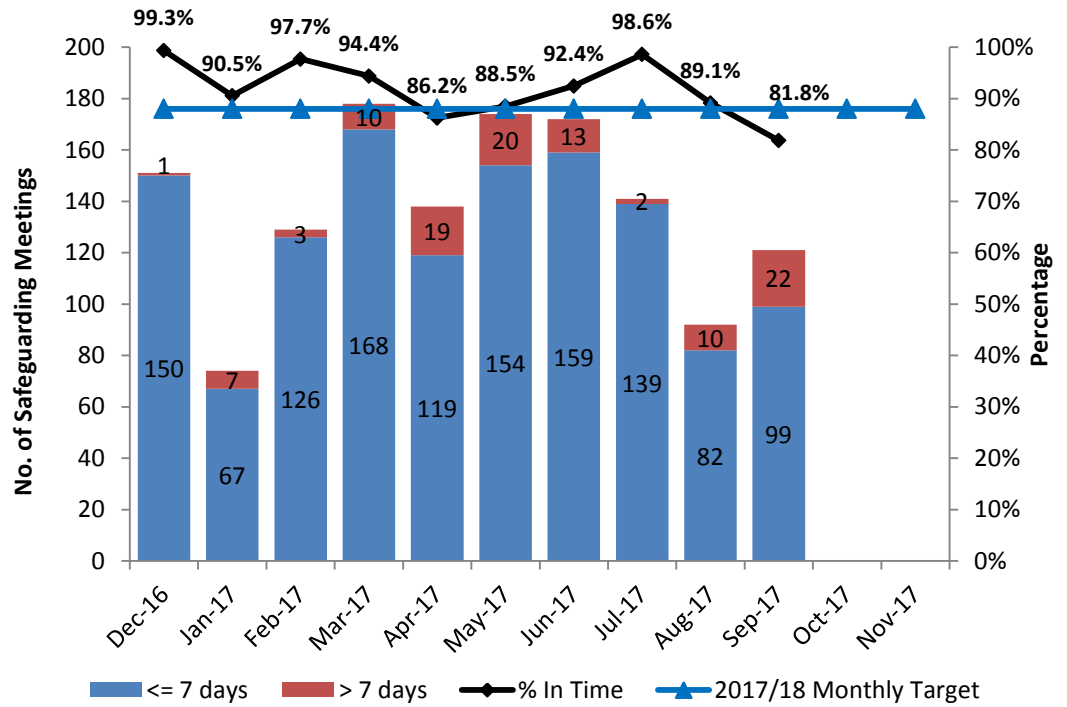
In August 11 of 39 people were not still at home 91 days after being discharged from hospital. Although the percentage of people still at home has dropped marginally recently this is in the context of increased use of reablement services.

Number of outstanding Deprivation of Liberty Standards (DOLS) Assessments



There has been a slight increase in the number of DoLS requests outstanding at month end. This is in line with expected increases and reflects the requirement of additional resources to effectively manage incoming DoLS requests. The new Best Interest Assessor post has been successfully recruited to be in place by December 2017 in line with the project time line for dealing with the backlog of DoLS assessments.

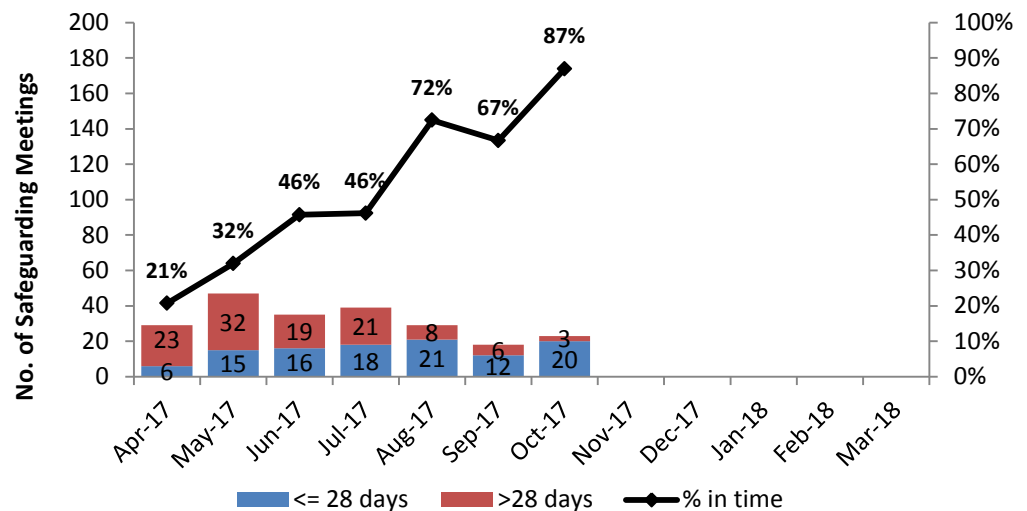
Percentage of safeguarding meetings held within 7 days of the referral being received.



The 7 day breaches appear to be due to the Initial Action form not being completed on the day the 'initial decision for action' was made but instead being recorded on the date it was closed or actioned as a section 42.

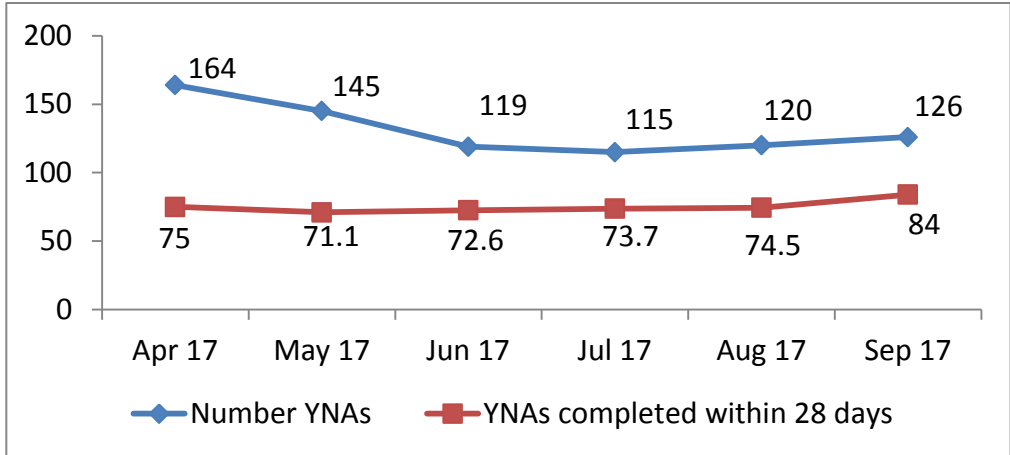
Improvements in the recording and operational practice within the team have ensured this is now improving. Other causes can be down to the availability of the chairperson, key professionals, provider and the adult at risk to attend a meeting in the 7 day timescale

Percentage of adult safeguarding case conferences held within 28 working days of the safeguarding planning meeting



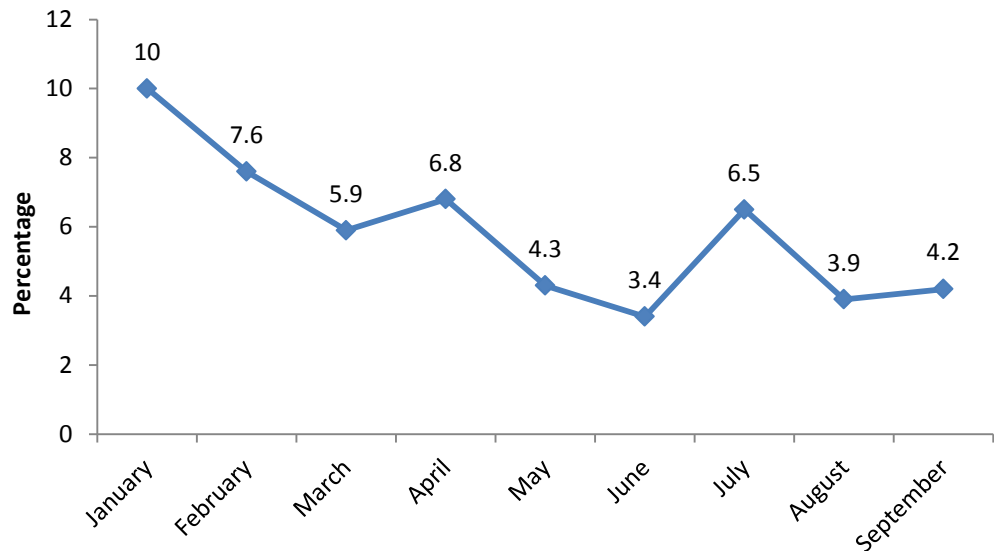
Changes in the operational practice and improved recording within the team have enabled the 28 day target to be met. The cases where this has not been the case are likely to be enquiries open to the Police or Health colleagues where timescales can breach which is not within the control of the safeguarding team.

Percentage of adult social care assessments completed within 28 days of the initial contact referral



84% of the 126 Your Needs Assessments completed within September were done so on time.

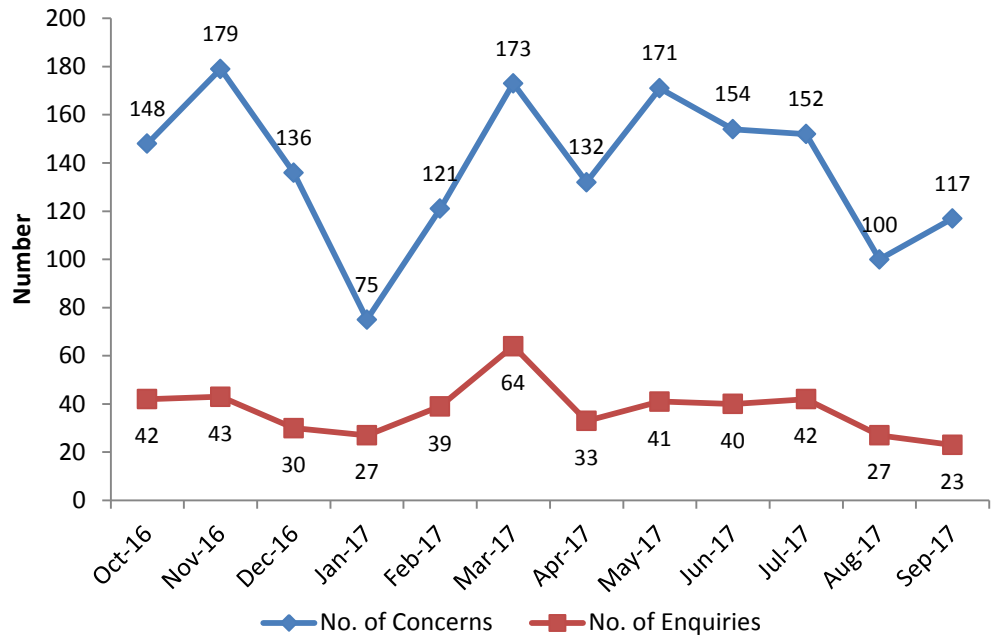
Number of admissions to permanent residential or nursing care as a percentage of referrals



Placements in residential and nursing care continue to decrease gradually. Panel scrutiny and the practice changes are having an effect on numbers of new placements being made.

The numbers of elderly people funded by the local authority entering permanent residential care has reduced significantly so far this year - from 951.9 per 100,000 people during 2016/17 to 764.15 per 100,000 people as at the end of September 2017. At this rate of improvement the 3 yr target of 628.2 per 100,000 is easily within reach

Average monthly number of adult safeguarding referrals

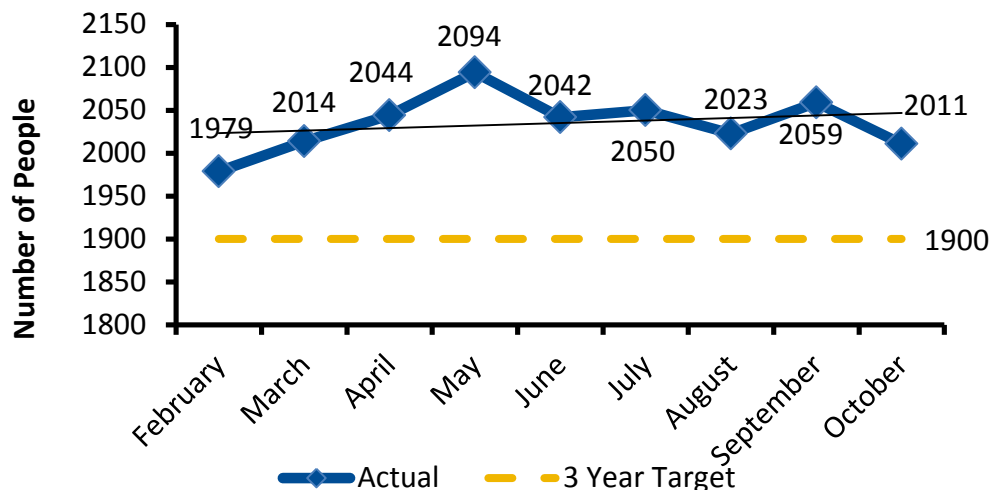


September showed a slight increase in concerns compared to Aug (100 to 117). Average per month for previous 12 months (Oct-16 to Sept-17) = 138.2. Average YTD (April-17 - Aug-17) = 137.7

The increase in referrals closing at the 'Concern' stage is likely due to the quality of the information received, better triaging and information gathering enabling a decision to be made at the time of receipt that the criteria for a Section 42 Enquiry was not met.

HOUSING

Total number of people on the housing register at month end

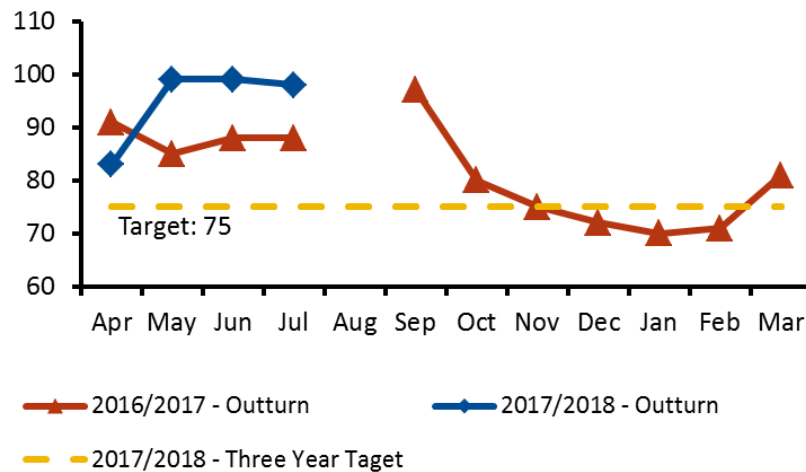


The housing register numbers are pretty static and there are no obvious peaks or troughs or influences on why or when people may apply for housing. We are managing to keep them at an even number by regularly reviewing applications and taking those off who no longer wish to or need to be on the register.

<p>Number of people on band 1 of the housing register at month end</p>	<p>When an applicant goes on to the housing register their needs are assessed according to their housing circumstances and they are placed in one of 5 bands, 1 being the highest which reflects the urgent need for housing.</p>
<p>Total number of households in temporary accommodation at month end</p>	<p>Numbers will continue to remain consistently high until issues affecting access to sufficient affordable housing have been addressed</p>

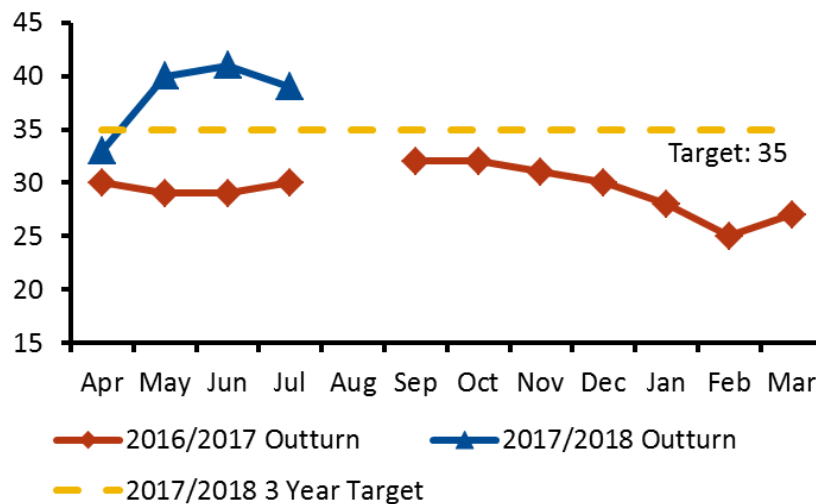
PUBLIC HEALTH

Number of alcohol treatments completed (Rolling 12 months)



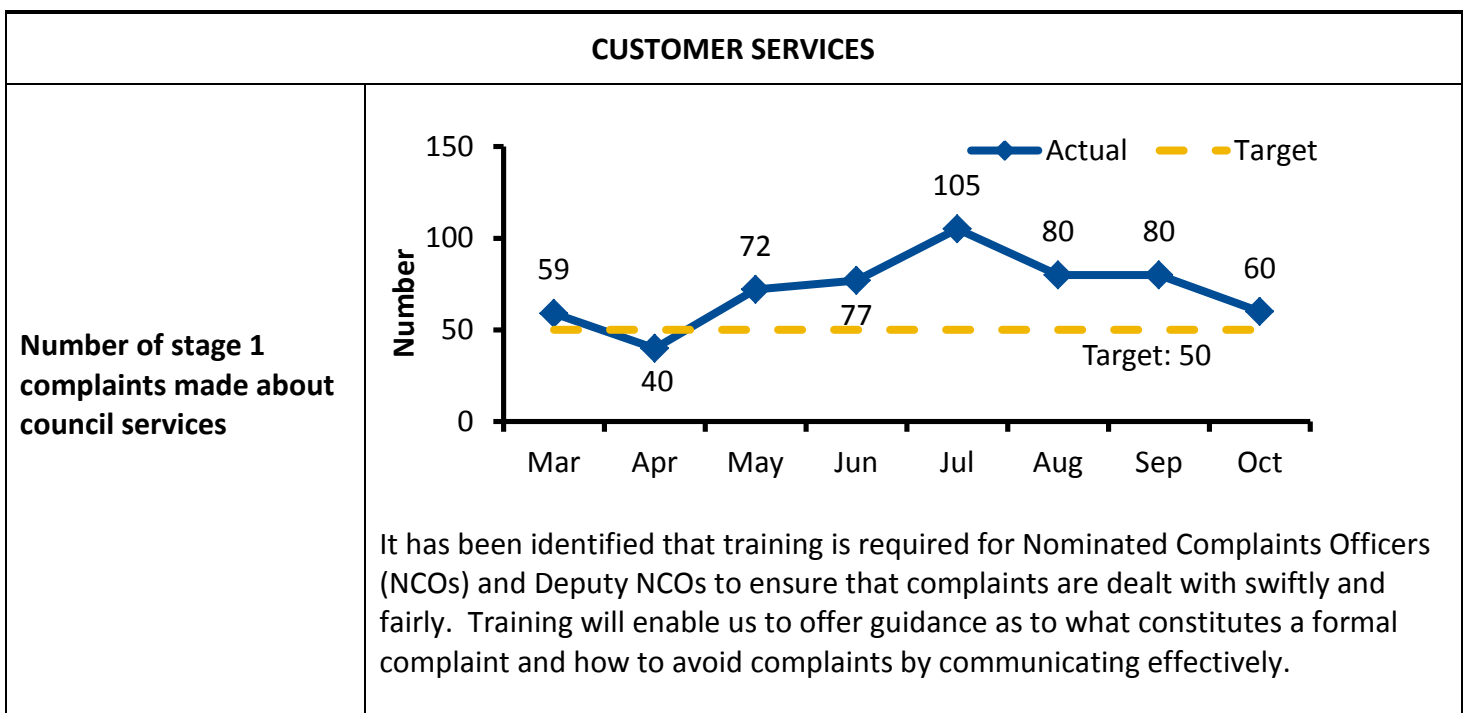
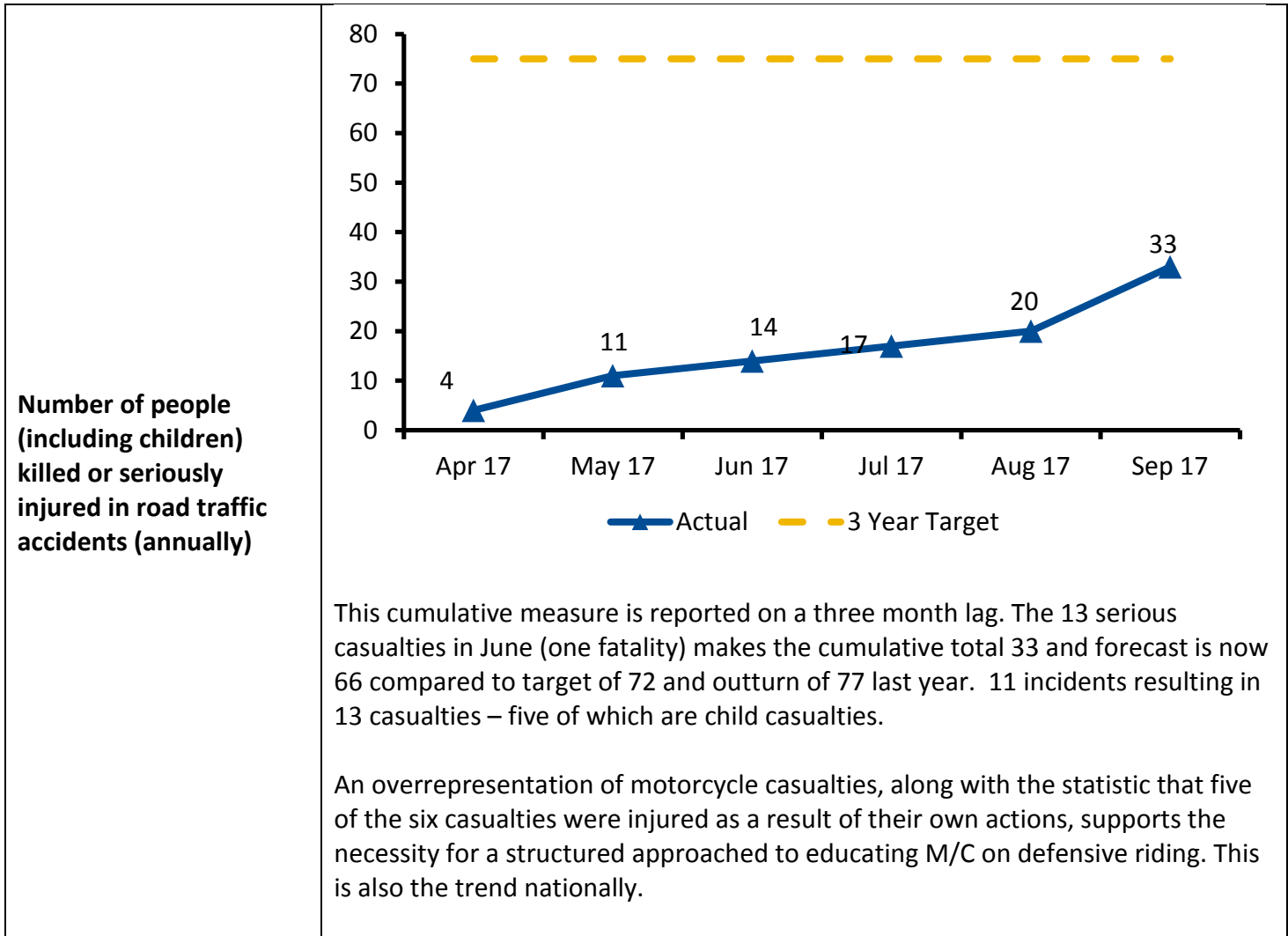
IRIS continues to deliver a very high level of service and performance in relation to alcohol completions. However, having met with IRIS there is a need for data cleansing and a review of discharge processes which may result in a small drop in performance over the next few months but this will have a positive impact on the rate of representations.

Number of drug treatments completed - opiate and non-opiate clients (Rolling 12 months)

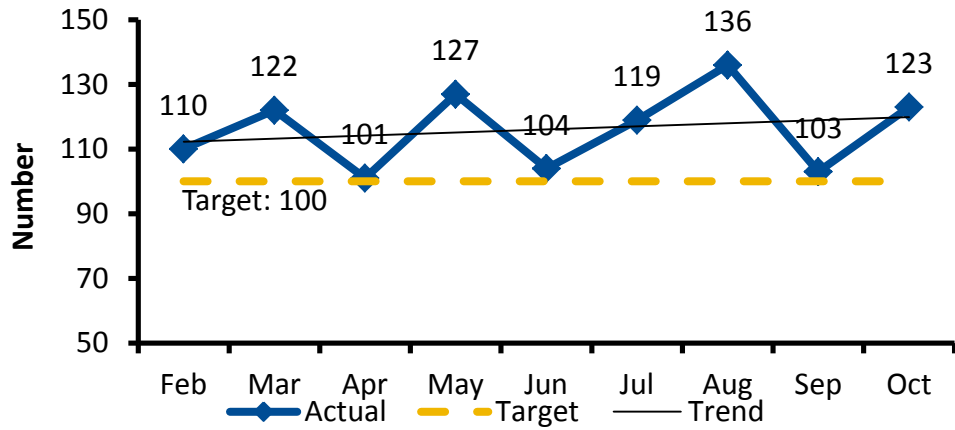


Combined number of drug treatment was 45 for September which is a definite improvement on earlier performance this year, 10 completions above target and a clear indication that IRIS have turned their practice around successful discharges. It is anticipated this trend will continue.

FIRE & RESCUE	
<p>Percentage of critical incident calls (fire only) responded to within 10 minutes (rolling 12 month figures)</p>	<p style="text-align: right;">Target: 80</p> <p style="text-align: center;"> ▲ Actual - - - 3 Year Target — Trend </p> <p>23 of the 36 critical incidents attended in September achieved the standard making 63.49% success compared to a target of 80%. Of the 13, 10 were due to first appliance not arriving within 10 minutes.</p>
<p>Percentage of co responder calls (medical) responded to within 8 minutes (rolling 12 month figures)</p>	<p style="text-align: center;"> ▲ Actual - - - 3 Year Target ⋯ Trend </p> <p>33 of the 37 co-responder calls attended were within target making 89.19% success compared to target of 80%. The response time for co-responder incidents is 8 mins from time of alert. This measure was previously integrated into critical incident responses but has been separated for 2017/18 as it is expected the service will perform a greater number of medical responses hence the distinction with nature of incident - this may have to be put on hold due to the FBU rejecting a pay award to officially take on MTFAs and medical response.</p>

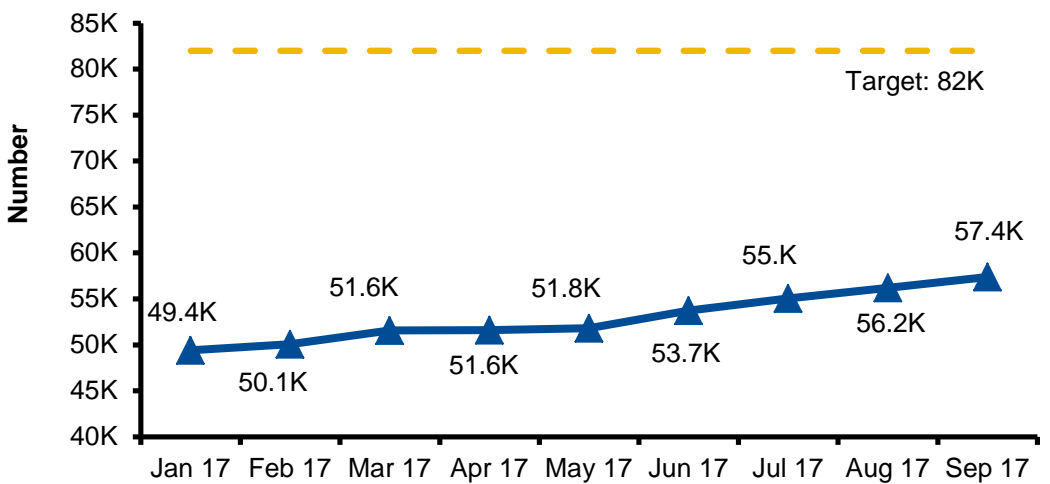


Number of FOI requests received



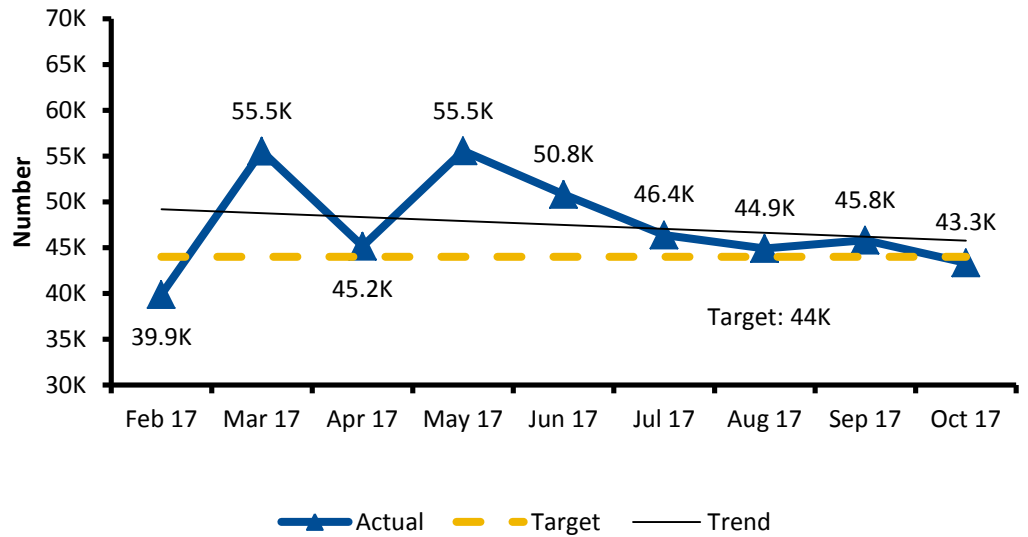
Of the 103 requests received in September, Place received 37, Resources received 32, Children’s Services received 14, Adult Social Care and Well-being received 7, Financial Management received 5, Fire and Rescue received 4 and Public Health received 1. Further requests were received for which the directorate was not recorded.

Number of transactions completed by self-service online (per month)



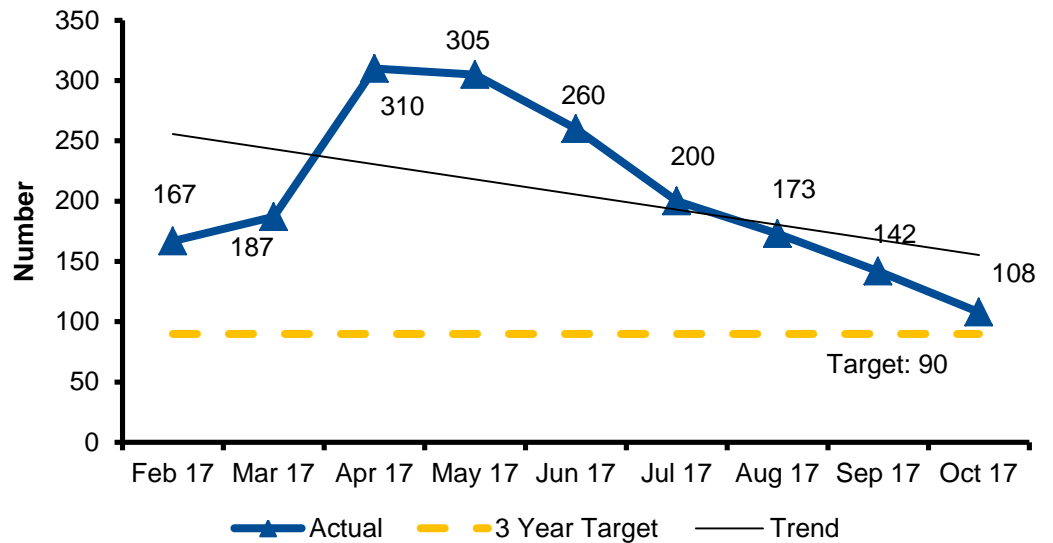
The trend for online transactions completed self-service via digital channels continues to increase and looks to break the 60,000 transactions for the rolling year during the next month. New services such as the Green Waste Subscription service have gone online which will hopefully contribute to further increases (although the corresponding booking service which is a popular service will be removed as a result).

Number of calls made to the contact centre (per month)



Changes are planned to improve electronic access, this includes a new online green garden waste application and subscription process and changes to the privilege seat application process. These changes form part of a much wider Contact Centre Improvement Plan.

Average time to answer calls in the contact centre (per month) in seconds



Performance for september represents a significant improvement in line with the ongoing improving trend in performance. Additional investment has been made in the call centre in terms of extra staff and there has also been a concerted effort to encourage self service online where possible. The Contact Centre Improvement Plan will see further improvement to this performance.

Strategic Risks

<p>Failure to identify and effectively manage situations where vulnerable adults are subject to abuse</p> <p>This risk has seen a reduce level (from red) since the previous quarter reflecting the service improvements in particular the advancement of the Making Safeguarding Personal.</p> <p>Our improvement action plan includes the implementation of a daily Multi Agency Safeguarding Hub (MASH) and the local police will soon be installing a computer terminal in Enterprise House to assist the easier cross referencing of people on different databases. Additionally, Adult Social Care have reviewed and changed the adult safeguarding criteria in line with best practice and are now using these with partners. All medical errors are now reported to the clinical commissioning group as opposed to the Adult Safeguarding Team in Adult Social Care and this is beginning to make a positive difference to the safeguarding team's workload and, more importantly, to how the health and care system uses medication errors data in supporting service improvements across individual providers.</p>	Inherent Score	16 RED
	2017 Assessed Score	12 RED
	Target Score	6 GREEN
	Current Score	12 RED
<p>Failure to secure the required outcomes from the integration of adult social care and health</p> <p>This risk has seen a reduction in level (from red) since the previous quarter reflecting performance improvements in particular the slowing in the rate of admissions to residential or nursing care and the very strong performance against national targets for delayed transfers of care.</p> <p>All Integrated Locality Services are now in place and multi-disciplinary team meetings are happening across all three teams and are beginning to show results. For instance, the growth rate in non-elective admissions into hospital is now below the national average (the most recent data available is for July 2017 when our rate locally was 1.1 per cent as opposed to 3.8 per cent nationally).</p> <p>Joint commissioning across health and social care has made sure progress over the past quarter – with our Better Care Fund section 75 agreement in place and our plans commended by NHSE region. The system has been asked to host a national “Hospital to Home” best practice visit on the 7 November 2017. Equally, the progress review by the Learning Disability Peer Review Team on the 23 October has confirmed that progress has been made against all 16 original recommendations. All of the schemes funded through the Improved Better Care Fund are either already started or about to start and these will support the health and care system throughout a potentially very difficult winter.</p>	Inherent Score	16 RED
	2017 Assessed Score	12 RED
	Target Score	6 GREEN
	Current Score	10 AMBER