

Scrutiny for Policies, Adults and Health Committee

Wednesday 29 March 2017

10.00 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 March 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



RNID typetalk

AGENDA

Item Scrutiny for Policies, Adults and Health Committee - 10.00 am Wednesday, 29 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 - 20)

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 Somerset Sustainability and Transformation Plan Update (Pages 21 - 24)

To receive this report.

6 Winter Pressures Update (Pages 25 - 32)

To receive this report.

7 Update on the Somerset Autism Strategy (Pages 33 - 52)

To receive this report.

8 Improved Access to GP Services (Pages 53 - 58)

To receive this report.

9 Maternity Services Update (Pages 59 - 72)

To receive this report.

10 Scrutiny for Policies, Adults and Health Committee Work Programme (Pages 73 - 84)

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

Item Scrutiny for Policies, Adults and Health Committee - 10.00 am Wednesday, 29 March 2017

- The Cabinet's forward plan

11 **Any other urgent items of business**

The Chairman may raise any items of urgent business.

This page is intentionally left blank

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, 1 March 2017 at 9.30 am

Present: Cllr H Prior-Sankey (Chairman), Cllr J Parham (Vice-Chairman), Cllr P Burridge-Clayton, Cllr R Henley, Cllr N Pearson and Cllr C Lawrence

Other Members present: Cllr Coles, Cllr H Davies, Cllr C Le Hardy, Cllr J Lock, Cllr M Rigby and Cllr A Wedderkopp

Apologies for absence: Cllr M Adkins, Cllr A Govier and Cllr D Huxtable

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

There were no declarations of interest.

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

The minutes of the meeting held on 25 January 2017 were accepted as being accurate and were signed by the Chairman.

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

There were seven public questions.

Nigel Behan asked the following questions in relation to Item 5:

Q1 a) When this Committee went into private session (press and public excluded) at the end of June last year was there any indication that Dimensions UK Ltd would offer to close day centres, make redundancies, cut pay, sick pay, terms and conditions of employment?

b) How have service users, parents, carers, families and community and voluntary organisations been informed and consulted on the Dimensions UK Ltd proposals?

c) Dimensions UK Ltd have not released the Economic Organisational and Technical (ETO) reasons for the proposed changes. The only reason given to date is they want to align with the Dimensions national structure (the Social Enterprise Vehicle seems to be a halfway house to take-over?) - can we be provided with the ETO reasons?

Q2 a) Will this Scrutiny Committee support the reasonable request for the business case on which the Cabinet made the decision July 2016 to be released into the public domain as this is a public service, operated by public funds and there is only one bidder limiting the benefits of (so-called) competition?

b) Will this Committee recommend a delay in the transfer of 1200 staff to Dimensions UK Ltd to allow for the current levels of uncertainty to be addressed?

Q3) a) The financial profiles indicate that after 6 years the forecast saving is £4m? Why is Dimensions UK Ltd getting a taxpayers "dowry" £6m upfront?

b) Have Dimensions UK Ltd profit (surplus) forecasts been shown to you and have they been significantly amended since June 2016?

c) Has SCC asked Dimensions UK Ltd to make greater savings than were agreed by Cabinet in July 2016 when SCC decided to give a contract to them?

Q4 a) Have the risks of recruitment and retention been addressed in the risk log and for service continuity?

b) Has SCC assessed the risks of a legal action on lack of consultation?

c) If this controversial outsource of LDPS fails then will there be a Plan B (including an In House Service Improvement and Innovation Plan)?

Ewa Marcinkowska asked the following question in relation to item 5:

Q1) Staff turnover rates in the LDPS are about 17% per year. Service users and their supporters have repeatedly stated they value continuity of care. What evidence does the Cabinet have that planned cuts to terms and conditions will not increase the turnover rate further, hitting quality of care?

Sara Mainwaring gave the following statement in relation to Item 5:

'I've worked in the LDS since 1997 and it's clear to me how important this service is to vulnerable people in Somerset. The county-council run service is something staff are proud of and users and their carers are confident in it. Now all this is up in the air thanks to the transferral to Dimensions. When the consultation was done the council made some good points about sustainability and promised that it wouldn't be about cutting costs. Now I feel they've gone back on their word and I don't know what my job or my finances are going to look like after Dimensions make their cuts. The transfer date is approaching and it doesn't feel like anything has been sorted. I didn't sign up to see the jobs of me and my colleagues at risk and my wages reduced.

Staff, service users and their families feel disappointed William Wallace and the council did not address the questions asked by concerned staff and the public.

Staff, service users and their families already feel misled by Somerset County Council and the evasiveness of the councillor to address the concerns has further disappointed them.'

Sara asked the following question:

Q1) In an interview on 10 February, the councillor Wallace stated that no frontline staff would be affected by the transfer of the learning disability service

to Dimensions. Can you explain how this can be true when Dimensions have stated in their further measures letters that they predict redundancies, cuts to salaries and to terms and conditions?

Ginny Johnston made the following statement regarding Item 5:

'This job is all about relationships and you have to be prepared to give your all to the service users. But that's really hard when I don't know what's going to happen to my job and my pay. Somerset is not a cheap place to live and I don't earn much – it seems wrong and unfair to me that the county council is letting Dimensions cut our wages. I don't want to leave the area but if I can't afford to live here after Dimensions take over I'll have to move. I'm not the only one thinking this and the LDPS will be at risk of losing experienced and skilled staff, undermining the continuity of care that service users were promised in the consultation. Maybe changes need to be made but not all on Dimensions' terms.

Ginny asked the following question:

Q1) The LDS relies on committed and skilled staff to deliver the care its users expect. Does the cabinet think that cutting wages to only 10 or 20p above the legal minimum, as outlined by Dimensions, is suitable treatment for these staff?

Sean Cox made the following statement in relation to Item 5:

'Having moved to Learning Disability services from the prison service I have already seen firsthand the dangerous impact that cuts can have on vulnerable people. The transfer of LD services was intended to maintain quality of care and I am concerned that the reality proposed by Dimensions seems so far from this original principle. I am proud to currently work within a team that provides a fantastic service and has a great relationship with the customers. Proposed changes to terms and conditions are already leading to staff looking for work with other employers, who they feel will value them. It really concerns me that Dimensions are so willing to risk the relationship between staff and the customers who they provide essential care to everyday.'

Sean asked the following questions:

Q1) Background provided for the transfer of the LDS service to Dimensions did not suggest that large scale restructuring and changes to terms and conditions would be necessary. Does the cabinet agree that the proposed transfer date of 1 April does not provide sufficient time for the legal consultation requirements and opens SCC to risk from legal challenge?

Q2) Dimensions propose to cut sick pay to the legal minimum in the LDS service, meaning staff will be more likely to attend work while sick as they would otherwise not receive pay for the first three days of illness. Would the cabinet member want a vulnerable person they knew to be looked after by a sick member of staff and why do they think this is acceptable for others?

Nick Batho made a statement in relation to Item 5:

Mr Batho stated that he was part of the panel that wrote the specification for the social enterprise. Dimensions needs to streamline management, modernise services and make changes to terms and conditions. He recognises the short notice to staff, that nobody likes change and that staff concerns need to be

addressed but does not feel that this justifies delaying the transfer. Social Care is underfunded and this will need to be dealt with either by the in-house service or Dimensions.

He is confident that Dimensions will deliver high quality care and he is not aware of any alternative plan. He urged the Cabinet not to delay the transfer because of the negative impact that this would have on customers and also on tax payers. The customers are the most important aspect and transferring the service is the best way to ensure that they are catered for.

Campbell Main made the following statement prior to Item 9:

Campbell Main, Somerset parent, noted the low proportion of Somerset folk receiving self-directed support (from the ASCOF data). In his experience, in a supported living context, this was the key to rapidly raising service quality i.e. transferring the payment to the person needing the support and their families

He also noted decreasing satisfaction with services by service users and stated that low overall satisfaction and difficulty in finding information about services was linked to six years of cuts to funding for the voluntary and third party sectors.

4 Learning Disability Provider Service update - Agenda Item 5

The Committee received a verbal update from the Director of Adult Social Services regarding the transfer of the Learning Disability Provider Service (LDPS) to a Social Enterprise – Dimensions. The Director began by thanking members of the public for their questions and confirming that formal written responses will be sent for all Public Questions.

The Committee heard that the decision to transfer the LDPS was part of a very long process emerging from the need to make significant changes to the way that the service is delivered. The current, in-house, service has become increasingly less competitive, has poor physical environments with limited opportunity for community integration and has struggled with sustainability. There has been a year on year decline in the number of people using the in-house service. The service needs to modernise and extend the range of support that it is able to offer. In order to be sustainable, the service needs to address its major cost element which is staff costs.

By the end of the procurement process there was only one bidder but at the stage where financial information was being considered there was more than one bidder.

The Director stated that the LDPS staff are highly valued and have been critical to providing services. He empathised with staff and understood their anxiety over potential changes to their terms and conditions but stated that there has been no discussion of this to date with Dimensions. This will instead take place after the transfer.

It is important that people with learning difficulties are supported with a modern service that is affordable. The service will transfer on 1st April 2017 and there is

a transition team in place to manage this. The Director felt strongly that any delay to this transfer would be detrimental.

The following points were raised during discussion:

- Why are we ignoring comments received from staff and carers? If people are not convinced then we should listen to them.
- It's very disappointing that neither the Leader nor the Cabinet Member for Adult Social Care is present.
- I think it is astonishing that we are still trying to defend this calamitous decision.
- I would urge all Councillors to visit some of our homes and experience them for themselves. We need to look to the future; people need better accommodation. Change is not easy but we can't stay as we are. The new generation of people with LD will need new and different services.
- You say that the staff are important and yet you have done nothing to alleviate their fears. You should have protected their terms and conditions before agreeing to the transfer.
- You have known that there is an election coming for some time so why is the decision being pushed through? I would urge you to put the decision off until after the election.
- It's a fundamental point that the in-house service has failed to attract service users. There is more choice now and people vote with their feet. If 60% go elsewhere, this shows that our service is not meeting their needs. The move to Dimensions will help to change this around – particularly with regard to attracting younger people.
- I don't think there is any question that the service needs to change and modernise. This follows a lack of investment in the last decade. This Committee has previously looked at staff sickness levels in LD services. Were changes to staff sick pay part of the original business plan? And if you knew that this was the case, why wasn't this discussed? The first consultation for this failed and I suspect that the second consultation was only agreed to because the full details weren't known.
- When day centres are closed, who gets the capital receipts?
- With regard to buying-in services from the community, what if they don't chose to purchase and who will safeguard them?
- I can't see any problem with delaying for just a few weeks.
- Dimensions are not looking at people's tenancy agreements.
- I think that this transfer is being viewed through rose-tinted glasses.
- I have personal experience of a person with LD in Bath. Dimensions also operate in Bath and have made some shocking changes; with the person I know losing the equivalent of a whole day of care. Do you really know the work plan of this company? We seem to only be cutting everything. I urge you to take this back to Cabinet and reconsider.
- The news in the press is that Dimensions are struggling in Bath and Swindon to make ends meet and are using their reserves. What has happened to TUPE and protecting staff? Who picks up the cost for redundancies?
- Having only one bidder means that we have nothing to compare to except the in-house service which we want to dispose of. This represents the disposal of staff and abandonment of care.

- There has been a lack of investment previously and the staff are being sold down the river. This is a disastrous proposal and it should be taken back to Cabinet.
- This is a case of the least-worst bidder. I am confident that we could have made the same £4m savings through our in-house service. This decision is a disgrace.
- We must conclude that the business case has changed since the original decision was made.
- Having only one bidder is a clear market risk. As the in-house service is the only plan B, why have there not been any efficiency measures over the past three years? I recommend delaying this decision by two months to re-examine it.
- Why is there no representation from Dimensions here today? There has been no presentation made to Councillors.
- I believe from personal experience that TUPE always works this way; with terms being negotiated after transfer. I have asked myself if the Committee were aware that these changes were going to happen. I am content that we did not know but perhaps we didn't ask the right questions or we may have been too naive with the answers we were given. Can you provide an answer to: whether Cabinet & SLT knew that there would be changes to staff; has the business case changed; what happens to capital receipts and where did we go wrong in getting to this position?
- I would urge Councillors to visit some of our services. They are not fit for purpose and there is a need for radical change for some parts of services. With regard to capital receipts, the asset returns to the Council. There has been no change to the business case and SCC has not required Dimensions to make staff cuts. I would have to say that Cabinet & SLT did know as there was no way to make the fundamental change necessary without making changes to staff pay to ensure sustainability. But we didn't know details of individual and specific changes and we still don't know this at this time. We have taken guidance and both SCC and Dimensions are applying the law appropriately.

I would like to make it clear that there can be no reduction in a person's package of care without SCC authorising and agreeing to this. I am not aware of the specific situation in Bath and Swindon but there is no risk of Somerset funds being used to bail out Dimensions. I am personally and legally responsible for this. I want this to succeed and believe that it will.
- It was confirmed that all public questions would receive a written response.
- I think it was brave of you to admit that Cabinet & SLT knew about this but the business case is fundamentally different to what was presented. SCC retains all the risk but the profit goes to Dimensions.
- You didn't mention what would happen to the surplus?
- Dimensions is not a private company so they are not for profit. Over 51% of any surplus has to be used according to what the Board agrees and the rest is invested in the community.
- The Director and the Cabinet Member for Corporate Improvement were asked to give their absolute assurance that there would be no

redundancies, cuts to staff pay and conditions or closures of day centres.

- We cannot give this assurance.

A Committee Member made a proposal that ‘following information which has come to light since the original decision was made, in terms of potential closures of day centres and changes to staff’s pay and conditions and following the total non-assurance from the Cabinet Member that we cannot guarantee that these will not take place, then the Adults and Health Scrutiny Committee wish to refer this back to the Cabinet to ask for a delay of the implementation of this transfer (the Council’s Learning Disability Provider Service) until after the May election and to urgently review the original decision.’

The proposal was seconded and the Committee moved to a vote. There were three votes in favour and three votes against. The Chairman used her casting vote and the vote was carried.

The Committee made an urgent recommendation to Cabinet to review its original decision made in July 2016 and to consider a delay of the transfer of the LDPS until after the May elections.

5 Mental Health Services Update - Agenda Item 6

The Committee received a report from the Head of Mental Health Services with an update on Mental Health Services for adults and their development in Somerset.

The Committee heard that 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. SCC 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 Improving access to Psychological Therapies (IAPT) services to individuals with a broader range of conditions. As opportunities present, the 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.

The Committee heard that, 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.

The following points were raised during discussion:

- This reads extremely well and it is great to see good progress being made. Are there specific areas that need focussing on for improvement?
 - We need to focus on being bid ready, we'd like to extend talking services to people with co-morbidities and we are always keeping a close eye on waiting times.
- Is there a budget spent on putting bids together?
 - We manage bids through our existing resources.
- There is a national shortage of therapy available for cognitive behavioural therapy, is there access to this in Somerset?
 - This forms part of our talking services and we keep a close eye on waiting times. There has been a lot of work done around ensuring staff are well trained and highly skilled.
- How long does it take from referral from the GP to the first talking therapy meeting with a counsellor?
 - The standard is up to 18 weeks, although screening is quite prompt and it depends on the urgency of referral.
- I believe that there was a missed opportunity last year when Cabinet took the decision to take £1m out of the service last year, although there was no cut to services.
- I am concerned about pushing services out to communities.
- How will MTFP cuts impact on mental health services?
 - I think that the changes that Cabinet approved last year were wise. SCC has received local and national recognition that our social work is as close to being Mental Health Act compliant as it is possible to be. It is correct that last year's cuts did not come from front line services. Service re-design has a significant savings target attached to it. We will be focussing on areas where spend far exceeds the regional or national average. Learning disabilities is a stark example of this.
- Do you anticipate any of the £18m savings to come out of mental health budgets?
 - I would anticipate some savings coming out of most budgets because of the nature of service re-design.
- I would like to commend the work being done by the mental health team.
 - The concept of getting things right first time is very important. This means that we can prevent a crisis, which is better for the patient and costs less.
- It has been in the news recently that it is proposed to reduce Personal Independence Payments (PIP). We should write a letter to the Minister against this proposal.
- Do you think reducing the PIP would have a detrimental effect?
 - No formal proposal has been made so there is currently nothing to consider.

- When will the Norton Fitzwarren incident which was subject to a Safeguarding Adults Review (SAR) be reported on?
 - I am not aware of it being a SAR but I will check the details and get back to you outside of the meeting.
- I have heard reports of a social worker sitting with a schizophrenic patient for eighteen hours. How much of this would be spent with the patient and how much on paperwork?
 - We wouldn't expect any of our social workers to sit with a patient for eighteen hours.
- There is still no detail available on where cuts will fall in care services. When is this likely to materialise or will it be after the election?
 - I am not able to add any further comment to this.

The Committee noted the report.

6 Patient Safety & Quality Report - Q3 2016_17 - Agenda Item 7

The Committee considered a report from the Deputy Director of Quality, Safety & Governance, Somerset Clinical Commissioning Group (CCG). The report provided an overarching update to the Committee on quality, safety and patient experience of health services in Somerset.

The Committee were advised to consider the following key areas: Serious Incident (SI) investigations (section 5); NHS England CCG Quality assurance (section 7); and Mortality Rates (section 9).

The following points were raised during discussion:

- There was a significant hike in Serious Incidents (SI's) in Q3 and most of these were from the Somerset Partnership. Can you comment on why?
 - I have been reassured that the increase from Somerset Partnership is within a normal variation. However, there is no doubt that the numbers have increased. This may in part be due to changes in what we have to report. We do consider organisations that report SI's to be good organisations that have a culture of learning.
- Weston Hospital have very poor figures for SI's and mortality rates – why is this?
 - We knew that there were concerns at Weston Hospital but we were very surprised by the figure of 43 SI's and have requested an in-depth review. They are struggling with the 4-hour target at Weston.
- Is there a trigger point for when a hospital would cease to function?
 - This would be bigger than the CCG and would require a risk summit. It would be difficult to close a hospital but we would look at areas of concern. It was confirmed that the CCG would have the power to close the hospital as the commissioner.
- I think the Committee needs to receive a report from Weston Hospital to explain its performance.
- Can you give us more information about the programme of recovery for gynaecology?
 - I don't have any further detail at this time but this is not an issue which is reaching quality and patient safety. I believe that this is more of a performance issue.

- It was agreed that in the CAMHS section of 5.10, the second bullet point should read 'handovers from CAHMS to adult service *must* have a full formulation of risk...'
- It was explained that the CCG's position for Clostridium Difficile represents a good news story for Somerset. NHS England sets objectives for this each year and Somerset are in a really healthy position and trailblazing for this issue. This has been achieved primarily by implementing safe practices in hospitals.
- What is being done to shorten the waiting time for a first appointment for the CAHMS service?
 - I wouldn't be able to comment on this.
- How are we reducing bed blocking? I have heard of examples where patients are waiting for occupational therapists to provide an assessment before they can be discharged. African agencies are being used to supply staff but they are unable to carry out the assessments.
 - Delayed transfers of care are not hitting my radar from a patient quality and safety perspective.
 - I am not aware of African agencies being used but I am happy to discuss outside of the meeting.

The Committee noted the report. It requested a performance update from Weston Hospital and an update regarding gynaecology waiting times and the programme of recovery at Taunton & Somerset NHS Trust.

7 **Corporate Performance Monitoring Report - Q3 2016_17 - Agenda Item 8**

The Committee considered this report that provided Members with an update on performance across the organisation. 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.

The report summarised that there are three red segments: P1 which is red but improving; P3 which is red but improving and C4 which is red but improving. P1 falls under the Committee's remit and the Committee agreed to discuss this in more detail during Item 9.

The Committee noted the report.

8 **Adult Social Care Performance Update - Agenda Item 9**

The Committee received a report from the Adults and Health Operations Director. The report summarised the current performance of Adult Social Care in Somerset and provided benchmarking data showing how Somerset's data compares to other Councils in Somerset's 'family group'.

The Committee heard that analysis of the data presents a mixed picture of performance. The data shows that year on year there have been improvements across almost all measures including: a decrease in permanent

admissions to residential/nursing homes, particularly for older people (aged 65+); and an increase in overall satisfaction of people who use services. Somerset's performance against the two measures concerned with clients with learning disabilities is good. The Director stated that where performance is improving, it is often in relation to changes that have been made within the service.

However, the data also highlighted areas for improvement including personalisation, a key measure of which is the proportion of eligible users who receive personal budgets. Whilst Somerset does offer an average number of direct payments, these are often being used to fund traditional services and not being used creatively. Another area for improvement is the number of younger adults (aged 18-64) being placed in residential/nursing homes.

The Director of Adult Social Services added that he was disappointed with the report and that it reflected the paternalistic approach taken by the service in the past. It is hoped that some improvement will be seen in the 2016/17 data and certainly the 2017/18 data as the service can and should do better. The Director recommended that the Committee receive a regular update on performance.

The following points were raised during discussion:

- I am shocked by the variation in performance between council areas in the number and type of people accessing services. There seems to be no consistent approach across the country in terms of best practise. No one area seems to be a shining light.
- That's true. We need to identify areas of good practice. No Council has got it all right.
- I am personally disappointed with this report and would hope to see improvement in future. I would recommend that the Committee reviews this regularly.
- I would disagree that this report reflects a mixed picture. I think that the performance is poor and that the report is quite damning.
- This is why we need to make changes.
- It's about spending money in the right way and we need to be more creative with how we use direct payments.

The committee noted the report and requested regular updates in future.

9 **Reable Somerset Contract Update** - Agenda Item 10

The committee received a report from the Strategic Commissioning Manager, Adults and Health which provided an update on the decision to abandon the Reable Somerset procurement.

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 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. Furthermore, 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.

This decision was taken by the Leader of the Council on 02 February 2017.

The following points were raised during discussion:

- I think the report acknowledges that this is a result of the procurement process. Had the right questions been asked at the right time, we could have avoided this situation. Would you consider using competitive dialogue in future when procuring?
- I agree and to some degree this has been a blessing in disguise. We are currently in discussion with the current provider and key stakeholders. I am a big advocate of holding the negotiation process with our stakeholders and the Procurement and Legal teams are currently looking at how we might do this. You will see a different methodology used in future. The provider was very clever in the way that they were able to answer our questions and we have learnt a lot through the tendering process.
- But letting contracts can't be a mystery at the Council. They've been doing it for decades. I can't believe that we got to where we were. The evaluation questions and answers given were very poor. If this decision had gone ahead, hundreds of people would have been let down. Concerns were raised prior to the decision. Are you going to re-tender?
- It's correct that concerns were raised which we did look into but we did not find any evidence to support them. It was only when we received new information. There are clearly lessons to be learned. I want us to get this right. Reablement is probably the most important service get right; it is critical. I am pleased that our due diligence enabled us to

identify this. In the short term there will be a combination of continuing with our existing service with some new services but we are working with our providers over this.

- Will you still continue to use the EU procurement route?
 - Yes.
- What is the cost of this abandonment?
 - There are no significant additional costs other than internal staff costs.

The Committee noted the report.

10 **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 performance update from Weston Hospital
- An update regarding gynaecology waiting times and the programme of recovery at Taunton & Somerset NHS Trust
- Regular Adult Social Care Performance updates

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

There were no other items of business.

(The meeting ended at 12.25 pm)

CHAIRMAN

This page is intentionally left blank

Somerset Sustainability and Transformation Plan

Lead Officer: Pat Flaherty, Chief Executive

Author: Phil Brice, Director of Strategy and Corporate Affairs, Somerset Partnership

Contact Details: phil.brice@sompar.nhs.uk

Cabinet Member:

Division and Local Member: All

1. Summary

- 1.1. The Somerset STP has been developed jointly by Somerset Clinical Commissioning Group, Somerset County Council, Somerset Partnership NHS FT, Yeovil District Hospital NHS FT and Taunton and Somerset NHS FT and was launched in November 2016. It sets out a shared vision for reforming health and social care to address the challenges of the rising needs of our population, changing demographics and increasingly stretched resources.
- 1.2. Since the launch, the STP Programme Executive Group has undertaken a prioritisation process to identify those projects set out in the original submission which, if tackled first, would have the greatest immediate impact, recognising the need to ensure that everything we do now will help us deliver the wider vision for transformed and sustainable health and care services across Somerset.
- 1.3. The next phase of the STP is to take forward these priority schemes, working with health and social care professionals, patients, service users and the public to develop new models of care that are effective and sustainable.

2. Issues for consideration / Recommendations

- 2.1. Scrutiny is asked to consider and comment on the strategic priorities identified by the Programme Executive Group and the proposals for engagement with stakeholders and the public in shaping the detailed plans for the future health and care services.

3. Background

- 3.1. NHS England challenged the health and care system to develop a Sustainability and Transformation Plan (STP). This five-year forward view is intended to describe the key priorities for an area, describe the challenges that fit within the system, define the priorities for transformation going forward and address any financial gap within the NHS system within that time period.
- 3.2. The demands on the NHS and social care are increasing, partly because there are more people who are living longer with more complex health problems such as dementia, diabetes and high blood pressure, but also because of the increasing cost of new medicines and treatments. Public demand for health and social care services is constantly growing and the only way to manage this is by thinking as one single health and social care system – rather than as individual organisations – working with people, carers and communities.

3.3. The STP has identified as its focus the following key aims to close the current health and wellbeing, quality and financial gaps:

- **Focusing on prevention to develop a sustainable system** - encouraging and supporting everyone in Somerset to lead healthier lives and avoid getting preventable illnesses
- **Redesigning out of hospital services** – to enable us to move care, where appropriate, out of hospital beds and into people’s homes wherever possible, providing care designed specifically for each patient’s needs, supporting faster recovery and, in many instances, avoiding the need to go into hospital in the first place
- **Addressing the problems of sustaining acute hospital care** – reviewing acute care services and increasing the joint working between the hospitals to ensure that urgent and planned care services that rely on specialist skills can be sustained
- **Driving financial improvement across the system over the next two years** – sharing financial risk across the health system to drive collaboration and improvement and making sure all the back office functions are as efficient as possible
- **Creating an accountable care system** – with a strategic commissioning function where the NHS and social care commissioners work together under a single commissioning arrangement to secure outcomes and pool budgets; and an Accountable Provider Organisation where services are delivered by a provider, or group of providers (through a single governance structure), who have agreed to take accountability for all care and care outcomes for the population of Somerset

3.4 The prioritisation process undertaken by the STP Programme Executive Group has identified a number of areas that provide immediate opportunities for change within the existing ways of working within health services. These include:

- Tackling delayed transfers of care for patients out of acute or community hospitals, either to their own homes or other residential care
- Improving the efficiency and effectiveness of the current flow of patients through Musgrove Park Hospital and Yeovil District Hospital
- Developing a Psychiatric Liaison Service, supporting patients with mental health needs when they are being treated within acute hospitals
- Reviewing Procedures deemed to be of Limited Clinical Value (e.g. cosmetic procedures)

3.5 The STP has also begun to establish ‘design’ groups, working on new models of patient care. The design groups will be looking at:

- Improving the management of urgent / same day demand for primary care services
- Developing Enhanced Primary Care, improved community services and building stronger communities to support care outside of hospital
- Implementing the ‘Right Care’ programme, benchmarking our services against national standards for care such as Musculo-skeletal physiotherapy; hypertension; COPD and neurology – particularly chronic pain
- Improving the management of elective care – how and when patients are referred into hospital to ensure patients are referred in to the right place first

time

- 3.6 Further areas are also being considered and design groups will be established once these have been evaluated.

4. Consultations undertaken

- 4.1. A range of engagement and information events were held prior to and following the launch of the STP.
- 4.2. Following the prioritisation process, the next phase of engagement will be to involve patients, service users and carers in the design groups so they can actively contribute to the development of the models of care and how people experience the services. The groups are just being established and leads for the groups will recruit to and support people to be involved with these.
- 4.3. The STP will also be working with representative groups, including voluntary sector groups, relevant to the priority areas identified to ensure that a wide range of views are taken into account in developing the new models.
- 4.4. If the outcome of these reviews leads to significant service change then we will undertake a formal consultation with people, families and communities across Somerset.

5. Implications

- 5.1. The STP identifies a potential £33million deficit in 2016/17 from health services and a potential cumulative deficit in the region of £600million in 2020/21 if we do nothing differently.
- 5.2. Any future financial implications will be brought back for consideration. It is however anticipated that the implementation of the STP will result in considerable financial efficiencies to the Somerset health and care budgets

This page is intentionally left blank

Somerset County Council
Scrutiny for Policies, Adults and Health Committee
29 March 2017

Winter Pressures Update

Lead Officer: Alison Henly, Chief Finance Officer and Director of Performance

Author: Alison Rowswell, Head of Urgent Care Programme Management

Contact Details: 01935 384132

Cabinet Member:

Division and Local Member: All

1. Summary

- 1.1. There has been increased demand across the urgent care system within health and social care services during the winter period for 2016/17 and this remains a persistent challenge for all organisations concerned within the urgent care system. During the winter period the Somerset system has been predominantly in Operational Pressures Escalation Level (OPEL) 2 and 3. The system has not declared the highest level of alert which is OPEL 4. Section 3.3 provides further information on the definitions of the OPEL levels.
- 1.2. Robust winter planning takes place across all organisations and a Somerset Winter Plan was developed to ensure the delivery of safe and high quality services to the population of Somerset during potential periods of pressure. The plan reflected a whole system approach to the delivery of services across the winter period. Winter planning is co-ordinated through the Somerset A&E Delivery Board for System Wide Urgent and Emergency Care. There is representation on the A&E Delivery Board from Somerset Clinical Commissioning Group, Somerset County Council, Taunton and Somerset NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust, Somerset Partnership NHS Foundation Trusts, South Western Ambulance NHS Foundation Trusts, Somerset Doctors Urgent Care (Vocare South West), Somerset Local Medical Committee, Somerset Local Pharmaceutical Committee, NHS England and NHS Improvement.
- 1.3. The Scrutiny for Policies, Adults and Health Committee also requested an update from Adult Social Care (ASC) on this year's response to winter pressures in our health and social care system. This report highlights the actions taken by commissioning and operational colleagues in ASC, as well as the system as a whole, to mitigate hospital delays and avoid escalation procedures

2. Issues for consideration / Recommendations

- 2.1. The comprehensive planning that took place over the Christmas and New Year period helped the urgent care system to manage patients effectively and discharge patients in a timely way which enabled partners to focus on the support that was required. It is recommended that systematic planning is undertaken by all organisations at future holiday periods.
- 2.2. It is recommended that the work that has been taking place within Somerset on reducing the number of Delayed Transfers of Care (DToC) continues. It is important that schemes and interventions that have been successful are identified so that planning for Winter 2017/18 can commence and appropriate

actions are in place.

3. Background

3.1. The Somerset A&E Delivery Board for System Wide Urgent and Emergency Care was formed in September 2016 with the purpose of coordinating and overseeing the five national mandated improvement initiatives which are:

- A&E Streaming at the Front Door
- Increasing the percentage of calls transferred to a clinical advisor
- The Ambulance Response Programme
- Patient Flow
- Improving Discharge Processes

3.2. Assurance on the Urgent and Emergency Care system is now reported to NHS England through the Somerset A&E Delivery Board and this is a standing agenda item at each of the monthly meetings. Winter planning is also developed and co-ordinated through the Somerset A&E Delivery Board.

3.3. The Somerset Health and Social Care System Wide Escalation Framework has recently been aligned to the NHS England National Framework and has adopted the new Operational Pressures Escalation Level (OPEL) alert levels and is based on a numbered scale that reflects the level of risk to patient safety and the extent to which patient experience may be compromised. Having a consistent co-ordination of information from partner organisations will aid the management and implementation of appropriate actions to be applied during escalation. The national OPEL levels are:

OPEL One

The local health and social care system capacity is such that organisations are able to maintain patient flow and are able to meet anticipated demand within available resources. The Local A&E Delivery Board area will take any relevant actions and ensure appropriate levels of commissioned services are provided. Additional support is not anticipated.

OPEL Two

The local health and social care system is starting to show signs of pressure. The Local A&E Delivery Board will be required to take focused actions in organisations showing pressure to mitigate the need for further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible. Local systems will keep NHS England and NHS Improvement colleagues at sub regional level informed of any pressures, with detail and frequency to be agreed locally. Any additional support requirements should also be agreed locally if needed.

OPEL Three

The local health and social care system is experiencing major pressures compromising patient flow and continues to increase. Actions taken in Level 2 have not succeeded in returning the system to Level 1. Further urgent actions are now required across the system by all A&E Delivery Board partners, and increased external support may be required. Regional teams in NHS England

and NHS Improvement will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally. The national team will also be informed by Directors of Commissioning Operations/Sub-regional teams through internal reporting mechanisms.

OPEL Four

Pressure in the local health and social care system continues to escalate leaving organisations unable to deliver comprehensive care. There is increased potential for patient care and safety to be compromised. Decisive action must be taken by the Local A&E Delivery Board to recover capacity and ensure patient safety. All available local escalation actions taken, external extensive support and intervention required. Regional teams in NHS England and NHS Improvement will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally, and will be actively involved in conversations with the system. Where multiple systems in different parts of the country are declaring OPEL 4 for sustained periods of time and there is an impact across local and regional boundaries, national action may be considered.

- 3.4. The Escalation Framework is to help providers of urgent and emergency care services make best use of all locally available resources as demand rises and /or limited capacity to sustain a safe, high quality service for patients/clients. Through the defined escalation triggers, actions and roles, there will be a coordination of early action in order to prevent and reverse escalation to and from higher statuses so that the highest alert is only reached in very exceptional circumstances.
- 3.5. Throughout the winter period, Somerset Partnership NHS Foundation Trust varies the Community Hospital bed base and between January and March it has 33 more beds available than during the summer months. There are also Senior Pathway Managers embedded within Musgrove Park and Yeovil District Hospitals and going forward these will be permanent jointly funded posts.
- 3.6. A Somerset System-Wide Delayed Transfer of Care Project has been established from October 2016 to deliver and sustain a 50% reduction in DToC from October to March 2017 at Musgrove Park and Yeovil District Hospitals as required by the mandate that was agreed by senior leaders within Somerset. This project reports both to the A&E Delivery Board and is under the remit of the Sustainability and Transformation Plan (STP).
- 3.7. The STP Delayed Transfers of Care Group devised a jointly funded mandate to assist with hospital discharge from November 2016 until the end of March 2017. The funding arrangement was as follows:

Organisation	£'000
Somerset County Council	57
Somerset Clinical Commissioning Group	340
Taunton and Somerset NHS Foundation Trust	245
Yeovil District Hospital NHS Foundation Trust	276
Total £	918

- 3.8.** Somerset Clinical Commissioning Group is acting as the banker for the funding described in 3.6 but its use is agreed by all the Directors of Finance across the system as part of the STP. As at 31 January 2017, only one third of the planned budget has been spent (£214k compared to the plan of £653k) as the major priority has been to get people back to their own homes which has been successfully achieved via the Reablement Home Support Service.
- 3.9.** A number of actions have been agreed both via Somerset County Council commissioning and operational colleagues, some funded by the mandate and others incorporating better partnership working or approaches and these include:

Additional Nursing Home Capacity

Trials have continued with specific nursing home capacity purchased in Yeovil and Taunton to aid discharge and ensure smoother handovers of care and more appropriate settings for recuperation and future decision making. Clients that are utilising these beds are deemed medically fit to leave hospital but unable to return home in a timely manner for a variety of reasons. In Yeovil the beds are supported by clinical/therapist input from the hospital, in Taunton they currently are not. As a result the beds in Yeovil indicate better outcomes and quicker throughput whereas in Taunton some patients have subsequently stayed longer in the nursing home beds than is ideal. There are 18 such beds in total in Yeovil and 9 in Taunton/Bridgwater. Musgrove Park Hospital opened an assessment and discharge ward, hence the lower requirement currently.

Somerset Partnership NHS Foundation Trust Reablement Home Support Service

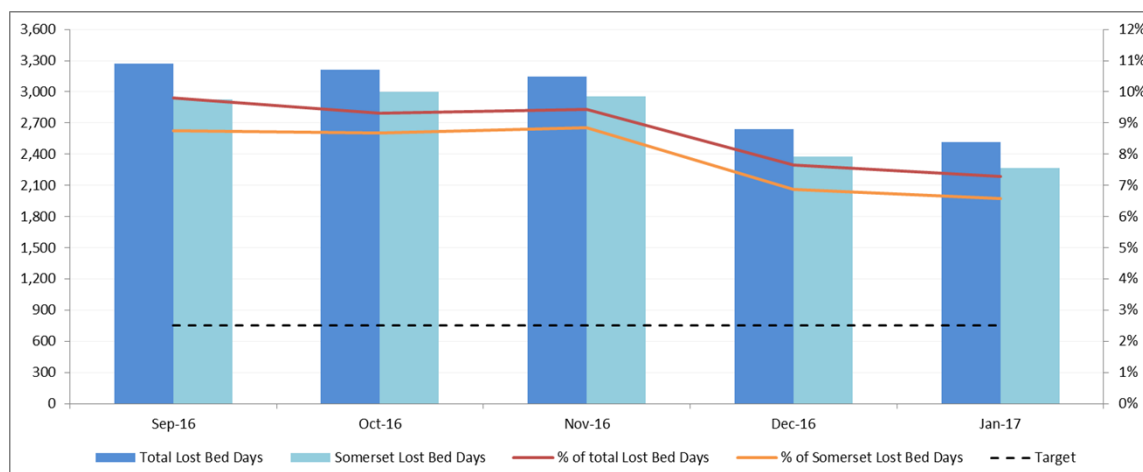
Similar to last year, Somerset Partnership is delivering a clinical homecare service in addition to other medical or social care options. Whilst not able to take large numbers it is designed to look after the more complex discharges to home and reduce the future need for care. As yet there has been no analysis of the performance/outcomes though the small extra capacity has proved useful where other homecare options are not available.

Joint Discharge Teams

Both Yeovil and Musgrove hospitals have enabled social work teams to be on site and integrated with the discharge teams. This has made a big difference to availability and accountability, as well as promoting joint working for the needs of the patient.

- 3.10.** The number of delayed transfers of care has decreased since interventions were put in place as Table 1 indicates. The graph (using local data direct from the Trusts) demonstrates both the total and Somerset attribution of lost bed days due to delayed transfers of care that the system experienced during the September 2016 – January 2017 time period. The graph shows in the total lost bed day columns the delays across Taunton and Somerset NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust and Somerset Partnership NHS Foundation Trust which includes Dorset and Devon patients (excluding mental health delays). The Somerset lost bed day columns indicate the proportion of the total lost bed days attributed to Somerset patients only across the same time period.

Table 1: Delayed transfers of care from September 2016 – January 2017



4. Consultations undertaken

- 4.1. An Urgent Care Debrief meeting was held on 9 February 2017 to collect feedback and key learning points from all organisations in the Somerset urgent care system.
- 4.2. A range of urgent and emergency care activity from the period 1 December 2016 – 31 January 2017 was presented.
- 4.3. Organisations in Somerset provided a debrief from the Christmas and New Year period that included the following key learning points on what had worked well:

Taunton and Somerset NHS Foundation Trust:

- Profiling of bed capacity and planned escalation majority of time matched demand
- Perfect weeks before and after Christmas/New Year period
- Short stay rehabilitation ward (Exmoor)
- Closer working with Social Work teams now relocated with Integrated Discharge Teams
- Increased number of discharge facilitators
- Partnership working focusing on Delayed Transfers of Care
- Appointment of Pathway Manager
- Reablement Home Support Service

Yeovil District Hospital NHS Foundation Trust:

- The exercise to reduce bed occupancy by 20% was achieved, as was the 4 hour target
- Additional staff capacity achieved by planned closure of one ward
- Appointment of Pathways Manager positive regarding access to community hospitals and maintaining good communication
- Frailty service on a Saturday afternoon which continues to be monitored
- Effective planning leading up to the Christmas period
- Good relationships with SWASFT and liaison continue to ensure better outcomes are achieved

- Different ward reconfiguration has helped
- Admission avoidance work undertaken in December focusing on front door, and how ambulatory care can better support the discharge process with attendance at AEU and FOPAS daily to review every patient and help expedite discharge
- Symphony work to identify patients for discharge

Somerset Partnership NHS Foundation Trust:

- Operational knowledge and working together
- Less bed centred approach with patients receiving reablement and going home
- Therapy Teams and Leadership exchange in place
- DToC Practice Forums
- DToC numbers fluctuate and there are good working relationships with ASC, however, DToC numbers have raised the challenge to reconsider what can be done in a different way

Royal United Hospitals Bath NHS Foundation Trust:

- Planning work undertaken before Christmas
- Consultant Connect very positive in BaNES with good uptake
- Increased geriatrician at front door which continues to be monitored
- Extension of ambulatory emergency care exceeding trajectory of 30% of take
- Impetus on discharge to assess and will share models with Somerset
- Active Recovery Team Service in place from November 2016 which has saved 163 bed days in December. This is an intensive 7 day therapy led service funded until March 2017

Weston Area Health Trust:

- Good communication of expectation of pressures
- Shared predictors
- Internal planning
- Sharing planning ideas across the whole system

Somerset Doctors Urgent Care:

- Two GPs in the Clinical Hub improved patient flow and allowed streaming from 111 to OOH, although inflating the triage queue
- Senior management on site enabled key decisions to be made to manage demand
- Based on exceptional demand over the Christmas period and in readiness for the Easter period consideration will be given to surge messaging to explain to patients the exceptional demand in service
- Allowing clinicians in OOH to focus on where their strengths lie, i.e. in triage or visits

South Western Ambulance Service NHS Foundation Trust:

- Good working relationships with the hospitals and joined up processes within the Emergency Departments
- Working with the hospitals on the direct pathway for fracture neck of femur
- Matched resourcing against core resourcing and this will be replicated for Easter
- Reduction in annual leave over peak periods and predicting sickness and

factoring this into plans

- GP 999 car going well in Taunton and gathering momentum in Yeovil and this will be in place until 2018

Adult Social Care:

- Collaborative working with Social Work teams embedded in hospital settings, alongside the discharge and flow teams
- Centralisation of care co-ordination for ASC packages meant that resource available was easier to track
- Good strategic collaboration with all partners and joined up working via the DToC Group and practice development forums

NHS England:

- Collaborative working worked well across the Somerset system
- From OPEL perspective, there is consistency between both acute providers
- Positive that the daily operational calls focus on de-escalation

5. Implications

5.1. The Debrief meeting also focused on what the urgent care system could do better and a range of actions were identified from the meeting for individuals/organisations to take forward including:

- Communicating more effectively between organisations and ensuring that there is an early warning system in place for issues or delays
- Focus on a discharge to assess model for Somerset through the Somerset System-Wide Delayed Transfer of Care Project
- Working with care homes to understand why there are issues with people returning to their care home
- Working with Public Health to gain timely intelligence on flu and other outbreaks

5.2. The Somerset A&E Delivery Board for System Wide Urgent and Emergency Care have responsibility for winter planning and the learning identified from the debrief event, will form an important element of the 2017/18 winter plans.

5.3. More social work resource is being taken up by hospital related discharges. With no additional resources available, this may be impacting on other areas of need and general social care waiting times. A different approach is needed.

5.4. A discharge to assess model is being developed which will enable people to be assessed in a more appropriate setting and aims to reduce the numbers in hospital who are medically fit to leave. An update on this can be provided at future meetings.

5.5. Positive developments are taking place within primary care. Improved access to general practice may have an impact on Emergency Department attendances. The Committee is receiving a separate paper on improved access to GP services.

6. Background papers

- 6.1.** The urgent and emergency care activity from the period 1 December 2016 – 31 January 2017 was presented at the Somerset Winter Debrief/Urgent Care Programme Board meeting on 9 February 2017 to provide an overview of the demand in the urgent care system during that period.

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

Update on the Somerset Autism Strategy

Lead Officer: Ann Anderson, Director of Clinical and Collaborative Commissioning, Somerset CCG and Stephen Chandler, Director of Adult Social Services, Somerset County Council

Author: Deborah Howard

Contact Details: 01935 385036 deborah.howard@somersetccg.nhs.uk

Cabinet Member:

Division and Local Member:

1. Summary

- 1.1. The Somerset Autism Strategy was launched in November 2015. The strategy sets out the commitment of Somerset County Council (SCC) and NHS Somerset Clinical Commissioning Group (CCG) to improving the quality of life for people with autism and their families and carers in Somerset.
- 1.2. This paper provides a progress update on the implementation of the strategy and should be read in conjunction with the attached annual progress report.

2. Issues for consideration / Recommendations

- 2.1. The Scrutiny Committee is asked to consider and comment on the annual progress report and the supporting forward action.

3. Background

- 3.1. Our Strategy is aligned to the national strategy, *Think Autism*, (2014) whose vision is that: *“All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.”*
- 3.2. The vision set out within our strategy is that Somerset aims to significantly improve knowledge and understanding of autism amongst the general public, statutory services, the voluntary sector and community based groups.
- 3.3. In addition, we aim to improve the way we all work together utilising the resources that are available to meet needs and improve outcomes for people with autism and their families/carers and give the information and support they need to remain as independent as possible.
- 3.4. There are a number of priority areas within the Strategy and the work required to address these forms the autism strategy action plan. The action plan is structured around four key areas of work. These are summarised within the attached annual report.

4. Progress Update on Somerset Autism Strategy

4.1. The Autism Strategy Group brings together, Somerset CCG and SCC commissioners from adults, children's and public health teams, along with a range of agencies. The group meets on a quarterly basis to oversee the implementation of the Strategy and the action plan. There are four sub groups which meet to take forward the action plan in respect of the following priority areas of work:

- Living with Autism
- Workforce Development
- Identification and Diagnosis
- Children and Young People

4.2. Following the sub group meetings, work stream leads provide updates to the strategy group.

4.3. A more detailed overview of the work and progress of each work stream is provided within the annual report. The main headlines for the priority areas are summarised within this covering report.

5. Living with Autism

5.1. The Living with Autism Sub Group is currently chaired by Somerset County Council. The group has made good progress with the main highlights being:

- The Somerset Autism Collections which have been placed in local libraries;
- The development of the Young People's Champion roles;
- The involvement of people with autism in the Strategy launch; the Association of Directors of Adult Social Services national autism lead advisor and NHS England visit and the procurement for the Learning Disabilities provider service;
- The BBC Somerset awareness raising programme which included people with autism giving their accounts of what life with autism is like;
- The development of a housing pathway for people with a Learning Disability (LD) an autism;
- Initiatives around employment and carers support.

Next Steps for Living with Autism

5.2. It is recognised that we need to take steps to make health checks more accessible to people with autism. Further work is also needed around housing, with the engagement of district councils to improve the housing options available for people with autism being key in taking the Strategy forward.

5.3. We need to further improve the mechanisms by which people with autism are involved in service developments / improvements, and we need to ensure that there is provision of social and community activities that are inclusive of people with autism and their carers and families.

6. Workforce Development

- 6.1.** The Workforce Development Group is chaired by Somerset County Council. There has been significant progress in taking forward the priority areas for this sub group. There is now an improved mix of attendees, with Children's Learning and Development and Avon & Somerset Police attending regularly as well as the Somerset Parent Carer Forum.
- 6.2.** The first cohort of 'Autism Champions' have completed a four-module course. This means that there is now at least one worker in each of Somerset's Adult Social Care areas who have completed the course. Progress has been made with the police with training in autism and mental health now being planned.
- 6.3.** Two E-Learning courses (Autism Awareness and Intermediate Knowledge and Skills) are now available via the Learning Centre, for all SCC workers and external providers.

What Next for Workforce Development

- 6.4.** There is a need to expand an 'Introduction to Autism' to all workers. 'Dementia Friends' style sessions have been agreed in principle. A second cohort for the four-module course is also on next year's training programme and will include Children's Social Care for the first time. Avon and Somerset Police has agreed in principle to provide autism and mental health training for their officers and are working with the sub group to achieve this.
- 6.5.** Specialist training in autism and asperger's syndrome for Mental Health Social Workers is under discussion and this will be rolled out during 2017/18.
- 6.6.** It is recognised that the sub group requires greater input from agencies other than those directly linked to SCC and the focus on training needs to move away from Social Care into the other professions identified in the strategy consultation.

7. Identification and Diagnosis

- 7.1.** The Identification and Diagnosis Sub Group was previously chaired by Somerset Partnership NHS Foundation Trust. Unfortunately the chair left the Trust and there have been some difficulties in recruiting a replacement. A new chair person needs to be found to re-instate this sub group and this will be discussed at the next Strategy Group this month. A CCG GP Autism Lead is now in place and attends the Strategy Group.
 - A clear pathway to diagnosis is in place for adults and is included within the service specification for the Adult Asperger's Service provided by Somerset Partnership. A post diagnostic group is also in place;
 - Public health at SCC have commissioned work to map current community resources for people with autism. This work is now well underway and will be reported back to the strategy group and will inform signposting via professionals and organisational websites including Somerset Choices;
 - Autism resource packs have been developed by the Royal College of General Practitioners and shared across Somerset;
 - Mapping workshops took place during 2016 for children and young people. Guidance for referral criteria for children and young people with possible Autistic Spectrum Conditions has been developed along with a Protocol.

What Next for Identification and Diagnosis

- 7.2.** The Identification and Diagnosis Sub Group needs to reconvene with new chair. A review of the action plan will be required.
- 7.3.** Work will continue to ensure that a range of information for individuals with autism is included within Somerset Choices.
- 7.4.** A review of pathways to diagnosis for children and young people needs to take place and it has been agreed that the Designated Medical Officer (DMO) for SEND will take this work forward.
- 7.5.** In view of the waiting times for assessment, a further review of capacity, demand and performance within the Adult Asperger's Service needs to be completed. The pending report on diagnosis rates from GP registers is due at the end of March 2017 and will inform further planning.

8. Children and Young People

- 8.1.** This Children and Young People's Sub Group is chaired by the Somerset Parent Carer Forum.
 - SEND Information, Advice and Support Service (SENDIAS) is developing their service for young people including working with the young people's champions for SEND making easy read versions of their information leaflets;
 - A multi - agency group including young people and parent carers has reviewed the Education and Health Care Plan (EHCP) paperwork and pathway guides to ensure it is user friendly including a young person's version.
 - The Engagement and Participation Team and Somerset Parent Carer Forum have worked on videos and easy read versions to help with access to information including the Core Standards and various strategies;
 - SENDIAS have employed a member of staff to focus on support for young requesting an EHCP;
 - The approach to transition for young people within SCC is responding to the needs of young people differently. Through co-production we have been able to articulate what young people and their families feel is important. We aim to communicate the transitions work through the concept of Choices for Life. This will result in a reconfigured team which should reinforce person centred and outcome driven approaches from the earliest point;
 - A Choice for Life event will be held on the 24th March 2017 at Yeovil College. This will provide young people with SEND and their families information on further education, internships and work opportunities. The aim of the event will be to help raise the aspirations of children, young people and their families.
- 8.2.** The Director of Quality and Safety is the CCG's named senior lead for work relating to children and young people with Special Educational Needs and Disabilities (SEND). The CCG's SEND senior lead and SEND co-ordinator have represented the needs of this group of children and young people at senior leadership meetings throughout January and February 2017.

- 8.3. The CCG has used the [Council for Disabled Children's SEND audit tool](#) to review the SEND work programme and to identify areas for improvement. Somerset's Designated Medical Officer (DMO) for SEND is due to start in post in coming weeks. The DMO will support strategic work including pathway development, joint commissioning arrangements and work to improve outcomes for children and young people with SEND.
- 8.4. The audit tool will be used again at the end of Q1 2017/18 to demonstrate measurable improvements as a result of the additional work within the SEND programme.

Next Steps for Children and Young People

- 8.5. As highlighted within the identification and assessment section of this report, further work is required to review and improve pathways.
- 8.6. Packs of information, will be given to children, young people and their families at the point of diagnosis are in development. This is in direct response to requests from families and is supported by Paediatric Services.
- 8.7. Monitoring of the effectiveness of the changes to the referral systems for the Children's Autism Outreach Team will take place and the update of the relaunched Cygnets programme will be also be monitored. Further work is needed to raise awareness of the Core Standards to help families and young people when applying for an Education, Health and Care Plan.
- 8.8. Work will continue to support services, education settings and other stakeholders to explore what further support would be helpful to enable them to better support children and young people with autism.

9. Conclusion

- 9.1. This paper presents an update on the Somerset Autism Strategy. Progress has been in a number of areas as highlighted under each of the work streams.
- 9.2. While services have developed there is always more to do in assuring that outcomes are being met for individuals with autism and their families. Work will continue within each of the priority areas.
- 9.3. The committee are asked to note this report and to offer their ongoing support to delivery of the Autism Strategy.

10. Background papers

- 10.1. Appendix A - Annual Progress Report 2016

This page is intentionally left blank



APPENDIX A

The Somerset Autism Strategy
Annual Report
Covering the work of the four sub groups

March 2017

LIVING WITH AUTISM

How are we doing?

Priority: Improve the health and wellbeing of people with autism including their carers and family.

- Developed by Somerset County Council (SCC), the Somerset Autism Collections are specialist collections of books that have been placed in local libraries around Somerset and loaned to organisations that support people with autism and their carers and families. Focusing on a range of topics that relate to living with autism, the primary focus is to improve the wellbeing of people with autism and their carers and families, through increasing awareness and understanding of what autism is, how it affects people's lives and strategies and techniques to live well with autism. This includes aspects of life such as emotional wellbeing and stress management, social relationships, sex education, being a parent etc;
- The collections have been recognised nationally by both the Leadership for Libraries Taskforce, as well as the Association of Senior Children's and Education Libraries. Please see www.gov.uk/government/collections/libraries-shaping-the-future-report-and-case-studies

Priority: Improve the support available for carers of people with autism and increase the resilience of those caring for someone with autism.

- During 2016 a review of Carers Services' was undertaken in order to inform a new and improved Carers' Service for Somerset, commissioned by SCC and NHS Somerset Clinical Commissioning Group (CCG). This has resulted in a re-commissioning exercise with the new service launching in September 2017. The mental health carers service and young carers service are not part of this, however the links between these services will be improved during 2017 through the development of working agreements.
- The new Somerset's Commitment to Carers was launched in February 2016 which outlines the priorities in Somerset for supporting carers and former carers, as well as including an action plan to improve local services. There are now 23 organisations who have confirmed their endorsement of the Commitment and of these, 18 have completed action plans;

- Carers' Voice has strengthened its presence in Somerset as an influencing body concerned with improving the lives of unpaid carers in Somerset. There are currently 37 potential Vision Group Leaders, some of whom are already established.

Priority: Improve the way we consult and involve people with autism, their carers and families.

The involvement of people with autism has taken many forms since the creation of the Somerset Autism Strategy:

- Consultation work was undertaken to inform the Autism Strategy <http://www.somerset.gov.uk/policies-and-plans/strategies/somerset-autism-strategy/>
- The launch event of the strategy and Somerset Autism Collections involved people with autism and featured individuals sharing their own personal experiences of living with autism on BBC Somerset <http://www.bbc.co.uk/programmes/p0373x0d>
- The Autism Strategy Group and sub-groups include representation from people with autism and their carers and families;
- People who access services, parent carers and carers of adults have been involved in the procurement for the Learning Disabilities (LD) provider service including all service specifications - <http://somersetldchange.co.uk/>
- People with autism and their carers' were fully involved in the assessment visit undertaken during 2016 by the ADASS (Association of Directors of Adult Social Services) national autism lead advisor and NHS England;
- Development of the Young People's Champion roles and the Unstoppables within Children's Services.

Priority: Work with partners to improve the housing options available for people with autism.

- A housing pathway for people with a LD and autism has been developed and can be found at: www.somerset.gov.uk/council/board52%20Adults/2016%20June%2029/2016%20June%2029%20Item%2011%20Appendix%20A.pdf

- In addition, guidance has been developed which provides social care staff with an overview of the housing options available in Somerset to people with LD, including autism, the support available and further information and resources. Sessions with mental health staff are planned for 2017 which will include raising their awareness of housing options for the people with autism that they support.

Priority: Increase public awareness of autism.

- The Autism Somerset Collections are targeted at people with autism and their families and their presence in libraries is helping to raise awareness in local communities:
 - *“Having more information about Autism and Asperger’s is really important. It will help more people understand the challenges I face in day to day life”* (Individual on the autistic spectrum)
 - *“Great to see a section on autism, especially to raise awareness”* (Library customer)
- SCC and CCG have also worked with BBC Somerset to raise awareness through holding a morning radio show that focused on autism awareness and involved three people with autism giving their accounts of what life with autism is like. The interviews can be heard at: www.bbc.co.uk/programmes/p001d78n/clips
- Various stakeholders also celebrated Autism Awareness Week in 2016, including SCC and Priorswood Primary School with coverage in the local press.

Priority: Increase public awareness of autism.

In Somerset there are various work-streams and services supporting people with autism in to employment. Recent achievements and progress include:

- Staff within ASPIRE Support for Employment have received training on how autism affects employment and assists individuals with autism to gain employment. This training involved hearing first hand from a young person with autism and their family about their personal experiences. Staff described this as “very positive and powerful”.
- Successful continuation of Project SEARCH, which provides the opportunity for students in their final year of education to

spend the academic year in the workplace with an employer. Participants have included individuals with autism and success rates into employment have exceeded 60% in each of the three years it has been running. Please see link for more information, <https://somersexnewsroom.com/2016/07/21/project-search-hailed-a-success-as-musgrove-interns-achieve-paid-employment/>

- SCC was awarded runner up in the 'Employer of People with Disability' award category at the National Learning Disabilities and Autism Awards for its employment of people with LD.

What next for Living with Autism?

- Take steps to make health checks more accessible to people with autism;
- Engagement of district councils to improve the housing options available for people with autism;
- Further improve the mechanisms by which people with autism are involved in service developments / improvements;
- Ensure that there is provision of social and community activities that are inclusive of people with autism and their carers and families.

WORKFORCE DEVELOPMENT

How are we doing?

The sub group meets regularly and progress is being made in defining groups of workers who require training.

The sub group now has an improved mix of attendees, with Children's Learning and Development and Avon & Somerset Police attending regularly as well as the Somerset Parent Carer Forum.

Priority: Further develop the collaboration between children and adults services on training, including transition from children to adult services and independent living.

<ul style="list-style-type: none"> • Some progress has been made to improve the mix of members of the Sub Group. However, there are some gaps (e.g. Housing, employers) that need to be addressed. The main improvements have been in engaging representatives of children and younger people; • The first cohort of 'Autism Champions' has completed the four-module course. There is now at least one worker in each of Somerset's Adult Social Care areas who has completed the course. A further five workers have one module to complete. 	
<p>Priority: Investigate and secure additional funding (e.g. Clinical Innovation Fund).</p> <ul style="list-style-type: none"> • Few funding opportunities currently – therefore, training will need to be funded by organisations accessing this. <p>Priority: Identify groups and services / adults mapping including parents and GPs.</p> <ul style="list-style-type: none"> • A number of priority groups have been identified, e.g. school staff and social care workers. The group has also identified police and criminal justice system. Progress made with the police, with training in autism and mental health now being planned. School staff training needs are met through a specialist service. 	
<p>Priority: Develop multi-tier framework – varied training according to professional role and level of involvement with people with autism.</p> <ul style="list-style-type: none"> • The Four-module training - course ran during 2016/17 to improve the knowledge and skills of up to 20 workers. Due to staff turnover and sickness issues, only 6 people completed the whole course. However, this does mean that there is now at least one worker in each Adult Social Care area who has attended the whole course. In addition, 5 attendees have completed 75% of the course, therefore each person only needs to complete one module to fully complete this; these workers will be included in the second cohort, as necessary; • E-Learning - The Learning Centre now has two courses available to all SCC workers and external providers: 'Autism Awareness' and 'Intermediate knowledge and skills'; 	<p>5 completed 6, 75% complete</p> <p>Accessed 77 times during 2016/17</p>

What next for workforce development?

- Plans to expand 'Introduction to Autism' to all workers and 'Dementia Friends' – style sessions have been agreed in principle;
- A second cohort for the four-module course is also on next year's training programme, to include Children's Social Care for the first time;
- Avon and Somerset Police has agreed in principle to provide autism and mental health training and are working with the Sub Group to achieve this;
- Specialist training in autism and Asperger's Syndrome for Mental Health Social Workers is under discussion and this will be rolled out during 2017/18;
- The sub group needs greater input from agencies other than those directly linked to SCC and the focus on training needs to move away from Social Care into the other professions identified in the strategy consultation.

IDENTIFICATION AND DIAGNOSIS

How are we doing?

The identification and diagnosis sub group was previously chaired by Somerset Partnership NHS Foundation Trust. Unfortunately the chair left the Trust and there have some been difficulties in recruiting a replacement. A new chair person needs to be found to re-instate this sub group and this will be discussed at the next Strategy group this month.

Priority: Improve the way we provide support for those who have had a diagnosis.

- Post diagnostic group in place for adult and provided by the Adult Asperger's Service, Somerset Partnership;
- Access to social care assessment;

Priority: Review the existing pathways to diagnosis

- Clear pathway for adults in place and included within the service specification for the Adult Asperger's Service;
- Mapping workshops took place during 2016 for children and young people. This was in response to the feedback from the ADASS and NHSE visit during the summer 2016, along with concerns about the significant increase in referral rates to the specialist community paediatric & neuro-disability service with a low conversation rate for diagnosis. Guidance for referral criteria for children and young people with possible Autistic Spectrum Conditions developed along with a Protocol.

Priority: Improve signposting to other support services for people who have had a diagnosis

- Public Health at SCC have commissioned work to map current community resources for people with Autism. This work is well underway and will be reported back to the Strategy Group and will inform signposting via professionals and organisational websites including Somerset Choices, Somerset Partnership, Autism Somerset and the National Autistic Society.

Priority: Promote awareness about pathways to diagnosis

- BBC Somerset programme referred to within the Living with Autism section above.
- Somerset Partnership have developed 'Information Sharing and Written sheets' for GPs regarding diagnosis and follow-ups, and added adjustments which will flash up for staff.
- Autism Resource packs developed by the Royal College of General Practitioners. Packs contain information for GPs on how to provide effective consultations with autistic individuals, as well as advice and information for autistic individuals themselves. The packs were developed by the College in conjunction with a range of autism organisations, including the National Autistic Society (NAS).

Priority: Improve the way we share information between organisations about people who have been diagnosed

- As part of this Crisis Care Concordat Group action plan, work is taking place to improve information sharing, including with the Acute hospitals. Steering group in place including the CCG, South West Commissioning Support Unit, SCC, Somerset

Partnership and the Acute Trust, to develop an information-sharing agreement around patients with a LD or Autism. This is to assist with the identification of patients with LD and Autism by the Acute Trusts in order to provide a service according to need and to make the required reasonable adjustments in hospitals. Work to be finalised in the near future and will inform the awareness raising actions.

What next for identification and diagnosis?

- Sub group to reconvene with new chair to review action plan;
- Review of pathways to diagnosis for children and young people to be led by the Designated Medical Officer (DMO) for SEND;
- Report on diagnosis rate from GP registers due end of March 2017 and will inform further planning;
- Further review of capacity and performance within the Adult Asperger's Service.

CHILDREN AND YOUNG PEOPLE

How are we doing?

The Children and Young People's sub group is chaired by the Somerset Parent Carer Forum.

In Somerset, there is a lower level of Children recorded as receiving High Needs funding, a Statement or an Education, Health and Care Plan (EHCP) with autism as the primary need compared to the national statistics.

Somerset has a higher proportion of boys than girls diagnosed with Autism, this is in line with the national picture.

Paediatricians and GP's report pressures from an increase of parental requests for an autism diagnosis for their child, often linked to behavioural difficulties. Parents also report a delay in receiving appointments and a long waiting list for Autism Diagnostic Observation Schedule (ADOS) assessments.

The Children's Autism Outreach Team (CAOT) work with families who have children with an Autism diagnosis up until they are 13. The team currently have a waiting list due to demand and this has been compounded by recruitment issues.

Priority: The Autism strategy highlighted there needs to be better information, in one place, about support and services and it must be easily accessible to everyone – people with autism, their carers and families and professionals.

- Somerset Choices has been selected as the portal to provide information for all families within Somerset. The platform is continually being updated to reflect new information and services;
- SEND Information, Advice and Support Service (SENDIAS) are developing their service for young people including working with the young people's champions for SEND making easy read versions of their information leaflets;
- The Engagement and Participation Team and Somerset Parent Carer Forum have worked on videos and easy read versions to help with access to information including the Core Standards and various strategies;
- A multi-agency group including young people and parent carers has reviewed the EHCP paperwork and pathway guides to ensure it is user friendly including a young person's version.

Priority: The Autism strategy highlighted the need to Improve access to diagnostic services and post diagnostic support for children, adults and families through early help, support and advice; offering quality services that are good value for money

- CAOT have successfully recruited new staff and have contacted all families on the waiting list signposting them to organisations that can offer peer support and advice. Families have also been made aware of events held regularly by the team which they can access while on the waiting list;
- SENDIAS have employed a member of staff to focus on support for young requesting an EHCP;
- The Autism library available throughout Somerset has provided information on understanding Autism and ways to self-help.

Priority: The Autism strategy highlighted the need to Increase awareness and understanding of autism including training and development for the public, front line services (including Police, Housing etc.), people with autism and their families and carers including schools and educational settings

- The Core Standards have been launched which clearly outline the expectations of support children and young people will receive in education. This includes a task and finish group including parent carers, which has been reviewing and updating the Cygnets programme (now within Support Service for Education) which provides training for parents of children with autism. The course is due to be relaunched shortly in a format which will be easier for a wider range of parents to access.

Priority: Research shows only 15% of people with autism are in full-time employment and 9% are in part-time employment, while 79% of people with autism on out-of-work benefits say they would like to work, with the right support.

- Project Search has been successful in supporting young people with Autism to learn skills for employment;
- A Choice for Life event will be held on the 24th March 2017 at Yeovil College. This will provide young people with SEND and their families information on further education, internships and work opportunities. The aim of the event will be to help raise the aspirations of children, young people and their families.

What next for Children and Young People?

- Work will continue to ensure that a range of information for individuals with Autism is included within Somerset Choices;
- Packs of information to be given to children, young people and their families at the point of diagnosis are in development. This is in direct response to requests from families and is supported by paediatrics;
- Monitoring the effectiveness of the changes to the referral systems for CAOT and the update of the relaunched Cygnets program;
- Raise awareness of the Core Standards, the Local Offer within Somerset Choices and the SENDIAS and Independent supporter service to help Young people when applying for an EHCP;
- Continue to work with support services, education settings and other stakeholders to explore what further support would be helpful to enable them to support children and young people with autism;

- Providing resource bases for primary and secondary provision within four areas of the County - Mendip, Taunton Deane, Sedgemoor and South Somerset to reduce travelling for our young people.

Report compiled by:

Deborah Howard, Acting Head of Joint Commissioning, Mental Health & Learning Disabilities, Somerset CCG

Christina Gray, Consultant in Public Health, Somerset County Council

Rhian Bennett, Senior Commissioning Officer, Adults & Health Commissioning Team, Somerset County Council

Ruth Hobbs, Chair, Somerset Parent Carer Forum

Sean Taylor, Staff Development Officer, Learning and Development, SCC

March 2017

This page is intentionally left blank

Improved Access to GP Services

Lead Officer: Ann Anderson

Author: Adam Hann

Contact Details: adam.hann@somersetccg.nhs.uk

Cabinet Member: William Wallace

Division and Local Member:

1. Summary

- 1.1. In October 2016 it was announced that Somerset CCG was identified as a transformation area for improved access to GP services. The purpose of this paper is to provide the Somerset Overview and Scrutiny Committee with an update on the commissioning process for improved access. In January 2017 Somerset CCG Governing Body approved a proposed commissioning, financial and service framework for the delivery of Improved Access to the Somerset population.
- 1.2. The definition and requirements for the service are contained in Annex 6 of the NHS Operational Planning and Contracting Guidance. In summary, CCGs must:
 - ensure that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other primary care and general practice services such as urgent care services
 - commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day
 - commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs
 - provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week; appointments can be provided on a hub basis with practices working at scale
 - commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population per week in accordance with population need
 - use a nationally commissioned new tool to be introduced during 2017/18 to automatically measure appointment activity by all participating practices, both in-hours and in extended hours. This will enable improvements in matching capacity to times of high demand
 - ensure services are advertised to patients
 - ensure ease of access for patients
 - reduce inequalities in patients' experience of accessing general practice identified by local evidence
 - effectively connect other system services enabling patients to receive the right care

2. Issues for consideration / Recommendations

- 2.1. The Scrutiny Committee is asked to consider and comment on the commissioning process of the improved access service for the population of Somerset.

3. Background

- 3.1. The national guidance instructs CCGs to commission and fund extra capacity to ensure everyone has access to GP services. To ensure a transparent approach the term GP services has been defined by the project team as;

“A primary medical service delivered by a wide skill mix team with a GP having overall responsibility for patient care. Services are delivered by a range of professional and non-professional staff, not necessarily a GP, through online, telephone and face to face appointments in accordance with patient need.”

The foundation of the Somerset CCG improved access service is based on four primary objectives that are coherent with the Somerset Primary Care Plan and supported by key enablers;

Primary Objectives:

- Commission a sustainable and effective model of care that enhances the availability of primary medical services across the county whilst maintaining high quality services, increasing patient satisfaction, managing demand and reducing duplication
- To deliver joined up, collaborative and responsive out of hospital care for patients across 7 days, meeting population needs and reducing unnecessary demand through the use of patient education and awareness
- Increase the capacity of primary medical services through the delivery of at scale services, sharing of resources and utilisation of IT innovations
- Deliver an integrated and responsive primary medical service that is clinically led and supported by a multi-disciplinary team, providing care to population groups in collaboration with multiple provider organisations

Enablers:

- Patient education and awareness of alternative health services available, helping patients identify the right care, at the right time, in the right place
- Develop and pilot IT innovations meeting the needs of patients and delivering high quality outcomes
- Develop collaborative and trusting relationships with provider organisations across the county, including out of hours and community services
- Develop robust clinical governance procedures to maintain patient safety and secure information sharing

- Provide a responsive service to those patients who would benefit most (end of life, complex patients, frail elderly)

4 SERVICE MODEL

- 4.1 It is the ambition of the CCG to deliver the national requirements from April 2017, with the model for delivery being developed over the course of the contractual period. The intention is to learn from potentially different delivery models across Somerset and allow for the collaboration and integration between providers to take place.
- 4.2 A phased model has been developed to allow movement towards an integrated same day service across seven days, joining up service provision to deliver better care for patients and enhance the sustainability of services. Some federations were already considering or moving towards different ways of managing demand for primary care services. Having a phased approach prevents the CCG from unintentionally restricting any local innovations.
- 4.3 The specification for improved access does not stipulate the service delivery model for improved access. This is to recognise that primary care federations are best placed to design a model that meets the needs of their population and delivers the intended outcomes and requirements.

4.4 Phase One – 2017/2018

- 4.4.1 The phase one model of the service framework builds on the current delivery of extended hours by practices but at scale and in alignment with the improved access requirements.
- 4.4.2 The groupings of practices within federations will be required to deliver the combined extended hours and improved access hours at scale, whilst providing patients with equitable and consistent access through the use of technology and telephone consultations across seven days. This will mean health care professionals seeing patients that are registered at a different practice within the federation.

4.5 Phase Two – From April 2017

- 4.5.1 One of the main contributors to the instability of primary care services is the demand for same day care. There is an emerging theme that a key contributor to secure the future sustainability of the Somerset health system is to integrate same day services across seven days, joining up same day service provision within the health system to deliver better care for patients.
- 4.5.2 Phase two of the proposal is to deliver same day demand for services through hubs that are operational from 8am – 8pm, seven days a week. These hubs would be delivered by a collaboration of primary, community and urgent care providers, with patients being seen by the most appropriate person in a timely fashion.
- 4.5.3 Hubs could potentially be co-located in existing health care delivery sites with

primary care workforce input and full access to the primary care record, alongside appropriate and relevant community, urgent and secondary care resource input. Not only will the service contribute to the sustainability of primary care but also to the viability of other services across the county which we know are under pressure through increased demand and workforce retention.

4.5.4 The hubs will be responsible for the delivery of the improved access requirements across the seven days. Although the service will be focused on same day access, there will still be a requirement to offer pre-bookable appointments after 6.30pm on weekdays and 8-8 on weekends to meet the improved access requirements.

4.5.5 The service will continue to utilise the benefits of technology and continue to test innovations. A key priority of the service will be to ensure patients have equitable access to services and the existing workforce is configured to meet the rising demand.

4.6 Phase Three – 2019/2020

4.6.1 There is an acknowledgement that the NHS Standard Contract the CCG holds with practices for the provision of enhanced services expires in March 2018 and Somerset Health and Social Care organisations are also looking to move towards an Accountable Care System by April 2019.

4.6.2 It is not possible at this time to articulate what the Accountable Care System will mean for the health care providers in Somerset, including primary care and the CCG commissioned enhanced services. However, the Primary Care Improvement Scheme is a five year commitment and is due to expire in March 2021. It is envisaged that improved access will continue to be part of PCIS up until its expiry date and contracts will transfer into the Accountable Provider Organisation.

4.7 Regardless of the model being used to deliver improved access, the service does not replace the current Out of Hours (OOH) service. Practice phones lines will continue transfer to 111 at 6:30pm. Primary care will however continue to see those patients that were booked into improved access appointments during core hours. This is a message practices will need to clearly articulate to patients.

5. Consultations undertaken

STAKEHOLDER ENGAGEMENT

5.1 As a nationally mandated development there is limited opportunity to consult patients on the overall approach to GP improved access. However Federations will be required to evidence as part of the improved access delivery plan how patients have been and will continue to be involved. We envisage this primarily taking place through Patient Participation Groups.

5.2 The CCG has undertaken a range of engagement activities with a wide number of stakeholders to articulate what improved access means and how the CCG proposes to commission a service for the Somerset population.

- 5.3 Valuable feedback has been obtained from the various meetings and has contributed to the design of the improved access framework.

PRIMARY CARE WORKSHOPS

- 5.4 Upon receipt of approval from the CCG Governing Body In January 2017 to proceed with the proposed commissioning, financial and service framework, a series of workshops have taken place with each Somerset provider Federation.
- 5.5 The purpose of the workshops was to articulate the agreed framework and provide practices with a common understanding of what improved access means and most importantly, allow practices to make an informed decision on whether they would like to deliver improved access. The workshops also provided the opportunity for practices to raise any general concerns, challenge the framework and to test out possible delivery models.
- 5.6 The majority of practices have expressed interest in developing local proposals for improved access. These proposals are in varying stages of development. Key themes arising from the workshops include differing service models, finances, IT, practice collaboration, patient feedback.

6. Implications

- 6.1. The Overview and Scrutiny Committee is asked to note the commissioning process of the improved access service for the population of Somerset and the changes in service provision that will be taking place from 1 April 2017.

7. Background papers

- 7.1. CCG Governing Body report 'Improving Access to GP services' – January 2017

This page is intentionally left blank

Maternity Service Update

Lead Officer: Sandra Corry, Director of Quality and Safety Somerset CCG
Author: Deborah Rigby, Deputy Director of Quality and Safety Somerset CCG and
Jonathan Higman, Director of Strategic Development YHD

Contact Details: 01935 384130 or Sandra.corry@somersetccg.nhs.uk
Cabinet Member:
Division and Local Member:

1. SUMMARY

- 1.1. To provide an update to Scrutiny Panel on Somerset Maternity Services and the local Maternity Transformation programme. The focus of this report is how maternity services are responding to the Better Births report published in Feb 2016 and the quality measures we have in place to ensure monitoring of the key priorities.
- 1.2. In addition this update will include the Sustainability and Transformation Plan and the current discussion on the Local Maternity Service (LMS) priorities and the discussion with Dorset CCG.

2. ISSUES FOR CONSIDERATION / RECOMMENDATIONS

- 2.1. The Scrutiny Panel is asked to consider and comment on the maternity transformation programme including assurance provided on local activity of Maternity Services in Somerset. The CCG is commissioning an Independent review by the Clinical Senate to inform future service developments.

3. BACKGROUND

- 3.1 The report of the National Maternity Review, Better Births, was published in February 2016 and set out a clear vision: for maternity services across England to become safer, more personalised and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred on their individual needs and circumstances. It also calls for all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries. Implementing the vision set out Better Births supports the Secretary of State's ambition to halve the number of stillbirths, neonatal and maternal deaths and brain injuries by 2030.
- 3.2. Better Births recommended that commissioners and providers work together across areas as Local Maternity Systems (LMS) across footprints of 500,000 to 1.5 million people. The national Maternity Transformation Programme aims to support and empower local transformation, through Local Maternity Systems and Maternity Clinical Networks.

Early Adopter

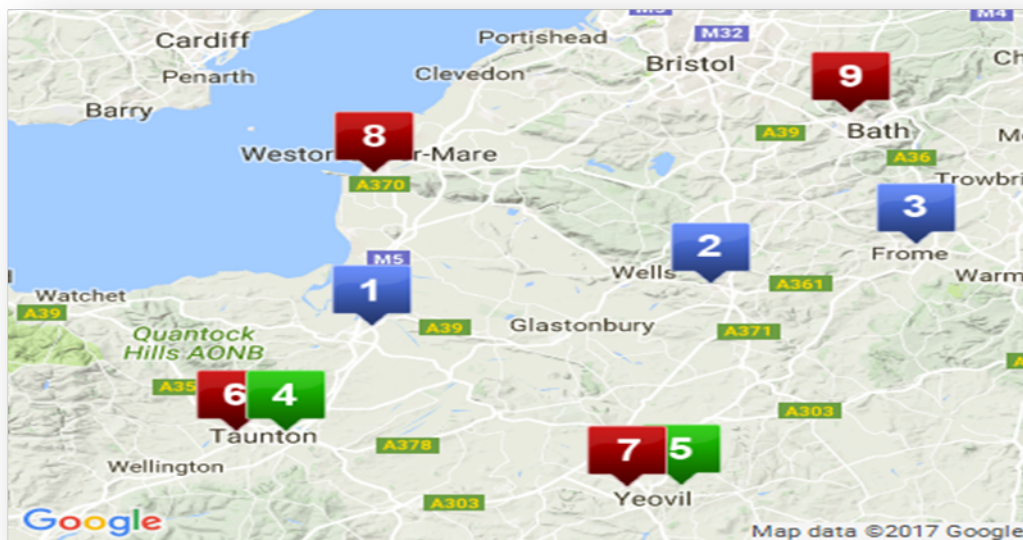
- 3.3.** Somerset has been chosen as one of eight national an early adopter sites for Better Births, to support this transformational change in maternity services. The core Somerset bid is for the implementation of IT and Post-natal support, for **Somerset** this includes:
- A particular focus on working across organisational and professional boundaries, facilitating improvements in post-natal care for vulnerable women and the implementation of electronic maternity records for women and staff.
 - Developing, during 2017, new “assistant practitioner” roles to work in the community. The roles will be accountable to a midwife and aimed at supporting vulnerable women and their families during the post-natal period. The assistant practitioners will undertake a structured education and training programme over two years, leading to a recognised qualification whilst working in the complex care team
 - Integrating collaborative working across both provider organisations to have a single aligned maternity model of care by April 2018 (date TBC through agreement of more detailed project plan).
 - Collaborating to produce a single electronic maternity record, accessible by all health professionals across the county by August 2018 (date TBC through agreement of more detailed project plan).
 - Developing and using a county wide maternity app for women and families, providing timely essential information, by January 2018.
 - Developing metrics and collating data to determine outcomes and measure success, which will include public health outcome measures, the views of women and families and staff experience, in order to drive further improvements.

4. SOMERSET FACTS

- 4.1** NHS Somerset Clinical Commissioning Group is the lead commissioner for maternity services from Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust.
- 4.2.** NHS Wiltshire Clinical Commissioning Group is the lead commissioner for maternity services provided by in the Princess Anne Wing of the Royal United Hospital Bath which provides maternity services for women in the Mendip area.
- 4.3.** North Somerset Clinical Commissioning Group is the lead commissioner for maternity services for the Weston catchment area, provided by Weston General Area Health Trust which provides maternity services for women in the North Sedgemoor area. The total number of births for Quarter 3 (2016/2017) is 1,9281 across the four trusts. Further information can be found in Appendix 2.
- 4.4.** <http://www.somersetintelligence.org.uk/pregnancy-maternity.html>
There are three standalone midwife-led maternity units in Somerset operating from community hospitals across the county. Additionally, both acute providers have ‘alongside’ midwife led birthing units. The map below shows the location of each of the maternity provisions, both within the county and providing

services to residents of the county.

Stand-alone midwife-led maternity units	
1	Bridgwater Community Hospital, Bridgwater
2	West Mendip Community Hospital, Shepton Mallet
3	Frome Community Hospital, Frome
Alongside midwife-led birthing units	
4	Bracken Ward, Musgrove Park Hospital, Taunton
5	Yeovil District Hospital Maternity Unit, Yeovil
Consultant led maternity units	
6	Musgrove Park Hospital, Taunton
7	Yeovil District Hospital, Yeovil
8	Weston General Hospital, Weston-Super-Mare
9	Royal United Hospital, Bath



5. SUSTAINABILITY AND TRANSFORMATION PLAN

- 5.1. It is expected that the Local Maternity Services (LMS) will align with Sustainability and Transformation Plans (STP) footprints in Somerset, the challenge we have in Somerset is that the RUH, Weston and Dorset are outside our STP footprint and Local Maternity Systems will be expected to develop and implement a local vision for improved services.
- commissioners and providers are asked to work together across areas as local maternity systems (LMS)¹, with the aim of ensuring women, their babies and their families have equitable access to the services they choose and need, as close to home as possible. In particular, the role of the LMS is to:
 - bring together all providers involved in the delivery of maternity and neonatal care, including, for example, the ambulance service and midwifery practices providing NHS care locally
 - develop a local vision for improved maternity services based on the principles of *Better Births*
 - co-design services with service users and local communities
 - put in place the infrastructure needed to support services working together

Dorset CCG

- 5.2. In September 2015, as part of its overall Clinical Service Review, Dorset CCG asked the Royal College of Paediatrics and Child Health (RCPCH) to conduct an Invited Review of the current service provision for maternity, neonatal and paediatric services. This review focussed on the services provided at Poole, Bournemouth, Dorchester and Yeovil Hospitals. The resulting report raised questions about the long-term sustainability of the current model of provision and proposed some high level future service options. The RCPCH report is publically available via the Dorset CCG website.
- 5.3. Following the publication of this report, the Boards of Yeovil District Hospital and Dorset County Hospital have agreed to work together to explore in more detail the options for the future model of maternity and paediatric services across the two sites. It was acknowledged that key to this work will be ensuring that the broader access implications for the populations of West Dorset and East Somerset are fully considered, recognising the responsibility of Yeovil District Hospital to work as part of the Somerset NHS. A data modelling exercise is underway to inform this.
- 5.4. The work is on-going and an options appraisal will be developed for consideration in the summer 2017. Any future service change will be subject to the NHS England requirements which would involve a full public consultation

6. MATERNITY VOICES SOMERSET

- 6.1.** Somerset CCG and providers are currently working together to review the current format of the regional Maternity Services Liaison Committee (MSLC) in order to optimise service user input into service development/ performance and drive quality improvement across all maternity services. Somerset Local Medical Council (LMC) submitted proposals for HEE education and training funding to support the implementation of patient focused events called “Whose shoes”. The aim of the funding will be to refresh our Maternity Services Liaison Committee (MSLC) and user engagement strategies and the recommendations from Better Births.
- 6.2.** We have been successful in our bid and have approached the “Whose Shoes” provider who will be training all three Somerset NHS Foundation Trusts and Royal United Hospitals Bath NHS Foundation Trust. We have been successful in securing further licensed copies through the South West Maternity & Children’s Strategic Clinical Network (**SWMCSCN**) to ensure that each Trust is able to continue to implement the learning from the event with colleagues, patient groups and commissioners. Weston Area Health NHS Trust has elected not to take part as they are linked to the joint event being run across North Somerset, Bristol & South Gloucestershire CCGs. This event is booked and due to take place on 12 April 2017 at Taunton Racecourse. “Whose Shoes?” event is intended to gather experiences from providers, commissioners, and members of the public. This will inform how maternity services are shaped moving forwards.

7. CCG IMPROVEMENT AND ASSESSMENT - MATERNITY

- 7.1.** The CCG improvement and assessment framework 2016-17 (CCG IAF) baseline maternity assessment provides a perspective on the effectiveness of commissioning of maternity services, enabling CCGs, local health systems and communities to assess their own progress, thereby assisting improvement. It also allows NHS England to target the support needed to assist CCGs and local maternity systems to improve.
- 7.2** The 2016-17 baseline maternity assessment has been designed to align with a number of the key themes from Better Births, the report of the National Maternity Review, published in February 2016. Four maternity-related measures have been included in the CCG Improvement and Assessment Framework:
- neonatal mortality and stillbirths
 - maternal smoking (at time of delivery)
 - women’s experience of maternity services
 - choice in maternity services

- 7.3.** The stillbirth and neonatal mortality indicator will help to gauge the success of CCG activities aimed at reducing neonatal mortality and still birth rates. This indicator currently uses ONS data and is unadjusted. The data used for this year's assessment is from 2014. It is recognised that using more recent data will make this indicator significantly more useful for CCGs; NHS England will therefore continue to develop the data source and methodology for next year's assessment to look for opportunities to make further improvements.
- 7.4.** CCGs should use this indicator alongside information available locally and from other national sources to better understand the causes of mortality in their local populations and focus their activities towards reducing the rate. A high mortality rate warrants investigation as it may reflect shortcomings in the quality of care. However, mortality rates may be influenced by factors other than the quality of care, such as: random year on year variation; the proportion of women with high risk pregnancies giving birth to babies; and the proportion of mothers who choose to carry babies affected by severe congenital anomalies to term. Caution is therefore required when interpreting mortality rates in isolation from other sources of information.
- 7.5.** The maternal smoking (at time of delivery) indicator will contribute to measuring the success of interventions to reduce smoking in pregnancy, as recommended by NICE guidance (PH26). Performance in this indicator will reflect the effectiveness of 'stop smoking' services and working relationships with local authorities through the Health and Wellbeing Boards. This indicator also relates to the effective screening by maternity services of pregnant women throughout their pregnancy through Carbon Monoxide (CO) monitoring, as required by the Saving Babies' Lives care bundle. The use of this indicator in the CCG IAF is intended to shine a light and encourage action to reduce smoking in pregnancy as there is strong evidence that doing so reduces the likelihood of stillbirth. It also impacts positively on many other smoking-related pregnancy complications such as premature birth, miscarriage, low birth-weight and Sudden Infant Death Syndrome (SIDS). Whether or not a woman smokes during her pregnancy has a far reaching impact on the health of the child throughout his or her life. The Experience indicator measures women's experiences of maternity services based on answers to the Care Quality Commission (CQC) 2015 National Maternity Services Survey.

- 7.6.** The Choice indicator uses the same CQC survey to specifically look at the choices offered to users of maternity services. Each of these two indicators are composite indicators, calculated as an average of scores from six questions from the survey reflecting several points across the care pathway (antenatal, intrapartum and postnatal). The experience and choice indicators have been adjusted for age and for parity (the number of times a woman has given birth). This assessment is intended to provide an initial baseline, a snapshot of how CCGs are performing in the areas measured by the indicators. However, it is important to note the assessment is limited by the small number of metrics selected and is not intended to provide an overall picture of the quality of maternity services within the CCG area. In future years, a more comprehensive assessment will be undertaken, drawing on wider measures and qualitative information, assessed by an independent panel of experts with the ability to examine what is going on behind the data.

Outcomes Monitoring

- 7.7.** The CCG receive data on a range of outcomes and quarterly highlight reports directly from the Trusts, and use additional data from NHS England/Public Health England, Hospital Episode Statistics (HES) and the Office of National Statistics (ONS), both to validate the figures received from the Trusts and to benchmark against other core sites and national data. The South West Strategic Clinical Network for Children and Maternity has agreed a framework for benchmarking against other, similar services and will apply statistical process control methods to the data to help discern between normal and abnormal variation.
- 7.8.** In March 2015 the South West Maternity and Children's Strategic Clinical Network launched the first regional maternity dashboard across the South West region. Fourteen maternity services provide data on a monthly basis to an agreed set of metrics and criteria. Whilst the dashboard is still in a developmental stage, we now have enough data to enable us to compare and identify areas of variation. This data will enable the benchmarking of maternity services across the region, underpinning the quality improvement work of the Network. Development of the dashboard remains ongoing, with a focus on data quality. Annex 1 shows the December 2016 summary maternity dashboard

Perinatal Mental Health

- 7.9.** Ensuring appropriate services for women who experience mental health problems during and after their pregnancy is a high priority both locally and nationally. This work is led through the CCG Mental Health Programme Board. Women with mild-moderate depressive illness and anxiety can be supported through the Somerset Talking Therapies service, which has just launched its own website, allowing self-referral for those patients who have access to the internet. Expectant mothers and those with a child under one year old are already a priority group, under the referral criteria for the service.

Actions

- Liaison, Crisis and Home Treatment Teams to receive specialist training to better understand the distinctive features and risks of perinatal mental illness. The CCG is working to source training through specialist Mother & baby Units in Bristol, for the relevant staff teams within Somerset Partnership
- Talking therapies services to be integrated into the peri-natal mental health pathway (work is already underway and representatives from the service attended a recent peri-natal mental health working group meeting).

Right Care

- 7.10.** The NHS Right Care programme is about improving population-based healthcare, through focusing on value and reducing unwarranted variation. It includes the Commissioning for Value packs and tools, the NHS Atlas series, and the work of the Delivery Partners.

Improvement opportunities for Somerset include:

- Flu vaccine take-up by pregnant women

- 7.11.** The table below shows the benchmarking data for flu vaccine take up women at risk at all

Flu Vaccine take up rate

	Pregnant Women: At-Risk	Pregnant Women: Not At-Risk	Pregnant Women: All
Bristol	63.5	41.6	44.1
North Somerset	60.1	44.3	46.5
Somerset	58	41.8	43.7
South Gloucestershire	68.4	54	55.9

Smoking at the time of delivery

Smoking at the time of delivery	2014/15* from August 2014	2015/2016	206/ 2017 (up to November 2017)
T&S	13.66	14.58	13.15
YDH	15.55	13.28	12.43
RUH	11.00	8.63	8.61
Somerset Average	14.61	13.93	12.79

8. NEXT STEPS

8.1. Success in 2020:

- Personalised care, centred on the woman, her baby and her family, based on their needs and their decisions, where they have a genuine choice informed by unbiased information.
- Continuity of carer, to ensure safe care based on relationships of mutual trust and respect, in line with the woman's decisions.
- Safer care, with professionals working together across boundaries to ensure rapid referral and access to the right care in the right place; leadership focussed on a culture of safety across organisations and investigation leading to honest and open discussions and learning when things go wrong.
- Better postnatal care and perinatal mental healthcare, to address under provision in these two vital areas.
- A culture of multi-professional working, breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies.

8.2. Ultimately, success will be measured by improvement in outcomes for women, babies and their families, and services will need to be commissioned to deliver improvements against these outcomes.

Reference	Maternity Measure	Threshold	Provider	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	
1 (A3a)	Number of births		T&S	254	279	295	228	266	271	313	268	295	262	290	305	241	224	
			YDH	128	133	128	122	114	98	124	124	134	131	135	120	106	135	
			RUH	-	409	405	371	391	368	422	388	415	398	398	386	384	-	
			WAH	-	23	14	15	21	6	19	15	16	-	22	19	8	-	
2 (A10)	% of caesarean sections	25.5% (England 2012/13)	T&S	20.47%	20.79%	23.73%	20.18%	21.80%	27.70%	24.90%	23.90%	23.10%	21.80%	25.50%	30.80%	22.80%	29.90%	
			YDH	17.19%	23.88%	25.78%	22.13%	32.46%	15.30%	27.20%	28.80%	21.60%	30.80%	22.80%	20.80%	32.10%	26.50%	
			RUH	-	20.30%	22.80%	24.40%	21.90%	23.40%	22.90%	22.60%	18.50%	19.20%	20.20%	25.70%	27.60%	-	
			WAH	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
5 (L32)	% of women who breastfed at the time of delivery	tbc	T&S	80.63%	85.66%	81.63%	81.14%	83.33%	79.30%	86.90%	76.50%	80.60%	83.60%	81.40%	83.90%	81.30%	80.00%	
			YDH	72.66%	76.69%	78.91%	76.23%	71.05%	73.50%	78.20%	84.00%	84.00%	81.00%	83.00%	77.80%	75.50%	75.40%	
			RUH	-	80.80%	82.60%	77.20%	91.00%	86.10%	82.10%	82.90%	82.80%	87.80%	87.90%	84.40%	88.50%	-	
			WAH	-	69.60%	57.10%	73.30%	76.20%	66.70%	78.90%	86.70%	93.80%	-	71.40%	84.20%	87.50%	-	
6a (A30)	% of women who smoked at the time of booking	tbc	T&S	8.58%	10.28%	10.06%	7.93%	11.20%	16.10%	13.30%	18.30%	20.20%	16.80%	14.10%	19.20%	14.50%	18.70%	
			YDH	14.84%	17.16%	14.06%	22.13%	17.54%	19.40%	15.20%	12.80%	13.40%	15.80%	15.40%	20.00%	13.20%	13.20%	
			RUH	-	-	-	-	-	-	-	-	-	-	-	-	14.40%	15.60%	-
			WAH	-	-	-	-	-	-	-	-	-	-	-	-	14.50%	19.50%	-
6a (L14)	% of women who smoked at the time of delivery	14.5%	T&S	11.46%	11.83%	11.90%	12.28%	15.53%	13.30%	12.50%	16.80%	15.60%	11.80%	8.60%	12.10%	12.40%	13.60%	
			YDH	14.84%	14.18%	10.16%	15.57%	7.02%	14.30%	8.00%	7.20%	9.70%	14.30%	15.40%	20.00%	10.40%	13.20%	
			RUH	-	10.90%	8.50%	10.30%	5.20%	8.80%	9.50%	9.40%	10.90%	9.30%	6.60%	6.50%	7.90%	-	
			WAH	-	37.50%	14.30%	20.00%	47.60%	33.30%	31.60%	0.00%	6.30%	-	13.60%	15.80%	12.50%	-	
7 (A6)	Midwife to birth ratio	1 WTE midwife to 29.5 births	T&S	1:32.0	1:32.0	1:32.0	1:28.0	1:32.0	1:32.0	1:37.0	1:32.0	1:35.0	1:31.0	1:34.0	1:35.0	1:28.0	1:27.0	
			YDH	1:26.9	1:27.3	1:26.0	1:23.4	0.00	1:25.4	1:27.2	1:25.1	1:25.7	1:22.5	1:23.5	1:21.0	1:18.3	1:23.0	
			RUH	-	1:32.0	1:32.0	1:29.0	1:29.0	1:29.0	1:33.0	1:30.0	1:32.0	1:31.0	1:31.0	1:30.0	1:30.0	-	
			WAH	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
8 (A7)	% of induced labours	23.3% (England 2012/13)	T&S	33.86%	29.39%	31.86%	35.53%	27.82%	26.60%	30.40%	31.30%	30.20%	31.70%	27.60%	29.80%	29.00%	37.10%	
			YDH	19.53%	27.61%	34.38%	33.61%	24.56%	37.80%	28.80%	30.40%	29.10%	27.10%	31.60%	30.80%	29.20%	30.10%	
			RUH	-	23.00%	22.10%	23.80%	22.70%	22.90%	26.70%	25.70%	27.50%	23.00%	21.90%	23.90%	21.80%	-	
			WAH	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
10b	Friends and Family Responses Rate: Birth	22.87%	T&S	53.85%	25.98%	27.12%	26.07%	28.36%	18.18%	25.40%	22.26%	32.11%	22.96%	24.58%	17.95%	22.54%	22.69%	

Reference	Maternity Measure	Threshold	Provider	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	
			YDH	0.00%	2.21%	0.74%	1.64%	32.00%	17.20%	Insufficient response to derive positive response rate			4.58%	Insufficient response to derive positive response rate	Insufficient response to derive positive response rate	1.01%	Insufficient response to derive positive response rate	
			RUH	25.94%	29.20%	25.70%	11.70%	22.20%	21.40%	23.60%	20.30%	22.00%	23.30%	22.00%	15.60%	14.70%	11.50%	
			WAH	47.10%	50.00%	64.30%	66.70%	47.60%	66.70%	73.70%	21.40%	81.30%	50.00%	38.10%	47.40%	100.00%	53.80%	
10b	Friends and Family Positive Responses Rate (extremely likely & likely): Birth	96.65%	T&S	98.57%	100.00%	100.00%	98.36%	97.37%	98.00%	100.00%	98.36%	96.88%	98.39%	97.26%	96.43%	100.00%	96.30%	
			YDH	Insufficient response to derive positive response rate				78.13%	93.75%	Insufficient response to derive positive response rate			100.00%	Insufficient response to derive positive response rate				
			RUH	99.00%	100.00%	99.00%	98.00%	98.00%	99.00%	98.00%	99.00%	98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
			WAH	88.00%	100.00%	100.00%	100.00%	100.00%	Insufficient response to derive positive response rate	100.00%	Insufficient response to derive positive response rate	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%



Somerset

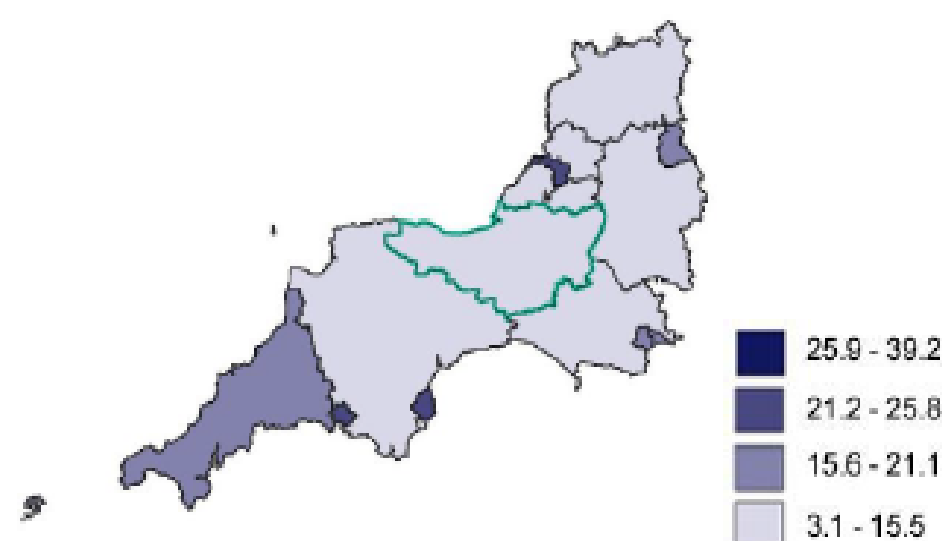
This profile provides a snapshot of child health in this area. It is designed to help local government and health services improve the health and wellbeing of children and tackle health inequalities.

The child population in this area

	Local	Region	England
Live births (2015)	5,624	58,033	664,399
Children aged 0 to 4 years (2015)	29,600 5.4%	307,400 5.6%	3,434,700 6.3%
Children aged 0 to 19 years (2015)	121,200 22.2%	1,216,700 22.2%	13,005,700 23.7%
Children aged 0 to 19 years in 2025 (projected)	128,600 22.1%	1,311,400 22.4%	14,002,600 23.8%
School children from minority ethnic groups (2016)	5,451 9.0%	81,843 12.8%	2,032,064 30.0%
Children living in poverty aged under 16 years (2014)	15.3%	16.1%	20.1%
Life expectancy at birth (2013-2015)	Boys 80.2 Girls 84.1	80.1 83.8	79.5 83.1

Children living in poverty

Map of the South West, with Somerset outlined, showing the relative levels of children living in poverty.



Contains Ordnance Survey data

You may re-use this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence/version/3/

Key findings

Children and young people under the age of 20 years make up 22.2% of the population of Somerset. 9.0% of school children are from a minority ethnic group.

The health and wellbeing of children in Somerset is mixed compared with the England average. Infant and child mortality rates are similar to the England average.

The level of child poverty is better than the England average with 15.3% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average.

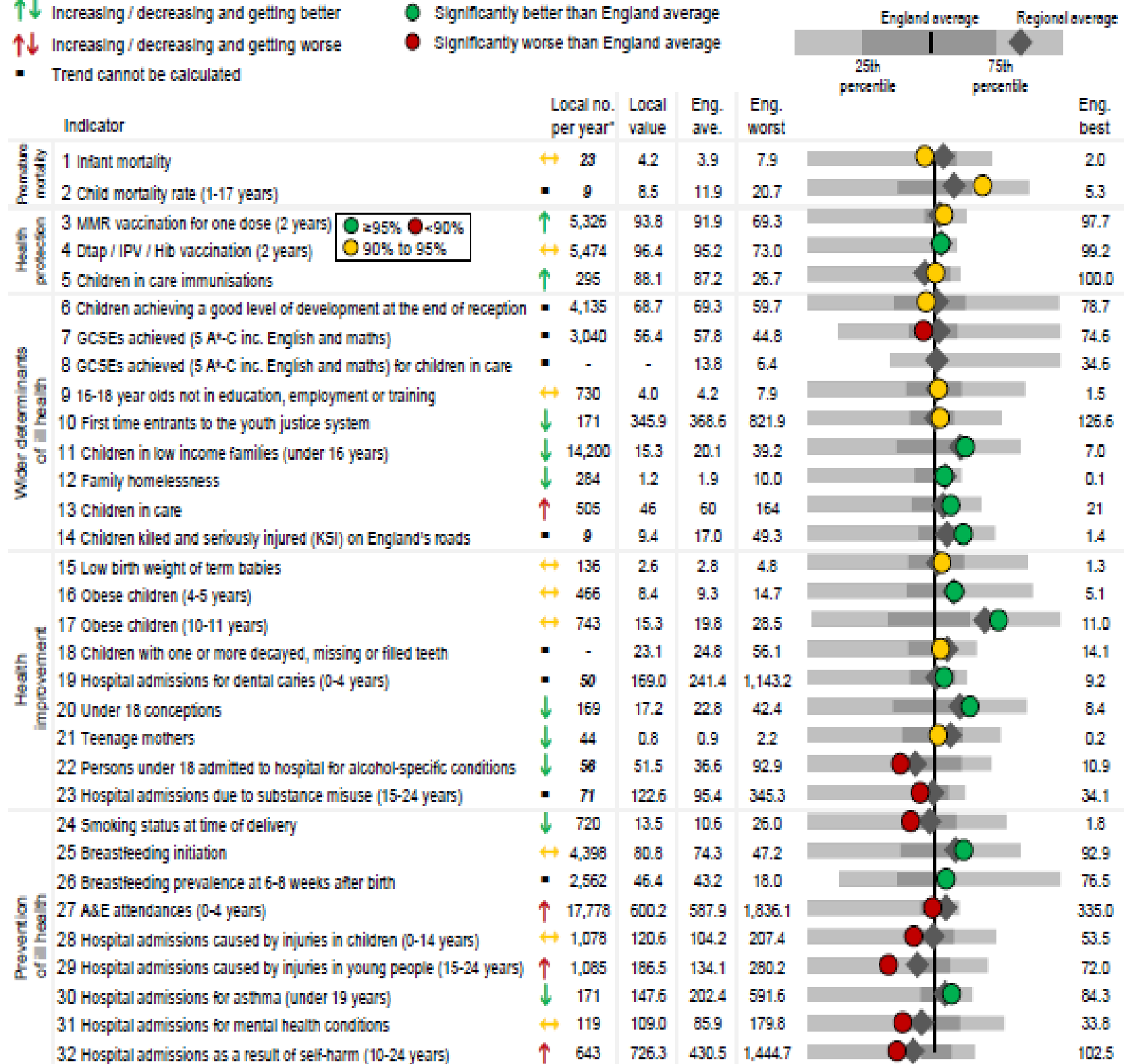
Children in Somerset have better than average levels of obesity: 8.4% of children aged 4-5 years and 15.3% of children aged 10-11 years are classified as obese.

In 2015/16, children were admitted for mental health conditions at a higher rate to that in England as a whole. The rate of inpatient admissions during the same period because of self-harm was higher than the England average.

The rate at which children and young people were killed or seriously injured in road traffic accidents is lower than the England average. 27 children were killed or seriously injured on the roads in 2013-2015.

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each Indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.

- ↔ No significant change
- ↑↓ Increasing / decreasing and getting better
- ↑↓ Increasing / decreasing and getting worse
- Trend cannot be calculated
- Not significantly different from the England average
- Significantly better than England average
- Significantly worse than England average



*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure

Notes and definitions

- 1 Mortality rate per 1,000 live births (aged under 1 year), 2013-2015
- 2 Directly standardised rate per 100,000 children aged 1-17 years, 2013-2015
- 3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2015/16
- 4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2015/16
- 6 % children in care with up-to-date immunisations, 2016
- 6 % children achieving a good level of development within Early Years Foundation Stage Profile, 2015/16
- 7 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2015/16
- 8 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2015
- 8 % not in education, employment or training as a proportion of total 16-18 year olds known to local authority, 2015
- 10 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2015

Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box

- 11 % of children aged under 16 years living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2014
- 12 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2015/16
- 13 Rate of children looked after at 31 March per 10,000 population aged under 18 years, 2016
- 14 Crude rate of children aged 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2013-2015
- 16 Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2015
- 18 % school children in Reception year classified as obese, 2015/16
- 17 % school children in Year 6 classified as obese, 2015/16
- 18 % children aged 5 years with one or more decayed, missing or filled teeth, 2014/15
- 18 Crude rate per 100,000 (aged 0-4 years) for hospital admissions for dental caries, 2013/14-2015/16
- 20 Under 18 conception rate per 1,000 females aged 15-17 years, 2014

- 21 % of delivery episodes where the mother is aged less than 18 years, 2015/16
- 22 Persons admitted to hospital due to alcohol-specific conditions – under 18 year olds, crude rate per 100,000 population, 2012/13-2014/15
- 23 Directly standardised rate per 100,000 (aged 15-24 years) for hospital admissions for substance misuse, 2013/14-2015/16
- 24 % of mothers smoking at time of delivery, 2015/16
- 26 % of mothers initiating breastfeeding, 2014/15
- 26 % of mothers breastfeeding at 6-8 weeks, 2015/16
- 27 Crude rate per 1,000 (aged 0-4 years) of A&E attendances, 2015/16
- 28 Crude rate per 10,000 (aged 0-14 years) for emergency hospital admissions following injury, 2015/16
- 28 Crude rate per 10,000 (aged 15-24 years) for emergency hospital admissions following injury, 2015/16
- 30 Crude rate per 100,000 (aged 0-18 years) for emergency hospital admissions for asthma, 2015/16
- 31 Crude rate per 100,000 (aged 0-17 years) for hospital admissions for mental health, 2015/16
- 32 Directly standardised rate per 100,000 (aged 10-24 years) for hospital admissions for self-harm, 2015/16

This page is intentionally left blank

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

Agenda item	Meeting Date	Details and Lead Officer
	29 March 2017	
Winter Plan update		Mel Lock/Alison Rowswell/Dr Ed Ford
Somerset Autism Strategy		Deborah Howard
Somerset Sustainability & Transformation Plan update		Judith Dean
Shared Maternity & Paediatric Services Proposal		Debbie Rigby
Extended Access to GP Services		Michael Bainbridge
	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)
Adult Social Care Performance Report		Stephen Chandler
	20 September 2017	
ReAble Somerset Contract Performance update		Stephen Chandler /Steve Veevers /Iona Brimson
Mental Health Promotion		Christina Gray
	11 October 2017	
Pharmaceutical Needs Assessment		Pip Tucker
Corporate Performance Monitoring Report – Q1 +1 2017/18		Emma Plummer
	08 November 2017	
Adult Social Care Performance Report		Stephen Chandler

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

	06 December 2017	
Corporate Performance Monitoring Report – Q2 2017/18		Emma Plummer

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. jajackson@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 1 March 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/17/02/07 First published: 27 February 2017	21 Mar 2017 Director of Commissioning for Economic and Community Infrastructure	Issue: To accept DfT C-ITS Challenge Fund funding and implement the EEI project Decision: To accept the funding awarded by DfT and provide local contribution funding to implement the project.	Approval to accept DfT CITS Challenge Fund Award and implements Energy Efficient Intersections project Appendix A		Nisha Devani
FP/17/03/02 First published: 27 February 2017	27 Mar 2017 Cabinet Member for Resources	Issue: 2017/18 Capital Maintenance Programme Decision: Delegation to Officers to decide on the most appropriate procurement route, to engage consultants and/or frameworks where applicable and to seek tenders/quotations for the highest priority items identified under the planned maintenance programme. 2017/18 Property Capital Maintenance Programme	Corporate Property Planned Capital Investment Programme		Darren Puckett, Client Lead Officer - Corporate Property Tel: 01823 355712
FP/16/10/04 First published: 3 October 2016	27 Mar 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:	Broadband Phase 2 contract award Lot 4 to preferred supplier and funding agreement		Katriona Lovelock, Economic Development Officer Tel: 01823 359873
General Exception Notice published First published: 17 March 2017	27 Mar 2017 Cabinet Member for Adult Social Care	Issue: Adult Social Care Fees and Charges 2017/18 Decision: Adult Social Care Fees and Charges 2017/18	Adult Social Care Fees and Charges 201718 Appendix B General Exception Notice Fees and Charges 17-18 Appendix A		Martin Young, Finance Strategy Manager Tel: 01823 359057

Weekly version of plan published on 1 March 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/17/02/08 First published: 20 February 2017</p>	<p>Not before 27th Mar 2017 Leader of the Council</p>	<p>Issue: Somerset Rivers Authority (SRA) Enhanced Programme of Flood Risk Management Works and the SRA Memorandum of Understanding and Constitution Decision: To consider the SRA's Enhanced Programme of Works and approve SCC providing forward funding for 2017/18 in advance of receiving LEP Growth Deal funding to support the delivery of the programme. In addition it is proposed that the Leader of the Council considers the revised SRA Memorandum of Understanding and its Constitution.</p>	<p>Somerset Rivers Authority Enhanced Programme of Flood Risk Management Works Appendix A SRA Budget 2017-18 Appendix B 2017-18 Enhanced Programme Appendix D SRA Local MoU 2017-18 Appendix D1 Task Force Vision Appendix D3 2017-18 Enhanced Programme development and Policies Appendix D3 2017-18 Enhanced Programme Appendix D4 Officer Groups Terms of Reference Appendix D5 SRA Scheme of Delegation</p>		<p>Sarah Diacono, Somerset Rivers Authority Senior Manager Tel: 01823 355194</p>
<p>FP/16/10/04 First published: 3 October 2016</p>	<p>Not before 3rd Apr 2017 Director of Commissioning for Economic and Community Infrastructure</p>	<p>Issue: Award and enter a contract for the delivery of broadband services for Lot 1 of the CDS SEP procurement Decision:</p>			<p>Katriona Lovelock, Economic Development Officer Tel: 01823 359873</p>

Weekly version of plan published on 1 March 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/16/12/05 First published: 3 January 2017	Not before 3rd Apr 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/16/12/06 First published: 3 January 2017	Not before 3rd Apr 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/16/05/02 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
FP/17/03/06 First published: 13 March 2017	Not before 10th Apr 2017 Director of Commissioning for Economic and Community Infrastructure	Issue: ENCTS fixed payment agreement Decision: A fixed payment agreement with a bus operator under the English National Concessionary Fares Scheme.	Officer non-key decision to implement the 2017-18 Concessionary Fares Reimbursement Scheme to Operators (28th February 2017) The Somerset Concessionary Travel Scheme 2017-18 (28th February 2017)		Oliver Woodhams, Strategic Manager, Community and Traded Services Tel: 07977400667

Weekly version of plan published on 1 March 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/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/17/02/06 First published: 14 February 2017	12 Apr 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/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

Weekly version of plan published on 1 March 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/17/03/07 First published: 13 March 2017</p>	<p>Not before 22nd May 2017 Director of Commissioning for Economic and Community Infrastructure</p>	<p>Issue: SEIC Appointing a Construction Company Decision: To approve the appointment of a construction company (Wilmott Dixon) under the SCAPE Framework, to provide construction services to SCC to enable the delivery of Phase 2 of the Somerset Energy Innovation Centre (SEIC) and to enable the delivery of Phase 3 of SEIC, once the full funding package has been secured</p>	<p>Impact Study Cabinet Member Decision 09.02.17 Officer Non-Key Decision 27.04.15</p>	<p>Part exempt</p>	<p>Lynda Madge, Commissioning Manager – Economy & Planning Tel: 01823 356766</p>
<p>FP/17/03/08 First published: 13 March 2017</p>	<p>Not before 22nd May 2017 Director of Commissioning for Economic and Community Infrastructure</p>	<p>Issue: SEIC Acceptance of GD and ERDF Funding Decision: The acceptance of the offer of Heart of the South West LEP Growth Deal funding (£5,156,500) and ERDF funding (£869,090), subject to legal acceptability of the final funding agreement, for the Somerset Energy Innovation Centre, Phase 2</p>	<p>Impact Study Cabinet Member Decision 09.02.17 Officer Non-Key Decision 27.04.15</p>	<p>Part exempt</p>	<p>Lynda Madge, Commissioning Manager – Economy & Planning Tel: 01823 356766</p>
<p>FP/16/08/05 First published: 15 August 2016</p>	<p>Not before 29th May 2017 Cabinet Member for Business Investment & Policy</p>	<p>Issue: Enterprise and Incubation Hub at SEIC - approval to accept ERDF Funding Decision: Enterprise and Incubation Hub at SEIC - approval to accept funding</p>	<p>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</p>		<p>Lynda Madge, Commissioning Manager – Economy & Planning Tel: 01823 356766</p>

Weekly version of plan published on 1 March 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/16/11/10 First published: 27 September 2016</p>	<p>7 Jun 2017 Cabinet</p>	<p>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.</p>	<p>Report to Cabinet 29 April</p>	<p>Open</p>	<p>Philippa Granthier, Assistant Director Childrens Services Tel: 01823 359054</p>

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/17/03/09 First published: 13 March 2017</p>	<p>7 Jun 2017 Cabinet</p>	<p>Issue: Framework Agreement for Travel Demand Management Decision: To appoint Suppliers to a Framework Contract in particular for delivery of an integrated Travel Behaviour Change and Road Safety Training and Awareness Programme in connection with the Hinkley Point C development</p>	<p>Key Decision on 25 March 2013 regarding the contributions to Somerset County Council within the Hinkley Point C Site Preparation Works and Development Consent Order Section 106 Agreements Non-Key Decision Report by Strategic Manager – Major Programmes on 3 August 2016 - Authority to commence procurement for services in connection with a Travel Behaviour Change and Road Safety Training and Awareness Programme associated with the Hinkley Point C development Non-Key Decision on 2 December 2016 by the Director of Commissioning and Lead Commissioner for Economic and Community Infrastructure Hinkley Point C – Authority to appoint a supplier for assurance services in connection with a Travel Behaviour Change and Road Safety Training and Awareness Programme Non-Key Decision on 6 March 2017 by the Director of Commissioning and Lead Commissioner for Economic and Community Infrastructure Hinkley Point C</p>	<p>Part exempt</p>	<p>Andy Coupe, Acting Strategic Manager - Major Programmes Tel: 01823 355145</p>

Weekly version of plan published on 1 March 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
---------	---------------------	----------------------------------	---	--	---