

Scrutiny for Policies, Adults and Health Committee

Wednesday 1 March 2017

9.30 am Luttrell Room - County Hall,
Taunton



To: The Members of the Scrutiny for Policies, Adults and Health Committee

Cllr H Prior-Sankey (Chairman), Cllr J Parham (Vice-Chairman), Cllr M Adkins, Cllr P Burridge-Clayton, Cllr A Govier, Cllr R Henley, Cllr D Huxtable, Cllr N Pearson and Cllr N Woollcombe-Adams

All Somerset County Council Members are invited to attend meetings of the Cabinet and Scrutiny Committees.

Issued By Julian Gale, Strategic Manager - Governance and Risk - 21 February 2017

For further information about the meeting, please contact Lindsey Tawse on 01823 355059 or LTawse@somerset.gov.uk

Guidance about procedures at the meeting follows the printed agenda.

This meeting will be open to the public and press, subject to the passing of any resolution under Section 100A (4) of the Local Government Act 1972.

This agenda and the attached reports and background papers are available on request prior to the meeting in large print, Braille, audio tape & disc and can be translated into different languages. They can also be accessed via the council's website on

www.somerset.gov.uk/agendasandpapers



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AGENDA

Item Scrutiny for Policies, Adults and Health Committee - 9.30 am Wednesday, 1 March 2017

**** Public Guidance notes contained in agenda annexe ****

1 Apologies for Absence

- to receive Member's apologies.

2 Declarations of Interest

Details of all Members' interests in District, Town and Parish Councils will be displayed in the meeting room. The Statutory Register of Member's Interests can be inspected via the Community Governance team.

3 Minutes from the previous meeting (Pages 7 - 18)

The Committee is asked to confirm the minutes are accurate.

4 Public Question Time

The Chairman will allow members of the public to ask a question or make a statement about any matter on the agenda for this meeting. **These questions may be taken during the meeting, when the relevant agenda item is considered, at the Chairman's discretion.**

5 Learning Disability Provider Service update

To receive a verbal report.

6 Mental Health Services Update (Pages 19 - 30)

To receive this report.

7 Patient Safety & Quality Report - Q3 2016_17 (Pages 31 - 42)

To receive this report.

8 Corporate Performance Monitoring Report - Q3 2016_17 (Pages 43 - 50)

To receive this report.

9 Adult Social Care Performance Update (Pages 51 - 72)

To receive this report.

10 Reable Somerset Contract Update (Pages 73 - 102)

To consider this report.

Possible exclusion of the press and public

Item Scrutiny for Policies, Adults and Health Committee - 9.30 am Wednesday, 1 March 2017

PLEASE NOTE: Although the main report for this item not confidential, supporting appendices available to Members contain exempt information and are therefore marked confidential – not for publication. At any point if Members wish to discuss information within this appendix then the Committee will be asked to agree the following resolution to exclude the press and public:

Exclusion of the Press and Public

To consider passing a resolution having been duly proposed and seconded under Schedule 12A of the Local Government Act 1972 to exclude the press and public from the meeting, on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, within the meaning of Schedule 12A to the Local Government Act 1972:

Reason: Information relating to the financial or business affairs of any particular person (including the authority holding that information).

11 **Scrutiny for Policies, Adults and Health Committee Work Programme** (Pages 103 - 112)

To receive an update from the Governance Manager, Scrutiny and discuss any items for the work programme. To assist the discussion, attached are:

- The Committee's work programme
- The Cabinet's forward plan

12 **Any other urgent items of business**

The Chairman may raise any items of urgent business.

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Guidance notes for the meeting

1. Inspection of Papers

Any person wishing to inspect Minutes, reports, or the background papers for any item on the Agenda should contact the Committee Administrator for the meeting – Lindsey Tawse on 01823 358355 or 357628 ; Fax 01823 355529 or

Email: ltawse@somerset.gov.uk They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers

2. Members' Code of Conduct requirements

When considering the declaration of interests and their actions as a councillor, Members are reminded of the requirements of the Members' Code of Conduct and the underpinning Principles of Public Life: Honesty; Integrity; Selflessness; Objectivity; Accountability; Openness; Leadership. The Code of Conduct can be viewed at:

<http://www.somerset.gov.uk/organisation/key-documents/the-councils-constitution/>

3. Minutes of the Meeting

Details of the issues discussed and recommendations made at the meeting will be set out in the Minutes, which the Committee will be asked to approve as a correct record at its next meeting.

4. Public Question Time

If you wish to speak, please tell Lindsey Tawse, the Committee's Administrator, by 12 noon the (working) day before the meeting.

At the Chairman's invitation you may ask questions and/or make statements or comments about any matter on the Committee's agenda – providing you have given the required notice. You may also present a petition on any matter within the Committee's remit. The length of public question time will be no more than 30 minutes in total.

A slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been signed. However, questions or statements about any matter on the Agenda for this meeting may be taken at the time when each matter is considered.

You must direct your questions and comments through the Chairman. You may not take a direct part in the debate. The Chairman will decide when public participation is to finish.

If there are many people present at the meeting for one particular item, the Chairman may adjourn the meeting to allow views to be expressed more freely. If an item on the Agenda is contentious, with a large number of people attending the meeting, a representative should be nominated to present the views of a group.

An issue will not be deferred just because you cannot be present for the meeting. Remember that the amount of time you speak will be restricted, normally to two minutes only.

5. **Exclusion of Press & Public**

If when considering an item on the Agenda, the Committee may consider it appropriate to pass a resolution under Section 100A (4) Schedule 12A of the Local Government Act 1972 that the press and public be excluded from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, as defined under the terms of the Act.

6. **Committee Rooms & Council Chamber and hearing aid users**

To assist hearing aid users the following Committee meeting rooms have infra-red audio transmission systems (Luttrell room, Wyndham room, Hobhouse room). To use this facility we need to provide a small personal receiver that will work with a hearing aid set to the T position. Please request a personal receiver from the Committee's Administrator and return it at the end of the meeting.

7. **Recording of meetings**

The Council supports the principles of openness and transparency. It allows filming, recording and taking photographs at its meetings that are open to the public - providing this is done in a non-disruptive manner. Members of the public may use Facebook and Twitter or other forms of social media to report on proceedings and a designated area will be provided for anyone wishing to film part or all of the proceedings. No filming or recording may take place when the press and public are excluded for that part of the meeting. As a matter of courtesy to the public, anyone wishing to film or record proceedings is asked to provide reasonable notice to the Committee Administrator so that the relevant Chairman can inform those present at the start of the meeting.

We would ask that, as far as possible, members of the public aren't filmed unless they are playing an active role such as speaking within a meeting and there may be occasions when speaking members of the public request not to be filmed.

The Council will be undertaking audio recording of some of its meetings in County Hall as part of its investigation into a business case for the recording and potential webcasting of meetings in the future.

A copy of the Council's Recording of Meetings Protocol should be on display at the meeting for inspection, alternatively contact the Committee Administrator for the meeting in advance.

SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee held in the Luttrell Room - County Hall, Taunton, on Wednesday, 25 January 2017 at 10.00 am

Present: Cllr H Prior-Sankey (Chairman), Cllr J Parham (Vice-Chairman), Cllr M Adkins, Cllr P Burridge-Clayton, Cllr A Govier, Cllr R Henley, Cllr D Huxtable, Cllr N Woolcombe-Adams and Cllr A Dimmick

Other Members present: Cllr H Davies, Cllr A Groskop, Cllr C Le Hardy, Cllr J Lock and Cllr W Wallace

Apologies for absence: Cllr N Pearson

167 **Declarations of Interest** - Agenda Item 2

Councillor Andrew Govier declared a personal interest in Item 7 as he was involved with the decision to build the new Community Hospital at Minehead.

168 **Minutes from the previous meeting** - Agenda Item 3

The minutes of the meeting held on 07 December 2016 were accepted as being accurate and were signed by the Chairman.

169 **Public Question Time** - Agenda Item 4

There was one public question.

Mandy Chilcott made a statement regarding agenda item 7. The statement expressed concern that the Community Hospital at Minehead has never been fully utilised and that many of the promises made as part of the business plan for the hospital have never materialised. Ms Chilcott stated that the Minehead Hospital is crucial, both as a local service and as a support to Musgrove Park Hospital. She expressed disappointment at not being able to find any evidence of recruitment for nurses at Minehead online.

170 **Medium Term Financial Plan 2017/18 - 2019/20** - Agenda Item 5

The Committee received a report from the Director of Finance and Performance which gave an overview of the 2017/18 Provisional Local Government Finance Settlement as well as the 2017/18 Medium Term Financial Plan.

The Committee heard that the Financial Settlement was broadly in line with expectations. The exception was a new Adult Social Care Support Grant of £2.5m for SCC. The Settlement confirmed the loss of Revenue Support Grant which will reduce from £42m last year to £26m this, representing a loss of £16m. The Settlement confirmed that there will be an MTFP gap of £18.1m for SCC next year.

Other headline announcements from the Settlement included:

- National decrease in Core Spending Power for 2017/18 compared to 2016/17 of 1.14% (0.4% increase for Somerset);
- National decrease in the Settlement Funding Assessment for 2017/18 compared to 2016/17 of 10.06% (13.98% for Somerset);
- National decrease in Revenue Support Grant of 30.7% (37.68% for Somerset);
- Confirmation of the 2% Council Tax referendum limit;
- Confirmation of an additional 2% adult social care precept and the ability to raise the precept to 3% in 2017/18 and 2018/19. However the overall increase can be no more than 6% over the next three years;
- Reduction in the number of years eligible for New Homes Bonus in 2017/18 from six to five and from five to four from 2018/19. The bonus will also only be applied to growth above a 0.4% baseline;
- Adult Social Care Support Grant for SCC of £2.509m, created from savings from New Homes Bonus reductions.

The Committee then received a report confirming the MTFP approach for 2017/18. The new approach means that the search for savings to balance the budget has been led much more by the Commissioning Managers within SCC than by Finance this year. 7 themes were created to manage costs, demand and resources.

The 7 themes are: Technology and People (TAP); Productivity & Culture; Commercial & Third Party Spend; Stronger Communities; Partnership & Integration; Service Redesign; and Transport. The Committee received a report on each of the 7 themes. In total these propose savings targets of £18.1m for next year with the majority coming from service redesign. The savings proposals will be turned into decision reports over the next few months and will then follow the normal governance process.

The following points were raised during discussion of the Financial Settlement:

- I'm concerned about the new MTFP approach. It is harder for Members and the public to scrutinise individual budget savings. Small savings might not be as clear if they are not contained within a member Key Decision. Are we burying bad news until after the election?
- I understand this point about getting to the detail. Last year we were criticised for bringing too many papers so this year we have tried to summarise. There has been no change to the governance process though; we will still follow this. We had low-value officer decisions last year and we will again this year. This hasn't changed.
- The new approach is clear and is the end of a long process to try to bring our unique process of reporting the MTFP in line with our neighbours.
- With regard to the Adult Social Care Support Grant (ASCSG), I'm concerned that we are taking funds from one area and pushing it into another but that this will only be a one-off. Doesn't this just store up problems for the next year? Also Public Health funds are currently ring-fenced but in future will be part of business rates which are not ring-fenced. This will weaken the whole structure.

- This is correct but I don't think that this will be a one-off. The intention has always been to reduce the New Homes Bonus and put it into Adult Social Care. The Public Health Grant (PHG) may not be mandated in future as it is currently but it does still represent additional funds.
- The Better Care Fund, Adult Social Care and Public Health Grants all show the importance of getting the Sustainability & Transformation Plan (STP) correct. We have to join all of the budgets together to make it work. This will also have an impact on the District Better Care Fund so other councils will be similarly affected.

The following points were raised during discussion of Theme 1:

- The report talks about a 10% reduction in employee related costs – is this a target?
- The savings is the target so it is an outcome rather than a target.

The following points were raised during discussion of Theme 2:

- The agency spend of £12m in 2015/16 is very large. Is it feasible that we have spent nearly £50m over the last quadrennium on agency spend?
- I can't say without looking at the figures.
- This may not be the case as, for example, last year Adult Social Care had a higher agency expenditure and this was agreed but only for that year.
- I would question the agency spend figure too. I have seen a FOI response that states the agency spend in 2015/16 was £16m and £54m over the last 4 years. Where has that money gone?
- I am not sure without looking. It may be that some is capital and some is revenue spend.
- It's still agency spend whether it's capital or revenue.
- I agree, but I'm not sure how to run a capital programme without having agency spend.
- It was agreed that figures on agency spend over the last quadrennium would be provided to Members outside of the meeting.
- It was confirmed that the Heart of the South West LEP agency spend reported on page 44, did not represent SCC expenditure. SCC report it because they are responsible for it.
- Members queried a discrepancy in figures for apprentices. It was clarified that there is a discrepancy but that this is known and both figures are correct in their own right. The Apprenticeship Levy is made based on the total employee salary.
- I think the failure to recruit permanent staff should be identified as a key risk.
- I agree that we want to recruit permanent staff.
- Agency staff costs are not necessarily due to not having enough permanent staff.

The following points were raised during discussion of Theme 4:

- I suspect that rural areas will achieve better in this theme than urban areas where community cohesion is missing.

- I agree that rural parishes have a greater sense of community but there are less people. It is often the same few people participating and this is not easy either.

The following points were raised during discussion of Theme 6:

- It is critical not to compare money spent between authorities. What matters is outcomes and quality of service.
- I wouldn't disagree but if you can match outcomes and reduce spend; we must look to do this.
- We have got to make sure that our spend level is affordable. One example is that spend on Learning Disabilities in Somerset is significantly higher in Somerset than in the South West and in England. The real legitimacy is ensuring we get value for money for Somerset taxpayers whilst ensuring outcomes and improving services. I believe that we can do this.
- But it's more expensive to provide services in rural areas. In the national picture costs always vary hugely. I would question why this is not included.
- I agree and we do benchmark nationally as well as with our statistical neighbours. The data is available if you would like to see it.
- I welcome the change to bring children's services back into local communities.
- I agree with the need to fundamentally re-design services but we have been talking about this for ages but it doesn't seem to happen. One Teams have been very successful.
- I agree that where there are One Teams is place it seems to work well but where there are no One Teams it doesn't. I think we should pass this comment to the Children & Families Scrutiny Committee.
- We seem to be moving away from delivering services ourselves and relying on others and the community. This is a risky strategy. What if they don't have the resilience required or they experience financial difficulties.
- There is concern but I think the strategy is worth a try. We don't know if it will work and I am concerned that things come back to Scrutiny so that we can review and check that the strategy is working. We need to look at all of these savings again before the budget is set.
- There will be some decisions that we will have time to bring before the Committee before they complete the decision process.
- We would welcome the opportunity for Scrutiny to look at our mental health and learning disability services including the financial aspects and this could be added to the Adult Social Care report coming to the next meeting.

The following points were raised during discussion of Theme 7:

- It was clarified that although there is a perception in the community that concessionary bus fares costs the authority, actually it doesn't. In fact when bus routes and services are cut the cost come down.
- As there is an underspend for concessionary bus fares, would it be possible to extend this to include other groups, for example, young people?

- It is important to clarify that the reduction is due to the commercial operator going out of business and not because SCC cut the route. It would cost £19m to include every young person. We do have the County ticket and we try to include young people. It would be possible but at a cost.

The Committee noted the report. They commented that the new process seemed reasonable but that they wished to see more detail around individual decisions, particularly for mental health and learning disability services.

171 **NHS 111 and GP Out of Hours Service Performance update** - Agenda Item 6

The Committee received a report from the Chief Finance Officer and Director of Performance, Somerset Clinical Commissioning group. The report gave detailed information about the performance of the NHS 111 and Out of Hours (OOH) services between August 2016 and December 2016.

The performance of the NHS 111 service is monitored on a monthly basis via the measurement of a national and local set of Key Performance Indicators (KPIs) including: the number of calls answered within 60 seconds at the end of the introductory message >95% and percentage of calls abandoned <5%.

The Committee heard that performance of calls answered within 60 seconds improved upon previous months in August and September 2016 following a previous action plan agreed with Somerset Doctors Urgent Care (SDUC). However, since September performance has declined. As a result SDUC have produced a plan which outlines how they will recover performance and reach the 95% target. Specifically, performance has been inferior at weekends and part of the SDUC recovery will include a staff realignment to ensure appropriate staff coverage at these times. Nationally, when compared with the other 111 providers, the Somerset 111 service performs well.

The number of NHS 111 calls abandoned remains under the target of 5% and has been achieved every month since service transition to SDUC. More recently the abandonment rate has increased and this will be discussed within the next CCG contract review meeting.

NHS 111 performance has improved from 81% last year to 89% this year but this is still below the target and contractual levers have been put in place. The demand for services continues to rise and the recruitment of GP's continues to be challenging.

There have been three Serious Incidents (SIs) in the reporting period and all of these related to abdominal pain. This has been investigated internally and as a result Vocare Limited is arranging a national Abdominal Pain 'look back and learn' event. This event will involve experts from across the UK to come together to review the SIs and make any recommendations for change

nationally. In this instance the Pathways system for abdominal pain may require refinement.

The following points were raised during discussion:

- It would be easy to be alarmed by these figures but it seems that they reflect the national picture. Therefore it would be helpful to have some comparative data.
- Our 111 service is performing in the top 25% of the country. We could include comparative data in future reports.
- It was agreed that a more integrated approach is needed between A&E and the 111 service at Musgrove Park Hospital.
- Was there a particular reason for the performance decline in October and November?
 - This was probably related to a surge in demand and it was also when the service was taking on the Devon 111 service.
- What percentage of calls are translated into transportation to hospital and how does this compare nationally and with near neighbours?
 - The rate for conversion 999 is around 13-14% which is above the national rate of 10%. The rate for conveyance to hospital is not a problem; it's around 5%.
- Are frequent callers able to manipulate the system to gain an ambulance?
 - I'm assured that we haven't got a significant problem with this. We are not receiving feedback to say people are arriving inappropriately at A&E.
- It was confirmed that dealing with paperwork shouldn't cause a huge delay in transferring patients at A&E.
- With regard to the 3 serious incidents; were all the patients okay?
 - They were not all okay. A local review was carried out, calls were listened to and we reviewed the process. These conditions are very difficult to pick up and can deteriorate very quickly.
- Is there a relationship between the reduction in GP numbers and an increase in demand for OOH services?
 - This is really tricky to identify as it is very difficult to measure but we haven't heard huge concerns expressed regarding this.

The Committee noted the report and requested a report in 6 months' time to include comparative data.

172 **Minehead & Williton Community Hospitals update** - Agenda Item 7

The Committee received a report from the Chief Operating Officer, Somerset Partnership, regarding the temporary closure of inpatient beds at Minehead Community Hospital.

The Committee heard that this decision was taken in response to significant shortages of registered nursing staff working in the inpatient wards at both Minehead and Williton Community Hospitals. The inpatient beds at Minehead Community Hospital have been consolidated at Williton Community Hospital.

Consolidation has allowed the Trust to maintain and safely staff 30 community hospital beds in West Somerset during the winter period to support patients locally and to support acute care providers in discharging patients for rehabilitation. The closure of the inpatient beds at Minehead Community Hospital and consolidation at Williton Community Hospital is temporary and will be kept under review until such time as sufficient qualified staff can be recruited to ensure the safe re-opening of the service on both sites.

The rationale to temporarily close the inpatient beds at Minehead as opposed to Williton was because this option will maintain the level of inpatient bed capacity within the West Somerset area while providing a safe and sustainable solution for staffing in the short to medium term. The Trust is commissioned to provide a specified number of inpatient beds across the county over the course of the year. Williton Community Hospital has the available bed capacity to ensure the Trust can maintain the current capacity. Minehead Community Hospital does not have this flexibility. Avoiding the potential loss of contracted bed numbers will support patient flow across the system and reduce the impact on the local community and acute trusts and GPs over the winter period.

It was confirmed that the Trust is actively trying to recruit to Minehead Hospital, although recruitment is usually slightly more successful at Williton Hospital. A recruitment event was recently held at the Holiday Inn and there are some improvements forecast as one member of staff will shortly be returning from maternity leave and it is hoped that another member of staff may return from a career break. When recruiting from abroad, the Trust has previously found that staff do not tend to stay long-term so this may not represent a permanent solution. There has been no application received for a Minehead post for over 18 months.

It was emphasised that this is not a cost-saving measure and that the Trust is committed to re-opening Minehead Hospital but that it must be safe.

The following points were raised during discussion:

- Is the fact that nursing is now a degree profession instead of a vocational profession putting people off?
- I strongly believe that nursing must be a degree-level qualification because of the skill and knowledge required. There is no shortage of young people applying to study nursing but there is a shortage of bursaries.
- Although I am reassured that there is no intention to close the hospital, it would have been preferable to discuss the recruitment problem before it got to crisis point. There are short and long-term recruitment issues. We are not good at tailoring recruitment to local areas. We need to work with local people with skills. Public bodies must work with communities and young people in schools to show them an employment future in West Somerset.
- We support this. We need a local solution and short and long-term solutions.
- This a nation-wide issue. Do you carry out exit interviews? Why are people leaving and what can be done to retain staff?

- Yes we do and the most common reason is retirement. The turn-over rate at Minehead has been incredibly low. A lot of staff have worked there for a long time. We now subsidise accommodation in West Somerset and we don't do this elsewhere. We are aware that transport can be an issue.
- Minehead residents are hugely disadvantaged by this decision. Why has the hospital never been fully operational? Is the Hospital in breach of contract by closing the beds and what does 'temporary' mean?
- There is no breach of contract as we are contracted to run a number of beds. This number changes through the year and increases over the winter period and we are meeting this. The hospital has mostly been running at full operational level although there have been some issues with the use of clinical space. We support the view that we would like to see Minehead fully used. We are hopeful that the temporary closure will last less than six months but it depends on recruitment.
- This was a predictable situation if you had an aging workforce. You need to have succession planning in place.
- The NHS is notoriously bad at workforce planning. We can't solve the West Somerset recruitment problem alone though; we need to work together with all partners.

The Committee noted the report and asked for a progress report in 6 months.

173 **Minor Injuries Units Update** - Agenda Item 8

The Committee received a report from the Chief Operating Officer, Somerset Partnership regarding the need to make changes to the opening hours of Minor Injuries Units (MIU's) across the county.

The Committee heard that the MIU's operate a very efficient and highly regarded service. They treat around 100,000 patients per year and are performing in the top 10% nationally. However, they face a number of challenges including increased demand, recruitment and retention issues and static funding issues. In addition, due to the variation in what is provided at the different units at different times of the day, and/or days of the week, there is an issue of equity of provision across the County that should be addressed.

Over the past year a Project Board within the Trust has reviewed the situation and sought ways to ensure that wherever possible all seven units should remain open, and open for seven days per week. The findings of this group were that to ensure the sustainability and resilience of the MIUs, and to improve the quality of that which is provided a move towards more standardised operating hours (08.00-21.00) should be adopted in all MIUs, with the exception of Minehead that would remain a 24 hour service, and Burnham which would move to extended (summer time) hours all year round.

The new operating hours will significantly improve the clinical and financial viability of this highly regarded service, and are scheduled to become operational in February 2017.

The following points were raised during discussion:

- What would happen if a patient turned up at the end of a shift?
- The staff would make a clinical decision but it would be very unusual to turn a patient away.

The Committee noted the report and supported the changes.

174 Proposal for Shared Maternity and Paediatric Services at Yeovil and Dorchester Hospitals - Agenda Item 9

The Committee received a verbal update from the Director of Clinical and Collaborative Commissioning, Somerset CCG, regarding the proposal to share maternity and paediatric services between Yeovil District Hospital (YDH) and Dorchester Hospital.

The Committee heard that YDH has agreed to support an options appraisal to develop a detailed plan to consider shared services. A Steering Group has been established and they are looking for representation to join the group. The Somerset CCG will be represented on the Steering Group and an options appraisal should be completed by the end of April 2017. Public engagement would then follow. A representative from YDH would be happy to attend a future Scrutiny meeting once there is more detail available to discuss.

It was clarified that under the proposal there would be one hospital with midwife-led services and one hospital with consultant-led services but it is not yet known which would be held at which hospital. Similarly, there would be only one paediatric service with overnight facilities but it is not yet known which hospital would be best placed to provide this.

The following points were raised during discussion:

- If it became a shared service, how would we be able to scrutinise what happens at Dorchester hospital?
 - There is no proposal currently on the table but you may be able to get a sense of the direction of travel in the update in March. You should be able to scrutinise services at Dorchester.
- Travel distance needs to be considered.
- Transport is a major issue. There should be a budget to assist those that need transport.
- Accessibility also needs to be considered.

The Committee agreed that they were very open to engaging with the proposal but would find it difficult to comment until more detail is known. They requested a progress update on the options appraisal at the 29 March 2017 meeting.

175 Safeguarding Adults Reviews 2016/17 - Agenda Item 10

The Committee received a report from the Operations Director, Adults & Health which provided an update on the background and central learning to emerge from two of the Safeguarding Adults Reviews (SARs) that completed in Somerset in 2016.

The Committee heard that the Safeguarding Adults Boards must arrange a SAR when:

- An adult in its area dies of abuse or neglect, whether known or suspected, *and* there is concern that partner agencies could have worked more effectively to protect the adult.
- An adult in its area has not died, but the Board knows or suspects that the adult has experienced serious abuse or neglect.

The Committee considered each SAR in turn and the lessons learned from each independent review.

The following points were raised during discussion:

- CTALD was defined as Community Teams for Adults with Learning Disability.
- How many SARs took place in total in 2015/16?
 - Both of these took place in 2014 and there are two others currently under review. Previously, we have not carried out SARs but we have taken steps to improve this, which is why you have some historic SARs now.
- Is disjointed communication between partners the main cause of issues?
 - I agree that communication is often a key part but the Somerset Safeguarding Adults Board is very well defined and works with other agencies well. We have multi-agency weekly meetings where we look at current cases that we have concerns about. There are plenty of opportunities for us to talk and have discussions now.
- Should One Teams be utilised more?
 - There are One Teams in some areas but not everywhere, so we can't rely on them solely. We need the multi-agency meetings. However, One Teams are valuable, especially for their local knowledge, and they do feed into the multi-agency meetings.
- We need to discuss domestic abuse services at scrutiny and the relationship with support for Care Leavers.
- A hierarchy of needs should be drawn up at multi-agency meetings, especially for housing needs.
 - We do work with housing colleagues and this can be a challenging area.
- Mendip District Council avoid having to use Bed & Breakfast accommodation because they invested in alternative provision that is not so expensive.

The Committee noted the report and agreed to invite the Community Safety Partnership to attend a future Committee meeting (post County Council elections)

176 **Scrutiny for Policies, Adults and Health Committee Work Programme - Agenda Item 11**

The Committee considered and noted the Cabinet Forward Plan of proposed Key Decisions.

The Committee requested the following changes to the work programme:

- A progress update on the options appraisal for shared maternity & paediatric services at Yeovil & Dorchester Hospitals (29 March 2017)
- A progress update on Minehead & Williton Community hospitals (6months)
- Performance update for NHS 111 and OOH services (6 months)
- Community Safety Partnership (to include Domestic abuse services) (post-election)

177 **Any other urgent items of business** - Agenda Item 12

There were no other urgent items of business.

(The meeting ended at 12.45 pm)

CHAIRMAN

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Update on Mental Health Services and their development in Somerset

Lead Officer: Ann Anderson, Director of Clinical and Collaborative Commissioning

Author: Deborah Howard

Contact Details: 01935 385036

Cabinet Member:

Division and Local Member:

1. INTRODUCTION

- 1.1. During November 2015, an update and overview of Mental Health Services in Somerset was presented to the Committee.
- 1.2. This paper provides a further update on Mental Health Services for the Committee to note. Updates on Mental Health Services for children and young people are provided to the Children and Families Scrutiny Committee and are therefore not included within this report.

2. COMMISSIONING ARRANGEMENTS

- 2.1. A joint commissioning post has been in place for Mental Health Services since 2015 with oversight from the Joint Commissioning Board.

3. PROGRESS UPDATE ON “POSITIVE MENTAL HEALTH – A JOINT STRATEGY FOR SOMERSET”

- 3.1. *Positive Mental Health – A Joint Strategy for Somerset* sets our three main priorities:
 - People, families and communities take responsibility for their own health and wellbeing;
 - Families and Communities are thriving and resilient;
 - Somerset people are able to live independently for as long as possible.
- 3.2. The key themes of the Strategy are:
 - The need for prevention, early intervention and a focus on mental wellbeing;
 - The importance of working effectively with children and young people;
 - Recognition that good clinical services are not enough, people need help with a range of other needs to maintain their mental health;
 - The need to address both physical and mental health needs for the whole population, achieving parity of esteem for mental health;
 - The need to address the stigma associated with mental health problems;
 - The importance of integration and collaborative working across all agencies to achieve a common set of outcomes.

- 3.3. The Mental Health Strategy Group brings together, Somerset CCG and SCC commissioners from adults, children's and public health teams and continues to meet on a quarterly basis to oversee the implementation of the strategy and action plan. An update report was presented to the Health and Wellbeing Board during January 2017.

4. THE MENTAL HEALTH FIVE YEAR FORWARD VIEW

- 4.1. *The NHS Five Year Forward View for Mental Health* (2016) has set out a number of priority actions for change by 2020; these include:

- Improving supporting for people experiencing a mental health crisis, including access to 24/7 services and supporting people as close to home as possible;
- Improving responses to mental and physical health needs;
- Transforming perinatal care;
- Suicide prevention;
- Access standards and care pathways;
- Supporting employment;
- Improving data
- Changes to payment systems.

- 4.2. An implementation plan has been published along with a national dashboard against which CCGs and Sustainability and Transformation Plans (STPs) will be ranked in relation to their performance for mental health.

5. ADULT MENTAL HEALTH SERVICES

COMMUNITY MENTAL HEALTH SERVICES

- 5.1. Everyone has emotional, mental health and wellbeing needs and so all services have a responsibility for supporting individuals with these needs. However, it is acknowledged that in order for some individuals to achieve their personal outcomes they may require specialist mental health support and this is where the services provided by Somerset Partnership NHS Foundation Trust and the Somerset County Council Mental Health Social Care Service come in.

Community Mental Health Services are provided out of hubs in Taunton, Bridgwater, Yeovil and Wells and Mendip.

The community mental health services across Somerset are broad-ranging and an update on each part of the services is given below.

5.2. Mental Health Social Care Service

A refocused mental health social care service is now in place, with the management of this service now provided by Somerset County Council. Prior to October 2016, this mental health social work was managed on the Council's behalf by Somerset Partnership NHS Foundation Trust. A major focus of this service has been to enable individuals with mental health needs to achieve their personal goals and maintain and improve their emotional and mental health and wellbeing.

The new service has been and continues to be shaped by a project that is being

led by Ruth Allen, Chief Executive of the British Association of Social Workers, and Karen Linde, University of Leeds. This work has been focusing on the identity, value and role of Mental Health Social Work and its specific contributions to people's lives and wider mental health services.

Key principles of the service are as follows:

- A service that is responsive and accessible to individuals with significant emotional and mental health needs in Somerset who require specialist social care interventions;
- The principles of recovery and wellbeing are central to all provision;
- An ageless service that is needs-led and not diagnosis driven;
- Development of outreach and community-based provision that builds upon community assets and individuals' strengths, abilities and networks;
- Close alignment with mental health services delivered by Somerset Partnership through co-location of staff, use of RIO (patient record system) and joint working;
- Provision of liaison and advisory role to non-mental health specialist social care services.

The service works with adults of working age as well as with older adults. Access to this service is via Somerset Direct, community hubs & secondary care mental health services. An update on these services is described below.

5.3. Mental Health and Dementia Care and Support Commissioning Intentions

During 2016 a significant piece of work has taken place within Somerset County Council to review and refresh the commissioning intentions for adult mental health and dementia care and support services. These services include community services, support at home, supported living and residential care. In aligning to the Promoting Independence agenda across Adult Social Care and recognising the importance of providing support that enables individuals to work towards recovery and independence, the work to date has included market engagement and development, service user and stakeholder engagement, including the CCG, as well as looking at best practice across the country. This has resulted in a new set of Mental Health Commissioning Intentions, which have been shared with the local provider market and will be implemented during 2017.

The key priorities within these new Commissioning Intentions include:

- Strengthening the focus on recovery, enablement and promoting independence based upon a model of social inclusion
- A new preventative and enablement community offer that will align to the Community Connect programme (see section 5.12) and which will work with individuals with mental health needs and autism, supporting them to identify and work towards their own personal goals and enabling them to access local community services and resources.
- Reducing the usage of residential care, through increasing care and support options within the community
- Introducing a new framework for sourcing mental health care and support options that focuses on personalised care for individuals and a fair and open approach to sourcing care and support from the local market.

5.4. Working age Adult Specialist Secondary Care services

A number of factors, as highlighted below have prompted a review of existing mental health services, these include;

- A sustained increase in demand upon community mental health services over the past five years;
- Recruitment and retention challenges;
- The introduction of national Access and Waiting Time Targets (A&WTTs);
- A challenging financial context, and;
- A shift towards promotion, prevention, early, intervention, personalisation and services delivered as close to home as possible.

Somerset Partnership NHS Foundation Trust has undertaken a review of their existing services and in discussion with Somerset CCG, a new model of service delivery is being taken forward. Key features of this new model are for services to be safe, needs led, evidence-based, high quality, personal and accessible.

The new model of delivery based on the 3F principles: *Frontloaded*, *Focused* and *Fair*, as follows:

- **Frontloaded**, in that there will be a considerable relocation of resources and attention to ensuring quality is improved by aspiring to 'getting it right first time: every time';
- **Focussed**, in that the assessment phase will target priority areas and focus attention on the key needs of the individual, providing short focussed interventions to meet those needs and enable a swifter discharge by adopting a recovery and resilience approach;
- **Fair**, in that resources will be provided in an equitable manner targeting those with the greatest need based on acuity, complexity and risk by the adoption of an agreed prioritisation matrix and caseload zoning (a means of establishing risk, level of need and nature and frequency of intervention) for both new and existing referrals.

The 3F model will support the effective management available resources in the face of increasing demand, and improve the quality and focus of the community mental health services Somerset CCG commissions.

5.5. Improving Access to Psychological Therapies (IAPT)

IAPT is an NHS Psychological Therapies programme that offers NICE (National Institute of Health and Care Excellence) approved interventions for treating people with depression and anxiety disorders.

Somerset Partnership NHS Foundation Trust provides the IAPT (talking therapies) service and offers treatment for the adult population and those aged 18 and over. To support service improvement, funding which has been made available to ensure that this service meets local quality requirements in respect of increasing access to treatment, increasing the number of people completing treatment and meeting waiting time targets. Waiting lists are actively being reduced via the use of online solutions and agency staff.

5.6. Additional Specialist Services

In addition to IAPT services, Somerset Partnership NHS Foundation Trust provides a range of psychological interventions for individuals with severe and enduring mental health conditions. Interventions include Cognitive Behavioural Therapy, Cognitive Analytical Therapy, Dialectical Behavioural Therapy and Family Therapy.

The Eating Disorders Service provides specialist assessment, support and advice for individuals. This includes specialist nutrition advice and psychological therapies. Education and support for families and carers of those with an eating disorder is also provided, along with support and training for community mental health teams working with people with eating disorders.

The Early Intervention in Psychosis Services (EIPS) provided by Somerset Partnership NHS Foundation Trust is meeting with new standards set out by NHS England. These specify that more than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral. Most initial episodes of psychosis occur between early adolescence and age 25, however, the standard applies to people of all ages.

5.7. Perinatal Mental Health

Currently Somerset does not have a specialist mental health service specifically for women experiencing severe perinatal or post-natal depression.

Women who experience mild levels of depression before or after the birth of their baby will normally be supported by their family doctor.

Funding from Somerset CCG, Health Education England and the Local Authority is currently supporting:

- All Health Visitors being trained in detecting and assessing maternal and infant mental health issues and use screening questions at each contact with a woman;
- Midwife screening of patients for mental health issues at time of booking and subsequent appointments;
- Mental health support groups are being run jointly by health visitors and 'talking therapy practitioners' around the county;
- Women are offered referral to 'talking therapy' (IAPT) services, with women in pregnancy or the postnatal period being given priority. Women may be referred by their GP, midwife or health visitor;
- During December 2016, Musgrove Park Hospital launched an antenatal perinatal mental health clinic, staffed by specialist midwives and a consultant obstetrician;
- For women experiencing mental health crisis, support and appropriate interventions are provided via Adult Mental Health Services.
- Somerset CCG and the Local Authority have allocated training places to train perinatal mental health 'champions' in March 2017. This training will be cascaded to the wider workforce to increase awareness.

During 2016, Somerset CCG submitted a bid for national funding for perinatal mental health services. This bid was unsuccessful, however Somerset CCG has been informed that another bid opportunity will be available at the end of summer 2017. Somerset has a multi-agency Perinatal and Infant Mental Health Steering Group, and this group is working on the development of a care pathway, as well as preparing for the future bid.

5.8. The Crisis Response and Home Treatment (CRHT) Service

This service enables greater monitoring and support for patients and their families, a more flexible response to crisis avoiding unnecessary admissions as well as even greater support to early discharge. Following the additional investment in 2015, this service is now fully operational and provides 24/7 urgent assessment of individuals who, without their intervention would require admission to hospital. All admissions to hospital are “gate kept” by the CRHT and teams are in daily contact with their local acute mental health wards to ensure that early discharge planning and support is in place. It is worth noting that in Somerset numbers of out of area acute admissions are very low as compared with other areas.

5.9. Psychiatric Liaison Services

In line with the *NHS Five Year Forward View* by 2020, all acute trusts should have in place dedicated Liaison Mental Health Services for all ages, appropriate to the size, acuity and specialty of the hospital. The current service provided to Musgrove Park and Yeovil District Hospitals is delivered as part of the Home Treatment CRHT Service. Recognising the need for a dedicated service Somerset CCG has worked with Somerset Partnership NHS Foundation Trust and the two Acute Trusts to develop a bid which has been submitted to NHS England for consideration. This bid has been supported by the STP and we are awaiting news. In the meantime, additional resources have been placed into the existing service due to pump-priming and parity of esteem funding.

5.10. Inpatient Services

Somerset Partnership NHS Foundation Trust provides inpatient care for individuals who are not able to be safely cared for in the community and who may require a legal framework to ensure their needs are addressed. Inpatient wards are situated in Taunton, Yeovil, Bridgwater and Wells. Services include a psychiatric intensive care unit for the acute care of individuals in the most disturbed phase of their illness who cannot be therapeutically managed on a general acute ward.

A low secure inpatient rehabilitation and recovery unit is also provided in Wells for male adults with mental health difficulties.

6. OLDER PEOPLE'S MENTAL HEALTH SERVICES

6.1. Older Persons Community Mental Health Services

Somerset Partnership NHS Foundation Trust provides specialist mental health services for older people with illnesses such as dementia, including Alzheimer's disease, and also severe depression, severe anxiety, and psychoses, for example, schizophrenia. These services now sit as part of integrated community teams. The services work closely with service users, carers, the voluntary sector (e.g. Alzheimer's Society) and the Local Authority and GPs, to develop Care Plans to meet patient and carers individual support needs.

Services carry out initial assessments, establish treatment plans and arrange appropriate care packages for older people with severe mental health problems.

Services undertake the ongoing complex casework and review, through care management / care coordination. Information, support and advice is provided to older people and their relatives who use the service, together with support and co-working with other agencies (e.g. home care, residential, nursing homes and the Local Authority). The Service provides specialist individual therapies such as Cognitive Behaviour Therapy and other counselling services. The Service also provides support groups for service users with problems such as dementia, and support and groups for their carers.

Memory Assessment Services are based across the county and provide assessment, diagnosis, initial treatment and the provision of information and support. Follow-up for each individual patient and their carer will be provided either through the Community Mental Health Service or by referral on to Alzheimer's Society Dementia Advisors (which Somerset CCG commission), the Local Authority or for follow-up by a GP in Primary Care, as appropriate.

Inpatient services for older people are provided in Taunton and Yeovil.

6.2. Crisis Care Concordat

A multi-agency crisis care concordat group continues to meet on a quarterly basis. An action plan is in place and regular updates are provided to the Safeguarding Adults Board.

A Control Room Triage pilot commenced in commenced in September 2016. This is a tri-service initiative bringing together local police forces, fire brigades and the local NHS. This places experienced mental health professionals into the police communications centre to offer real time advice and guidance to support police and fire service officers who have to respond to incidents relating to mental ill-health. Early reports have been very positive with a reduction in the use of Section 136 of the Mental Health Act.

Use of Police cells as a place of safety for adults is only taking place if the person detained meets the 'exceptional circumstances' criteria. This is defined as when a person's behaviour is so *'extreme that they cannot otherwise be safely managed'*.

The Crisis Care Concordat Group is reviewing its action plan to take account of the proposed changes within the Policing and Crime Bill. A number of changes are proposed under Chapter 4: Powers under the Mental Health Act 1983 (“the 1983 Act”). This Chapter amends the police powers under sections 135 and 136 of the 1983 Act in respect of persons who are experiencing mental health problems, but have committed no crime; it will: as follows:

- a) Further reduce the use of police stations as a place of safety by providing that they can never be used in the case of under 18s, and making provision for their use to be restricted to exceptional circumstances in the case of adults;
- b) Provide a wider definition of “places of safety” to help increase local capacity and flexibility to respond to local needs;
- c) Enable the police to act promptly under the 1983 Act to protect individuals or the public from harm on private property (such as railway lines, work places and the rooftops of buildings), without the need to seek a warrant (a warrant will still be required for private dwellings);
- d) Reduce the maximum time period for which a person can be detained under section 135 or 136 from 72 hours to 24 hours (with the possibility of an extension to 36 hours in certain specified circumstances);
- e) Require the police to consult a health professional (where practicable) before detaining a person under section 136;
- f) Ensure that assessments can be conducted in private dwellings where these are designated as places of safety;
- g) Enable the police to conduct protective searches of a person subject to removal under section 135 or 136 to ensure they do not present an immediate danger to themselves or others.

6.3. Community Connect

Community Connect is the new way that SCC Adult Social Care is working with communities to deliver better outcomes for people in Somerset, including older people with emotional wellbeing needs and dementia. Having been developed and launched in West Somerset, this new way of working is being rolled out across the county and is focusing on three key strands:

- The new way of working
- Community collaboration
- Access to community information

Having recently received positive media coverage about the work being undertaken, there are already good examples of how this approach is using local community assets and resources to support people with dementia and their carers and families:

“They took the time to talk with me to discuss the things and people we have around us who could help. They gave me the confidence to ask for help.” - Feedback from a husband looking after his wife with advanced dementia. He was supported to have the confidence to ask his local church for some help, resulting in local people that they know visiting him and his wife to offer local support.

“I have more people to interact with and my daughter can work generating an

income”- Feedback from a lady with dementia whose daughter cares for her. The support she received enabled her to use a network support map to identify people she knew who could spend time with her, in addition to the support she received from two micro-providers.

6.4. Specialist Residential Care and Older People’s Mental Health Nursing Care

Whilst every effort is made to promote the independence of people with dementia and older people with significant mental health needs and their ability to remain living at home and in their local communities, for some individuals this may not always be possible. SCC commissions Specialist Residential Care (SRC) and Older People’s Mental Health (OPMH) Nursing Care for people with complex needs. These homes are spread across the county providing specialist care in local communities and are block purchased to ensure, wherever possible, the availability of a specialist placement. The focus of the care provided is to maintain peoples’ wellbeing, whilst also meeting individuals’ more complex needs, which within SRC is supported by Specialist Dementia Care Nurses, employed by Somerset Partnership NHS Foundation Trust.

6.5. Dementia

The Joint Somerset Dementia Strategy was refreshed in 2016 and has been presented to the Somerset CCG and to the Health and Wellbeing Board. The Somerset Dementia Strategy Group has collaboratively developed an overarching action plan aligned to the Challenge on Dementia 2020 commitments, and the Well Pathway for dementia. A short term action plan has also been developed with SMART actions for the first year. Health and care education and awareness raising events are planned during 2017.

Somerset CCG is monitored on two key indicators for dementia care: diagnosis rates (over 65); and annual reviews.

Diagnosis Rates

Somerset achieved a dementia diagnosis rate of 62.1% by March 2016: this reduced to 60.9% in April 2016 due to annual increase in the denominator (this impact was also seen elsewhere). There has been 1.32% growth in the dementia diagnosis rate between April and November 2016 leaving a gap of 5.28% to achieve the national ambition of 66.7%.

If Somerset can continue to make gradual progress in providing timely diagnosis for people with dementia, together with the fact that estimated prevalence figures for 2017/18 have been adjusted downwards for Somerset, the national ambition should be more achievable. Somerset has adjusted its forward planning trajectory setting it for achievement and maintenance of the national ambition of 66.7% diagnosis rate.

The Somerset Dementia Strategy Group has a constantly developing action plan

for delivery of the Strategy and in relation to dementia diagnosis, the key actions completed or in train currently are:

- Regular articles and ‘toolkit’ shared in the Somerset GP Bulletin to aid practices to search and identify people with a dementia and ensuring they are correctly coded (last one in October 2016)
- Increased staff awareness of dementia and dementia friend training across public sector which we hope will help identify people to clinicians who may have dementia but will also help reduce stigma and perceived stigma
- 2000 people aged 65-70 receiving a NHS Health Check between April 2015 and December 2016, received information about vascular dementia signs and symptoms and where to go for further information or support
- CCG will ask all new staff to attend a Dementia Friend session (two per year) as a follow on to mandatory induction – this will increase staff awareness and understanding professionally and personally.
- Provider organisations already include dementia information in staff induction
- Alzheimer’s Society has provided PowerPoint slides for practices’ waiting room TVs promoting the Dementia Advisor Service
- Medicines Management are checking that the Eclipse system is picking up all dementia codes
- Identification of BAME population pockets at increased risk of vascular dementia will be sent to vascular prevention teams
- Links will be made with alcohol and drug services to discuss awareness of dementia – the risks and signs and symptoms
- Primary Care Education Event planned in the first half of 2017 to reinforce the messages about benefits of diagnosis and reviews

Dementia Reviews

It is extremely challenging for Somerset to achieve similar numbers of people recorded as having had a review of their dementia in the last 12 months in primary care. This is due to the county undertaking a NHS England pilot scheme: Somerset Practice Quality Scheme (SPQS) instead of the National Quality Outcomes Framework (QOF) the latter being the source of national comparative data. SPQS does not require the ‘tick box’ approach of coding as proof of quality care, therefore practices are not required to complete the coding to receive SPQS funding, but they are expected to provide good quality primary care, and early indications do not show any detrimental evidence of increased emergency admissions, etc. This does not imply the reviews are not taking place. Within the current financial climate somerset CCG is not in a position to commission audits of primary care records to try to demonstrate whether people have received an annual review of dementia.

Somerset continues to provide large numbers of primary care staff with training in personalised care planning and motivational interviewing and is seeking to receive a quality marque for the locally developed training courses.

Communications and meetings with primary care described above will also promote the values of annual reviews and care planning. Advance Care Planning for people with dementia will also be part of the Somerset Integrated Personal Commissioning Programme End of Life work stream, and over time this may lead to provision of personal health budgets.

Dementia Friendly Communities

Dementia Friendly Communities is a programme which facilitates the creation of dementia-friendly communities across the UK. Everyone from central and local government, health services, local corner shops and hairdressers share the responsibility for ensuring that people with dementia feel understood, valued and able to contribute to their community.

The success of Dementia Friendly Communities is based on local communities taking the lead in bringing together relevant community stakeholders and people with dementia and their carers and families to look at local issues and address them from within the community.

In becoming dementia-friendly, communities are asked to sign up to become Dementia Action Alliances and within Somerset ten local communities have already done so, with discussions taking place within a further five communities. Each community sets its own objectives which respond to local issues. In supporting Dementia Friendly Communities, SCC library staff have received dementia awareness training, SCC is in discussion with public transport providers to consider the steps that they can take to becoming dementia friendly and county councillors are being provided with the opportunity to become a Dementia Friends in Spring 2017, with sessions for SCC staff having been made available during 2016, and continuing into 2017.

7. CONCLUSION

- 7.1.** This brief paper presents an update on mental health services for adults and older people. Significant progress has been made since the last report. The performance and quality of the services commissioned by Somerset CCG is monitored via monthly and quarterly contract review meetings. Somerset County Council also has monitoring arrangements in place for the Mental Health Social Work Service as well as for their other commissioned services.

In implementing the Five Year Forward View for Mental Health, a number of bids have been submitted to NHS England to invest in and further develop services. These include a bid for a specialist Mental Health Liaison Service within the Acute hospitals and a bid to extend IAPT services to individuals with a broader range of conditions. As opportunities present, Somerset CCG will work with partners to develop and submit further bids to meet the ambitions set out within the Five Year Forward View.

During 2017, the new SCC commissioning intentions for adults' mental health and dementia care and support services will be implemented, which will see a refocus on the importance of community and outcome-based support options that promote independence and enable individuals to work towards recovery.

While services have developed there is always more to do in assuring that outcomes are being met and that people have ease of access to the highest quality of service to meet their needs.

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Quality, Safety and Governance Report – Q3 2016/17

Somerset Clinical Commissioning Group

Lead Officer: Sandra Corry, Director of Quality and Safety

Author: Karen Taylor, Head of Patient Safety and Risk Management

Contact Details: 01935 385023 or sandra.corry@somersetccg.nhs.uk

Cabinet Member:

1. Summary

- 1.1. To provide an update to the committee on recent work of Somerset Clinical Commissioning Group to improve the quality and safety of health services used by local people. This report includes:

- Links to the County Plan
- Somerset is a place where people have the good quality services they need
Somerset is a safer and healthier place.

2. Issues for consideration / Recommendations

- 2.1. This is a quarterly quality report for Quarter 3 of 2016/17, brought to the Committee to enable the Committee to discharge its duty to scrutinise the quality of health services provision. Members are asked to consider and comment on the impact on quality, safety and patient experience for patients in Somerset.

3. Background

- 3.1. Somerset CCG has a responsibility to commission effective, high quality and safe health services for the population of Somerset. As part of the commissioning process the CCG monitors the on-going quality and safety of commissioned health services through a variety of ways. In particular the Quality and Safety Team hold NHS service providers to account where services fall below expected standards through investigation of serious incidents, complaints and reports of failure to meet regulatory and other quality standards. Quality improvement is supported through learning from mistakes and taking a proactive approach to known areas of risk for patients, for example such as pressure ulcer prevention, promoting good end of life care and making changes and improvements in response to feedback through complaints.

- 3.2. This report presents:

- An update on themes identified through patient , carers and public feedback
- An update on the investigation of serious incidents that have resulted in harm to patients and learning and the changes and improvements arising
- Sign Up to Safety
- A summary of the Quarter 3 Assurance process with NHS England, including detailed data on cancer waiting times
- An update on Infection Control rates
- CQC inspections

4. Learning from Patient, Carers and Public Feedback

- 4.1. Somerset CCG values complaints and other forms of feedback which are vital to continuously improve the quality of local health services and how services interact and are coordinated across the patient pathway.

Analysis of Complaints and Improvement Work

- 4.2. The CCG received a total of 12 new complaints in Quarter 3, as follows:

- Somerset Partnership NHS Foundation Trust – 2
- South Western Ambulance Services NHS Foundation Trust – 1
- NHS Somerset – 9 (broken down as follows)
 - Continuing Healthcare funding applications x 2
 - End of life care x 1
 - Home oxygen service x 1
 - Individual Funding Request for procedures not normally funded x4
 - Wheelchair service x 1

- 4.3. A total of 13 complaints were closed in Quarter 3. The key themes raised through these complaints were:

- Communication – 5
- Patient Safety – 1
- Access and Waiting – 6
- 999/OOH - 1

- 4.4. Of these 13 complaints closed, three related to continuing healthcare. Of the remaining 10 complaints: four related to applications to the Individual Funding Request Panel which had been turned down; the remainder related to quality of care provided, delayed diagnosis, delay of an ambulance and issues with the wheelchair service. Of these 10 complaints: one was upheld; three were partially upheld and six were not upheld.

5. Serious Incident (SI) Investigations Completed and Learning Outcomes

- 5.1. Incidents which result in significant harm to patients receiving care funded by the NHS are required to be reported to NHS England. The CCG is responsible for ensuring a thorough investigation is carried out by the provider. The CCG independently reviews such investigations and may require further enquiry or action, in addition to those agreed as necessary by the provider as a result of their findings. Somerset CCG works closely with all providers where the CCG is the lead commissioner to ensure lessons learned from serious incidents are implemented to improve practice and to promote reduction in patient harm.

5.2. The table below shows the position for Quarter 3 2016/17 compared with the previous four quarters.

SIs reported	Q3 15/16	Q4 15/16	Year	Q1 16/17	Q2 16/17	Q3 16/17
Number of incidents	19	15*	95**	19	22	35
Never Events	1	2	4	1	1	5
Total	19	15	95	19	22	35

*previously reported as 16

**previously reported as 97

5.3. During Quarter 3, Somerset CCG received reports of a total of 35 serious patient safety incidents. These are broken down, as follows:

	Q3Total	Never Events
Yeovil District Hospital NHS FT	7	2
Taunton and Somerset NHS FT	8	3
Somerset Partnership NHS FT	20	
Somerset CCG	0	
Total	35	5

5.4. Included in these 35 serious incidents are five Never Events; two reported by Yeovil District Hospital NHS Foundation Trust (YDH) and three reported by Taunton and Somerset NHS Foundation Trust (TST):

Never Events at Taunton and Somerset NHS Foundation Trust

5.5. On the 23 December 2017 the Trust were served a Contract Performance Notice because of a cluster of never events (x7) reported between May 2015 and December 2016. The incidents involved 4 wrong site nerve blocks, 2 wrong teeth extractions and ophthalmology incidents reported as one never event involving four individual patients having the incorrect strength power lens inserted.

5.6. The CCG held a joint meeting with NHS Improvement and the trust on Wednesday 4 January 2017 to review the learning from the incidents and an improvement plan. In addition to the findings of each individual patient's incident investigations, key actions include:

- an independent review, with a focus on 'human factors' task analysis, including 'real time' task observations
- learning events supported by external independent reviewers, tailored to individual team's clinical practice
- review and support from CQC (20 December 2016) to scope surgical safety to be included into CQC's next inspection at the trust
- rigorous checks for the actions plan implementation plans, including independent operational observation checks

SIs from providers not directly commissioned but involving Somerset patients

- 5.7. In addition, there have been five SIs reported in Quarter 3 for providers where Somerset CCG is not the lead commissioner:

United Bristol Hospital Trust

2016/26201: *Pressure ulcer* - Grade 3 pressure ulcer to nasal septum related to prone (face down) ventilation

Weston Area Health NHS Trust

2016/31539: *Suboptimal care of the deteriorating patient* - Patient admitted with chest infection on background of chronic obstructive pulmonary disease (COPD – a long term disease of the lungs). Patient National Early Warning Score (NEWS) assessment score of 9. Patient transferred to ITU where patient later died.

2016/32557: *Pressure ulcer* - deterioration of Grade 2 sacral sore to Grade 4.

2016/33020: *Slip/trip/fall* - Patient had walked independently to the toilet, was found in the bathroom on the floor.

South West Ambulance Service NHS FoundationTrust

2016/32532: *Treatment delay* - The patient was assessed by an Ambulance Crew having recently returned to UK and feeling unwell. Assessed by crew and discharged at scene with a diagnosis of possible infection. A further 999 call was received as patient had deteriorated. The patient was taken into hospital as an emergency transfer, but sadly died from septicaemia.

- 5.8. The table below provides a breakdown of the number of SI's reported by Weston Area Health NHS Trust and Royal United Hospitals NHS Foundation Trust in Quarter 3 compared to the previous Quarter:

	Q2 16/17	Q3 16/17
Royal United Hospitals Bath NHS Foundation Trust	6	7
Weston Area Health NHS Trust	10*	43

*only two months data; and includes grade 3 and above pressure ulcers which Somerset no longer report through the national Serious Incident reporting framework. The reason for this is to create a more concise approach to the incident investigation process, in order to place more focus on the promotion and monitoring of improvement activity through our harm free care work programme, which is part of our national Sign Up to Safety campaign pledges.

Updates on SIs reported in Previous Quarters

- 5.9. 2014/23705: Homicide (SomPar)** - Following the Independent Investigation commissioned by NHS England and conducted by Niche Patient Safety into the care and treatment of a mental health service user whilst in the care of Somerset Partnership NHS Foundation Trust, Somerset CCG held an extra-ordinary meeting of its Governance Committee on 4 July 2016 to consider the investigation report findings. At that meeting Somerset Partnership and Somerset Drugs and Alcohol Services (SDAS) presented action plans responding to the 15 recommendations made in the report. It was planned there should be a 6 month review of the action plan following the date of publication, which is now due to take place soon.

Learning Outcomes from completed SI investigations

- 5.10.** Following completion of serious incident investigations in this quarter, there were a wide range of key learning points arising. The CCG seek assurances regarding the implementation of serious incident action plans through a range of its activities with service providers. Recent learning points include:

Mental Health – Somerset Partnership Trust NHS Trust

- need for cross services access to electronic patient records between mental health and talking therapies services
- when undertaking assessment staff should consider if practical support could reduce mental distress and risks and what can be offered
- ensuring all staff understand the availability and feel comfortable escalating and seeking support from senior managers on-call out of hours and cover arrangements during periods medical staff absence
- debriefing and support for bereaved relatives to be accessible from individuals outside the care team, if this is the preference of the family
- supporting staff with training and strategies for dealing with young people who can form into challenging groups in in-patient settings
- slips/trips/falls
 - ensure 'this is me' booklet is available at all times for families to complete and communicate the measures that we will take to minimise the occurrence and harm from falls

Child and Adolescent Mental Health Services (CAMHS)

- improve communication between mental health services and GPs, particularly where looked after children are moved from GP to GP and the chain of information broken
- handovers from CAMHS to adult services should have a full formulation of risk that identifies significant issues such as past abuse and being a 'looked after child', and how these risks will be managed

Taunton and Somerset NHS Foundation Trust – Maternity Services

- improve communication about the constraints of home birth service with women

6. Sign Up to Safety

- 6.1.** The national Sign Up to Safety Campaign aims to reduce avoidable harm by 50% and save 6,000 lives as a result. The campaign is designed as a social movement campaign, with support for sharing and learning nationally. In November 2014 Somerset CCG joined the national campaign, which meant we pledged to: Put safety first; Continually learn; Collaborate; Be honest; Be supportive
- 6.2.** For the second year of the CQUIN, primary care have been offered the opportunity to continue with the Sign Up to Safety campaign with a focus on completion of the South West region Academic Health Science Network's (AHSN) SCORE patient safety culture self-assessment surveys. Twelve practices have currently completed the assessment, with further practices expressing an interest.
- 6.3.** It has been agreed with the new patient transport service (E-ZEC) that their CQUIN will focus on sign up to safety. The CCG is working with E-Zec as key service to target at risk groups of people with the CCG's 'How to make sure your healthcare is safe' messages

7. NHS England CCG Quality Assurance

- 7.1.** Each quarter NHS England reviews key performance data of all service providers and CCGs in the Bristol, North Somerset, Somerset and South Gloucestershire area.
- 7.2.** The Assurance meeting for Quarter 3, due to take place on 16 January 2017 was cancelled at the last moment by NHS England and will not be rescheduled. Information prepared for the NHSE assurance meeting is summarised in this part of the report.
- 7.3** During the July Quarterly Assurance Meeting it was confirmed by NHSE that from January 2017 their Assurance Process would be carried out across the Somerset system to reflect the STP requirements and responsibilities. This will avoid duplication. Somerset CCG has requested that NHS England progress their plans for shared community assurance reviews.

NHS111 60 second call answering

- 7.4.** Following 2 months of successful return to achievement for 60 second call answering target in August and September 2016, performance has declined again since October 2016. This is as a result of workforce issues within the 111 service and surges in call volume demand at specific times. The CCG has re-issued a previously closed contract performance notice. The Somerset Urgent Care Doctors (SDUC) is working on staff rota realignment and re-organisation of the current workforce working patterns, with a view to return to target performance by March 2017.

Ambulance hand-over delays

- 7.5** Ambulance hand-over delays have been reduced due to joint work between our local NHS Trusts and the SWAST ambulance service last summer to standardise hand-over procedures:
 - at TST from 45% activity in July 2016 >15 minute handover (average 17:29 minutes) to 29% in December 2016 (average 14:02 minutes)
 - at YDH from 38% activity in July 2016 >15 minute handover (average 14:47 minutes) to 33% in December 2016 (average 14 minutes)

A&E 4 - target 95% of patients to be seen within 4 hours

7.6 In recent weeks there has been general improvement in performance at both TST and YDH.

Provider	Measure	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
Taunton & Somerset NHS Foundation Trust	Plan	93.1%	93.6%	93.9%	94.2%	94.6%	95.0%	93.1%	95.0%	95.0%	95.8%	95.2%	96.5%	94.1%
	Actual	91.0%	92.3%	93.7%	93.2%	88.6%	88.0%	90.2%	93.4%	91.5%	0.0%	0.0%	0.0%	91.3%
	Variance	-2.1%	-1.4%	-0.2%	-1.0%	-6.0%	-7.0%	-2.9%	-1.6%	-3.5%	-95.8%	-95.2%	-96.5%	-2.8%
Yeovil District Hospital NHS Foundation Trust	Plan	91.0%	92.0%	92.5%	93.5%	94.5%	95.4%	95.0%	95.1%	95.0%	95.0%	95.1%	95.0%	93.2%
	Actual	92.1%	92.7%	88.8%	90.9%	94.1%	93.8%	95.3%	95.3%	94.0%	0.0%	0.0%	0.0%	92.8%
	Variance	1.0%	0.6%	-3.7%	-2.7%	-0.5%	-1.6%	0.3%	0.3%	-1.0%	-95.0%	-95.1%	-95.0%	-0.3%

Dermatology services

- 7.7** Taunton and Somerset Foundation Trust has had significant challenges in the recruitment of consultant Dermatologists over the last 2 years and despite numerous recruitment campaigns have been unsuccessful in strengthening their workforce. This is a position mirrored nationally where there are approximately 200 consultant dermatologist vacancies.
- 7.8.** In response the Trust raised concerns regarding patient safety and the future of their dermatology service and gave notice to their cease treating two week wait suspected cancer patients from 1 October 2016 and follow-up patients from 1 April 2017.
- 7.9.** At the present time two week wait patients are being seen at University Hospital Bristol, Royal United Bath and the Royal Devon and Exeter. This is being managed through the Somerset Referral Management Centre (RMC). The flow is being controlled by the RMC to ensure that the referrals match the capacity of the receiving providers. There is now a service capacity in a gap, whilst it is lower than the anticipated due to seasonal variation, it is expected the gap will continue to increase. This links to an overall decline in the Somerset CCG's 62-day referral to treatment for cancer target performance.
- 7.10** To mitigate against this shortfall, Somerset CCG has approached other nearby providers seeking support, but due to their own capacity issues they are unable to provide any assistance. Working collaboratively with local providers Somerset CCG is seeking a Lead Provider to review and re-develop local dermatology services, using revised care models and skill-mix for service delivery from April 2017. If this proposed solution is not forthcoming, Somerset CCG will need to consider an open procurement for a whole countywide service.

Cancer time from referral to treatment 62 day target

- 7.11** The CCG continues to work with YDH and TST reviewing the range of cancer care pathways, which includes delays relating to access to diagnostic testing services.

Provider	Measure	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
Taunton & Somerset NHS Foundation Trust	Plan	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
	Actual	83.2%	75.3%	80.8%	85.5%	85.6%	79.5%	80.7%	85.2%					82.1%
	Variance	-1.8%	-9.7%	-4.2%	0.5%	0.6%	-5.5%	-4.3%	0.2%					
Yeovil District Hospital NHS Foundation Trust	Plan	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
	Actual	84.1%	77.2%	88.2%	90.6%	80.6%	79.3%	78.8%	89.7%					83.2%
	Variance	-0.9%	-7.8%	3.2%	5.6%	-4.4%	-5.7%	-6.2%	4.7%					
Somerset Clinical Commissioning Group	Plan	85.4%	85.2%	85.4%	85.4%	85.4%	85.4%	85.4%	85.4%	85.2%	85.4%	85.2%	85.5%	85.3%
	Actual	81.3%	73.3%	82.3%	85.1%	82.2%	77.9%	77.0%	86.3%					80.6%
	Variance	-4.1%	-11.9%	-3.1%	-0.3%	-3.2%	-7.5%	-8.4%	1.0%					

Note: Somerset CCG performance covers all patients in Somerset wherever treatment is delivered

Provider	National Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Royal United Hospital Bath NHS Foundation Trust	85%	83.9%	71.4%	96.9%	93.3%	92.0%	92.3%	87.9%	84.8%	84.2%
Weston Area Health NHS Trust		90.9%	92.3%	75.0%	57.1%	73.3%	64.0%	66.7%	100.0%	92.3%

Note: Performance for RUH and Weston reported is on a Trust to Somerset basis. Given proportion of Somerset patients the Trusts treat there could be an impact upon the performance percentage attainment.

7.12 Both TST and YDH have developed 62 Day cancer improvement plans, detailing actions by cancer modality and progress against these, agreed actions are monitored via the Cancer Programme Board. They have struggled to meet Cancer waiting times and specifically the 62 day wait target. The main areas of challenge include the gastrointestinal, urology, and lung pathways. Teams from these specialties are working on changes to speed up diagnosis. This includes participation in a major research study into prostate cancer which has the potential to detect more cancers and avoid unnecessary biopsies.

In Somerset the main challenges to achieving the waiting times include:

- complex patients. The teams now see older and more frail patients with several comorbidities who require several investigations before treatment begins. An example of work in progress to improve the pathway in Taunton is a joint project between the bowel cancer team and elderly care to review how frail patients are managed in a more pro-active and responsive way
- imaging capacity. More investigations are required using MRI scanning which has limited capacity both in terms of hardware and workforce
- dermatology, as outlined in section 7.7

Referral to treatment within 18 weeks target 95%, year to date as at November 2016

7.13 The tables below shows the latest position:

Provider	Measure	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	
Taunton & Somerset NHS Foundation Trust	Plan (original)	89.0%	89.4%	89.6%	89.9%	89.9%	89.9%	90.8%	91.3%	91.3%	91.5%	91.7%	92.0%	90.0%	
	Plan (revised)	-	-	-	-	-	-	84.9%	84.4%	83.9%	84.4%	84.9%	85.4%	84.6%	
	Actual	88.0%	88.0%	86.8%	86.6%	86.1%	85.0%	84.9%	85.2%					86.3%	
	Variance (original)	-1.1%	-1.4%	-2.8%	-3.3%	-3.8%	-4.9%	-5.9%	-6.1%						-3.7%
	Variance (Revised)	-	-	-	-	-	-	0.0%	0.8%						
Yeovil District Hospital NHS Foundation Trust	Plan (original)	91.5%	92.0%	92.0%	92.0%	92.0%	92.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	92.2%	
	Plan (revised)	-	-	-	-	-	-	-	90.6%	90.7%	91.0%	91.2%	92.0%	90.6%	
	Actual	90.6%	91.5%	89.4%	89.3%	89.9%	89.9%	90.7%	91.3%					90.4%	
	Variance (original)	-0.8%	-0.5%	-2.6%	-2.7%	-2.1%	-2.1%	-2.3%	-1.7%						-1.8%
	Variance (Revised)	-	-	-	-	-	-	-	0.7%						
Somerset Partnership NHS Trust	Plan	98.5%	98.6%	98.5%	98.5%	98.4%	98.5%	98.3%	98.4%	98.0%	97.6%	97.7%	98.1%	98.5%	
	Actual	98.6%	99.5%	99.4%	99.9%	99.5%	99.6%	99.5%	99.4%					99.4%	
	Variance	0.1%	0.8%	0.9%	1.4%	1.2%	1.1%	1.2%	1.0%					1.0%	
Somerset Clinical Commissioning Group	Plan	91.2%	91.6%	91.7%	91.8%	91.8%	91.9%	92.3%	92.8%	92.4%	92.2%	92.3%	92.8%	91.9%	
	Actual	90.08%	90.21%	89.39%	89.30%	89.14%	88.48%	88.57%	88.74%					89.2%	
	Variance	-1.1%	-1.4%	-2.3%	-2.5%	-2.7%	-3.4%	-3.8%	-4.0%					-2.6%	

Provider	National Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Royal United Hospital Bath NHS Foundation Trust	92%	89.8%	89.7%	91.2%	91.6%	90.6%	92.1%	92.2%	91.9%	90.4%
Weston Area Health NHS Trust		91.4%	92.6%	92.4%	95.7%	92.6%	95.2%	93.8%	92.8%	92.3%

Note: Performance for RUH and Weston reported is on a Trust to Somerset basis. Given proportion of Somerset patients the Trusts treat there could be an impact upon the performance percentage attainment.

7.14 TST

Demand Capacity & Recovery Planning: Further work is underway during January and February using NHS Improvement's RTT capacity model at a specialty level to inform the detailed RTT improvement plans, with the support of clinicians and clinical service leads.

7.15 YDH

The Trust continues to progress actions in its RTT Remedial Action Plan. There has been some divergence to plan. The trust has outlined the actions it has either established, or are being progressed to recover performance.

Waiting times for elective care in excess of 52 weeks

- 7.16** The Trust reviews with providers on a weekly basis all existing and potential 52 week waiters. There were 7 expected and 4 potential >52 week breaches for December 2016, which is an improvement from previous months.

Oct breaches	28	Confirmed
Nov breaches	18	Confirmed
Dec breaches	7	Confirmed
	4	Potentials

- 7.17** In respect of detailed information about waiting times the CCG is able to present further information at a future meeting. For gynaecology at TST the Trust is undertaking a programme of recovery which includes increasing flexing capacity. The current RRT incomplete pathway performance for the service is 90.34% against the 92% standard.

Delayed transfers of care (DToC)

- 7.18** There has been a reduction in the number of lost bed days at both acute provider trusts since October following the agreement of recovery actions agreed in October. However, the immediate impact has been negated by a correlating increase in delays at Somerset Partnership NHS Foundation Trust.

The Delay Transfers of Care Group continues to meet on a fortnightly basis in order to progress actions or consider new actions as appropriate. A Practice Forum takes place weekly at each trust and a further Community Hospital action plan implemented during January is expected to have had a positive impact upon performance.

W/E 8/1/17, DToC = 6.11% demonstrating a much improved position. A recent snapshot from the daily position is also shown below:

T&S – 11/01/2016 DToC data (34) – small increase on previous week
YDH – 12/01/2016 DToC data (13) – reduction on previous week
SPFT – 12/01/2016 DToC data (30) – comparable to previous week

8. MRSA and Clostridium Difficile (C-Diff)

- 8.1.** The CCG's position for C-Diff rates this year continues to be below the end of trajectory of 131, with a year to date total of 56 cases. In Quarter 3, there was a period of increased incidence of C-Diff on ward 9B at YDH in October. Six patients with C-Diff were identified (3 colonisation and 3 with infection) which triggered an outbreak to be declared. Ribo-typing confirmed 3 of these cases were the same strain. A robust action plan focusing on key infection control practices was put in place. It has now been more than 28 days since the last new case.
- 8.2.** There were two cases of MRSA reported in Quarter 3. Both cases have undergone rigorous review, it was concluded each case had been exacerbated by patient self-care/management.
- 8.3** The year to date total for MRSA stands at five cases against a target of zero (including two cases assigned to a third party).

9. Hospital Standardised Mortality Ratio and Summary Hospital Level Mortality Indicator (as available at Quarter 3 2016/17)

9.1 The Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital level Mortality Indicator (SHMI) on their own do not have sole face validity when considering them as a direct measure of quality of care, and should always be considered as part of a range of more detailed indicators. It is also inappropriate to place the SHMI and HSMR alone into a league table to compare hospitals. However, a relatively “poor” SHMI or HSMR should trigger further analysis or investigation by the hospital Board.

9.2 To help users of the data understand the SHMI, Trusts have been categorised into bandings indicating whether a trust's SHMI is 'higher than expected', 'as expected' or 'lower than expected'. The results for local acute trusts are in the tables below.

Table 1: Standard Hospital Mortality Rate (July 2015 – June 2016)

Trust	SHMI Value	SHMI Banding
Taunton and Somerset NHS Foundation Trust	0.997	2 – As Expected
Yeovil District Hospital NHS Foundation Trust	1.008	2 – As Expected
Royal United Hospital (Bath) NHS Foundation Trust	0.968	2 – As Expected
Weston Area Health NHS Trust	1.153	1 – Higher than expected

10. CQC Regulatory Inspections

10.1 South Western Ambulance Service NHS Foundation Trust had its first comprehensive inspection by the CQC under its new inspection regime in June 2016 and was given the overall rating of 'Requires Improvement'. The report was published October 2016, covered all service lines except NHS 111 (which Somerset CCG has not commissioned since 1 July 2015), which was subject to a separate inspection during March 2016.

The CQC made a number of positive comments about the Trust's services and its staff including:

- a good system in place for reporting incidents, carrying out investigations, providing feedback to staff, learning and making improvements.
- the service was able to respond to major incidents and change priorities in times of extreme pressure. There were protocols for staff to follow in high-risk situations to keep staff and the public safe
- staff had the skills and knowledge to deliver effective advice and guidance. There were internal and external development opportunities and training available for staff
- the trust had been commended for its service to reduce and respond to frequent callers and to reduce unnecessary admissions to emergency departments

There were also areas noted for further improvement including quality improvement, incident reporting, mandatory training, medicines management, infection prevention and control, safeguarding, clinical information, complaints, staff appraisals, staff health and well-being and equality issues.

Following the CQC Summit held on 30 September 2016, the trust has developed a quality improvement plan, focusing on key themes identified in group sessions during the Summit. Alongside this the trust is currently reviewing the role of its Quality Development Group so that it provides a senior management forum which leads on the development of a trust-wide quality culture.

Council Performance Report – End of December (Q3) 2016/17

Lead Officer: Emma Plummer / Strategic Manager - Performance

Author: Emma Plummer / Strategic Manager - Performance

Contact Details: (01823) 359251

Cabinet Member: Mr J Osman, Leader of the Council

Division and Local Member: All

1. Summary

- 1.1. This performance monitoring report provides an overview of the Council's performance across the organisation.
- 1.2. The report is based on the content of the County Plan.

2. Issues for consideration / Recommendations

- 2.1. Consider and comment on the information contained within this report specifically those areas identified as a potential concern under section 4 of this report and the "issues for consideration" section of Appendix A
- 2.2. Members are asked to review and comment on actions undertaken at Cabinet, to ensure that appropriate consideration has been given to the work being undertaken to address performance concerns.

3. Background

- 3.1. This report provides members and senior officers with the information they need to lead and manage the performance of the organisation and increase levels of public accountability.
- 3.2. The report has been updated to reflect the County Plan that was adopted by full Council in February 2016 and a review of the priorities and the performance information that contributes to them has been carried out. Appendix A – the Performance Wheel now has seven segments which reflect the "People's Priorities" which are widely consulted upon through the Listening Learning, Changing Roadshows. There are four "Council" segments which seek to measure how well the council manages its relationships with partners, staff and the public and how good its 'internal management' processes are. There is one segment that seeks to reflect the performance of the Vision Projects being undertaken by the Vision Volunteers.
- 3.3. The Vision Volunteer segment is a quarterly update evidenced by the Core Council Board Papers.
- 3.4. This report provides the latest information available in the period up until 30th September 2016. As such some of the data may be a little historical in nature; discussions regarding "performance issues" will take account of any additional information that may be available following production of this report

- 3.5. This report has been presented to Cabinet on 6th February 2017.
- 3.6. This report has been presented to Scrutiny for Policies and Place Committee on 21st February 2017.
- 3.7. This report is being presented to Scrutiny for Policies, Adults and Health Committee on 1st March 2017.

4. Our Performance

- 4.1.
- Sections that are preceded by 'A&H' are of particular interest to Scrutiny Policies, Adults & Health.
 - Sections that are preceded by 'C&F' are of particular interest to Scrutiny Policies, Children & Families.
 - Sections that are preceded by 'P' are of particular interest to Scrutiny Policies and Place.
- 4.2. This quarter there are three red segments:
- (A&H, C&F) **P1 Help vulnerable and elderly people** – The PIMs process (Performance Improvement Meetings) started in September and add additional challenge and rigour to performance improvement. Set stretching targets to achieve by end of year. Challenges have been experienced in relation to robust use of management information. Progress is being made to reach these targets particularly with regard to improving recording of data to ensure reporting accurately reflects work done. Management actions are in place for all performance targets and are being monitored closely.
 - (C&F) **P3 Safer Children and Better Care** - The overall impact of the nine priorities is on a far more secure footing now with increased stability within key service areas. Performance is improving and a three year children and young people's plan has been developed that reflects the commitment of the Leader for children's services to be 'good' or better in three years. Despite this, until a re-inspection, services are judged inadequate and there is a corporate risk for Safeguarding Children that has a very high risk rating. Change is evident but universal improvement is a challenge.
 - (P) **C4 Managing our Business** - The Authority's projected outturn for 2016/17 shows a budget Overspend of £9.029m when compared to the current Revenue Budget. This represents 2.9% of the overall budget. Projections are based on the latest information available at the time of authoring the report. Part of the overspend is planned and will be funded by £1.557m use of the new flexibilities on Capital Receipts. The net position is therefore a projected overspend of £7.472m which is a reduction of £9.035m from the previous quarter.
- 4.3. Performance Summary
- The latest performance information is set out in Appendix A and summarised in the table below:
- Directions of Travel have been assessed based on whether current performance is improving or deteriorating as opposed to comparing performance with the

previous report.

Metric Segment	Number of objectives			Direction of Travel		
	Green	Amber	Red	Up	Stable	Down
The People's Priorities	4	1	2	5	2	0
The Council	2	1	1	2	2	0
Vision Volunteers	1	0	0	1	0	0
Totals	7	2	3	8	4	0
As Percentage	58%	17%	25%	67%	33%	0%

- 4.4. As requested by Scrutiny the table below compares performance between quarters at the objective level and a link is also available to the previous quarterly reports in the Background Papers section at the end of this report.

Wheel Segment		RAG Status 2016/17			
		Apr - Jul	Q2	Q3	Q4
The People's Priorities	P1	R	R	R	
	P2	A	A	G	
	P3	R	R	R	
	P4	A	A	G	
	P5	A	G	G	
	P6	A	A	G	
	P7	A	A	A	
The Council	C1	G	G	G	
	C2	A	A	A	
	C3	G	G	G	
	C4	R	R	R	
Vision Volunteers	V1	G	G	G	

It is important when managing performance that consideration be given to the overarching vision statements set out in the County Plan

5. Consultations undertaken

- 5.1. The key messages within this monitoring report have been provided by Management Teams and reviewed by relevant Lead Cabinet Members.

6. Implications

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

7. Background papers

- 7.1. County Plan - <http://somesetcountyplan.org.uk/>

Note For sight of individual background papers please contact the report author

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Date of Report: 1st March 2017

Report Forum: Scrutiny for Policies, Adults & Health

↑	Performance Improving	G	On target
↓	Performance Deteriorating	A	At risk of missing target
↔	Performance Stable	R	Missing target

P1 Help vulnerable and elderly people

- The Performance Improvement process continues to embed within adult services. Improved use of data to support performance improvement is now being regularised across all teams in conjunction to a focused improved use of technology. Progress is being made to reach these targets particularly with regard to improving recording of data to ensure reporting accurately reflects work done. Management actions are in place for all performance targets and are being monitored closely.

P3 Safer Children and Better Care

- The overall impact of the nine priorities is on a far more secure footing now with increased stability within key service areas. Performance is improving and a three year children and young people's plan has been developed that reflects the commitment of the Leader for children's services to be 'good' or better in three years. Despite this, until a re-inspection, services are judged inadequate and there is a corporate risk for Safeguarding Children that has a very high risk rating. Change is evident but universal improvement is a challenge.

C4 Managing our Business

- The Authority's projected outturn for 2016/17 shows a budget Overspend of £9.029m when compared to the current Revenue Budget. This represents 2.9% of the overall budget. Projections are based on the latest information available at the time of authoring the report. Part of the overspend is planned and will be funded by £1.557m use of the new flexibilities on Capital Receipts. The net position is therefore a projected overspend of £7.472m which is a reduction of £9.035m from the previous quarter.

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Appendix A1 - Council Performance Monitoring Report

Appendix A – Corporate Performance Report
April to July (Q1+1) 2016/17

Appendix A – Corporate Performance Report
End of September (Q2) 2016/17



Appendix A – Corporate Performance Report
End of December 2016/17



Key	Direction of Travel	Status
↑	Improving Performance	On target (G)
↔	Stable Performance	At risk of missing target (A)
↓	Deteriorating Performance	Missing target (R)
-	-	Data incomplete

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Adult Social Care Performance Update

Lead Officer: Mel Lock

Author: Jon Padfield

Contact Details: jpadfield@somerset.gov.uk

Cabinet Member: William Wallace

Division and Local Member:

1. Summary

- 1.1. This report and the accompanying appendices provide a summary of the current performance of Adult Social Care in Somerset. The report also provides benchmarking data to show how Somerset's performance compares to other Councils in Somerset's 'family group'.
- 1.2. This report focuses in particular on the measures included in the Adult Social Care Outcomes Framework (ASCOF).

2. Issues for consideration / Recommendations

- 2.1. Appendix A provides a series of charts showing detailed comparative information for Somerset against a selection of measures along with a commentary which highlights the direction of travel.
- 2.2. Appendix B provides a detailed analysis of the Safeguarding Adults Collection (SAC) return for 2015/16 along with a comparison to our Family Group. The data in Appendix B was prepared for, and has already been presented to, the Somerset Safeguarding Adults Board.
- 2.3. The Committee are asked to consider and comment on the current performance of Adult Social Care in Somerset.

3. Background

- 3.1. ASCOF is now in its fourth year and measures both national and local (Council level) performance against the ambition to help the most vulnerable people in our society lead better and more comfortable lives.

- 3.2.** ASCOF is split into four domains as follows:
- Ensuring quality of life for people with care and support needs,
 - Delaying and reducing the need for care and support,
 - Ensuring that people have a positive experience of care and support,
 - Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

There are a series of outcome measures within each of these domains that pull information from a variety of sources including; local data returns (Safeguarding Adults Collection [SAC], Short and Long Term Care [SALT]) and the annual Adult Social Care Survey.

- 3.3.** The SAC return is a statutory return specifically concerned with statutory safeguarding enquiries. Whilst some of the ASCOF measures are informed by elements of SAC it is also possible to use SAC as a 'standalone' tool to compare performance against national and comparator group figures.

4. Analysis of results

- 4.1.** The 2015/16 ASCOF report produced by the Department of Health shows that year on year there have been improvements across almost all measures. This includes a decrease in permanent admissions to residential and nursing homes and an increase in overall satisfaction of people who use services with their care and support and social-care related quality of life. Both of these are reflected in Somerset's performance.
- 4.2.** Somerset's performance against the two measures concerned with clients with learning disabilities (Tables C and D in Appendix A) is good. In both cases Somerset's performance at the end of 2015/16 was ahead of the national and comparator group average.
- 4.3.** However, the 2015/16 ASCOF report also highlights areas for improvement. A key measure of personalisation is the proportion of eligible users who receive a personal budget. In this measure Somerset's performance is poor and well below the national average. Table A in Appendix A shows that Somerset is an outlier on this measure.
- 4.4.** In terms of placements in residential and nursing homes, in 2015/16 Somerset placed more younger adults (aged 18-64) than both the national and comparator group average. This contrasts with the better than national average performance for older people (aged 65+) where Somerset's placement numbers were amongst the lowest in the family group.
- 4.5.** The responses to the Adult Social Care Survey in 2015/16 provide a mixed picture for Somerset. ASCOF 1A 'Social Care related quality of life' shows Somerset in line with the national average. However, ASCOF 3A 'Overall satisfaction of people who use services with their care and support' puts Somerset fairly significantly below the national average.

- 4.6.** The Adult Social Care Survey response to ASCOF 3D1 'Proportion of people who use services who find it easy to find information about services' has declined significantly for Somerset from 2014/15 to 2015/16 – down from 76.8% to 70.4%. This places us below the national average of 73.5%.

5. Performance Management within Adult Social Care

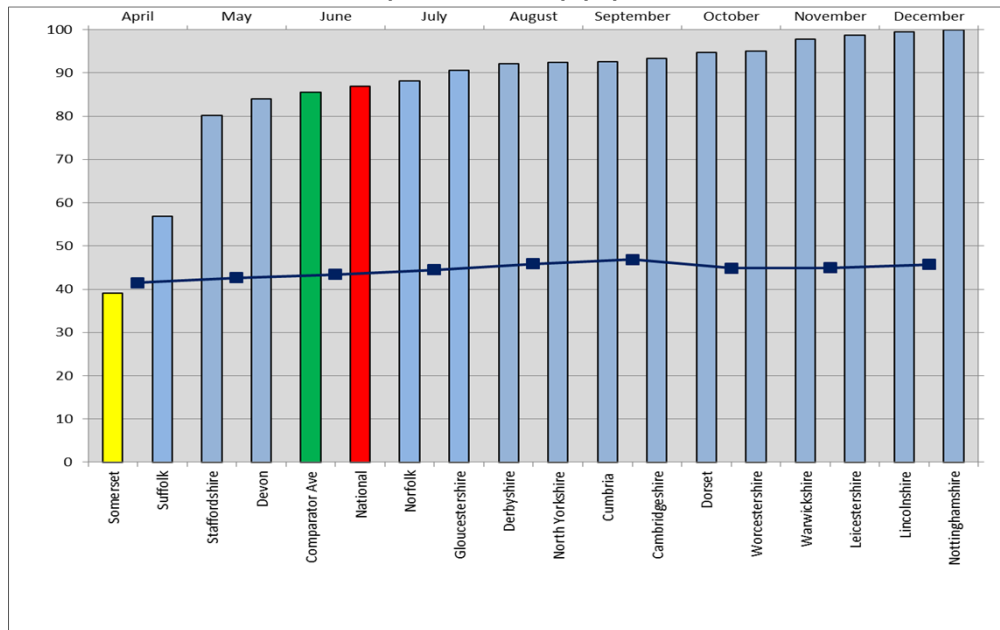
- 5.1.** A detailed performance scorecard is produced on a monthly basis which includes a series of measures including; volume of telephone calls; volumes and outcomes for assessments, reviews and safeguarding; unit costs; complaints and compliments. This scorecard is shared with directors, strategic managers and service managers.
- 5.2** Implementation of the PIMS approach within Adult Social Care since September has increased the importance and focus on performance data. The service is now actively using the data to drive management decisions and actions to improve performance in key areas.

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Scrutiny Report – Adult Social Care Performance:

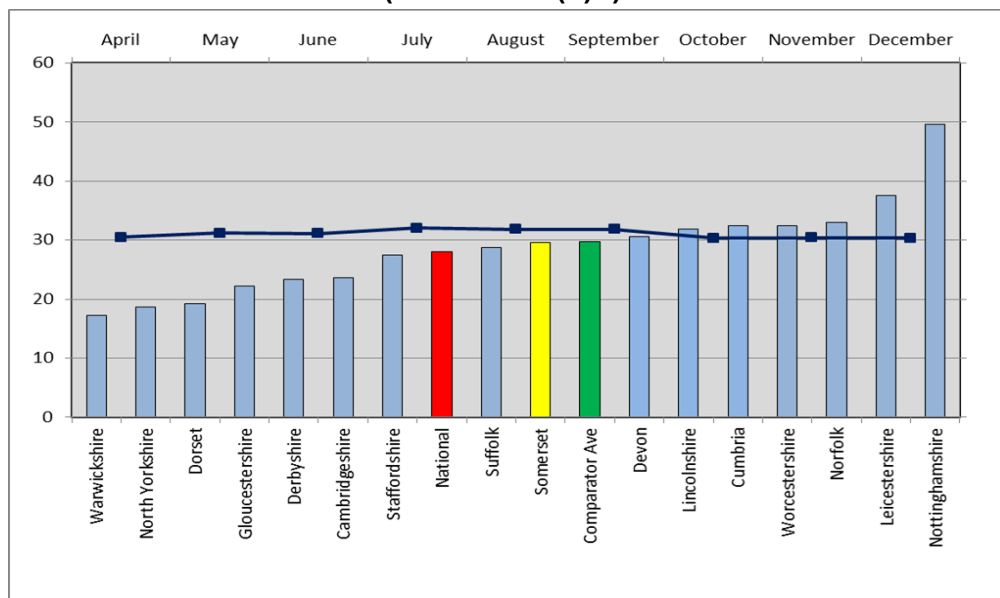
Tables A to F below show the 2015/16 outturn performance measures from ASCOF for both Somerset and its family group (bars) along with the current performance for Somerset in 2016/17 (as at December 2016 - line).

A. Proportion of people using social care who receive self-directed support (ASCOF 1C(1)a):



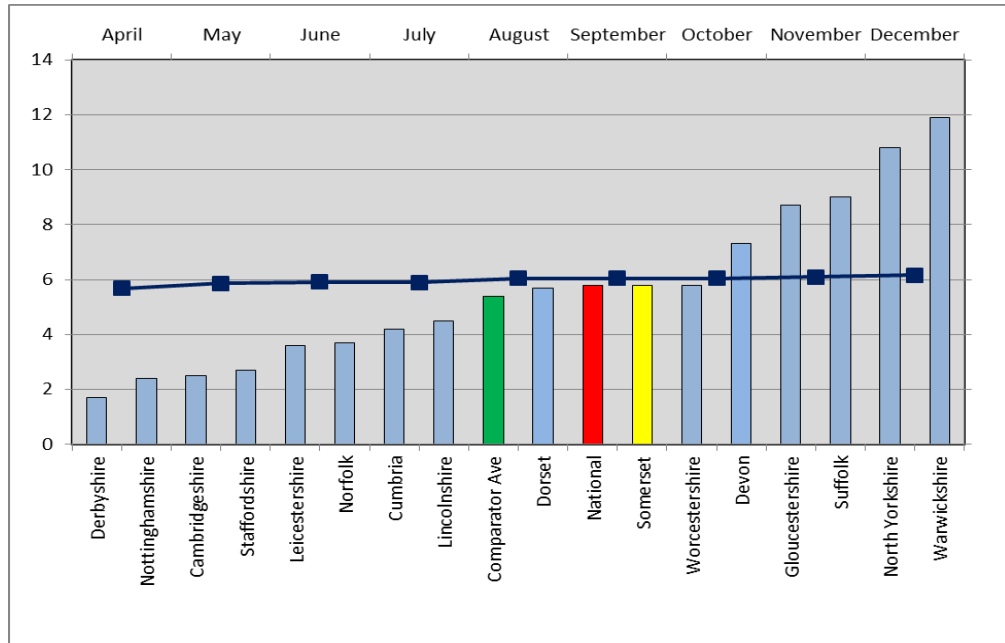
Commentary: Higher is better. Somerset’s performance against this measure is poor and is significantly below both the national and comparator group average.

B. Proportion of people using social care who receive direct payments (ASCOF 1C(2)a):



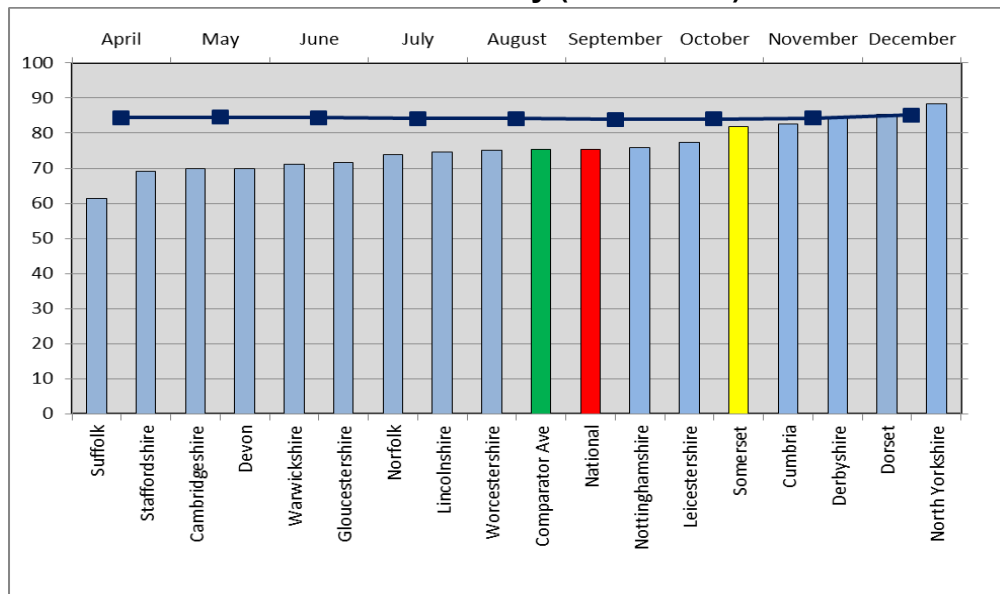
Commentary: Higher is better. Somerset’s performance is good. It is above the national average and in line with the comparator group average. Current year (2016/17) performance is showing a slight increase compared to 2015/16.

C. Proportion of adults with learning disabilities in paid employment (ASCOF 1E):



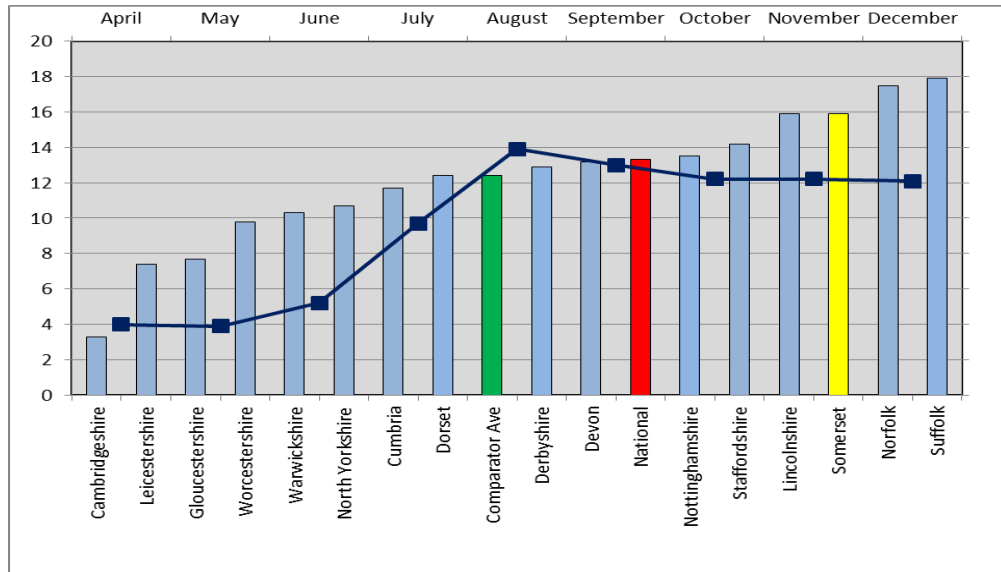
Commentary: Higher is better. Somerset’s performance is in line with the national average and slightly above the average for the comparator group.

D. Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G):



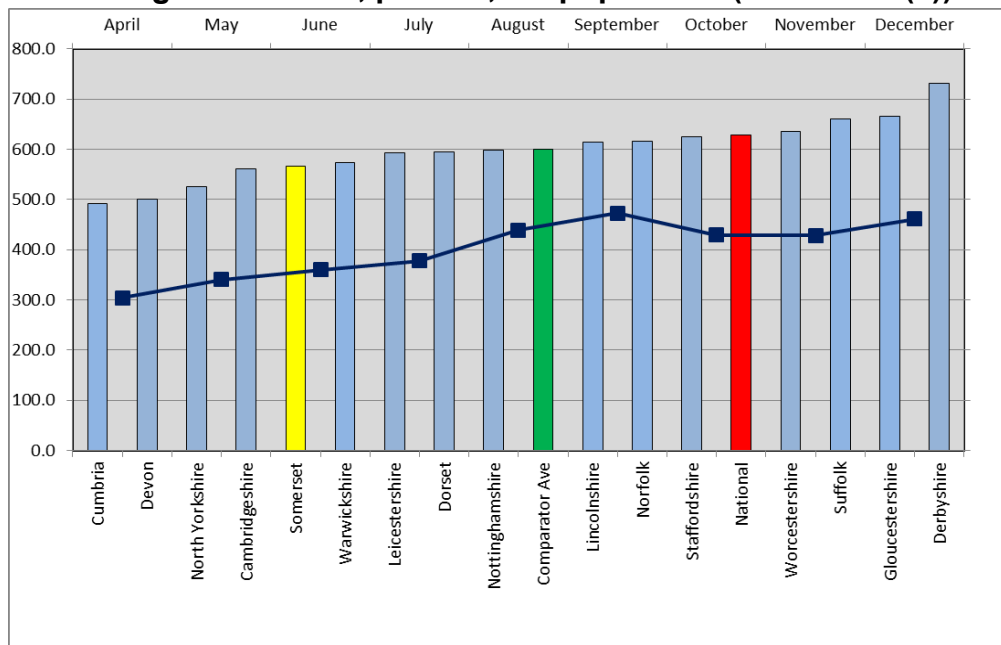
Commentary: Higher is better. Somerset’s performance is good and is above both the national and comparator group averages.

E. Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population (ASCOF 2A(1)):



Commentary: Lower is better. Somerset's performance in 2015/16 was poor. Placement numbers were above the national and comparator group averages and Somerset was one of the highest placing councils in the comparator group. Performance so far in 2016/17 is showing an improvement and is in line with last year's national average.

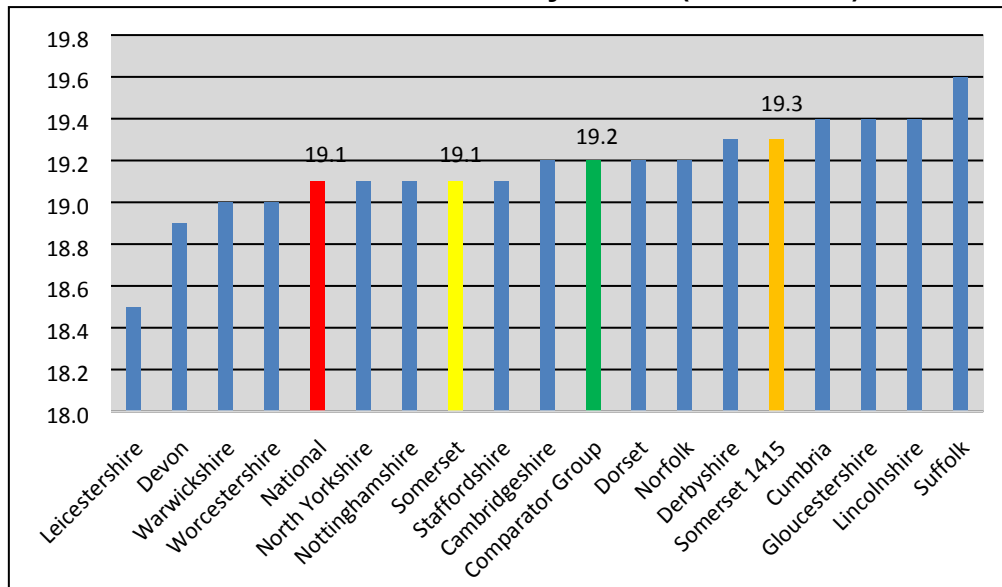
F. Permanent admissions of older people (aged 65+) to residential and nursing care homes, per 100,000 population (ASCOF 2A(2)):



Commentary: Lower is better. Somerset's performance in 2015/16 was below the national and comparator group averages. Current performance in 2016/17 shows a further improvement but the winter period could see an upwards movement.

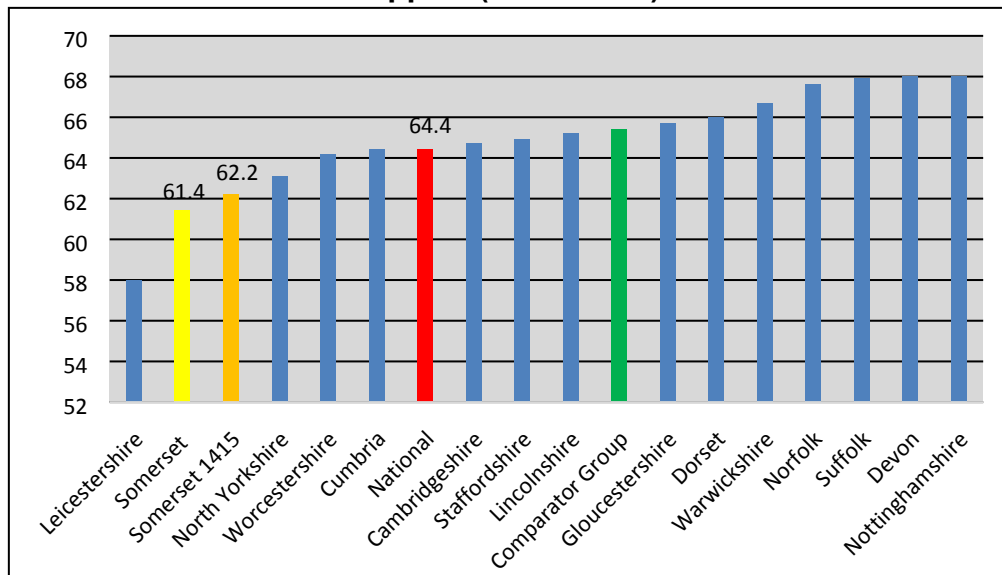
Tables G to J below show how Somerset compares to its family group in relation to a selection of measures from the annual Adult Social Care Survey undertaken in 2015/16.

G. Social Care Related Quality of Life (ASCOF 1A):



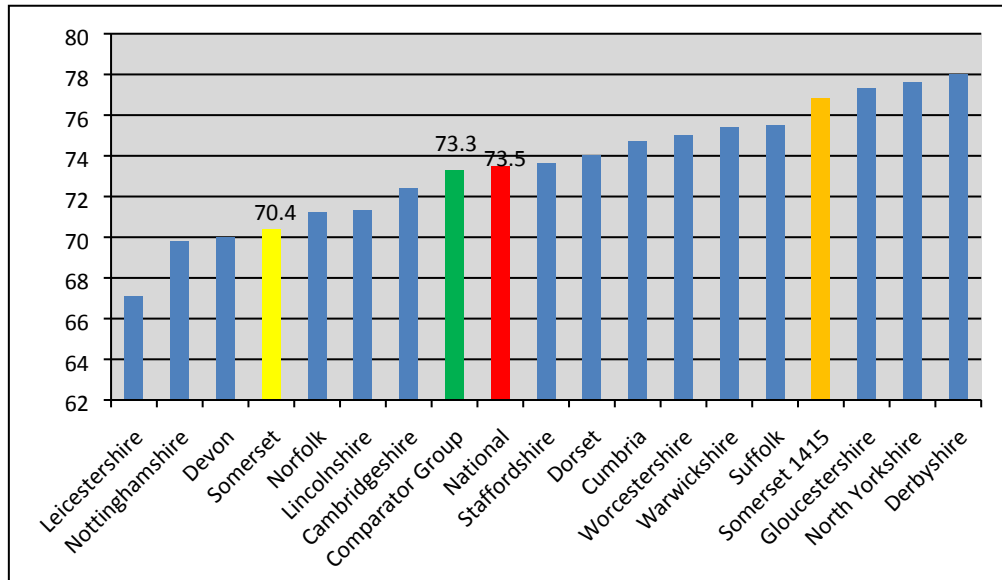
Commentary: Higher is better. Somerset performs adequately on this measure with our outturn the same as the national average but lower than the comparator group average. However Somerset's performance has decreased from 2014/15.

H. Overall satisfaction of people who use services with their care and support (ASCOF 3A):



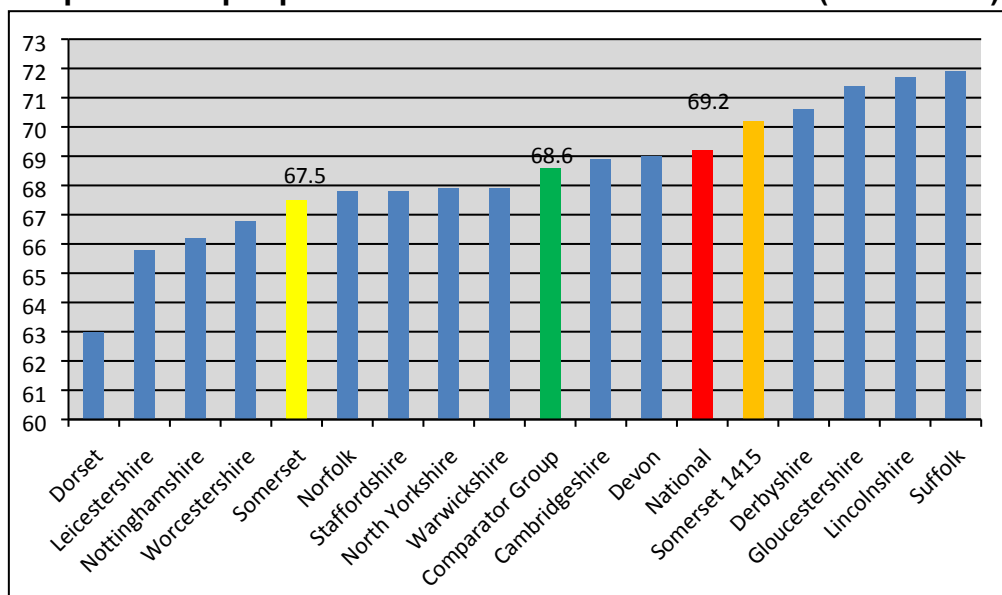
Commentary: Higher is better. Somerset performance is poor with our outturn falling below the comparator group and national average. Somerset's performance has decreased from 2014/15.

I. Proportion of people who use services who find it easy to find information about services (ASCOF 3D1):



Commentary: Higher is better. Somerset performs poorly on this measure with our outturn lower than both the national and comparator group average. Somerset's performance has decreased considerably from 2014/15.

J. Proportion of people who use services who feel safe (ASCOF 4A):



Commentary: Higher is better. Somerset's performance has decreased from 2014/15 with our outturn falling lower than both the national and South West average.

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Safeguarding Adults Annual Report – England, 2015-16
Somerset Comparator Report

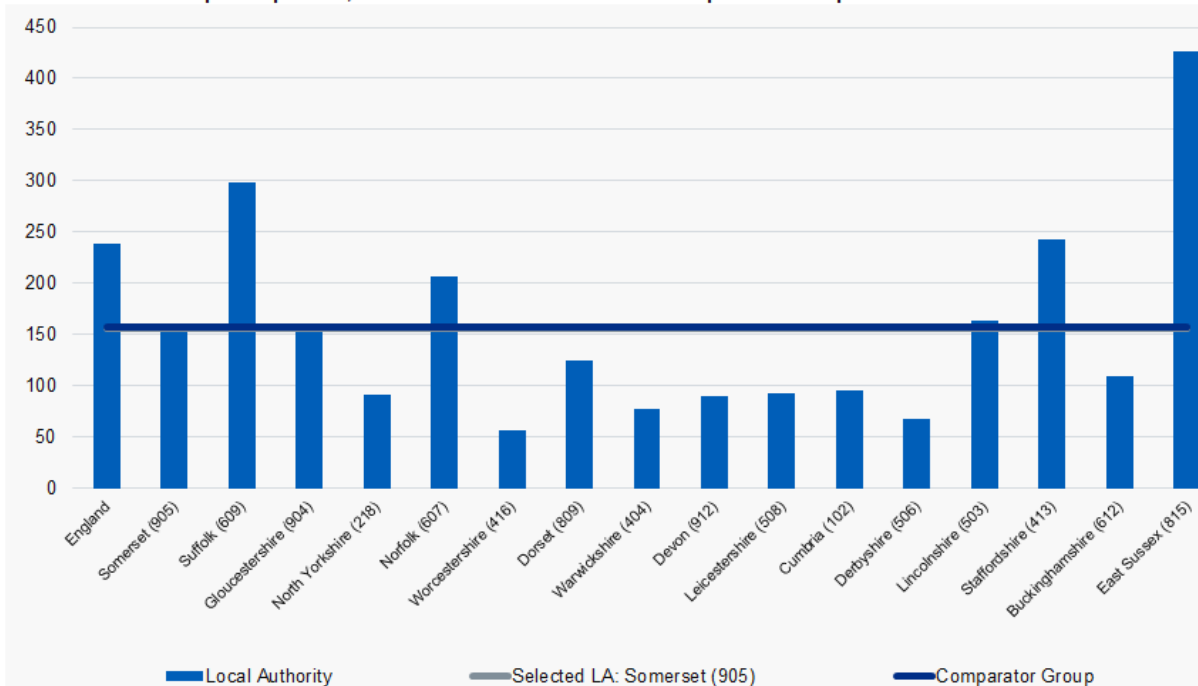
Key Messages - Somerset:

- 102,970 individuals with enquiries under Section 42 of the Care Act. Of these, 60% were females and 63% of individuals at risk were aged 65 or over. *This is similar to Somerset, in that 60% of enquiries related to females and 61% involved people aged 65+.*
- For enquiries which concluded during the year, the most common type of risk was neglect and acts of omission (34%), followed by physical abuse (26%) *In Somerset, physical abuse accounted for the most common risk type (27%), followed by psychological abuse (24%) and neglect and acts of omission (22%)*
- The location of risk in concluded enquiries was most frequently the home of the adult at risk (43%) or in a care home (36%). *This is true also of our area, although in Somerset, the person's own home accounted for 54% of locations of risk, 32% in care homes.*
- People known to the individual, but not in a social care professional capacity, were the most common source of risk nationally, accounting for 51% of concluded enquiries. *In Somerset, this figure is significantly higher, at 87%, indicating the importance of raising awareness of recognising and responding safeguarding concerns across the general public*
- No further action was taken other than the safeguarding enquiry for a quarter of enquiries nationally. For cases where further action was taken, the risk was reduced for 47% of enquiries. For the remaining cases where further action was taken, the risk was completely removed in 20% of cases. The proportion of enquiries where the risk remained was 8%. *In Somerset, no action was taken in just 2% of cases. Where further action was taken, the risk was reduced for 60% of enquiries and completely removed in 23% of cases. The proportion of enquiries where the risk remained was 15%*
- 62% of individuals lacking capacity were supported by an advocate, family or friends. *Somerset compares poorly to the national average and comparator group average (50%), with 24% of individuals lacking capacity supported by an advocate.*

National report available via: <http://www.content.digital.nhs.uk/catalogue/PUB21917>

1) Section 42 Enquiry Rates

New Section 42 Enquiries per 100,000 Adults for selected LA and Comparator Group

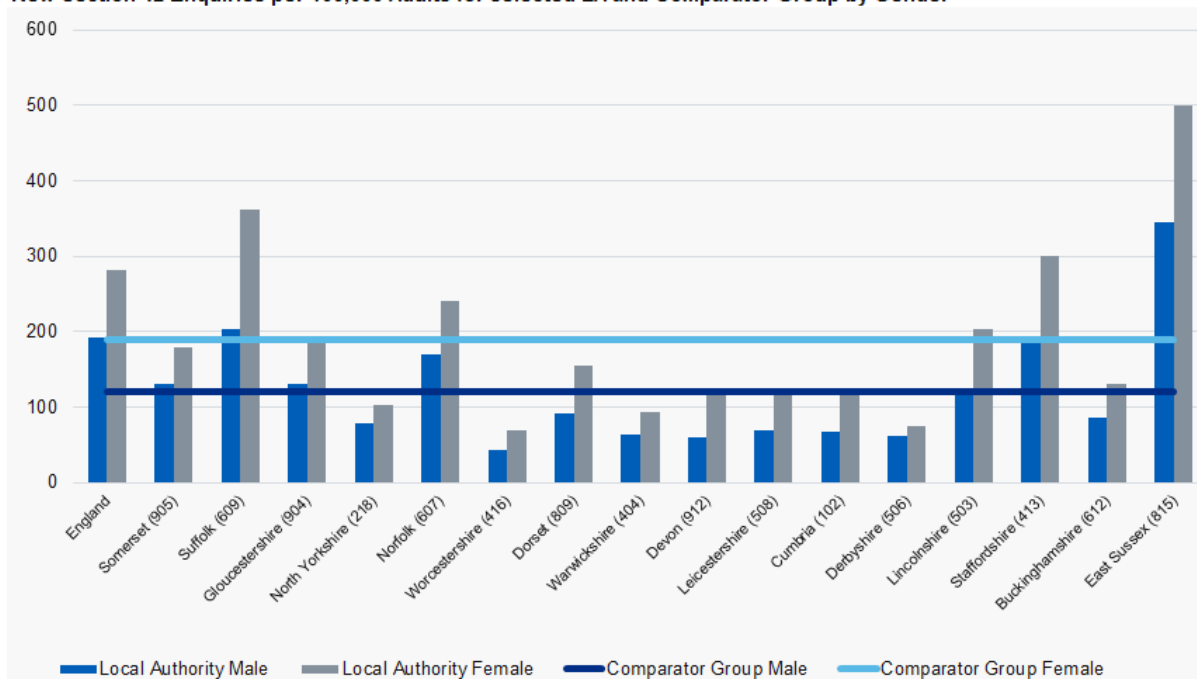


Local Authority (Code)	Section 42 Enquiries per 100,000 Population
England	239
Somerset (905)	156
Suffolk (609)	299
Gloucestershire (904)	158
North Yorkshire (218)	91
Norfolk (607)	206
Worcestershire (416)	57
Dorset (809)	125
Warwickshire (404)	78
Devon (912)	90
Leicestershire (508)	93
Cumbria (102)	95
Derbyshire (506)	68
Lincolnshire (503)	163
Staffordshire (413)	243
Buckinghamshire (612)	109
East Sussex (815)	426
Comparator Group	157

Region	Section 42 Enquiries per 100,000 Population
England	239
East Midlands	231
Eastern	285
London	203
North East	475
North West	269
South East	237
South West	215
West Midlands	211
Yorkshire & the Humber	150

2) Section 42 Enquiry Rates by gender

New Section 42 Enquiries per 100,000 Adults for selected LA and Comparator Group by Gender

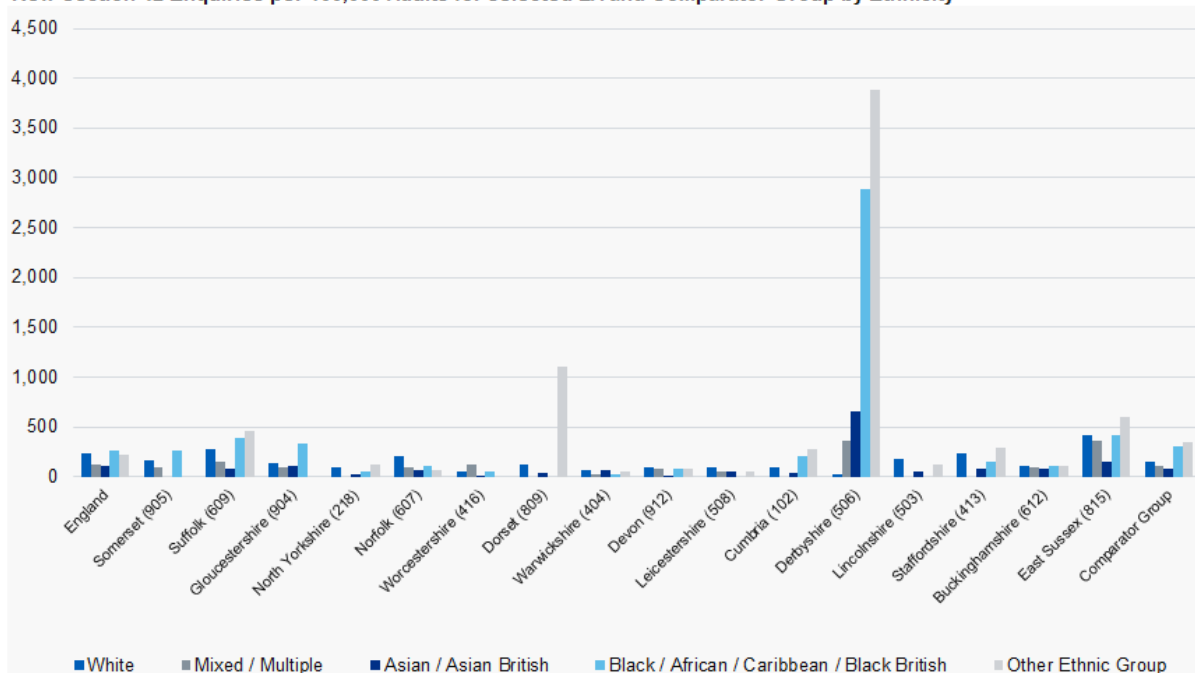


Local Authority (Code)	Section 42 Enquiries per 100,000 Males	Section 42 Enquiries per 100,000 Females
England	193	281
Somerset (905)	131	180
Suffolk (609)	204	361
Gloucestershire (904)	131	184
North Yorkshire (218)	78	103
Norfolk (607)	169	241
Worcestershire (416)	43	70
Dorset (809)	92	155
Warwickshire (404)	63	93
Devon (912)	60	118
Leicestershire (508)	70	115
Cumbria (102)	67	121
Derbyshire (506)	61	74
Lincolnshire (503)	120	204
Staffordshire (413)	184	300
Buckinghamshire (612)	86	131
East Sussex (815)	345	500
Comparator Group	121	189

Region	Section 42 Enquiries per 100,000 Males	Section 42 Enquiries per 100,000 Females
England	193	281
East Midlands	187	268
Eastern	225	338
London	168	237
North East	393	546
North West	216	320
South East	192	279
South West	172	254
West Midlands	169	251
Yorkshire & the Humber	117	177

3) Section 42 Enquiry Rates by Ethnicity

New Section 42 Enquiries per 100,000 Adults for selected LA and Comparator Group by Ethnicity

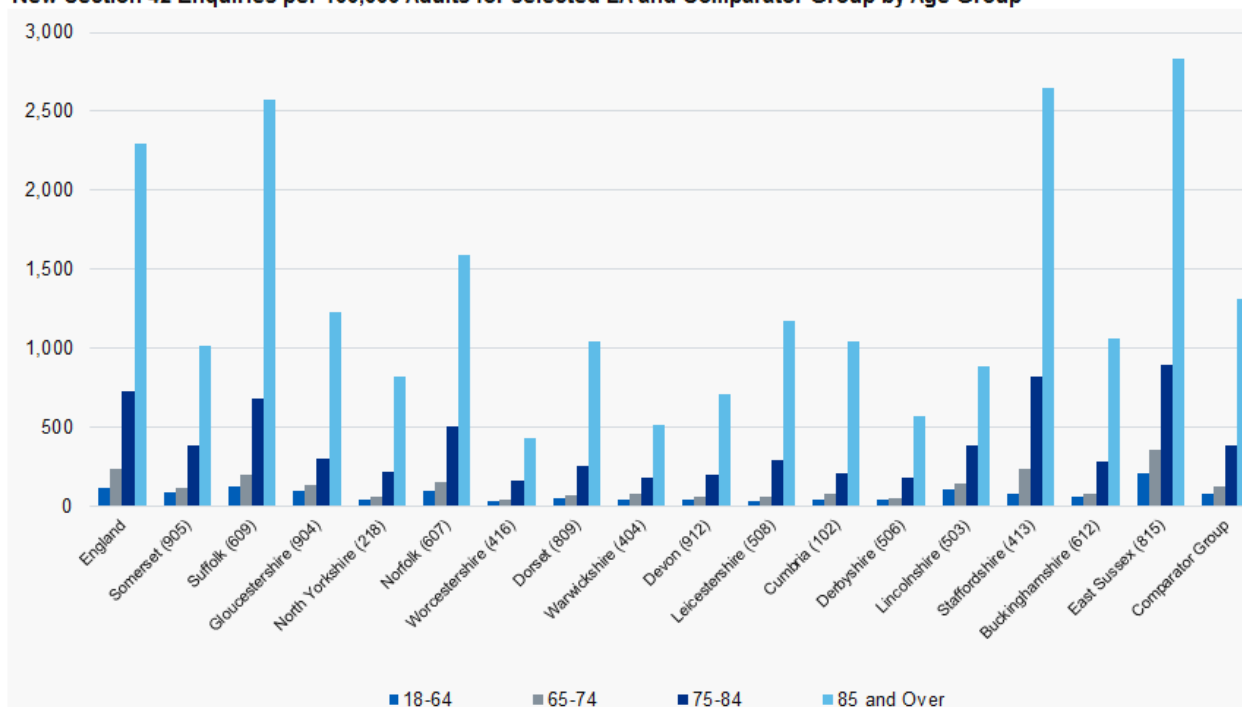


Local Authority (Code)	White	Mixed / Multiple	Asian / Asian British	African / Caribbean	Ethnic Group
England	238	127	106	266	221
Somerset (905)	163	92	0	257	0
Suffolk (609)	271	150	85	383	458
Gloucestershire (904)	143	98	111	327	0
North Yorkshire (218)	89	0	19	55	125
Norfolk (607)	213	95	59	114	60
Worcestershire (416)	56	119	11	52	0
Dorset (809)	128	0	36	0	1,111
Warwickshire (404)	70	28	68	29	57
Devon (912)	87	83	14	84	73
Leicestershire (508)	92	51	45	0	52
Cumbria (102)	90	0	32	208	274
Derbyshire (506)	27	359	652	2,887	3,886
Lincolnshire (503)	172	0	53	0	116
Staffordshire (413)	234	0	73	151	292
Buckinghamshire (612)	107	98	78	112	106
East Sussex (815)	417	360	144	412	596
Comparator Group	150	107	84	301	347

Region	White	Mixed / Multiple	Asian / Asian British	African / Caribbean	Ethnic Group
England	238	127	106	266	221
East Midlands	221	188	132	454	323
Eastern	286	167	94	221	320
London	217	121	106	271	193
North East	456	154	220	319	498
North West	270	135	103	254	261
South East	228	123	79	163	219
South West	203	114	103	467	481
West Midlands	208	91	122	263	179
Yorkshire & the Humber	151	92	76	131	101

4) Section 42 Enquiry Rates by Age Group

New Section 42 Enquiries per 100,000 Adults for selected LA and Comparator Group by Age Group

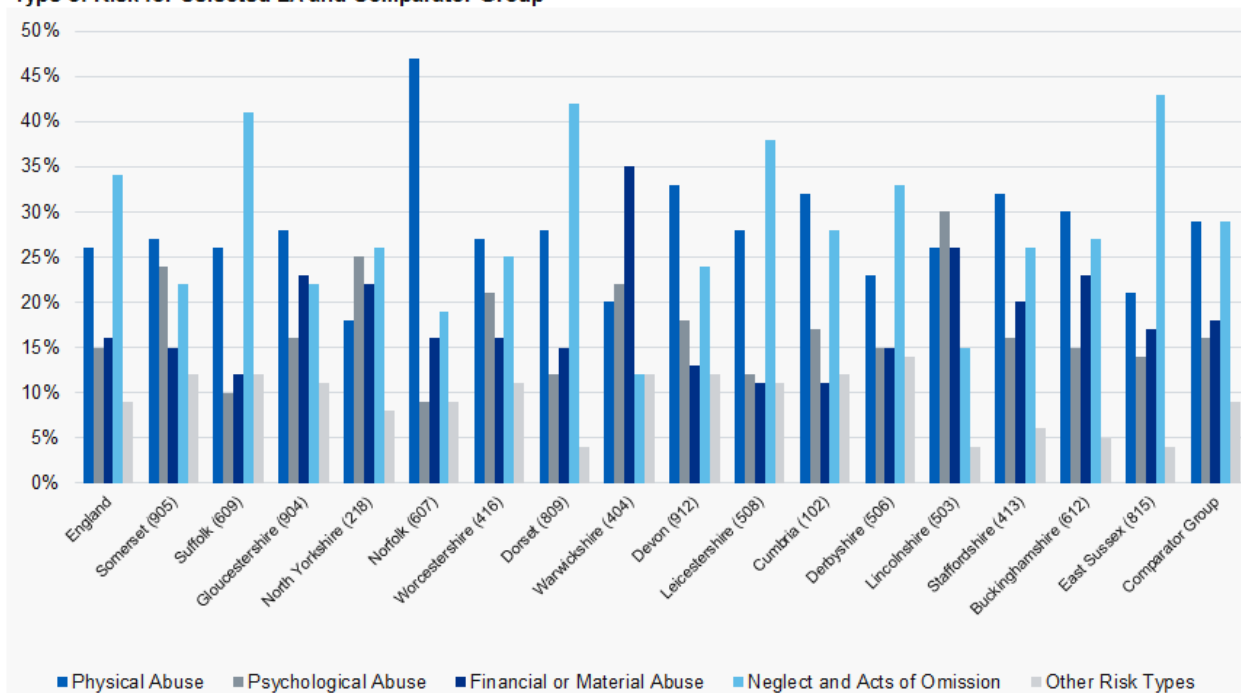


Local Authority (Code)	18-64	65-74	75-84	85 and Over
England	112	236	730	2,297
Somerset (905)	85	114	381	1,012
Suffolk (609)	125	201	685	2,569
Gloucestershire (904)	95	136	301	1,229
North Yorkshire (218)	41	63	216	820
Norfolk (607)	100	148	502	1,590
Worcestershire (416)	29	43	159	435
Dorset (809)	46	66	251	1,046
Warwickshire (404)	45	82	184	518
Devon (912)	44	57	198	708
Leicestershire (508)	34	58	293	1,170
Cumbria (102)	37	74	206	1,041
Derbyshire (506)	37	55	183	568
Lincolnshire (503)	106	140	382	884
Staffordshire (413)	82	233	816	2,650
Buckinghamshire (612)	57	81	279	1,063
East Sussex (815)	207	356	897	2,830
Comparator Group	74	123	389	1,315

Region	18-64	65-74	75-84	85 and Over
England	112	236	730	2,297
East Midlands	118	204	661	2,109
Eastern	137	245	767	2,591
London	97	320	884	2,547
North East	235	463	1,419	4,292
North West	117	262	863	2,842
South East	113	220	650	2,135
South West	107	172	553	1,696
West Midlands	92	219	663	2,040
Yorkshire & the Humber	66	141	463	1,517

5) Risk Type

Type of Risk for Selected LA and Comparator Group



Local Authority (Code)	Physical Abuse	Psychological Abuse	Financial or Material Abuse	Neglect and Acts of Omission	Other Risk Types
England	26%	15%	16%	34%	9%
Somerset (905)	27%	24%	15%	22%	12%
Suffolk (609)	26%	10%	12%	41%	12%
Gloucestershire (904)	28%	16%	23%	22%	11%
North Yorkshire (218)	18%	25%	22%	26%	8%
Norfolk (607)	47%	9%	16%	19%	9%
Worcestershire (416)	27%	21%	16%	25%	11%
Dorset (809)	28%	12%	15%	42%	4%
Warwickshire (404)	20%	22%	35%	12%	12%
Devon (912)	33%	18%	13%	24%	12%
Leicestershire (508)	28%	12%	11%	38%	11%
Cumbria (102)	32%	17%	11%	28%	12%
Derbyshire (506)	23%	15%	15%	33%	14%
Lincolnshire (503)	26%	30%	26%	15%	4%
Staffordshire (413)	32%	16%	20%	26%	6%
Buckinghamshire (612)	30%	15%	23%	27%	5%
East Sussex (815)	21%	14%	17%	43%	4%
Comparator Group	29%	16%	18%	29%	9%

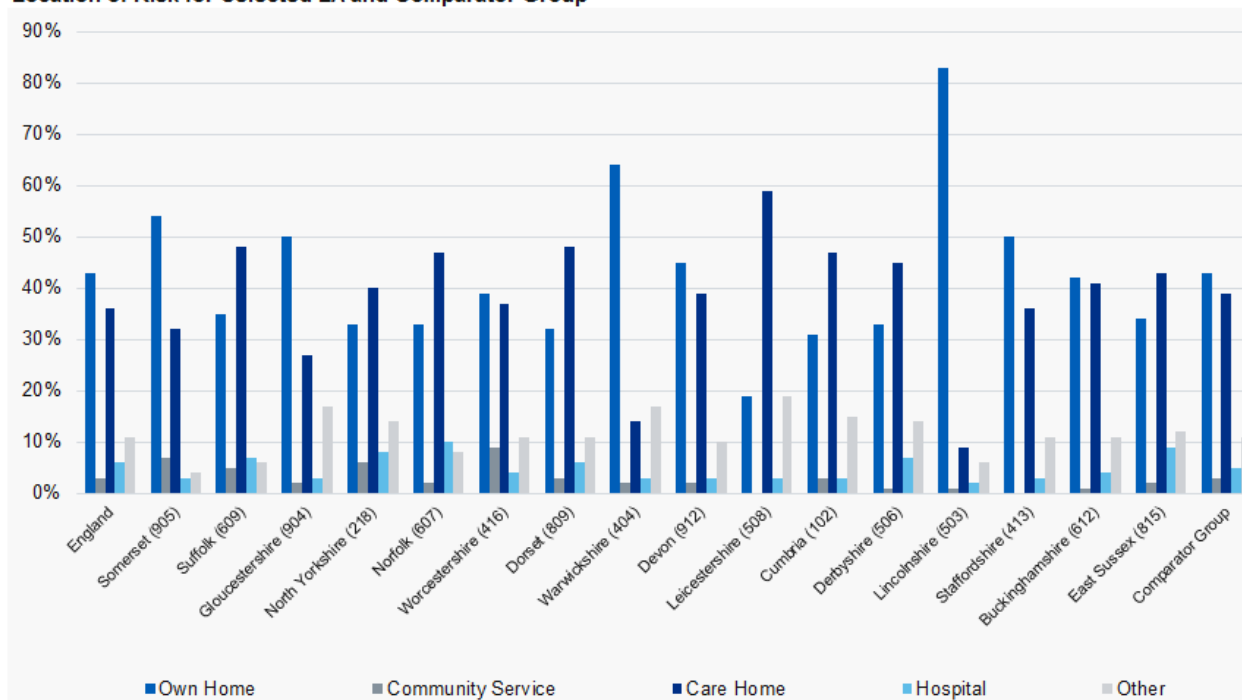
Note: Other Risk Types are; Sexual, Discriminatory, Organisational

Region	Physical Abuse	Psychological Abuse	Financial or Material Abuse	Neglect and Acts of Omission	Other Risk Types
England	26%	15%	16%	34%	9%
East Midlands	26%	14%	16%	33%	11%
Eastern	30%	13%	16%	33%	9%
London	24%	16%	18%	33%	9%
North East	28%	16%	17%	30%	9%
North West	25%	14%	15%	36%	10%
South East	26%	13%	16%	37%	8%
South West	26%	14%	17%	33%	10%
West Midlands	25%	16%	18%	33%	8%
Yorkshire & the Humber	21%	16%	18%	35%	11%

Note: Other Risk Types are; Sexual, Discriminatory, Organisational

6) Location of Risk

Location of Risk for Selected LA and Comparator Group

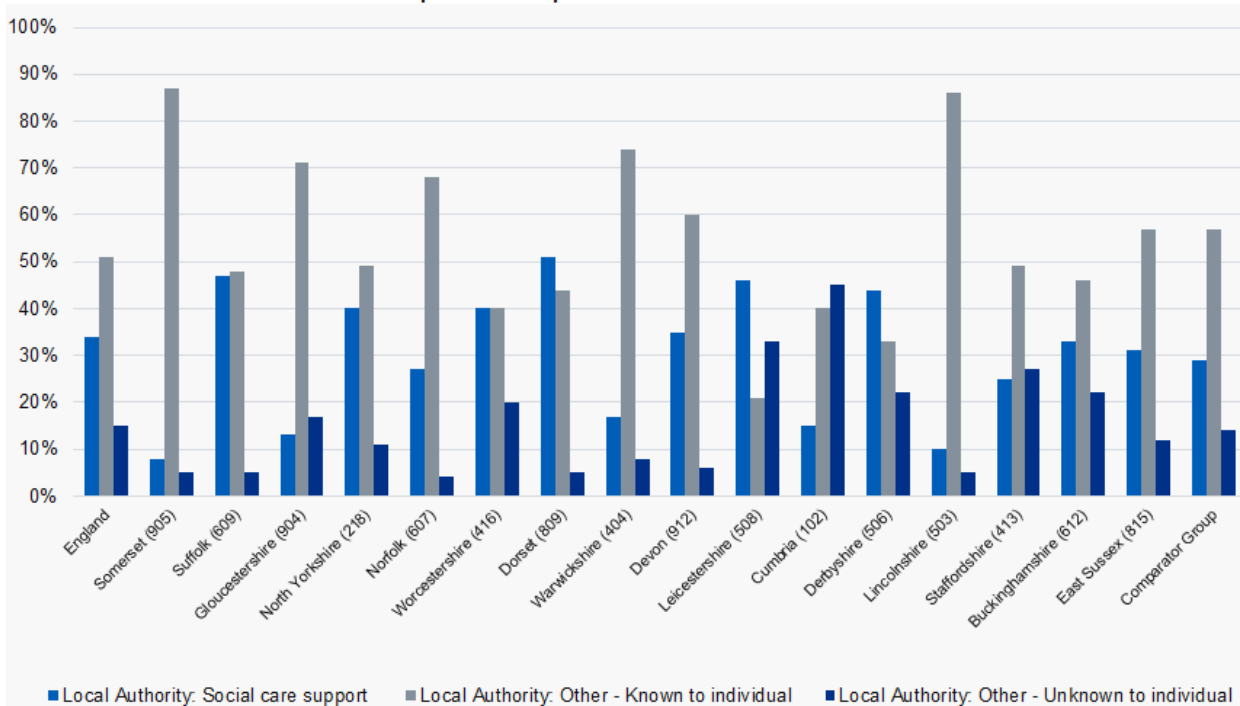


Local Authority (Code)	Community				
	Own Home	Service	Care Home	Hospital	Other
England	43%	3%	36%	6%	11%
Somerset (905)	54%	7%	32%	3%	4%
Suffolk (609)	35%	5%	48%	7%	6%
Gloucestershire (904)	50%	2%	27%	3%	17%
North Yorkshire (218)	33%	6%	40%	8%	14%
Norfolk (607)	33%	2%	47%	10%	8%
Worcestershire (416)	39%	9%	37%	4%	11%
Dorset (809)	32%	3%	48%	6%	11%
Warwickshire (404)	64%	2%	14%	3%	17%
Devon (912)	45%	2%	39%	3%	10%
Leicestershire (508)	19%	0%	59%	3%	19%
Cumbria (102)	31%	3%	47%	3%	15%
Derbyshire (506)	33%	1%	45%	7%	14%
Lincolnshire (503)	83%	1%	9%	2%	6%
Staffordshire (413)	50%	0%	36%	3%	11%
Buckinghamshire (612)	42%	1%	41%	4%	11%
East Sussex (815)	34%	2%	43%	9%	12%
Comparator Group	43%	3%	39%	5%	11%

Region	Community				
	Own Home	Service	Care Home	Hospital	Other
England	43%	3%	36%	6%	11%
East Midlands	39%	3%	37%	8%	13%
Eastern	44%	4%	35%	8%	10%
London	53%	3%	23%	7%	13%
North East	47%	3%	35%	5%	11%
North West	37%	4%	42%	5%	12%
South East	40%	3%	39%	6%	12%
South West	44%	3%	36%	6%	10%
West Midlands	49%	2%	35%	5%	9%
Yorkshire & the Humber	39%	3%	42%	7%	8%

7) Source of Risk

Source of Risk for Selected LA and Comparator Group

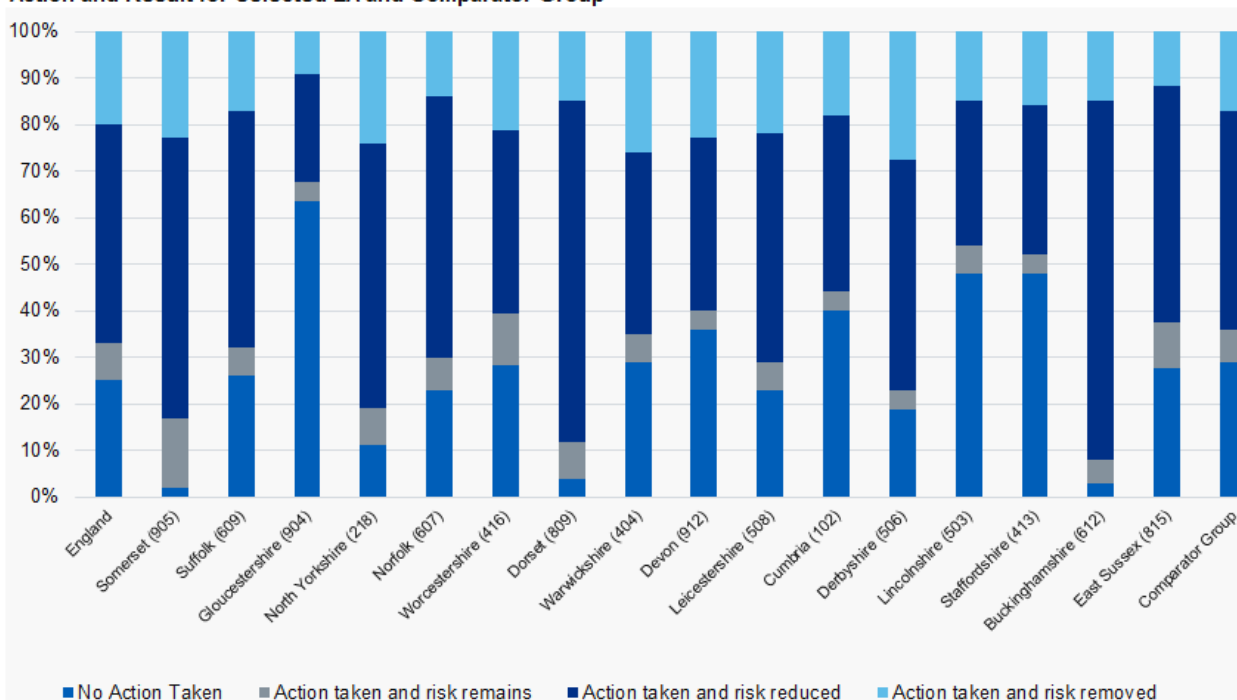


Local Authority (Code)	Social care support	Other - Known to individual	Other - Unknown to individual
England	34%	51%	15%
Somerset (905)	8%	87%	5%
Suffolk (609)	47%	48%	5%
Gloucestershire (904)	13%	71%	17%
North Yorkshire (218)	40%	49%	11%
Norfolk (607)	27%	68%	4%
Worcestershire (416)	40%	40%	20%
Dorset (809)	51%	44%	5%
Warwickshire (404)	17%	74%	8%
Devon (912)	35%	60%	6%
Leicestershire (508)	46%	21%	33%
Cumbria (102)	15%	40%	45%
Derbyshire (506)	44%	33%	22%
Lincolnshire (503)	10%	86%	5%
Staffordshire (413)	25%	49%	27%
Buckinghamshire (612)	33%	46%	22%
East Sussex (815)	31%	57%	12%
Comparator Group	29%	57%	14%

Region	Social care support	Other - Known to individual	Other - Unknown to individual
England	34%	51%	15%
East Midlands	30%	56%	14%
Eastern	31%	58%	10%
London	33%	48%	19%
North East	26%	63%	12%
North West	41%	42%	17%
South East	34%	48%	19%
South West	31%	55%	14%
West Midlands	29%	49%	22%
Yorkshire & the Humber	48%	44%	8%

8) Action and Risk

Action and Result for Selected LA and Comparator Group

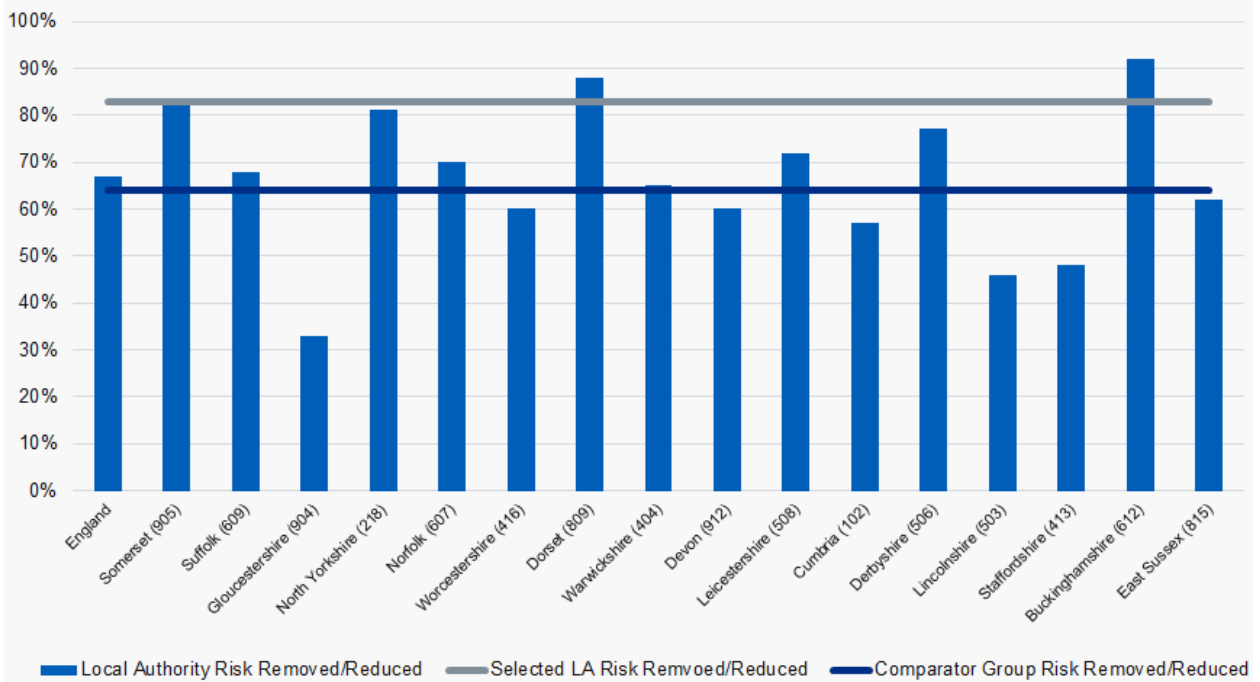


Local Authority (Code)	No Action Taken	Action taken and risk remains	Action taken and risk reduced	Action taken and risk removed
England	25%	8%	47%	20%
Somerset (905)	2%	15%	60%	23%
Suffolk (609)	26%	6%	51%	17%
Gloucestershire (904)	63%	4%	23%	9%
North Yorkshire (218)	11%	8%	57%	24%
Norfolk (607)	23%	7%	56%	14%
Worcestershire (416)	28%	11%	39%	21%
Dorset (809)	4%	8%	74%	15%
Warwickshire (404)	29%	6%	39%	26%
Devon (912)	36%	4%	37%	23%
Leicestershire (508)	23%	6%	49%	22%
Cumbria (102)	40%	4%	38%	18%
Derbyshire (506)	19%	4%	50%	28%
Lincolnshire (503)	48%	6%	31%	15%
Staffordshire (413)	48%	4%	32%	16%
Buckinghamshire (612)	3%	5%	77%	15%
East Sussex (815)	28%	10%	51%	12%
Comparator Group	29%	7%	47%	17%

Region	No Action Taken	Action taken and risk remains	Action taken and risk reduced	Action taken and risk removed
England	25%	8%	47%	20%
East Midlands	30%	7%	45%	18%
Eastern	16%	10%	46%	28%
London	28%	7%	44%	21%
North East	15%	11%	54%	20%
North West	26%	8%	49%	18%
South East	17%	8%	58%	18%
South West	31%	7%	45%	17%
West Midlands	37%	9%	32%	22%
Yorkshire & the Humber	25%	5%	46%	24%

Risk Removed/Reduced

Risk Removed/Reduced for selected LA and Comparator Group

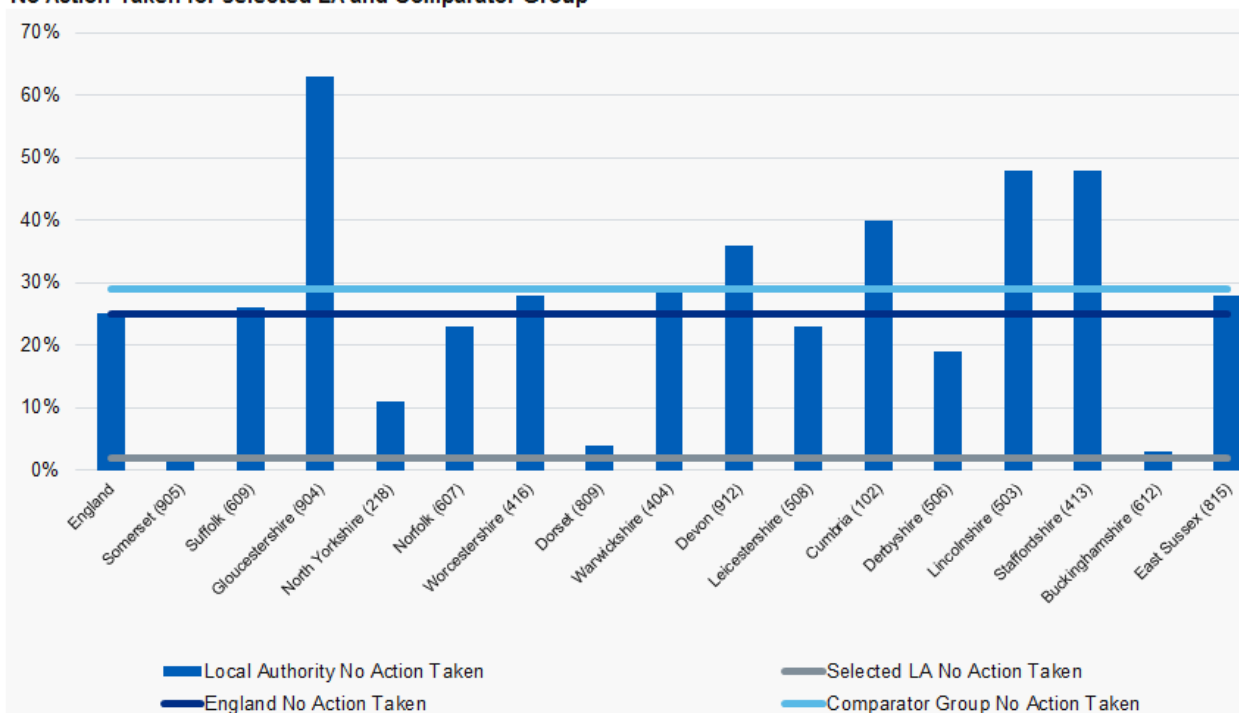


Local Authority (Code)	Risk Reduced/Removed
England	67%
Somerset (905)	83%
Suffolk (609)	68%
Gloucestershire (904)	33%
North Yorkshire (218)	81%
Norfolk (607)	70%
Worcestershire (416)	60%
Dorset (809)	88%
Warwickshire (404)	65%
Devon (912)	60%
Leicestershire (508)	72%
Cumbria (102)	57%
Derbyshire (506)	77%
Lincolnshire (503)	46%
Staffordshire (413)	48%
Buckinghamshire (612)	92%
East Sussex (815)	62%
Comparator Group	64%

Region	Risk Reduced/Removed
England	67%
East Midlands	63%
Eastern	74%
London	65%
North East	74%
North West	66%
South East	76%
South West	62%
West Midlands	54%
Yorkshire & the Humber	70%

No Action Taken

No Action Taken for selected LA and Comparator Group

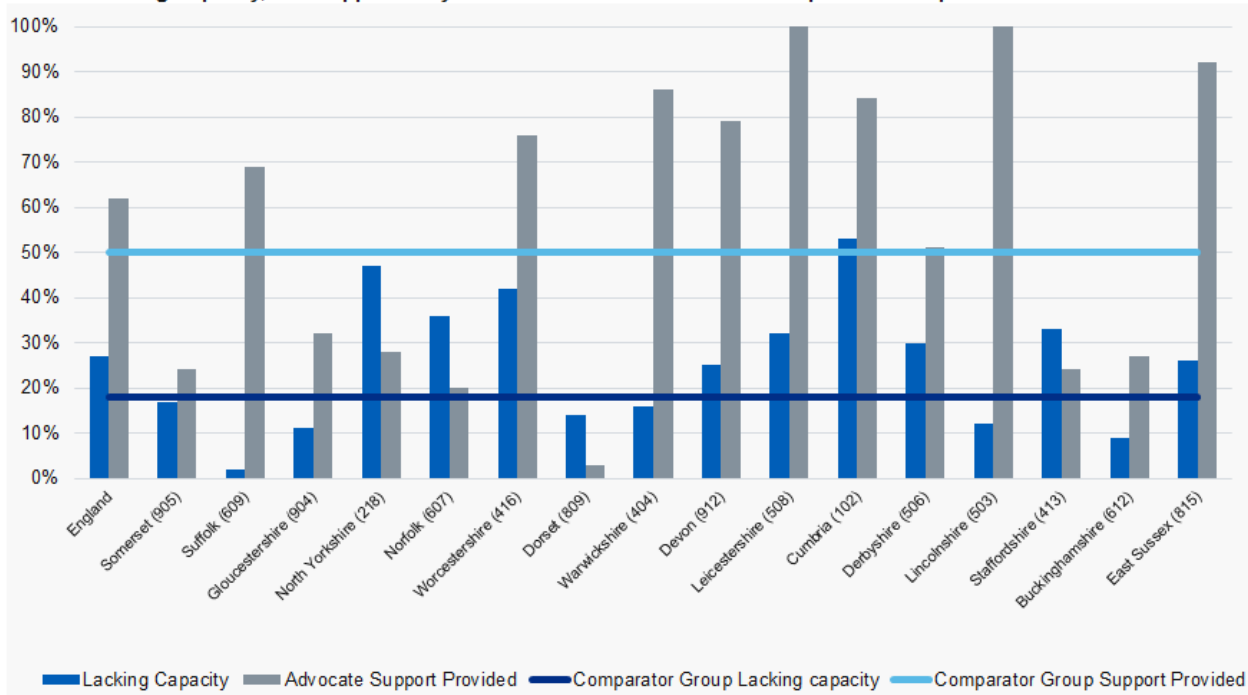


Local Authority (Code)	No Action Taken
England	25%
Somerset (905)	2%
Suffolk (609)	26%
Gloucestershire (904)	63%
North Yorkshire (218)	11%
Norfolk (607)	23%
Worcestershire (416)	28%
Dorset (809)	4%
Warwickshire (404)	29%
Devon (912)	36%
Leicestershire (508)	23%
Cumbria (102)	40%
Derbyshire (506)	19%
Lincolnshire (503)	48%
Staffordshire (413)	48%
Buckinghamshire (612)	3%
East Sussex (815)	28%
Comparator Group	29%

Region	No Action Taken
England	25%
East Midlands	30%
Eastern	16%
London	28%
North East	15%
North West	26%
South East	17%
South West	31%
West Midlands	37%
Yorkshire & the Humber	25%

9) Mental Capacity

Yes for Lacking Capacity, and Supported by Advocate for Selected LA and Comparator Group



Local Authority (Code)	Lacking Capacity	Advocate Support Provided
England	27%	62%
Somerset (905)	17%	24%
Suffolk (609)	2%	69%
Gloucestershire (904)	11%	32%
North Yorkshire (218)	47%	28%
Norfolk (607)	36%	20%
Worcestershire (416)	42%	76%
Dorset (809)	14%	3%
Warwickshire (404)	16%	86%
Devon (912)	25%	79%
Leicestershire (508)	32%	100%
Cumbria (102)	53%	84%
Derbyshire (506)	30%	51%
Lincolnshire (503)	12%	100%
Staffordshire (413)	33%	24%
Buckinghamshire (612)	9%	27%
East Sussex (815)	26%	92%
Comparator Group	18%	50%

Region	Lacking Capacity	Advocate Support Provided
England	27%	62%
East Midlands	25%	67%
Eastern	16%	50%
London	27%	79%
North East	29%	70%
North West	35%	72%
South East	20%	61%
South West	34%	42%
West Midlands	26%	40%
Yorkshire & the Humber	34%	63%
Selected Council	17%	24%

Abandonment of the contract for ReAble Somerset - care and support services for reablement in Somerset

Senior Manager: Stephen Chandler, Director of Adult Social Services, Lead Commissioner Adults and Health.

Lead Officer: Steve Veevers, Strategic Commissioning Manager.

Author: Iona Brimson, Senior Commissioning Officer, Adults and Health

Contact Details: 01823 359141

Cabinet Member: Cllr William Wallace

Division and Local Member: Somerset / All

1. Summary

On 14 December 2016, the Cabinet decided to award contracts (by two geographical lots) to Provider A for the provision of Reablement Services.

Officers carried out the appropriate due diligence checks prior to the decision to award. However, due diligence is a continuing obligation with further significant checks carried out following the award decision but prior to the signing of the contract(s).

During the standstill period, Officers received information from an unsuccessful tenderer which merited careful consideration and the standstill period was formally extended for Lot 2. As Provider A was the successful bidder for both lots, the contract for Lot 1 has not been progressed to signature either.

Provider A has informed the Council that it would need to make material changes to their delivery model. The changes were not part of the tender that was evaluated by the Council.

Information has also been obtained from Provider A's referees and from Provider A in order to ensure the Council makes an informed and proportionate decision which respects EU procurement principles and complies with the Public Contracts Regulations 2016.

As a direct consequence of the information received at various stages since the decision on 14 December 2016, including that information voluntarily provided by Provider A, Officers do not consider that it is in the best interests of the Council or the vulnerable users of the Reablement Service to proceed with concluding the award to Provider A. Further, Officers recommend that the entire procurement (both lots) is abandoned in order to take time to consider carefully the issues raised by the current procurement process and whether they might need to be reflected in a revised procurement.

2. Issues for consideration / Recommendations

2.1. The Committee is asked to consider and comment on the decision of the Leader of the Council:

1. The ReAble Somerset procurement (both lots) is abandoned with immediate effect for the reasons set out in this report; and
2. Appendix A is subject to legal professional privilege and is also treated as exempt information, as the case for the public interest in maintaining the exemption outweighs the public interest in disclosing that information.

3. Background

1. The procurement process was conducted under the Light Touch Regime in accordance with the requirements of the Public Contracts Regulations 2015 and as set out in the tender documentation. The evaluation process was robust with a strong representative evaluation panel. Each panel member scored each Tender on an individual basis prior to the meetings held between 31 October – 02 November 2016, where the whole panel agreed scores and comments on a consensus basis. A member of the SCC Commercial and Procurement Team was present to facilitate all aspects of this meeting to ensure fairness and transparency.
2. The Council has lost confidence in Provider A's ability to deliver the service in accordance with its tender and the procurement documents to the standard the Council requires.
3. Provider A has indicated that, for reasons it claims to be beyond its control, it would now need to change the model by which they would deliver the service from that set out in its tender – to a sub-contracting model for at least for the first 12-18 months. This model was not part of the tender and was not evaluated. The Council is unable to accept this change, as to do so would breach the EU procurement principles of equal treatment and transparency.
4. Furthermore, it appears that the newly proposed model is in its infancy with much work required to put in place the necessary arrangements with the result that the full service may not be capable of delivery from the outset on 27 March 2017.
5. Provider A has also requested changes relating to price, which the Council is unable (and unwilling) to accept, for reasons of equal treatment, transparency and its own commercial interest.
6. Officers consider that it is in the best interests of the Council and vulnerable service users to abandon the procurement in order to examine the issues which have arisen since the decision on 14 December 2016. This is considered necessary and proportionate, as the outcome of such careful examination may need to be reflected in a revised procurement – whether through a revised specification (e.g. lots, delivery model), different selection/award criteria and other aspects

of the procurement documents.

4. Consultations undertaken

- 4.1. Wide consultation for the procurement process was undertaken and this is detailed within the original cabinet decision paper (add appendix number) dated.
- 4.2. Legal advice on the events as they emerged following the Cabinet decision on 14 December 2016 has been provided by the Council's Senior Solicitor. Additional advice has been provided by Counsel. This advice is summarised in Confidential Appendix A. The advice is subject to legal professional privilege and is exempt information for the purposes of Section 100 of, and Schedule 12A to, the Local Government Act 1972

The Senior Solicitor is satisfied that the Council has the right and justification to abandon the procurement process, even at this late stage.

5. Implications

- 5.1. There are implications in relation to ensuring sufficient reablement services (or similar services which can deliver the required outcomes) after March 2017. Officers are currently considering a number of options on this.

It has to be remembered that the reablement service is short-term intervention of up to a maximum of, 6 weeks. It is not therefore envisaged that existing users will be adversely affected by a change in service provision or delay in the procurement. However, officers will be alive to this issue and work hard to ensure service continuity where needed.

Officer's key aim has always been to ensure that a high quality and viable reablement services is available to those people that have need it in Somerset. All options have been considered and risks balanced, which would show that the risk of limited or no service, in some or all of Somerset would be a distinct possibility, posing the greatest risk to vulnerable adults, health partners and Somerset County Council by a service not being available, in an unplanned way.

Other than the staff time and resources required in considering future service delivery and any resulting procurement, there are no internal HR implications. However, with the current homecare contracts coming to an end on 26th March 2017, officers are alive to the implications for staff of the existing providers and will need to engage with those providers sensitively.

There has been a cost in terms of officer time and resources in running the procurement process, including the prior market engagement events. There will be a further cost to the Council in running a fresh procurement process, should that be the decision taken following the review outlined above.

The value of the contracts was £3.8 million per annum. It cannot be ruled out that the value of future contracts will be higher than that. There will also be the cost of any interim arrangements that the Council may in future decide to put in

place, pending the completion of any new procurement process.

We are working with a wide range of stakeholders including our acute trusts, community and care provider partners to ensure that we can continue to deliver a consistent service whilst we consider our longer term options.

6. Background papers

- 6.1.** Appendix A: Confidential Key Decision Report 1st February 2017
- Appendix B: Confidential Legal Advice
- Appendix C: Cabinet Decision Report (award) December 2016

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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Decision Report – Key decision

14th December 2016

Award contracts for ReAble Somerset - care and support services for reablement Somerset

Cabinet Member(s): Cllr William Wallace – Cabinet Member for Adults and Health Division and Local Member(s): All

Senior Manager: Stephen Chandler – Director of Social services, Lead Commissioner Adults and Health

Lead Officer: Steve Veevers, Strategic Commissioning Manager

Author: Iona Brimson, Senior Commissioning Officer

Contact Details: 01823 359141

	Seen by:	Name	Date
	County Solicitor	Honor Clarke	16/11/16
	Monitoring Officer	Julian Gale	22/11/16
	Corporate Finance	Kevin Nacey	16/11/16
	Human Resources	Chris Squire	16/11/16
	Property / Procurement / ICT	Richard Williams	16/11/16
	Senior Manager	Stephen Chandler	18/11/16
	Local Member(s)	All	18/11/16
	Cabinet Member	Cllr William Wallace	18/11/16
	Opposition Spokesperson	Cllr Jane Lock	21/11/16
	Relevant Scrutiny Chairman	Cllr Hazel Prior-Sankey	16/11/16
Forward Plan Reference:	FP/16/09/16		
Summary:	<p>The report requests approval to award the ReAble Somerset contract for reablement care and support services from 27th March 2017 which has been tendered in accordance with Contract Standing Orders and the Public Contract Regulations 2006. The contract opportunity advertised was 3 year and, subject to future decisions, the opportunity to agree two further periods of up to 12 months; resulting in a potential 5 year contract in total starting on 27 March 2017.</p> <p>Provider A has been selected as the preferred bidder for Lots 1 and 2 following their performance in the evaluation process. The report highlights the implications and risks of this decision. Details of the tendering process follows and the identity of the successful organisation can be found in the confidential Tender Evaluation Report attached as Appendix A.</p>		
Recommendations:	Following consideration of the confidential appendix and the equalities impact assessment, it is recommended that Cabinet:		

	<ol style="list-style-type: none"> 1. Endorses the procurement process and approves the selection of the service provider A (as set out in Appendix A) to be awarded a three year contract to deliver the ReAble Somerset service across Somerset (Lots 1 and 2). 2. Agrees that Appendix A be treated as exempt information, and treated in confidence, as the case for the public interest in maintaining the exemption outweighs the public interest in disclosing that information. 3. Subject to the approval of recommendation 2 above, agree to exclude the press and public from the meeting where there is any discussion at the meeting regarding exempt or confidential information (appendix A) : <p>Exclusion of the Press and Public To consider passing a resolution under Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 to exclude the press and public from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, within the meaning of Schedule 12A to the Local Government Act 1972:</p> <p>Reason: Information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>
<p>Reasons for Recommendations:</p>	<p>To approve the procurement and selection of provider A to deliver reablement services for people who meet the Care Act eligibility criteria for reabling. This service has previously been an addition to the block contracted homecare service.</p> <p>The proposed approval follows the Non Key decision to go ahead to tender for the Care and Support at Home Services taken by the Cabinet Member for Adult Social Care on the 21st December 2015.</p> <p>The service will support people coming out of hospital to aid a timely or early discharge, or support people at high risk of being admitted or re-admitted to hospital who can be safely supported at home and in so doing prevent an avoidable hospital admission.</p>
<p>Links to Priorities and Impact on Service Plans:</p>	<p><u>County Plan Priorities and Targets:</u></p> <p>Somerset is a safer and healthier place where:</p>

	<ul style="list-style-type: none"> • Our most vulnerable people have the care they need and the choices they want. <ul style="list-style-type: none"> ○ Help vulnerable and elderly people stay in their own homes for longer. <p>Somerset is a place where people have the good quality services they need by:</p> <ul style="list-style-type: none"> • Giving residents a voice and acting on what they say. <p><u>Adult Social Care Commissioning Intentions 2015/16 – 2016/17</u></p> <ul style="list-style-type: none"> • Key Activity 1: Providing high quality reablement services for care and support for people at home. <p><u>Social Value Policy</u></p> <p>Commissioning and procurement practices and underlying principles of:</p> <ul style="list-style-type: none"> • Sustainable Procurement. • Taking a value for money approach, rather than lowest cost, when assessing contracts. • Considering the most appropriate form of consultation, accounting for requirements of people and organisations being consulted, size of procurement, and likely impact of procurement. Including consulting supply markets, as appropriate, before formal procurement to develop robust and intelligent specifications
<p>Consultations undertaken:</p>	<p>As part of the tender for Care and Support at Home a number of Market Engagement events have taken place during 2015 and 2016 to help design and consult on a new model for care at home in Somerset. A Project Board guided the exercise, and members participated in discussions about the formulation of the commissioning proposals. It was agreed for the reablement service which is currently part of the wider homecare service to be tendered as a separate service, and a new model of a reablement service designed. The ethos of the service is to help people regain life skills that they have temporarily lost, or where there has been a gradual deterioration or they are at risk of losing their ability, and to help people be as independent as possible. The service is short term with a focus on continuous review and settling. As well as to develop one Support and Care Plan that ensures any services are coordinated, and as a result reduce dependency on statutory services where possible. .</p> <p>A pre-tender launch concluded the Market Engagement process July 2016.</p>
<p>Financial</p>	<p>The contracts for Reablement care and support services total</p>

Implications:	£3.8 million per annum. There are no specific savings are attached to this service model. However, over time we anticipate the demand for longer term home care services to reduce where successful reablement has been achieved. This may mean we see an increase in the use of reablement services which will be supported by the reduced demand in longer term services.						
Legal Implications:	<p>A competitive OJEU tendering process was undertaken from July 2016.</p> <p>The commissioning method followed a new light-touch set of procurement rules. There is no requirement to use the full EU procurement procedures. This gives commissioners more flexibility for the procurement although general principles of procurement law were still applied.</p> <p>The proposal supports a model that can contribute towards the improvement of an individual's wellbeing. The model therefore meets our statutory duties under the Care Act 2014.</p> <p>Contracts will include robust break clauses enabling rapid termination in the event of inadequate delivery.</p> <p>Appendix A to this report contains commercially sensitive information relating to the contract and the Council's financial and business affairs. Officers recommend that this is treated as exempt information. "Exempt information" is defined by Section 100 of the Local Government Act 1972, by Schedule 12A to that Act.</p>						
HR Implications:	There are no HR implications for SCC employees, but there may be implications for employees currently employed in the delivery of reablement care and support services by current strategic homecare providers - these contracts come to an end on the 26 th March 2017. TUPE implications may apply.						
Risk Implications:	<p>There are risk implications in relation to ensuring sufficient continuity of existing reablement services after March 2017, including continuity of care and support for existing users of the service. A sufficient supply of reablement important to SCC's wider commissioning strategy for both Delayed Transfers of Care (DTC) and long term care.</p> <p>A Per-tender event was undertaken in July 2015 to gauge interest and to give potential providers sufficient lead in time.</p> <table border="1" data-bbox="512 1839 1465 1879"> <tr> <td>Likelihood</td> <td>5</td> <td>Impact</td> <td>5</td> <td>Risk Score</td> <td>25</td> </tr> </table>	Likelihood	5	Impact	5	Risk Score	25
Likelihood	5	Impact	5	Risk Score	25		
Other Implications (including due regard implications):	There are no specific equalities or wider social impact considerations as the re-commissioning of the integrated care and support service will build on and take into account existing arrangements.						
Scrutiny comments							

/ recommendation (if any):	Not applicable.
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1. Background

1.1. This service is for people who meet the Care Act eligibility criteria for reabling.

1.1. Reabling care describes short term support that aims to help an individual live independently at home for as long as possible.

1.2. People can gain from this type of service, as many of them will benefit from:

- avoiding an unnecessary hospital admission
- services to help them recover further and re-build confidence after an illness or when ready to leave hospital
- the opportunity for further recovery before making a decision about long term care needs.

1.3 Reabling care is characterised by NHS and/or social care staff identifying what a person can do, what is causing difficulty and their potential to recover further if they are offered specific therapy and support over a short period, usually six weeks but up to a maximum of six weeks. If a person qualifies for this type of support, specific goals will be agreed and a care plan developed for intermediate care.

1.4 Adults must meet the criteria detailed below to be eligible for this service:

- 18 years of age or over;
- Living within the geographical area within Somerset County boundaries. People who are ordinarily resident outside of Somerset will not be eligible even if they are registered with a Somerset based General Practitioner (this does not include emergency care for people visiting in Somerset);

1.5 Additionally, one or more of the following criteria must be met:

- People with the potential to benefit from an active reabling intervention programme (not a simple equipment request only), who must be stable and safe to be at home between visits.
- People who are medically well to be discharged from any hospital and need intervention to maintain or regain their independence.
- People who can be helped to avoid hospital admission.
- People who can be helped short-term, to prevent or reduce the need for long-term home care support
- People whose existing long-term current home care packages could be reduced following a reabling intervention.
- People who require a time critical response to prevent an unnecessary hospital admission, where support can be given at short notice.
- For people who, by providing the right level of support will help them to regain/improve their independence

- 1.6 The key feature of the service is person centred co-ordination and on-going review (throughout the duration of the service). There may also be a requirement for the service to deliver some short term care and support as well as involving other services from the voluntary and community sector.
- 1.7 The service will support people coming out of hospital to aid a timely or early discharge, or support people at high risk of being admitted or re-admitted to hospital who can be safely supported at home and in so doing prevent an avoidable hospital admission. It also includes provision to support the Early Supported Discharge Team (ESD) for stroke patients.
- 1.8 The service is funded by the Service Purchaser (Somerset County Council) for a single package of support which may be required for up to 6 weeks.
- 1.9 There are currently 7 strategic homecare providers providing a reablement service in Somerset with SCC commissioning care and support to approximately 300 people a week:
- Average hours per user per week over 6 weeks: 6 hours per week
 - Average new referral's per week: 70
 - Total people in the service over the year: 3,600

- 1.10 The existing contracts for care and support for both homecare and reablement expire during March 2017.

2 Options considered and reasons for rejecting them

- 2.6 Withdrawing all funding and not re-commissioning the service would significantly undermine the Council's early help and prevention agenda. This option would create a significant risk to service delivery and service budgets, in particular social care, in the form of increased demand and greater intensity of presenting needs in the near future. It would also have an immediate and very significant negative impact on the exiting service users, their families and carers as well as on the current service providers.
- 2.7 The option of continuing with a combined homecare and reablement was considered, however, they are separate services with a different delivery requirement and specification.
- 2.8 Re-commissioning a specialist reablement care and support service through a competitive process has been preferred as this clearly defines the service with a clear pathway for both provider and recipient.

3 Background Papers

- 3.6 Approval to go ahead to tender for the Care and Support at Home Services for Adults in Somerset. Agreed by the Cabinet Member for Adult Social Care on December 21st 2015.

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Scrutiny for Adults and Health Work Programme – as at 21 February 2017

Agenda item	Meeting Date	Details and Lead Officer
9.30am start – Dementia Friends to follow	01 March 2017	
Council Performance Monitoring Report – Q3 2016/17		Emma Plummer
Mental Health Services Update		Deborah Howard/Rhian Bennett
Adult Social Care Performance update		Stephen Chandler
Patient Safety & Quality Report – Q3		Sandra Corry / Debbie Rigby
Reablement Contract update		Steve Veevers
Learning Disability Provider Service (verbal update)		Steven Chandler
	29 March 2017	
Winter Plan update		Mel Lock/Tim Baverstock/Alison Henly/Dr Ed Ford/Andy Heron
Somerset Autism Strategy		Deborah Howard
Somerset Sustainability & Transformation Plan update		Dr Matthew Dolman
Shared Maternity & Paediatric Services Proposal		Ann Harris
Extended Access to GP Services		Ann Anderson
	21 June 2017	
Update on Sexual Health Contract		Alison Bell/Michelle Hawkes
Council Performance Monitoring Report – Q4 2016/17		Emma Plummer
	12 July 2017	
Progress update on Minehead & Williton Hospitals		Andy Heron (SomPar)
NHS 111 and OOH Service Performance Report		Alison Henly (CCG)
	20 September 2017	
ReAble Somerset Contract Performance		Stephen Chandler /Steve Veevers /Iona Brimson

Scrutiny for Adults and Health Work Programme – as at 21 February 2017

update		
Mental Health Promotion		Christina Gray
	11 October 2017	
Pharmaceutical Needs Assessment		Pip Tucker
	08 November 2017	
	06 December 2017	

Note: Members of the Scrutiny Committee and all other Members of Somerset County Council are invited to contribute items for inclusion in the work programme. Please contact Jamie Jackson, Service Manager Scrutiny, who will assist you in submitting your item. jjackson@somerset.gov.uk 01823 359040

To be added:

- Serious Case Reviews (as applicable)
- CQC Inspection findings (as applicable)
- Community Safety Conference
- Shared Maternity & Paediatric Services (as applicable)
- Dimensions Update (as applicable)
- Sustainability Transformation Plan – Implementation
- Update on the Milverton & Wiveliscombe GP surgery (Jun/Jul)

Somerset County Council Forward Plan of proposed Key Decisions

The County Council is required to set out details of planned key decisions at least 28 calendar days before they are due to be taken. This forward plan sets out key decisions to be taken at Cabinet meetings as well as individual key decisions to be taken by either the Leader, a Cabinet Member or an Officer. The very latest details can always be found on our website at:

<http://democracy.somerset.gov.uk/mgListPlans.aspx?RPId=134&RD=0&FD=1&bcr=1>

Regulation 8 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 defines a key decision as an executive decision which is likely:

(a) to result in the relevant local authority incurring expenditure which is, or the making of savings which are, significant having regard to the relevant local authority's budget for the service or function to which the decision relates; or

(b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the relevant local authority.

The Council has decided that the relevant threshold at or above which the decision is significant will be £500,000 for capital / revenue expenditure or savings. Money delegated to schools as part of the Scheme of Financial Management of Schools exercise is exempt from these thresholds once it is delegated to the school.

Cabinet meetings are held in public at County Hall unless Cabinet resolve for all or part of the meeting to be held in private in order to consider exempt information/confidential business. The Forward Plan will show where this is intended. Agendas and reports for Cabinet meetings are also published on the Council's website at least five clear working days before the meeting date.

Individual key decisions that are shown in the plan as being proposed to be taken "not before" a date will be taken within a month of that date, with the requirement that a report setting out the proposed decision will be published on the Council's website at least five working days before the date of decision. Any representations received will be considered by the decision maker at the decision meeting.

In addition to key decisions, the forward plan shown below lists other business that is scheduled to be considered at a Cabinet meeting during the period of the Plan, which will also include reports for information. The monthly printed plan is updated on an ad hoc basis during each month. *Where possible the County Council will attempt to keep to the dates shown in the Plan. It is quite likely, however, that some items will need to be rescheduled and new items added as new circumstances come to light.* Please ensure therefore that you refer to the most up to date plan.

For general enquiries about the Forward Plan:

- You can view it on the County Council web site at <http://democracy.somerset.gov.uk/mgListPlans.aspx?RPId=134&RD=0&FD=1&bcr=1>
- You can arrange to inspect it at County Hall (in Taunton).
- Alternatively, copies can be obtained from Scott Wooldridge or Julia Jones in the Community Governance Team by telephoning (01823) 359027 or 357628.

To view the Forward Plan on the website you will need a copy of Adobe Acrobat Reader available free from www.adobe.com
Please note that it could take up to 2 minutes to download this PDF document depending on your Internet connection speed.

To make representations about proposed decisions:

Please contact the officer identified against the relevant decision in the Forward Plan to find out more information or about how your representations can be made and considered by the decision maker.

The Agenda and Papers for Cabinet meetings can be found on the County Council's website at:
<http://democracy.somerset.gov.uk/ieListMeetings.aspx?CId=134&Year=0>

Weekly version of plan published on 6 February 2017

FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
FP/16/12/06 First published: 3 January 2017	Not before 13th Feb 2017 Cabinet Member for Adult Social Care	Issue: Specialist mental health carers services Decision: To award a contract for the provision of specialist mental health carers services		Part exempt The item is likely to contain information relating to the financial or business affairs of any particular person (including the authority holding that information).	Rhian Bennett, Senior Commissioning Officer Tel: 01823 359793
FP/16/12/05 First published: 3 January 2017	Not before 13th Feb 2017 Cabinet Member for Adult Social Care	Issue: Specialist mental health day services Decision: To award a contract for the provision of specialist mental health day services		Part exempt The item is likely to contain information relating to the financial or business affairs of any particular person (including the authority holding that information).	Rhian Bennett, Senior Commissioning Officer Tel: 01823 359793
FP/16/10/04 First published: 3 October 2016	Not before 13th Feb 2017 Director of Commissioning for Economic and Community Infrastructure	Issue: Award and enter a contract for the delivery of broadband services for Lot 1 of the CDS SEP procurement Decision:			Katriona Lovelock, Economic Development Officer Tel: 01823 359873
FP/16/10/04 First published: 3 October 2016	Not before 13th Feb 2017 Director of Commissioning for Economic and Community Infrastructure	Issue: Award and enter contract for the delivery of broadband services for Lot 4 of the CDS SEP procurement Decision:			Katriona Lovelock, Economic Development Officer Tel: 01823 359873

Weekly version of plan published on 6 February 2017

FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
<p>FP/17/01/03 First published: 16 January 2016</p>	<p>15 Feb 2017 Cabinet Member for Business Investment & Policy</p>	<p>Issue: Contract for the provision of SME Business Support for Hinkley Point C Supply Chain and Nuclear South West Inward Investment Expertise Decision: Contract for the provision of SME Business Support for Hinkley Point C Supply Chain and Nuclear South West Inward Investment Expertise</p>	<p>Hinkley Point C supply chain business support contract</p>		<p>Paul Chadwick, Senior Economic Development Officer Tel: 07977413850</p>
<p>FP/17/01/06 First published: 23 January 2017</p>	<p>Not before 20th Feb 2017 Cabinet Member for Children and Families</p>	<p>Issue: Capital Investment Programme 2017: Early Years Sufficiency Decision: Approves the allocations for capital funding to enable early years build projects to be commissioned</p>	<p>Early Years Commissioning Capital Project allocation Early Years and School Place Planning Infrastructure Growth Plan 2016 Key Decision taken by the cabinet member for children and families 'Capital bid to the EFA: Early Years projects to support delivery of 30 hours funded childcare' 19th December 2016</p>		<p>Charlotte Wilson, Service Manager Early Years Commissioning Tel: 01823 357386</p>

Weekly version of plan published on 6 February 2017

FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
<p>FP/17/01/04 First published: 23 January 2017</p>	<p>20 Feb 2017 Cabinet Member for Children and Families</p>	<p>Issue: Early Years Single Funding Formula 2017/18 Decision: To amend the Early Years Single Funding Formula to reflect revised rates per hour for early years providers offering the early years entitlement from 1st April 2017</p>	<p>Summary of responses to consultation with Somerset's funded early years providers Dec – Jan 2017 Analysis of responses to DfE call for evidence on the cost of providing childcare Early Years National Funding Formula allocations and guidance Early Years Single Funding Formula 2017/18</p>		<p>Charlotte Wilson, Service Manager Early Years Commissioning Tel: 01823 357386</p>
<p>FP/16/12/11 First published: 3 January 2017</p>	<p>23 Feb 2017 HR & OD Director</p>	<p>Issue: Procurement of the South West Regional Partnership 2 'Step Up to Social Work' Higher Education Institute (programme provider) Decision:</p>	<p>Step Up To Social Work</p>		<p>Anna Elliott, Principal Social Worker and Service manager Tel: 01823 355225</p>
<p>FP/17/02/03 First published: 7 February 2017</p>	<p>Not before 7th Mar 2017 Cabinet Member for Children and Families</p>	<p>Issue: Creation of three New Academies in Somerset Decision: The Secretary of State for Education has directed via an Academy Order, the conversion to Academy Status for the following three schools Chilton Trinity, Westover Green Community School, Puriton Primary</p>	<p>Academies Act 2010</p>		<p>Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260</p>

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FP/17/02/05 First published: 8 February 2017	Not before 8th Mar 2017 Cabinet Member for Children and Families	Issue: Capital Investment Programme: Schools Basic Need, Schools Condition & Schools Access Initiative - 2017/18 Decision: That the Cabinet Member for Children and Families approves the capital allocations for 2017/18			Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260
FP/17/02/04 First published: 7 February 2017	Not before 13th Mar 2017 Cabinet Member for Highways and Transport	Issue: Use of National Productivity Investment Fund Grant Decision: To agree how the National Productivity Investment Fund Grant Allocation for highways and transport networks for 2017/18 will be used			Mike O'Dowd-Jones, Strategic Commissioning Manager – Highways and Transport Tel: 01823 356238
FP/17/01/07 First published: 30 January 2017	Not before 13th Mar 2017 Cabinet Member for HR Health and Transformation	Issue: Public Health Savings Plan 2017 - 18 Decision: This paper sets out the plan to achieve the savings for the national grant cut for 2017/18.			Christina Gray, Consultant in Public Health Tel: 01823 359436
FP/17/01/05 First published: 23 January 2017	Not before 13th Mar 2017 Cabinet Member for Children and Families	Issue: Implementation of Prescribed Alterations - Special Schools Decision: To agree to implement the recently consulted on proposals relating to 7 of Somerset's maintained special schools.	Prescribed Alterations at Special Schools – Consultation Report		Phil Curd, Service Manager: Specialist Provision and School Transport Tel: 01823 355165

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FP/16/11/10 First published: 27 September 2016	15 Mar 2017 Cabinet	Issue: Children's Services Improvement - Somerset's Children and Young People's Plan 2016-19 progress Decision: To consider the report and agree necessary actions.	Report to Cabinet 29 April	Open	Philippa Granthier, Assistant Director Childrens Services Tel: 01823 359054
FP/16/12/01 First published: 8 December 2016	15 Mar 2017 Cabinet	Issue: Award contract for a carers support service Decision: Agree the decision to award for a carers support service following conclusion of a competitive tender process.		Part exempt confidential tender information anticipated.	Vicky Chipchase, Senior Commissioning Officer Tel: 07775 406590
FP/17/02/06 First published: 14 February 2017	15 Mar 2017 Cabinet	Issue: Award of Family Based Care (fostering) Peninsula Framework Decision: The five peninsula authorities have jointly tendered for a framework of fostering agencies, assessed for quality and value for money. Cabinet is asked to approve the results of this tender.	Report on Somerset's proposed award Peninsula report on the process and results of tender	Part exempt	Louise Palmer, Strategic Commissioner
FP/16/05/02 First published: 9 January 2017	Not before 3rd Apr 2017 Cabinet Member for Highways and Transport	Issue: Road Safety Strategy Update Decision: To agree to adopt the updated Road Safety Strategy			Sunita Mills, Service Commissioning Manager Tel: 01823 359763

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FP/17/01/08 First published: 30 January 2017	12 Apr 2017 Cabinet	Issue: Decision to award the contract for the Yeovil Western Corridor Improvement Scheme Decision: To consider the report	Tender evaluation report	Part exempt	Nisha Devani
FP/17/02/01 First published: 14 February 2017	Not before 22nd May 2017 Cabinet Member for Children and Families	Issue: Award of Contract for the provision of a 3 Classroom Block at Court Fields School, Wellington Decision: To approve the awarding of the contract to the successful contractor	Confidential Financial Report Capital Programme Paper	Part exempt	Carol Bond, Project Manager, Property Programme Team Tel: 01823 355962
FP/16/08/05 First published: 15 August 2016	Not before 29th May 2017 Cabinet Member for Business Investment & Policy	Issue: Enterprise and Incubation Hub at SEIC - approval to accept ERDF Funding Decision: Enterprise and Incubation Hub at SEIC - approval to accept funding	ONKD Paper signed by P Hewitt – 'Approval to submit expressions of interest for European Structural and Investment Funds (ESIF for CDS and SEIC)' dated: 27th April 2015		Lynda Madge Tel: 01823 356766