

Scrutiny for Policies, Adults and Health Committee

Wednesday 20 September 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 R Williams (Vice-Chairman), Cllr P Burridge-Clayton, Cllr M Caswell, Cllr M Chilcott, Cllr A Govier, Cllr M Keating, Cllr G Noel and Cllr B Revans

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 - 12 September 2017

For further information about the meeting, please contact Julia Jones on 01823 359027 or JJones@somerset.gov.uk

Guidance about procedures at the meeting follows the printed agenda.

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

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



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AGENDA

Item Scrutiny for Policies, Adults and Health Committee - 10.00 am Wednesday 20 September 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 held on 12 July 2017** (Pages 7 - 12)

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 Safeguarding Adults Board Annual Report 2016-17** (Pages 13 - 62)

To receive the report

6 **Somerset CCG NHSE Assurance Rating 2016-17** (Pages 63 - 68)

To receive the report

7 **Maternity and Paediatrics Services Update** (Pages 69 - 70)

To receive the report

8 **Yeovil Health Centre** (Pages 71 - 74)

To receive the report

9 **Improved access to GP Services** (Pages 75 - 80)

To receive the report

10 **Update on Milverton Branch Surgery** (Pages 81 - 92)

To receive the presentation

Item Scrutiny for Policies, Adults and Health Committee - 10.00 am Wednesday 20 September 2017

11 **Somerset Partnership Community Hospitals Update** (Pages 93 - 100)

To receive the report

12 **Scrutiny for Policies, Adults and Health Committee Work Programme** (Pages 101 - 116)

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

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

13 **Any other urgent items of business**

The Chairman may raise any items of urgent business.

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Guidance notes for the meeting

1. Inspection of Papers

Any person wishing to inspect Minutes, reports, or the background papers for any item on the Agenda should contact the Committee Administrator for the meeting – Julia Jones on 01823 359027 or 357628 ; Fax 01823 355529 or

Email: jjones@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 Julia Jones, 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 12 July 2017 at 10.00 am

Present: Cllr H Prior-Sankey (Chairman), Cllr M Caswell, Cllr M Keating, Cllr A Govier, Cllr J Lock (substitute) Cllr G Noel, and Cllr R Williams (Vice-Chairman)

Other Members: Cllr C Aparicio Paul, Cllr S Coles, Cllr H Davies, Cllr D Hall, Cllr A Kendall, Cllr J Lock, Cllr L Redman, Cllr L Vijeh

Apologies for absence: Cllr M Chilcott, Cllr B Revans

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

There were no declarations of interest.

11 **Minutes from the previous meeting held on 21 June 2017** - Agenda Item 3

It was agreed that the word strategy should be inserted after Health and Wellbeing Board on the bottom line of page 3 and on the top line of page 4 to the minutes from 21 June 2017.

Following this change the minutes of the meeting held on 21 June 2017 were accepted as being accurate and were signed by the Chairman.

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

There were no public questions.

13 **Patient and Safety Quality Update Q4 update** - Agenda Item 5

The Committee received a report from the Somerset Clinical Commissioning Group (CCG) regarding its Clinical Quality Review Report for the period 1 January to 31 March.

Deborah Rigby from the CCG explained to members that the report was in a new format and was the same as had come before its governing body.

Points highlighted in the report included:

- Areas of good practice during quarter 4 were infection control, falls reduction and medication management
- Challenges during this period included mortality reviews and workforce issues.
- The CQC status for organisations was highlighted on page 5 of the report with Shepton Mallet Treatment Centre receiving an overall rating of outstanding. Somerset Partnership NHS Foundation Trust had been rated as requiring improvement but was now rating as good.
- Data regarding harm free care and care home support.
- The integrated dashboard provides the governing body with relevant and timely information for assurance of safe and effective patient care.

- Data on incidents of restraints and on-going monitoring actions
- Summary of performance for urgent care NHS 111 service and GP Out of Hours Service.

Discussion on this included:

- There was on-going work with partner organisations to resolve concerns with urgent care
- The new format report was useful but a bit difficult to follow in places as there appeared to be some inconsistencies. It would be useful to include 5 quarters of data for comparison.
- It would be useful to also have standard and ceiling data information and rag ratings.
- An overall summary paper to the report would be useful highlighting concerns or good news.
- Information regarding actual outcome would be beneficial as well as national issues and concerns and data on waiting times.

The Committee noted the report and asked for a further update at the next appropriate meeting.

14 **Weston Hospital Performance Update** - Agenda Item 6

The Committee received a presentation from James Rimmer, Chief Executive of Weston Area Health NHS Trust following a CQC visit and report.

The visit focused on areas of improvement or inadequate since the last visit in 2015 and three areas had improved – surgery and critical care had moved from requires improvement to good and medicine had moved from inadequate to requires improvement. However emergency services had deteriorated to inadequate.

The Overall CQC summary found 8 out of 10 services now good or outstanding, however the trust was rated as “requires improvement” overall. Safety had improved from Inadequate to requires improvement and responsiveness had suffered from requires improvement to inadequate and the CQC had issued a Warning Notice re patient flow and the Trust had been told to address issue of Inadequate Accident and Emergency. It had been decided to close the Accident and Emergency facility overnight on patient safety grounds. Plans were in place to cover the overnight closure with all stakeholders engaged in the process. The meeting was informed that no significant permanent changes to Weston’s A&E services or any other services in the hospital will be made without full public consultation. North Somerset CCG was working on a commissioning context document which would set out how Weston General Hospital can work with, and be supported by, the wider health system including GPs, Community Services and Mental Health.

Further discussion on this included:

- Staff were spread too thinly and staff as well as patient safety was a major consideration
- Staff recruitment was proving very difficult

- Patients were being directed to other hospitals at night and were being well looked after
- Actions had been put in place to improve patient flow
- Measures had been implemented to limit those needing care at night
- Appropriate messaging was being given to the public regarding overnight emergency care through a variety of methods including signs on site and via social media
- Further clarification was sought on paediatric treatment – major trauma related care was already being provided by Broadmead.
- Further CQC visits could happen at any time but was likely to be about a year after the last visit.
- The hospital was the biggest employer in Weston-super-Mare and was of vital importance for the town.
- Staffing of emergency departments was a national problem.

The Committee noted the report and asked for an update when there was further information to report.

15 **Council Performance Monitoring Report -2016/17 - Agenda Item 7**

The Committee received a report from Emma Plummer, Strategic Manager for Performance which gave an overview of the Council's performance across the organisation for quarter 4 of 2016-17.

During this period there were three red segments which included P1 Help vulnerable and elderly people. However improved use of data in the Adult Social Care Service to support performance improvement was being regularised across all teams with a focused improved use of technology. Progress was also being made to reach targets and management actions were in place and were being monitored closely.

Two other segments though green had a declining performance P2 Healthy Residents and reducing inequalities and C1 Working with our Public. This was largely due to a natural variation between reporting points.

Further points raised in discussion included:

- Better Care Funding was helping to bring improvements but there was still a long way to go.
- Concern that there had been a change for people with learning disabilities with regard to subsidised transport. Mel Lock, Adults and Health Operations Director said she would look into the matter and report back.
- In this period there had been a slight drop in breastfeeding and two year olds receiving development checks from a health visitor. It was agreed to highlight the child checks to the Scrutiny for Policies, Children and Families Committee.

The committee noted the report.

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

The Committee received a report from Adult and Health Operations Director Mel Lock focusing on the measures included in the Adult Social Care Outcomes Framework, which also included an update on the latest figures for Delayed Transfers of Care (DToc).

In terms of placements in residential and nursing homes in 2015-16 Somerset placed more adults under 65 years old than the national and comparator group average. This contrasted with better than national average performance for those over 65 years where Somerset's placement numbers were among the lowest in the family group. It was recognised that there needed to be a change in culture to enable a greater growth in supporting more people in their own homes.

Although overall satisfaction of people who use services of care and support showed Somerset significantly behind the national average for 2015/16 this had increased significantly in 2016/17 from 61.4% to 66%. There was an issue around perceptions of care and associated messaging of that which the Council needed to continue to work on.

Somerset's performance in DToc for the period April 2016 to 2017 was still below the England average, despite an overall improvement. Significant work was being done with Musgrove Hospital to improve this and a discharge to access service would be starting in September. This would be reported on in the next quarter.

Further discussion points raised included:

- Information on all the data associated with the Adult Social Care Outcomes Framework could be included, currently only the best and worst data was being highlighted in the report.
- Concern that people with learning disabilities could be eating mainly processed food. However there were lunch clubs and other places available to people where they could obtain freshly cooked food. The challenge was to link people to their communities where this service was available.
- A question was asked about what the solid black line on the graphs in Appendix A represented and this would be clarified and reported back to members.
- The link to the Somerset Sustainability and Transformation Plan and whether change would be quick enough to meet the plan's aims.
- Incremental changes were being made at the pace needed to ensure sustainability.
- More detailed information about the changes being undertaken at Musgrove was available to members if they wished to find out more.
- It was essential that people made better use of community help available and members said that in a number of cases they did not know where to seek help.

- The Somerset Choices website was highlighted as a useful source of contacts and all members would be provided with further information about where to seek help and advice.

The Committee noted the report and that there would be further update in September.

17. **Scrutiny for Policies, Adults and Health Committee Work Programme - Agenda Item 9**

The Committee considered and noted the Council's Forward Plan of proposed key decisions.

Following debate, the Committee requested the following changes to the work programme:

- To add an update regarding Adult Social Care Performance for September 20 meeting.
- To schedule in asap a NHS 111 and OOH Service Performance Report from North Somerset CCG and BANES.
- To add in a Motor Neurone Disease Charter presentation when suitable.
- To include Suicide Reporting on the 6 December meeting.

Members were reminded of the need for them to arrange substitutes for meetings they could not attend.

18. **Any other urgent items of business - Agenda Item 10**

There were no other items of business.

(The meeting ended at 12.37 pm)

CHAIRMAN

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Somerset Safeguarding Adults Board Annual Report 2016/17

Lead Officer: Richard Crompton, Independent Chair - SSAB

Author: Niki Shaw, Strategic Manager – Quality & Performance

Contact Details: NXShaw@somerset.gov.uk

Cabinet Member: David Huxtable, Cabinet Member, Adult Social Care

Division and Local Member: All

1. Summary

1.1. The Somerset Safeguarding Adults Board (SSAB or “the Board”) is required by The Care Act 2014 to produce and publish an Annual Report each year. The report must set out what has been done to help and protect adults at risk of abuse and neglect in Somerset during that timeframe. It offers an opportunity to both reflect on achievements over the past year and to formally identify priorities for the year ahead. It also provides a chance to demonstrate the Board’s fulfilment of its role and ongoing commitment to safeguard vulnerable adults in the county.

2. Issues for consideration / Recommendations

- 2.1.** The Scrutiny Committee to review and consider the Somerset Safeguarding Adults Board’s 2016/17 Annual Report (Appendix 1), and pay particular attention to the contained information regarding Safeguarding Adults Reviews (SARs) p31
- 2.2.** The Scrutiny Committee to note progress highlights during 2017/18 to date
- 2.3.** The Scrutiny Committee to continue to promote adult safeguarding across the County Council and in the services that are commissioned

3. Background

- 3.1.** The SSAB operates as an independently-chaired, multi-agency body under The Care Act 2014. It became statutory from April 2015. Its main objective is to seek assurance that local safeguarding arrangements and partner organisations act to help and protect people aged 18 and over who:
- have needs for care and support;
 - are experiencing, or at risk of, abuse, neglect or exploitation;
 - are unable to protect themselves from the risk of, or experience of, abuse or neglect as a result of their care and support needs.
- 3.2.** Safeguarding is everybody’s business, and the Board has a strategic role that is greater than the sum of the operational duties of the core partners. It means protecting an adult’s right to live in safety, free from abuse and neglect.
- 3.3. Key Achievements 2016/17**
During 2016/17 the Somerset Safeguarding Adults Board concentrated its efforts on improving its overall effectiveness in order to better coordinate activity, learn from events, and raise its local profile and the value of what it offered through

high quality communications with both professionals and the public. Particular highlights worth noting during the year are as follows:

- a) We have published and promoted a range of documentation and guidance to help strengthen safeguarding responses. This includes the production of:
 - an Adult Safeguarding Risk Assessment tool to assist practitioners in considering the vulnerability of an adult at risk and the seriousness of the abuse that is occurring, against the impact of the abuse and risk of it recurring. The tool is now used within training and by frontline staff to assist them in robust decision-making.
 - self-neglect practice guidance, informed by learning and research to emerge from a regional conference.
- b) We have re-invigorated our public-facing 'Thinking it? Report it' campaign to coincide with the annual World Elder Abuse Awareness Day each June. In 2016/17 this included the development of a short animated film to raise awareness of abuse and neglect, and how individuals can seek help and support. This has been viewed hundreds of times. The Board also launched an appeal for interested individuals to publicly pledge their support to safeguard vulnerable adults, which continues to gather signatures.
- c) We have strengthened ways to promote learning from serious cases, through the development and wide distribution of Practice Briefing Sheets and through hosting our first multi-agency Learning Event to over 100 frontline professionals to communicate the themes and lessons learnt from Safeguarding Adults Reviews (SARs). 97% of attendees reported feeling confident about taking the learning from the event and applying it to their own role and practice. Overall attendees particularly valued the opportunity to hear first from service users and family members, and learning from their experiences.
- d) We have bolstered links and opportunities for closer engagement with other existing partnerships and Boards to improve join-up, reduce duplication and develop collaborative ways to improve outcomes for local residents. This has included the production of a Joint Partnership Protocol and the hosting of six monthly Partnership Chairs meetings, as well as specific work around safeguarding transitions and supporting vulnerable care leavers. The SAB Manager is also an active member of the national SAB Managers' Network, sharing good practice, research and ideas.
- e) We have launched our own dedicated website which has helped provide a platform to promote our work and direct interested parties to information or resources. Over 3,600 individuals accessed the website during 2016/17, 40% of which were returning visitors. The Board is also now on twitter which has enhanced its reach and influence, and offered new engagement opportunities. Visit: www.ssab.safeguardingsomerset.org.uk
- f) Board Members contributed to the second annual SSAB Effectiveness Survey in the autumn of 2016, with results revealing improved performance against all 12 quality standards when compared with the previous year's figures. Key strengths were identified in relation to the Board's leadership and coordination of adult safeguarding policy and practice across agencies, and the sense that partners work in an atmosphere of cooperation, mutual assurance, accountability and ownership of responsibility:
"The Board is able to engage in challenging discussions but operates in a respectful and cooperative environment. The impact of having a dedicated Business Manager has been significant in strengthening Board relations and driving progress over the past year".

Areas requiring our continued attention centred on the use of data, information and intelligence to identify risks and trends, and ensuring mechanisms are in place to ensure the views of people at risk of abuse and their carers inform the work of the SSAB.

3.4. Key Progress to date, 2017/18

Our priorities for the year continue to centre on prevention, making safeguarding personal, adopting a Think Family approach, and enhancing the Board's effectiveness. Of particular note so far this year:

- a) The Board has created a new multi-agency sub-group (Mental Capacity Act) to enhance local understanding and application of the Act. This was in direct response to learning to emerge from recent case reviews and audits.
- b) We have implemented a Safeguarding Experience service user/carer feedback form to help ascertain the effectiveness of safeguarding responses and support. Feedback to date has been overwhelmingly positive, including the following response: *"From initial referral to response, the communication from the safeguarding service was understanding, informative and thorough. The timeframe of response was exceptional, questions were answered and advice was thorough"*. We have also invited service user stories to inform the Board's understanding and appreciation of people's journeys through the process.
- c) We have worked closely with the Somerset Safeguarding Children Board, Children's Trust and other agencies to support the development of a shared Think Family Strategy for Somerset, which will be published by the end of the financial year, and have strengthened links between both Safeguarding Boards on matters of shared interest, including transition and tackling sexual exploitation.
- d) We have commissioned a Safeguarding Adults Review following the closure of a Somerset Care Home following a large-scale safeguarding enquiry into the abuse and neglect of its residents. A workshop is scheduled for late October 2017 to extract the recommendations and formalise the report. The review process is being independently led and overseen by Dr Margaret Flynn.
- e) Local Policy and Procedures are being updated in partnership with regional colleagues to ensure standards are clarified and refreshed in light of more recent statutory developments or good practice; these will be made more easily accessible on the Board's website through interactive access.
- f) A new, full-time Business Manager has been appointed to support the Board's on-going development and activity. Stephen Miles will take up post in the Autumn and is looking forward to supporting the SSAB on its onward journey.

4. Implications

4.1. Legal implications The Care Act 2014 represented the most significant change to adult social care in more than 60 years, putting people and their carers in control of their care and support. For the first time the Act placed Safeguarding Adults, and the role and functions of a Safeguarding Adults Board, onto a statutory framework from 1st April 2015.

4.2. Financial implications The majority of the Safeguarding Adults Board funding is provided by Somerset County Council, with contributions from Avon & Somerset Constabulary and Somerset Clinical Commissioning Group. Safeguarding Adults Reviews (SARs) are resourced by the partnership as and when required.

The number of safeguarding concerns received by Somerset County Council remains high, impacting on Adult Social Care resources. Work is being taken forward across the Service to better manage demand and ensure people receive the appropriate help at the right time, from the right service. DoLS continues to be extremely challenging, both locally and nationally, consequent to the considerable increase in referrals following the outcome of Cheshire West in March 2014.

The SSAB continues with its decision not to professionally print the Annual Report to save on costs. Reports are publically available on the website www.ssab.safeguardingsomerset.org.uk

- 4.3. Risk implications** Safeguarding activity by its nature is an inherently risky area and has the potential to bring a Council's reputation and rating into discredit and the wider safeguarding system into question. The Annual Report, a legal requirement by the Care Act 2014, provides partner agencies and the public with assurances that adult safeguarding is being monitored and scrutinised in Somerset. The Board also has a robust risk register in place which identifies and tracks risk.
- 4.4. Partner organisations** Somerset Safeguarding Adults Board benefits from strong partnership commitment. Agencies represented on the Board had the opportunity to detail their achievements and contributions in 2016/17 and all Board members are encouraged to take the Annual Report through their own internal governance routes.

5. Background papers

- 5.1.** Appendix A – Somerset Safeguarding Adults Board Annual Report 2016/17



2016-17 Annual Report

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- 4** Safeguarding in numbers, 2016/17 – p12
- 5** The work of the Board, 2016/17 – p15
- 6** Safeguarding Adults Reviews – p29
- 7** Our priorities, 2017/18 – p34
- 8** Board budget – p36
- 9** The work of our members, 2016/17 – p37

1. Introduction

The Somerset Safeguarding Adults Board (SSAB or “the Board”) is required under the Care Act 2014 to produce an annual report each year.

The report must set out what we have done during the last year to help and protect adults at risk of abuse and neglect in Somerset.

Our annual report tells you:

- The profile of adult safeguarding in 2016/17;
- How we have done in delivering our objectives during the year;
- The findings and impact of any Safeguarding Adults Reviews we carried out;
- The contributions of our member organisations to adult safeguarding;
- Our priorities looking forward.

This report will be published on the SSAB website for all partners, interested stakeholders and members of the public to access.

As required by the Care Act, it will also be shared with the Chief Executive and Lead Member of the Local Authority, the Police and Crime Commissioner and the Chief Constable, the local Healthwatch organisation, and the Chair of the Health and Wellbeing Board.

It is expected that those organisations will consider the contents of the report alongside how they can improve their contributions to both safeguarding in their own organisations, networks and in partnership with the Board.

‘Working in partnership to enable adults in Somerset to live a life free from fear, harm and abuse’

2. Foreword

Richard Crompton, Independent Chair – Somerset Safeguarding Adults Board



It is a great privilege to write this foreword to the Annual Report of the Somerset Safeguarding Adults Board for 2016/17.

This is now my fourth year as the independent chairman and it has been a great pleasure to see the Board develop over that time.

I believe that we can now demonstrate that we make a difference, both to the lives of those we are here to safeguard and support, and to those in all of our partner organisations who work in the field of adult safeguarding.

We have concentrated upon improving the overall effectiveness of our board in its efforts to better coordinate activity, to learn from events, particularly where we have got things wrong, and to raise our profile and the value of what we offer through good quality communication with professionals and the public. Specifically we have concentrated upon making the safeguarding process more personal to the needs of the adult at risk, upon emphasising preventative work, and upon encouraging a whole family approach and awareness of the crucial years of transition from childhood into adulthood. We have really tried to hear the voice of the adult at risk and, wherever possible, members of their family. I pay particular tribute to those who have helped us to do this by sharing intensely personal and difficult stories and experiences that we can learn from and improve our practice.

The report is published on behalf of all members of the Board, and provides partners with an opportunity to reflect upon achievements over the past year, and formally identify plans and priorities for the year ahead. As the independent chairman, my role is to provide leadership and constructive challenge to ensure that members work effectively together, adding value to adult safeguarding. As the Board has matured, the openness and willingness to both challenge and be challenged has developed and that culture is vital if we are to truly learn and improve to meet the challenges ahead. Those challenges will be significant. The changing demographics locally and nationally, and continued budgetary pressures on all agencies make joint working all the more important. In Somerset we have created the right environment for that work to take place and we have high levels of commitment from partners to make it happen. I look forward to the coming year confident that we will continue to improve and make a real difference.

3. The Board

The Somerset Safeguarding Adults Board (SSAB) is a multi-agency partnership which became statutory under the Care Act 2014 from 1st April 2015. The role of the Board is to assure itself that local safeguarding arrangements and partner agencies act to help and protect adults in its area.

This is about how we prevent abuse and respond when abuse does occur in line with the needs and wishes of the person experiencing harm. Its main objective is to assure itself that local safeguarding arrangements and partner organisations act to help and protect people aged 18 and over in the area who:

- have needs for care and support
- are experiencing, or at risk of, abuse or neglect
- (as a result of their care and support needs) are unable to protect themselves from either the risk of, or experience of, abuse or neglect.

It has a strategic role that is greater than the sum of the operational duties of the core partners, overseeing and leading adult safeguarding across the county and interested in a range of matters contributing to the prevention of abuse and neglect. The Board does not work in isolation, nor is it solely responsible for all safeguarding arrangements. Safeguarding is everybody's business. The Board's role is to have an oversight of safeguarding arrangements, not to deliver services.



Membership of the Board (as at March 2017)

Somerset Safeguarding Adults Board		
Name	Organisation	Job Title
Richard Crompton		Independent Chair
Niki Shaw		Business Manager
Lead Statutory Partners		
Stephen Chandler / Mel Lock	Somerset County Council	Director, Adult Social Services Director of Operations
Deborah Rigby	Somerset Clinical Commissioning Group	Deputy Director, Quality, Patient Safety and Governance
Richard Kelvey	Avon & Somerset Constabulary	Detective Superintendent
Partner Members		
Alison Wootton	Musgrove Park Hospital	Deputy Director of Patient Care
Bernice Cooke	Yeovil District Hospital	Head of Governance and Assurance
Richard Painter	Somerset Partnership NHS Foundation Trust	Head of Safeguarding
Angela Powell	National Probation Service	Senior Probation Officer
Denise Dearden	Devon & Somerset Trading Standards	Trading Standards Project Officer
Sue Burn	Care Quality Commission	Inspection Manager - Somerset
Jacqueline Briggs	Healthwatch Somerset	
Simon Blackburn	Registered Care Providers Association	Chief Executive
Christina Gray	Somerset County Council	Consultant in Public Health
Lucy Macready	Somerset County Council	Public Health Specialist – Community Safety
Sarah Thompson	South Western Ambulance Service Trust	Head of Safeguarding and Staying Well Service
Tracey Aarons	Mendip District Council (representing District Councils)	Deputy Chief Executive
Sonia Fuzeland	Knightstone Housing (representing Housing Services)	Director of Landlord Services
Cllr William Wallace	Somerset County Council	Lead Member – Adult Services

Board attendance levels

The Safeguarding Adults Board met on 4 occasions during 2016/17 – June, September, December and March. In brackets below is the number each organisation was represented during the year at these meetings (*by the agency representative themselves or an appropriate agency substitute*):

Somerset County Council – 100% attendance (4/4)

Somerset Clinical Commissioning Group – 100% attendance (4/4)

Avon & Somerset Constabulary – 100% attendance (4/4)

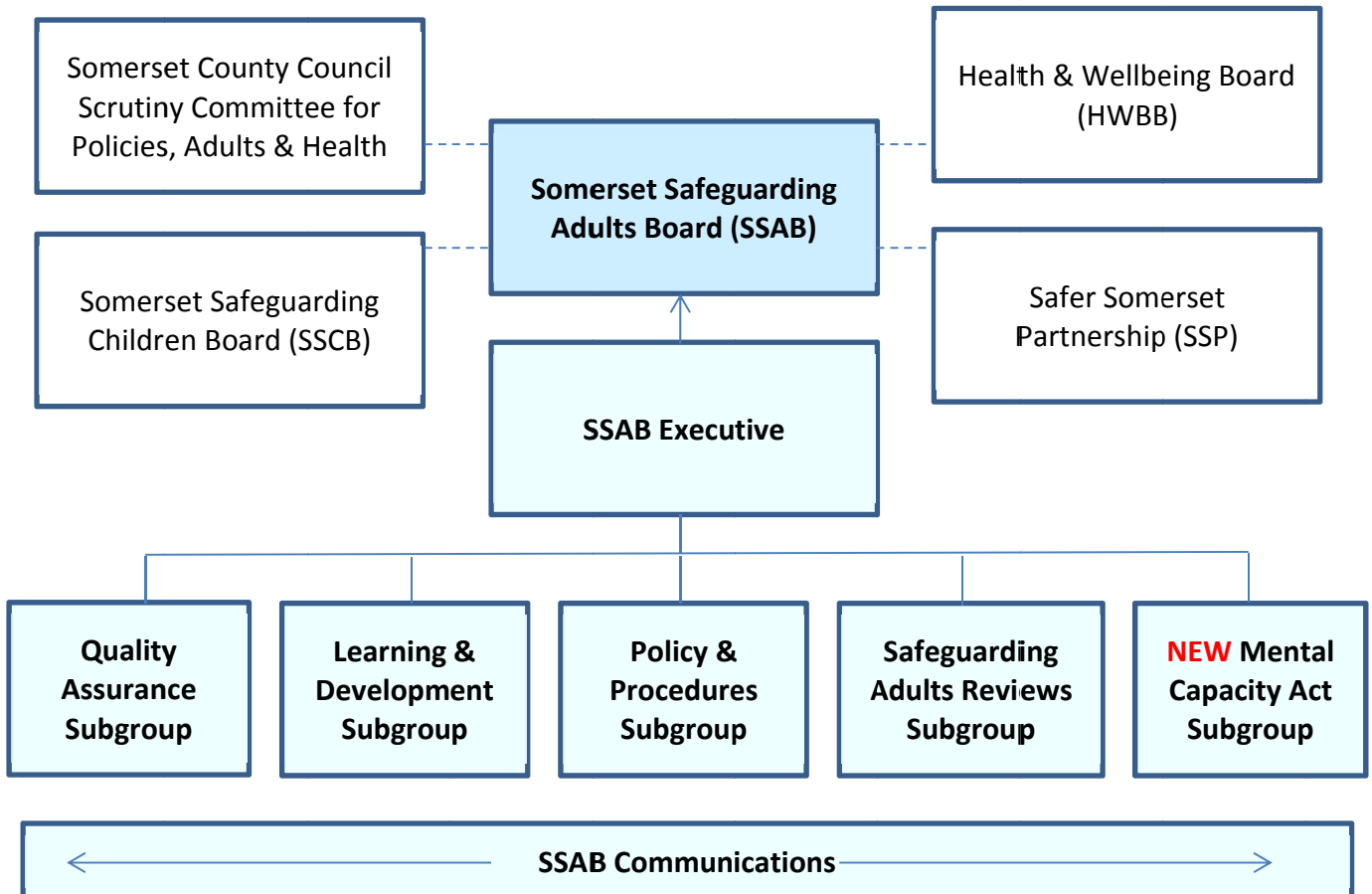
Musgrove Park Hospital – 100% attendance (4/4)

Yeovil District Hospital - 100% attendance (4/4)

- Somerset Partnership NHS Foundation Trust – 100% attendance (4/4)
- National Probation Service – 75% attendance (3/4)
- Devon & Somerset Trading Standards – 100% attendance (1/1) – *new member*
- Healthwatch Somerset – 50% attendance (2/4)
- Registered Care Providers Association – 50% attendance (2/4)
- Public Health (Community Safety) – 75% attendance (3/4)
- South Western Ambulance Service Trust – 25% attendance (1/4)
- District Council representative – 66.6% attendance (2/3) – *new member*
- Housing representative – 50% attendance (2/4)

District Council Safeguarding Leads and local Housing Providers are also engaged via quarterly Safeguarding meetings established separately during the year, which the SSAB Business Manager routinely attends and contributes to.

The SSAB meets on a quarterly basis and is supported by an Executive group and a number of multi-agency subgroups, which convene frequently to progress the ambitions and strategy of the Board. A new Mental Capacity Act subgroup was established in early 2017 at the request of the Board as an identified multi-agency need to strengthen local implementation of, and knowledge of, the Act.



There are strong synergies between the work of the SSAB and other key partnerships in the locality, including the statutory Safeguarding Children Board, Health and Wellbeing Board and local Community Safety Partnership.

It is important the Board has effective links with these groups in order to maximise impact, minimise duplication and seek opportunities for efficiencies in taking forward work.

The Safeguarding Principles

The work of the SSAB is underpinned by six safeguarding principles, which apply to all sectors and settings including care and support services. The principles inform the ways we work with adults.

- 1. Empowerment** – the presumption of person-led decisions and informed consent, supporting the rights of the individual to lead an independent life based on self-determination
- 2. Prevention** – It is better to take action before harm occurs, including access to information on how to prevent or stop abuse, neglect and concerns about care quality or dignity
- 3. Proportionality** – proportionate and least intrusive response appropriate to the risk presented
- 4. Protection** – support and representation for those in greatest need, including identifying and protecting people who are unable to take their own decisions or to protect themselves or their assets
- 5. Partnership** – local solutions through services working with their communities. Communities have a part of play in preventing, detecting and reporting neglect and abuse.
- 6. Accountability** – accountability and transparency in delivering safeguarding, with agencies recognising that it may be necessary to share confidential information, but that any disclosure should be compliant with relevant legislation.



What is adult safeguarding?

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, whilst at the same time making sure that the adult's wellbeing is promoted.

The aims of adult safeguarding are to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Stop abuse or neglect wherever possible
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.

Who is an adult at risk?

An adult at risk is someone who is over 18 years of age who, as a result of their care and support needs, may not be able to protect themselves from abuse, neglect or exploitation. Their care and support needs may be due to a mental, sensory or physical disability; age, frailty or illness; a learning disability; substance misuse; or an unpaid role as a formal/informal carer for a family member or friend.

What is abuse?

Abuse is when someone treats an adult in a way that harms, hurts or exploits them. It can happen just once or many times; it can be done on purpose or by someone who may not realise they are doing it.

Abuse and neglect can include:

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions
- **Domestic violence** – psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence
- **Sexual abuse** – rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks

- **Financial or material abuse** – including theft, fraud, internal scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions; the misuse or misappropriation of property, possessions or benefits
- **Modern slavery** – including slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment (because of race, gender and gender identity, age, disability, sexual orientation, religion)
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting, such as a hospital or care home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practices as a result of the structure, policies, processes and practices within an organisation
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs; failure to provide access to appropriate health, care and support or educational services; the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Self-neglect** – covering a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding. A decision on whether a safeguarding response is required will depend on the adult’s ability to protect themselves by controlling their own behaviour.



Safeguarding Case Study 1 – Amrin’s story

Background: Amrin, 26, is an educated woman who has studied law. In 2015 she moved from Bangladesh to the United Kingdom. Her marriage was arranged and conducted over Skype. She faced pressure to send money home to her family and to work several jobs so they can apply for British Citizenship. Her husband is also pressuring her to have a baby so they do not have to leave the country. Although she has shared this with her family in Bangladesh, they are conservative in their views and have encouraged her to continue with the situation. Amrin lives in fear of her husband and worries she will be deported.

Safeguarding Concern: A GP contacts the Local Authority reporting that her patient, Amrin, had visited the practice the previous day with her husband for an asthma review. As Amrin walked into the room, ahead of her husband, she had whispered something to the GP. The GP asked the husband to wait outside whilst she completed the asthma review. Amrin then disclosed two incidents of assault at the hands of her husband, the most recent being the night before. She reported being hit and having an injury to her left arm. Amrin did not want to go to the Police but wanted safeguarding services involved to help her to escape the situation.

Safeguarding Response: Working jointly with the GP, a Safeguarding Officer arranged to meet Amrin at the Surgery; she had been invited to attend an extended asthma clinic – this involved the support and confidentiality of Surgery staff as Amrin’s husband always accompanied her to any appointments. Staff asked him to remain in the waiting room for the duration of the clinic, giving Amrin an opportunity to meet privately with the Safeguarding Officer. A full disclosure was made. Evidence of honour-based violence, domestic violence, sexual assault and modern slavery was shared. Immediate risk assessments and protection plans were instigated. Amrin had a mobile phone so was provided with emergency numbers for the domestic violence service, refuge services, and the Safeguarding Officer’s contact number. She was encouraged to call 999 if she feared for her life, and she gave consent for the Safeguarding Officer to speak with other agencies in the meantime.

Amrin and the Safeguarding Officer had arranged to meet at her place of work the following day to conclude their conversation and plan her opportunity to leave safely. It was apparent that Amrin had been further assaulted during that time; both sexually and physically. The Safeguarding Officer secured Amrin’s trust and sought permission to seek additional support from the Safeguarding Coordination Unit of the Police. Two plain clothed police officers were deployed immediately and attended Amrin’s place of work. With compassion and care, they spoke with Amrin and offered her options of what she could do next. Amrin’s husband was arrested at their home during this time. She was supported to collect her personal belongings from her home and was taken into police protection for her own safety. Her husband, on arrest, made further threats to Amrin’s life.

Amrin was supported by agencies to receive medical treatment and victim support. She is now safe.

4. Safeguarding in no's

How much abuse and neglect was reported during 2016/17?

- 5,451 concerns were reported to the Local Authority during the year
- 2,045 concerns (37.5%) of abuse or neglect required us to provide a statutory safeguarding response
- The majority of concerns were raised from local care providers or the police

Who was at risk of abuse and neglect in 2016/17?

- 59% of adults at risk during the year were female
- 58% of adults at risk were aged 65 or over
- 46% had a physical support need, 33% had a social support need, 16% had a learning disability need, and 4% had a mental health need
- 98.7% were people from white ethnic backgrounds

What were adults at risk from during 2016/17?

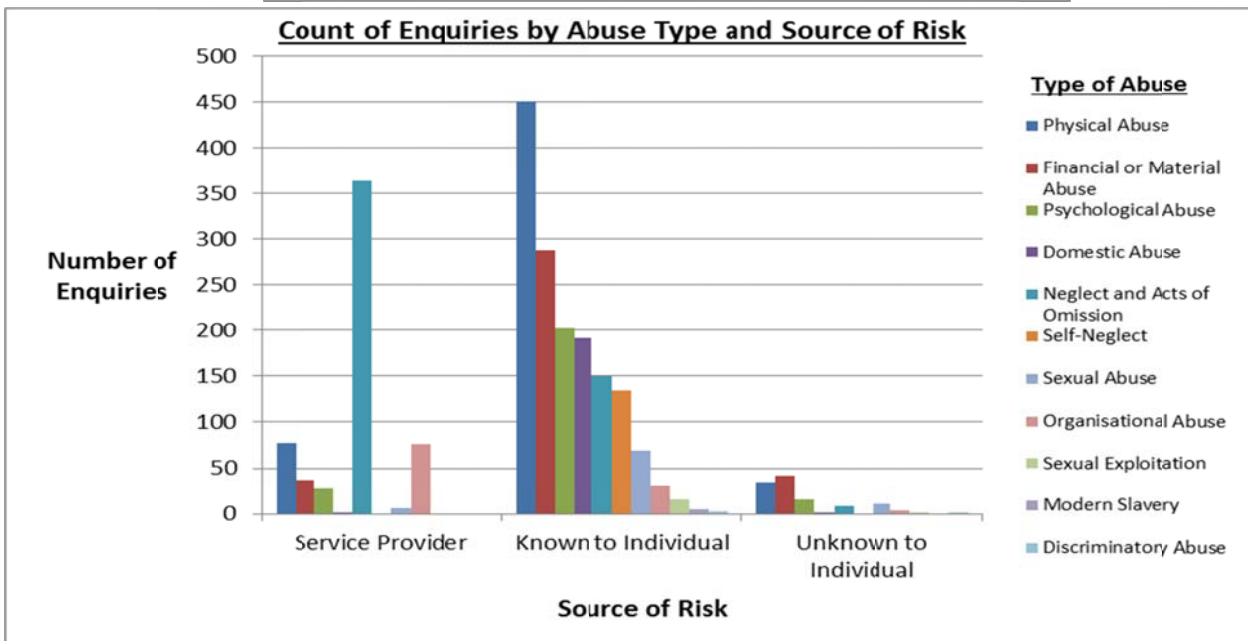
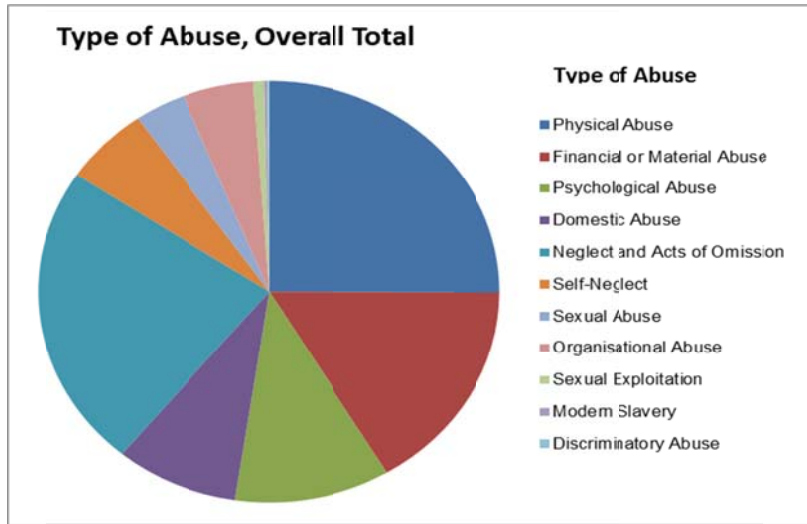
- The most common risk type was Physical Abuse, which accounted for 25% of risks, followed by Neglect and Acts of Omission at 23%
- In 68% of cases the source of risk was recorded as 'Other Known to Individual' compared to 26% 'Service Provider' and 5% 'Other Unknown to Individual.'
- The majority of Neglect and Omission cases (70%) were recorded as being caused by the Service Provider. Other people known to the individual, but not in a social care professional capacity, were the most common source of risk in every other location.
- The location of risk was most frequently the home of the adult at risk (42%) or in a Residential Care home (23%) or a Nursing Care Home (20%).

What did we do to protect people during 2016/17?

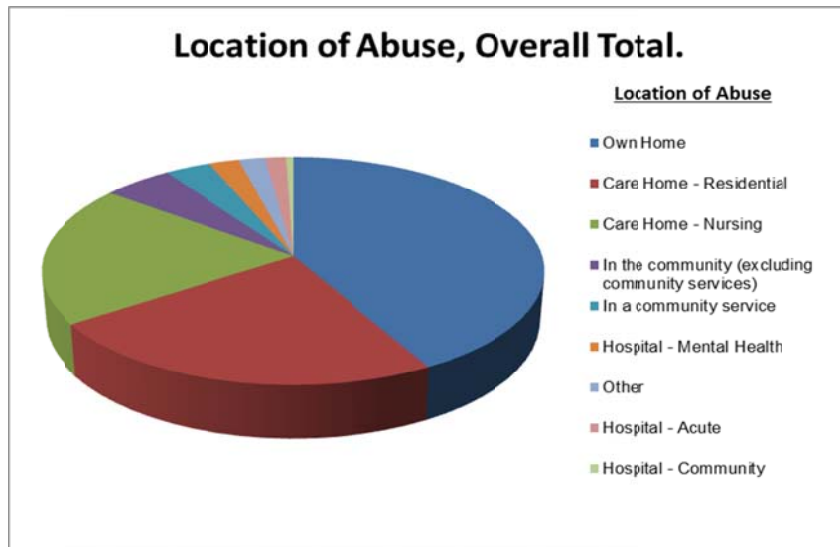
- For the vast majority of investigations (91%) action was taken and the risk was either reduced or removed. Following our investigations, adults remained 'at risk' in 9% of cases, often because they wanted to maintain their relationship with a family member who is abusing them.
- Where individuals were asked, 96.5% were had their desired outcomes either fully or partially achieved
- 86% of people who used social care services said services help them to feel safe and secure¹.

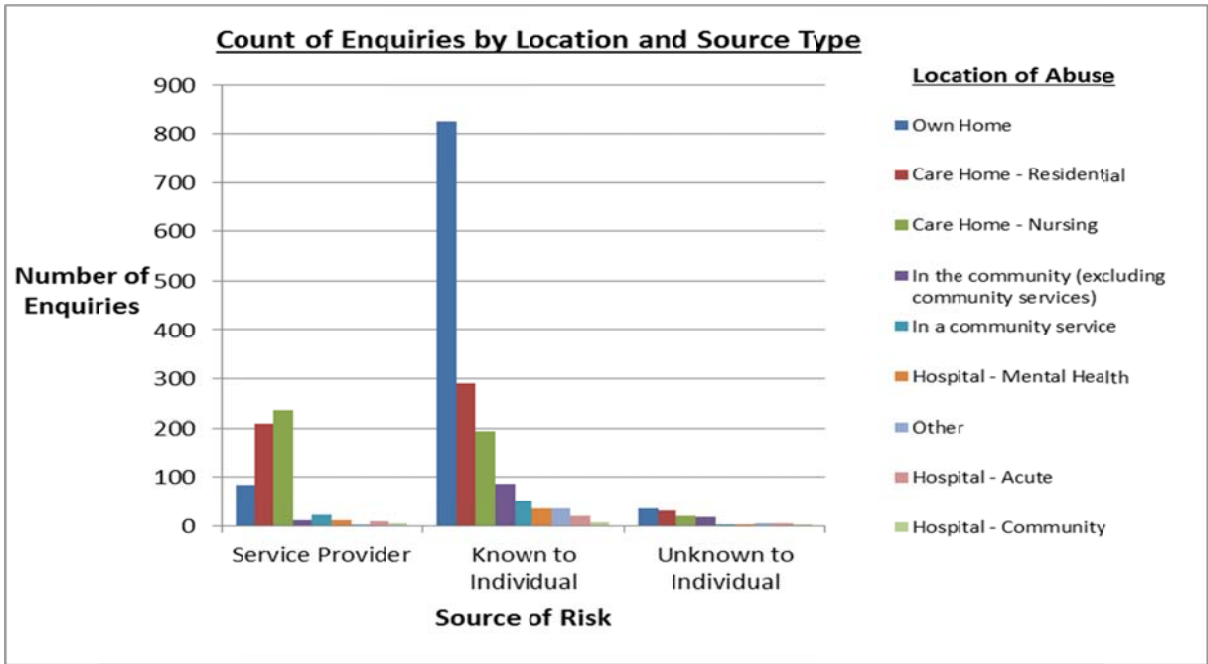
¹ Adult Social Care Outcomes Framework (ASCOF) data

Type of abuse and source of risk

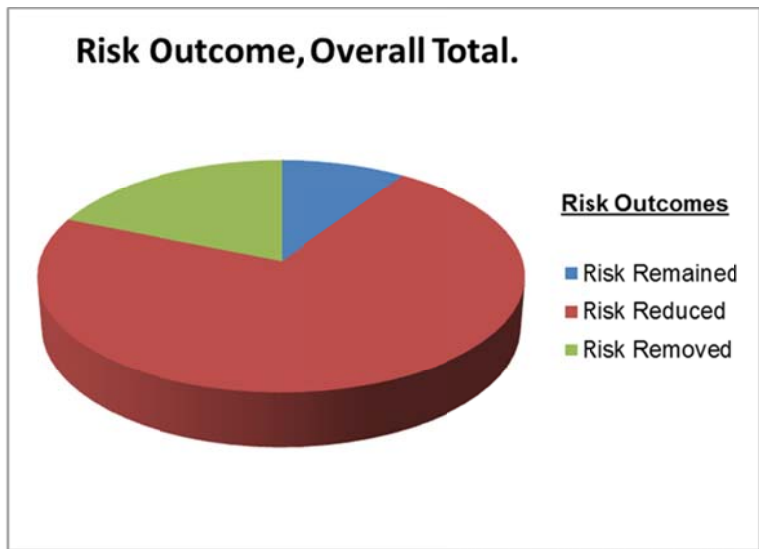
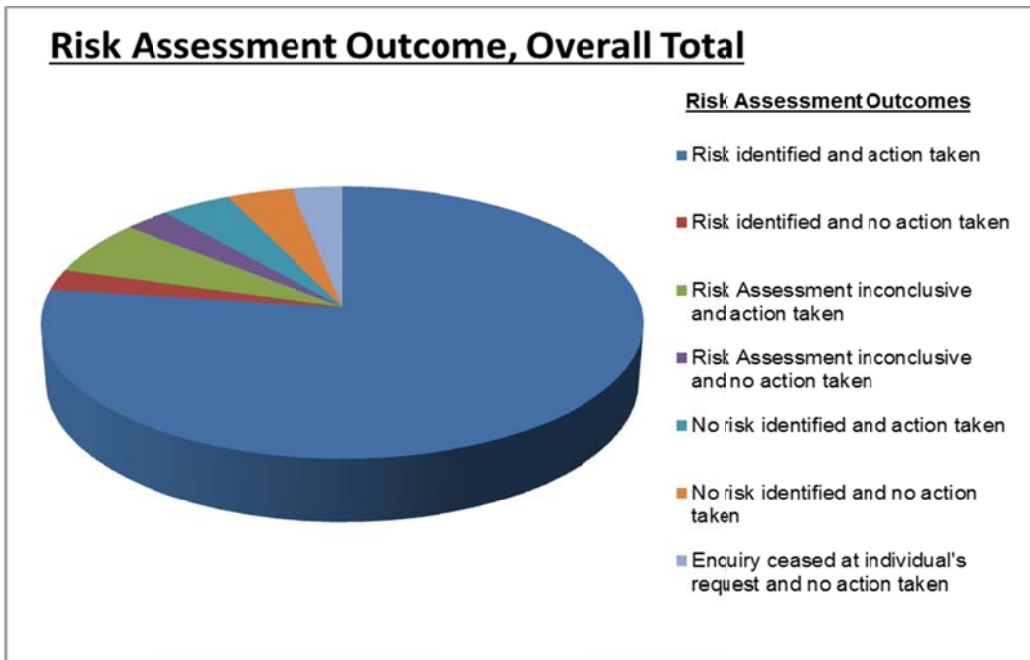


Location of abuse





Risk Assessment Outcomes



5. Our work, 2016/17

The SSAB identified the following four objectives within its Strategic Plan for 2016-19:

1. Prevention
2. Making Safeguarding Personal
3. Think Family
4. SSAB Effectiveness

Priority Area 1:

Prevention

What SSAB said it would do (2016-2019)

1. We will develop and promote an Adult Safeguarding Risk Assessment Tool to support and guide frontline practitioners in identifying vulnerability and assessing risk
2. We will continue to raise public awareness of abuse and neglect via the Board's 'Thinking it? Report it' campaign
3. We will ensure high quality training is available locally, enhancing knowledge of safeguarding issues and improving practice
4. We will develop and promote self-neglect practice guidance to assist practitioners in both identifying and responding to the issue
5. We will work in partnership with other Boards and groups in order to maximise impact, minimise duplication and seek opportunities for efficiencies
6. We will take steps to protect vulnerable adults at risk from sexual exploitation, modern day slavery, radicalisation, and financial abuse
7. We will monitor progress in relation to the Mental Health Crisis Concordat

What SSAB did:

1. The Policy & Procedures subgroup oversaw the development and promotion of the [Adult Safeguarding Risk Assessment Tool](#), which was published in April and is available on the Board's website. It is designed to assist practitioners in considering the vulnerability of the adult at risk and the seriousness of the abuse that is occurring, *and* the impact of the abuse and risk of it recurring. The tool is now used

within training and also by frontline practitioners to assist them with decision-making.

2. An important role of the SSAB is to raise public awareness so that communities play their part in preventing, identifying and responding to abuse and neglect. The SSAB originally launched its 'Thinking it? Report it' publicity campaign in November 2015. During 2016/17, the campaign was re-launched to coincide with June's World Elder Abuse Awareness Day (WEAAD), a time when the international community pledges to tackle the abuse of older people. In recognition of this, the SSAB developed a [short animated film](#) to increase understanding of the types of abuse and neglect that can be suffered by vulnerable adults, and how to seek help. The video is available on the Board's website and has received hundreds of views. The SSAB also called upon individuals to sign up to a public pledge to report concerns if they suspect someone to be at risk, in recognition that safeguarding adults is everyone's business. The pledge is available in postcard format and electronically via our website, and is routinely promoted at events.

A 'Thinking it? Report it' campaign Evaluation Report compiled by Lambeth Communications (the company commissioned to deliver the SSAB branding, logo and original campaign activity in September 2015) in the Autumn of 2016 found it had reached over 2.9 million people through the variety of communication channels used. The strong networks the SSAB has was found to have been a tremendous support in this awareness raising and promotion.

3. It is the responsibility of all organisations to ensure they have a skilled and competent workforce who are able to take on the roles and responsibilities required to protect adults at risk and ensure an appropriate response when adult abuse or neglect does occur. At this current time, the Somerset Safeguarding Adults Board does not provide single or multi-agency safeguarding training. Recent Safeguarding Adults Reviews (SARs) have flagged training needs as a common theme and recommended the SSAB Training function be strengthened – this is something that will continue to be explored during the coming year. The SSAB hosted its first multiagency Practitioner Learning Event (June 2016 & Think Family Workshops (from July 2016) which have been well-received; there is an appetite for more opportunities and the Board will deliver another cross-agency conference, aimed at organisational Safeguarding Leads, during the coming year.
4. [Self-Neglect Practice guidance](#) was published by the SSAB in June 2016, having been informed by learning to emerge from the March 2016 ADASS Regional Conference. This was shared with housing providers in July 2016, and featured in the July SSAB Newsletter. In March 2017, the Board agreed to make use of district-based Social Exclusion Panels to assist in supporting the management of complex self-neglect cases, particularly where hoarding exists.

5. Effective working relationship between the key partnership boards that have oversight of the work undertaken to support our population will ensure a clearer understanding of respective roles and responsibilities, improve joined up working between partners, reduce duplication, and develop collaborative efforts to improve the resilience of Somerset communities, families and individuals.

In August 2016, a 'Working Together Protocol for the Strategic Partnership Boards in Somerset' was officially signed off to support effective working arrangements between the Somerset Health and Wellbeing Board, Somerset Children's Trust, Somerset Safeguarding Children Board, Somerset Safeguarding Adults Board, Somerset Corporate Parenting Board, and the Safer Somerset Partnership. Joint Partnership meetings now occur on a six-monthly basis to enhance relationships and explore opportunities, chaired by the County Council's Chief Executive and attended by Board Chairs and supporting Business Managers/Officers. The first meeting took place in December 2016, with the next scheduled for June 2017.

The SSAB is also represented on a number of other multi-agency partnerships, including the Prevent Board and Domestic Abuse Board.

6. In contrast to Children's Services, there are no specific statutory responsibilities in relation to adult sexual exploitation. Whilst the 'Sexual Violence against children and vulnerable people National Group Progress Report and Action Plan' made some reference to adults as victims, these are not translated into specific actions or responsibilities. Nationally, there is a risk of sexual exploitation being ignored by adults' services and seen as a 'children's issue' only. This is clearly not the case; young people will be transitioning into adult care, and those in the care of adults' services may be affected by the impact of sexual abuse or exploitation as an adult – as the SSAB learnt from a serious case review last year. Similarly, adults receiving care and support from adult social care may have children themselves who may be at risk of CSE. During the past year, the issue of the sexual exploitation of vulnerable adults, particularly those with learning disabilities who may be less able to distinguish between abusive and consenting relationships, has featured within a Practitioner Briefing Note, and was explored at the SSAB's Learning Event in June. The SSAB has also sought membership to the SSCB's multi-agency CSE Subgroup and will join discussions in June 2017.

Care and Support Statutory Guidance, issued under the Care Act 2014 by the Department of Health, specifies Modern Slavery as a specific type of abuse and neglect. Modern slavery encompasses human trafficking, slavery, servitude and forced or compulsory labour. During the year, individuals across Community Safety, Social Services and the Police in Somerset have supported the Home Office's National Referral Mechanism Pilot to support and benefit potential victims of modern slavery. Training has been received in acting as Slavery Safeguarding Leads

and Multi-Disciplinary Panel Members. The topic has also been promoted via the SSAB website, newsletter and twitter feed.

Prevent forms one of the four strands of Contest (the others being Pursue, Prepare and Protect) the United Kingdom's Strategy for Counter Terrorism, part of the Counter-Terrorism and Security Act (2015). The Prevent Duty supports the 'specified authorities' where there may be risks of radicalisation in Somerset. Fundamentally, it challenges the ideologies that support extremism and terrorism and those who promote it through Safeguarding, and utilises a multiagency approach. In April 2016, SSAB Members received a training presentation from the Police County Prevent Lead, which outlined the objectives of Prevent and promoted the factors that can contribute towards vulnerability towards radicalisation. The SSAB is also represented on the local multi-agency Prevent Board.

Financial abuse is the illegal or unauthorized use of a person's property, money, pension book or other valuables. During the year, links have been strengthened with Devon & Somerset Trading Standards, and a representative is now a formal member of the Board. The organisation attended the Board's Practitioner Learning Event in June 2016 to raise awareness and share materials; the SSAB supported and promoted Scams Awareness month in July and featured scam awareness in its July newsletter. The SSAB has also commitment to promoting trading standards activity as part of June 2017's Stop Adult Abuse week, with its 'safe at home' focus.

7. The SSAB receives detailed updates on progress in relation to the Mental Health Crisis Care Concordat activity as a standing agenda item at each of its quarterly meetings. This work is designed to enhance the response of partner organisations and improve the experience and outcomes of people in mental health crisis by ensuring services in Somerset are appropriately commissioned and resourced to deliver 24/7 crisis response for patients and carers in the most appropriate settings, including their own homes. The SSAB Manager has been invited to participate in its 'Think Differently, Do Differently' subgroup during the coming year, which will focus on how - as a system – we can explore approaches regarding a small cohort of individuals frequently in crisis who present with high level, multiple, complex needs; an issue that has been identified from reviews of both local and national serious cases.

Next Steps 2017/18 (Prevention)

- a) Plan promotion events and activities to coincide with June 2017 World Elder Abuse Awareness Day and regional 'Stop Adult Abuse' week (safe at home focus)
- b) Work with Devon & Somerset Trading Standards to address financial abuse and scams

- c) Seek enhanced assurance of local agency training delivery, take-up, application and impact
- d) Deliver an annual conference focused on raising the profile of adult safeguarding, addressing known areas of practice requiring improvement, sharing lessons learned from case reviews, and offering a selection of focused workshop sessions to organisational Safeguarding Leads
- e) Establish and oversee the work of a local multi-agency Mental Capacity Act Forum, to enhance local understanding and application of the Act
- f) Continue to monitor progress in relation to the Mental Health Crisis Care Concordat and its 'Think Differently, Act Differently' subgroup in order to improve the experience of people in mental health crisis by ensuring services are appropriately commissioned and resourced.
- g) Work with other strategic partnership boards in Somerset to keep people safe from harm and improve their health and wellbeing in support of the prevention agenda, reducing duplication of effort and maximising effectiveness

Priority Area 2:

Making Safeguarding Personal

What SSAB said it would do (2016-2019)

1. We will promote the principles of Making Safeguarding Personal and evidence user experience
2. We will collect, analyse and report on the themes to emerge from Safeguarding Adults audits as a means of developing local practice and overseeing improvement activity
3. We will monitor and support the effective use and understanding of the Mental Capacity Act, and the Deprivation of Liberty Safeguards (DoLS)

What SSAB did:

1. Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and

working alongside them. It is about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conversations supported by a process. The extent to which local services are adopting an MSP approach has been monitored by the SSAB via its annual organisational self-audits, designed to give assurance to the Board of local practice.

The Board's Quality Assurance subgroup has also supported the development of a 'Safeguarding Experience' feedback process, which will launch in the Spring of 2017 and will capture responses from individuals, and their carers, about the extent they felt listened to, informed about what was happening and why, whether or not they feel safer as a result of the intervention, and their levels of satisfaction with the engagement.

The Board has also been monitoring the extent to which people are reporting their desired outcomes have been achieved as part of its performance reporting mechanisms. Figures for the 2016/17 year have consistently been above 85%, and we await national comparative data due to be published in October 2017 to determine how we benchmark against other areas.

2. To support local agencies, the SSAB adopted an Organisational Adult Safeguarding Self Audit Tool to help it evaluate the effectiveness of internal safeguarding arrangements, and to identify and prioritise any areas in need of further development to support local organisations in their continuous improvement of adult safeguarding work. Results from the audit process were analysed by the subgroup and formally presented to the SSAB Board in December 2016. The audit revealed areas of high confidence across the system to be in relation to participation to the Board itself and multi-agency working, but some areas of concern in relation to local application of the Mental Capacity Act, the extent / impact of adult safeguarding training and the capturing of equalities information to inform safeguarding responses. The SSAB has also secured a group of multi-agency frontline professional volunteers to form adult safeguarding audit groups; this will be progressed during the coming year.
3. The SSAB receives quarterly updates from the MCA (Mental Capacity Act) & DoLS (Deprivation of Liberty Safeguards) Manager, who has been chosen to chair the South West forum of local authority MCA/DoLS leads and participates in a national leads forum each quarter. As referenced previously, the poor application of the MCA has featured as a theme to emerge from both local and national case reviews, and audits. In December 2016, the Board approved the establishment of a new subgroup - a local Mental Capacity Act forum - which will work to embed the empowering aims of the legislation.

The Deprivation of Liberty Safeguards have been in operation since April 2009. Since April 2013 with the end of the Primary Care Trusts, the functioning of the safeguards has been the sole responsibility of local authorities. Referrals for assessment and authorisation showed a steady year on year increase until the end of 2013/14. This was part of a pattern of very inconsistent use of the safeguards nationally which was criticised in the March 2014 report by the House of Lords select committee into the implementation of the Mental Capacity Act. The committee's conclusion was that the DoLS scheme was cumbersome and difficult to understand, and therefore that it was not an effective protection of individuals' human rights and should be re-drafted. The proposed replacement scheme known as the Liberty Protection Safeguards was published by the Law Commission in March 2017. Their full report and summaries and impact assessment can be found at the following link: <http://www.lawcom.gov.uk/project/mental-capacity-and-deprivation-of-liberty/>

At the time of writing, it is not clear what the Government intends to do with the proposals and there are still some significant concerns from local authorities about the affordability of the new scheme.

Defining deprivation of liberty

In March 2014 the Supreme Court handed down its judgement in two cases (P v Cheshire West and Chester Council; P and Q v Surrey County Council) which focussed upon the definition of deprivation of liberty itself. The clarified definition – often referred to as the 'acid test' – has made it easier to understand how deprivation of liberty should be assessed but in a way which has resulted in a very significant increase (approximately ten-fold) number of applications made to local authorities and to the Court of Protection itself. The Law Commission proposals do not alter this definition in any way so the number of people to be covered by the new scheme is unlikely to be reduced.

Next Steps 2017/18 (Making Safeguarding Personal)

- a) We will ensure the views of services users, carers, frontline staff and Board Members inform the work of the SSAB:
 - We will implement the Safeguarding Experience service user/carer/provider feedback process and monitor responses on a quarterly basis
 - We will introduce and invite service user stories to Board meetings
- b) We will ensure individuals experiencing safeguarding concerns have appropriate and timely access to advocacy through the promotion of advocacy services and knowledge
- c) We will establish multi-agency Adult Safeguarding Audit Groups to help the Board quality assurance local practice and service delivery, and improve quality, performance and learning

Priority Area 3:

Think Family

What SSAB said it would do (2016-2019)

1. We will work in partnership to support vulnerable young people in making the transition between children's and adult services

What SSAB did

1. We recognise that multi-agency, flexible and coordinated services, with an underpinning 'Think Family' ethos, are most effective in improving outcomes.

During the past year, the SSAB has sought to strengthen links with the Somerset Safeguarding Children Board in promoting a 'Think Family' approach. In July 2016, the two respective Board Managers initiated a series of 'Think Family' themed, practitioner focused sessions across the county. The sessions serve as an opportunity for informal two-way dialogue between frontline staff and the two statutory Boards, and have enabled discussions to take place that both complement and inform local priorities. Subsequent sessions have concentrated on care leavers and, more recently, transitions to adulthood ('Choices for Life').

In addition, the SSAB has worked together with the Somerset Safeguarding Children Board (SSCB) to support more effective transition for young people leaving care or on the cusp of care through the development of Intervention and Resource Panels, which began in August 2016. This builds on learning to emerge from the joint

Learning Review into the deaths of vulnerable young adults (completed in 2014, and published in the autumn of 2015).

A new joint-funded Manager has also taken up post to directly support the Transitions vision across children's and adult services.

Next Steps (2017/18)

- a) We will support the development of a multi-agency Think Family Strategy for Somerset
- b) We will work with other Strategic Partnership Boards in Somerset to keep people safe from harm and improve their health and wellbeing in support of the prevention agenda, reducing duplication of effort and maximising effectiveness; this will include work to better support victims of exploitation, coercive control and grooming

Priority Area 4:

SSAB Effectiveness

What SSAB said it would do (2016-2019)

1. We will invite an external peer review of the SSAB and respond to any learning recommendations that emerge
2. We will initiate an annual Adult Safeguarding organisational self-audit process
3. We will commission and participate in Safeguarding Adults Reviews (SARs), ensuring learning is widely shared and action taken across agencies to address identified concerns or embed good practice
4. We will develop and actively promote a dedicated website for the SSAB to serve as a useful source of information for the general public, wider workforce, and Board members
5. We will issue regular newsletters as a means of sharing information and improving local awareness of adult safeguarding matters with both professionals and the wider public, encouraging and enabling feedback
6. We will ensure the views of services users, carers, frontline staff and Board members informs the work of the SSAB and are used to inform and develop local practice

7. We will use data, information and local intelligence to identify risks and trends and formulate action in response
8. We will ensure policies, procedures and practice guidance are reviewed to reflect new or emerging legislation, policy or learning, including revised Care and Support guidance
9. We will deliver a multi-agency SSAB Training event to support the knowledge and development of our members

What SSAB did

1. Due to financial pressures facing local services, a Peer Review was not commissioned for the SSAB during 2016/17. An independent Chair, John Bolton, is currently supporting the Local Authority in strengthening its performance arrangements. The SSAB Chair, Richard Crompton, has been invited to attend quarterly strategic meetings and in September 2016 submitted a report from the SSAB outlining both strengths and self-assessed areas for development for scrutiny and consideration.
2. A organisational self-audit process was developed via our Quality Assurance subgroup and issued to member agencies for completion by end of June 2016. It has also been made available to other interested parties on our website. Analysis was completed during the autumn and presented to the SSAB Board in December 2016. Plans are in place to repeat the exercise during the coming year.
3. The Safeguarding Adults Review (SAR) Subgroup has overseen and commissioned a number of SARs and learning reviews during the year – please see Section 6 of this report for further detail.
4. A cornerstone of the SSAB's work is the provision of information to the public, potential and actual service users, staff working in partner agencies and others interested in adults' welfare. A significant amount of work has been undertaken during the year to raise the profile of the Safeguarding Adults Board locally, improve the ways in which we communicate with the wider public and with multiagency professionals, and to raise local knowledge of how to prevent abuse or neglect.

Within budget and on schedule, the SSAB launched its own dedicated website (www.ssab.safeguardingsomerset.gov.uk) in April 2016. The site has helped provide a platform to promote work of Board and direct interested parties to key information and resources in order to reach a bigger audience and support public and professional knowledge of adult safeguarding matters. During 2016/17, our website was accessed by 3,629 individual users (40% of which were returning

visitors), and had 15,679 individual page views. Spikes in website usage were evident in April (following official launch of the site), mid-June (World Elder Abuse day and Stop Adult Abuse week) and November (following the launch of the safeguarding adults electronic referral form, which was used as the source of 83% of 'professional' safeguarding concerns by April 2017).

The SSAB also joined twitter to enhance our reach, influence and engagement opportunities. The Board now has over 290 followers and routinely participates in debates and promotion activities.

5. The SSAB has continued to issue newsletters on a regular basis to several hundred professionals and stakeholders across frontline services; these are also forwarded on through other existing internal agency communication routes. Our website now enables people to register for the newsletters and, since this functionality was created, an additional 90 individuals have signed up to receive the briefings. The newsletters outline updates from the Board, national and local adult safeguarding news and developments, and lessons to emerge from practice and reviews.
6. The SSAB has established links with existing service user and carer groups in the county, as well as with Healthwatch Somerset, with its Business Manager attending to present on the work of the partnership during the year. The Quality Assurance Subgroup has supported the development of a 'Safeguarding Experience' feedback form, due for implementation in the spring of 2017, and arrangements are being made to commence 'Safeguarding Stories' as a standing agenda item for Board meetings during 2017/18.

The Board has also sought to learn from the direct experiences of service users and their families or carers; it has benefitted significantly from their contributions to both local Learning Events, SARs and practitioner briefing sheets and we are keen to develop this further during the years ahead.

7. Considerable work has been undertaken to enhance the data and information available to the SSAB and its Quality Assurance Subgroup from its member agencies; this has helped identify issues requiring resolution. Reports are now routinely received from Adult Social Services, the Deprivation of Liberty Safeguards lead, the Constabulary's Safeguarding Coordination Unit, Care Quality Commission and other key services.

Analysis was also undertaken of the national 2015/16 comparative Safeguarding Adults Collection data, published in October 2016, which highlighted both strengths of Somerset's safeguarding processes and areas requiring further attention.

Additionally, Board Members contributed to the second annual SSAB Effectiveness Survey in the autumn of 2016, with improved performance against all 12 effectiveness standards when compared with the previous year's figures. Key strengths were identified in relation to the Board's leadership and coordination of adult safeguarding policy and practice across agencies, and the sense that partners work in an atmosphere of cooperation, mutual assurance, accountability and ownership of responsibility. Areas requiring greater attention centred on the use of data, information and intelligence to identify risks and trends, and ensuring mechanisms are in place to ensure the views of people at risk of abuse and their carers inform the work of the SSAB. The findings of this survey, which will be repeated on an annual basis, have informed the Board's risk register and our strategic plan for the year ahead.

8. The role of our Policy and Procedures subgroup is to produce, maintain, develop and review policy, procedure and practice guidance to improve outcomes for adults at risk in Somerset. During the year, the subgroup has developed and published a Service Monitoring Checklist to assist practitioners in considering and recognising potential indicators of concern across the following six criteria:

- Leadership and Management
- Staff behaviour and attitudes
- Behaviours and interactions of residents
- Isolation and lack of openness
- Service design, delivery and make up
- Environment and basics of care.

It also prepared self-neglect practice guidance to serve as a multi-agency guide to issues of self-neglect and to offer procedural guidance for frontline workers. The guidance has been developed in direct response to requests for assistance in managing this complex issue from local housing providers, and was enhanced by learning to emerge from Safeguarding Adults Reviews and the 2016 regional ADASS South West Conference in March 2016.

It has monitored and supported the refresh of regional multi-agency Safeguarding Policy in light of the revised statutory guidance – published June 2016 – in partnership with other local Safeguarding Adults Boards, and has supported the review of a range of policy or procedural documents in partnership to assist the Board in delivering its functions effectively, including:

- An Escalation Policy
- The local Business Failure process
- Adults at Risk meeting documentation and templates
- The Whole Service Concern process

- The development of an electronic professionals referral form
 - Learning to emerge from the ADASS Guidance on out of area adult safeguarding arrangements.
9. In April 2017, SSAB members attended a training event and received presentations from local leads on Prevent, Female Genital Mutilation, learning to emerge from Domestic Homicide Reviews locally, and early help thresholds across children's services. A number of members also attended the Practitioner Learning Event in June.

Next Steps (2017/18)

- a) Undertake annual Adult Safeguarding organisational self-audit process, enabling the Board to hold members agencies to account, monitor implementation of previous year's identified actions and gain assurance of the effectiveness of local safeguarding activity
- b) Commission, participate in and support Safeguarding Adults Reviews (SARs), ensuring learning from both local and national reviews is widely shared and action taken across agencies to address identified concerns or embed identified good practice
- c) Use data, information and local intelligence to identify risks and trends, and formulate action in response, to include monitoring of SSAB communication tools
- d) Ensure policies, procedures and practice guidance are reviewed to reflect new or emerging legislation, policy or learning, and made more easily accessible to frontline services via the SSAB Website
- e) Support Elected Members and Committee functions to better understand their roles and responsibilities in effectively scrutinising and monitoring the effectiveness of the Board in protecting vulnerable adults from abuse
- f) We will enhance local assurance mechanisms through the implementation of a peer challenge process in order to increase SAB member understanding of each other's work and methods of service delivery and identify opportunities to strengthen multi-agency working

Safeguarding Adults Practitioner Learning Event

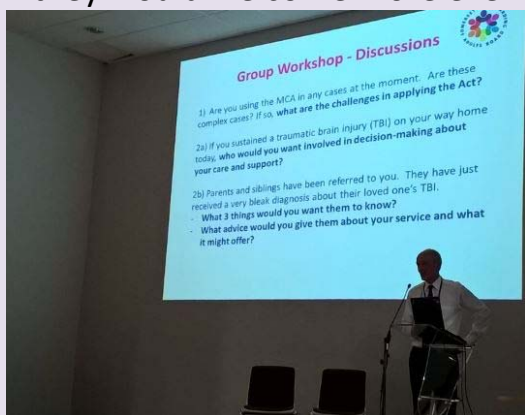
The SSAB delivered its first multiagency Practitioner Learning Event in June 2016 to over 100 frontline professionals to communicate the themes and lessons learnt from recent serious cases.

Feedback from attendees revealed that:

- 94% felt the overall event had been good or excellent;
- 90% felt the venue and facilities had been good or excellent;
- 97% felt the registration and booking arrangements had been good or excellent;
- 87% felt the length of the event had been good or excellent;
- 82% felt the opportunities for networking had been good or excellent;
- 91% agreed or strongly agreed that all subject matter was presented clearly and effectively;
- 97% felt confident about taking learning from the event and applying it to their own role, and
- 92% agreed or strongly agreed that all speakers had presented the subject matter clearly and effectively.

Overall, attendees particularly liked:

- Hearing from service users and families the vast majority of attendees specifically referred to Alyson's speech and Fred's presentation as having been the most valuable part of the day;
- The chance to explore and discuss the use of the Mental Capacity Act in complex cases;
- The opportunity to come together as a multi-agency group; attendees told us they would welcome more events like this in the future.



(L) Chairman addressing audience



(R) Group workshop discussions

6. Safeguarding Adults Reviews

All safeguarding is complex, challenging work but this is never more so than when an individual dies or is seriously harmed through abuse or neglect. The impact on families, carers and the professionals involved should not be over-estimated and is never taken lightly by any organisation or professional.

A vital role of the Board is to seek assurance on the effectiveness of local safeguarding activity and to ensure practice continually improves. It is required to commission Safeguarding Adults Reviews (SARs) to identify whether lessons can be learnt about the effectiveness of multi-agency working to safeguard adults at risk.

The Care Act 2014 states that a Safeguarding Adults Review (SAR) must be arranged by the Safeguarding Adults Board when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and when there is concern that partner agencies could have worked more effectively to protect the adult. A SAR must also be arranged if an adult has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. Please note that Safeguarding Adult Reviews were known previously as Serious Case Reviews.

SARs are demanding pieces of work and are dependent on the openness and reflection of agencies involved to identify what worked well and what could have been better.

The SSAB has a multi-agency SAR subgroup whose role it is to ensure statutory requirements are met in relation to reviews. The subgroup is chaired by the Director of Adult Social Services.

During 2015/16 the SAR Subgroup:

- **monitored progress in relation to ongoing reviews and considered potential cases against the criteria** for conducting one. It has also overseen the appointment of independent, external Chairs and Review Authors; this supports the SARs credibility, and can help to create a more conducive environment to facilitate and encourage discussion amongst involved stakeholders. The SSAB has been fortunate in securing high-profile and well-regarded Chairs to oversee its recent reviews, and is grateful for their input and contribution.
- worked in partnership with the Policy & Procedures subgroup to produce a **Learning and Improvement Policy**, replacing the former Serious Case Review policy that existed, clarifying local arrangements for SARs, and ensuring learning and improvement is better embedded in practice. The Policy was formally ratified in February 2016.

- **ensured the presentation of completed reviews** to the Safeguarding Adults Board for formal acceptance and to agree plans for publication and implementation, including the dissemination of learning across the locality.
- **commenced work to explore how the SAR process can better align with / support other statutory review processes**, such as child Serious Case Reviews or Domestic Homicide Reviews.

Two Safeguarding Adults Reviews concluded during 2016/17:

Tom, June 2016

A Serious Case Review was commissioned by the SSAB following the death of 'Tom' who took his own life in 2014, aged 43. Tom had sustained a traumatic brain injury in a road traffic accident in his early twenties and suffered from depression and drugs and alcohol abuse.

The independent report concluded that, despite numerous contacts with many health and care professionals and the concerns of family members, he was not provided with appropriate support.

It highlights a lack of joined up working across social care, health bodies and drug and alcohol services, with none taking a lead role in determining a coordinated, multi-agency response and missing opportunities to intervene in an integrated way.

Key considerations for practice arising from the review:

- **Supporting people with brain injuries - capacity assessment:** Tom's circumstances highlight the fraught boundaries between personal responsibility, public obligation and the assumption of mental capacity. Mantell (2010) has argued that an assumption of mental capacity is risky because a person's severe brain injury usually results in a degree of cognitive impairment'
- **Working with people with multiple and complex needs** - Working with people with multiple and complex needs, across agencies, has to hinge on coordinated assessment, care management and working with the risk of harm together
- **Adopting a Think Family approach:** Little was known about Tom's life before he sustained his brain injury. Although his family was an obvious source of information, their role as reflected in contacts with services became one of pleading for engagement and help.

Action taken on the back of Tom's Safeguarding Adults Review

- Tom died in June 2014; in April 2015 the Care Act put adult safeguarding on a statutory footing for the first time, and in May 2014 a dedicated countywide safeguarding service was established by the Local Authority in May 2015. The

service receives all safeguarding concerns and makes threshold decisions regarding whether referrals meet the criteria for statutory safeguarding enquiries under the Care Act 2014, or require other assessment and support. It undertakes direct safeguarding enquiry and investigation work, and oversees enquiry work undertaken by other agencies. This centralised model ensures greater consistency in decision-making.

- The Mental Health Social Care service has been re-designed and management responsibilities, previously delegated to Somerset Partnership NHS Foundation Trust, have returned to the Local Authority from October 2016. The focus of the new service will be a promoting independence community-based, recovery-focused, and needs-led rather than diagnosis driven. Reflecting upon the Care Act 2014, the service will support individuals with significant needs irrespective of whether they meet secondary care clinical eligibility, which will broaden the group of individuals able to access a specialist service.
- The SSAB delivered a multi-agency Practitioner Learning Event in June 2016, attracting over 100 frontline staff from 19 different agencies and focused on lessons to emerge from Tom's case and another case which concluded in January 2016. Headway Somerset and one of their clients were invited to present specifically on brain injury and its effects and impacts, and Tom's sister was also able to present, alongside the report author, on the family's own experience. 97% of respondents reported feeling confident about taking the learning from the event and applying it to their role. Local trainers were in attendance and have received main themes and learning points so they can refer to the case within training activity in Somerset to reinforce lessons learnt and apply theory to practice.
- The Board developed a Practice Briefing Note, which has been widely disseminated and promoted, detailing the main learning points to emerge from the review. The content of this document was agreed in partnership with the independent review author, Margaret Flynn. Adult Social Care staff have been actively encouraged to use the briefing sheet within team meetings and supervisions as part of reflecting on, developing and strengthening local practice.
- Acquired Brain Injury has featured as an 'awareness topic' within the Board's newsletter, which also promoted national practice guidance on working with people with acquired brain injury. Both were published on the Board's website and also promoted via its twitter account to raise local appreciation of the issue.
- The case was presented to District Council leads and the local Housing Providers group in July 2016 by the Safeguarding Adults Board's Business Manager, who attends on a quarterly basis to enhance awareness of safeguarding developments

across these agencies.

- The Board has continued to promote adult safeguarding issues and how to report concerns to the general public and wider workforce across all member agencies.
- In December 2016, the SSAB confirmed its approval for a local multi-agency MCA Forum to be established. The group will act as a subgroup to the Board with responsibility for supporting the local implementation of the Act and embedding the empowering aims of the legislation. The group will also provide the Board with assurance about the effectiveness of implementation across organisations and make recommendations about future development. Additional training has been provided to Local Authority staff on the Mental Capacity Act 2005. Since April 2015, staff receive two days' worth of training on the Mental Capacity Act delivered by an Independent MCA & Safeguarding trainer and consultant. Court of Protection Legal Training courses have been delivered to staff by Albion Chambers, and guidance and checklists are available on staff intranet pages for all Adult Social Care staff to access.

Damien, September 2016

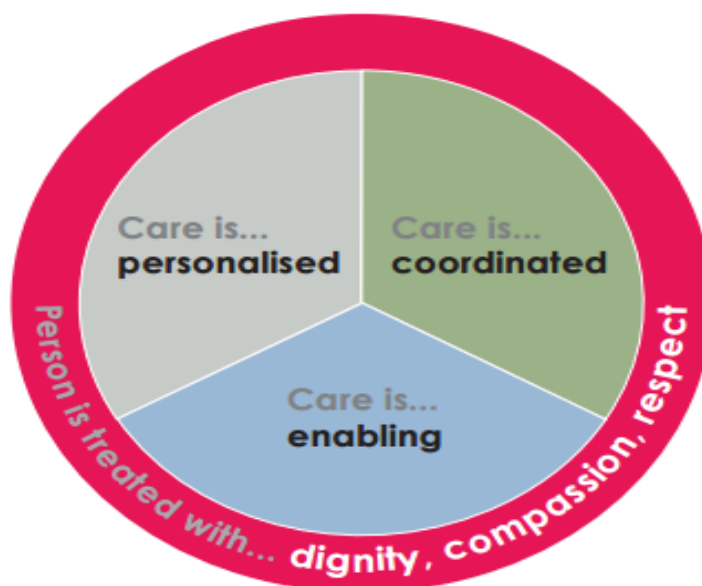
Damien had diagnoses of Asperger's Syndrome and ADHD. He had a mild learning disability and misused a variety of substances, causing him to come into frequent contact with the police and mental health services. His vulnerability was exploited by others who stole from him and misused his home for their own purposes. Meeting the dual requirements of protecting both the public and Damien from harm, at the same time as treating him as capacitous and allowing him to live his own life with only the necessary oversight and control, tested services in Somerset. In the last fifteen months of his life he was detained under Section 2 of the Mental Health Act on three occasions. He was also made subject to Multi Agency Public Protection Arrangements (MAPPA). Damien died in hospital in July 2015 following an incident of self-strangulation in the residential unit that had been his home for two weeks following discharge.

Key considerations for practice arising from the review:

- **Supporting transition between inpatient mental health settings and community / care home settings:** A key issue affecting transition is a lack of integrated and collaborative working between mental health and social care services, practitioners based in hospitals and those in the community, which can result in inadequate and fragmented support for people using mental health services
- **Supporting families, parents and carers:** Good communication leads to better coordinated care and better experiences

- **Follow-up support:** The consequences of a poor transition can be very serious for the person and their family or carers. National evidence tells us that the first three months after hospital discharge continue to be a period of high suicide risk
- **Promoting Person-centred practices** By working in a person-centred way, we can ensure people are truly listened to and are kept at the heart of all decision-making

Figure 1: The four principles of person-centred care



Action taken on the back of Damien's Safeguarding Adults Review

- In partnership with Damien's family, the SSAB produced, published and promoted a Practice Briefing Sheet highlighting the central themes to emerge from the review. The briefing document was published in the Board's March 2017 newsletter and was shared with local trainers to ensure it informs learning and development.
- The SSAB has promoted [person-centred thinking tools](#) via its website and publications to further embed a Making Safeguarding Personal approach across Somerset.
- The Board intends to further promote the case at its 2017/18 Learning Event aimed at local Safeguarding Leads following the conclusion of a Coroner's Inquest expected summer 2017.

7. Our priorities 2017/18

The Board recognises more can be achieved by working together in partnership, and remains committed to its four strategic objectives for the year ahead, based on feedback, learning and analysis of current strengths and areas for development:

- 1. Prevention:** focused on ensuring adults at risk are identified early and have their needs met promptly and effectively, and that multi-agency practitioners are supported in identifying and responding to adult safeguarding concerns. It is better to take action before harm occurs.
- 2. Making Safeguarding Personal:** focused on embedding an approach to safeguarding that is person-led, outcome-focused, enhances involvement, choice and control, and improves quality of life, wellbeing and safety.
- 3. Think Family:** focused on adopting an approach to safeguarding which considers impact on the whole family, in recognition of themes to emerge from recent serious cases and local needs assessments.
- 4. Board Effectiveness:** focused on taking further steps to ensure Somerset has an effective Safeguarding Adults Board which fulfils its responsibilities, has strong leadership and governance arrangements, and promotes a culture of collective accountability, respectful challenge and continuous learning.

You can read our 2017/18 Strategic Plan in full via the following link:

<http://ssab.safeguardingsomerset.org.uk/wp-content/uploads/SSAB-Strategy-2016-19-updated-2017.pdf>



Safeguarding Case Study 2 – Jack’s story

Background: Jack, 80, lives alone in a mobile home in Somerset. He is well-spoken, educated and with much life experience.

Safeguarding Concern: An electrician, who wished to remain anonymous, contacts the Local Authority with concerns about Jack, whom he had visited as he was having problems with his electrics. The electrician reported not being prepared for what he had seen upon attending Jack’s home. Papers were piled up on the floor, knee-deep. There were rodent droppings everywhere. Dirty pots and pans were stacked up in the kitchen. Jack used several electric heaters but had blown the fuse panel and burnt some of it out. The place smelt strongly of fumes. The electrician advised Jack not to use more than one heater as it was not safe, and warned him of fire risks. He remained concerned about the level of risk and Jack’s understanding of his advice, and requested someone visit to assess the situation.

Safeguarding Response: A Safeguarding Officer contacted Jack and arranged to visit him at home. She was shocked and concerned on visiting due to the obvious disrepair of the property, potential fire risk and extent of hoarding. A full risk assessment was carried out with Jack, who was encouraged to participate fully. The Officer utilised risk assessment tools commonly used by the Fire Service to assess the level of neglecting risk, and Jack engaged fully with the conversation and conclusion of risk. The Safeguarding Officer deemed him to have a good appreciation of the inherent risks in his living conditions and was seeking to change his circumstances. Permission was given to speak with his only living relative – a nephew – who also shared the concerns for Jack.

Safeguarding Outcome: Jack accepted the concerns of the Safeguarding Service and acknowledged he could not continue living in the accommodation. He declined a Home Safety Check from the Fire Service and support to help sort his belongings, but did agree to temporary accommodation whilst waiting for a longer-term option to become available.

Jack went on to sell his land and has since purchased a bungalow. He has no current social care needs and is living an independent life.

8. Board Budget

	2016/17		2017/18	
SOURCE OF FUNDS	CONTRIBUTION £	%	PROJECTED CONTRIBUTION £	%
Carry Forward	5,000			
SOMERSET COUNTY COUNCIL - SAB MANAGER & CHAIR	45,840	51.8%	43,420	45.1%
- SAFEGUARDING ADULTS REVIEWS	16,160	18.3%	8,000	8.3%
AVON & SOMERSET POLICE - SAB MANAGER	15,900	18.0%	18,900	19.6%
- SAFEGUARDING ADULTS REVIEWS	550	0.6%	8,000	8.3%
SOMERSET NHS CCG - SAB MANAGER	10,000	11.3%	10,000	10.4%
- SAFEGUARDING ADULTS REVIEWS			8,000	8.3%
TOTALS	93,450	100.0%	96,320	100.0%
APPLICATION OF FUNDS	EXPENDITURE £	%	PROJECTED EXPENDITURE £	%
PAY				
SAFEGUARDING BOARD MANAGER	54,760	54.5%	55,320	56.3%
INDEPENDENT CHAIR	16,980	16.9%	17,000	17.3%
NON PAY				
SAFEGUARDING ADULTS REVIEWS	16,710	16.6%	24,000	24.4%
ADASS THEMATIC REVIEW			300	0.3%
BRANDING & WEBSITE	10,640	10.6%	100	0.1%
ROOM HIRE	1,370	1.4%	1,500	1.5%
TOTALS	100,460	100.0%	98,220	100.0%
OVERSPEND	7,010		1,900	

9. The work of key members 2016/17



- **We have invested considerable focus on enhancing the effectiveness of local safeguarding processes and timescales within our dedicated safeguarding service.** There has been a clear emphasis on developing operational and business processes to enhance the efficiency and effectiveness of local service delivery and operational performance. At the start of the 2016/17 financial year, 42% of pathway decisions were made within the target 2 working day timeframe; since September 2016 performance has consistently exceeded the 97% target, with Quarter 4 data standing at 98.4% overall. This has been achieved through attention on data, enhanced scrutiny and validation of information, and robust engagement with referring agencies to enhance the quality of safeguarding referrals.
- **We have seen safeguarding conversion rates increase over the course of the financial year** from 40.5% in April 2016 rising to 52% by March 2017; we will continue to work in partnership with the wider Board and referring agencies to further improve understanding. We have worked closely with Avon & Somerset Constabulary to support their introduction of the BRAG risk assessment process in order to enhance knowledge of referral routes and sources of support, both within local services and across the broader community
- **We have developed our approach to high-risk care leaver transition using the adult safeguarding framework** and are working closely with the Leaving Care Service to enhance information-sharing and information, advice and guidance
- **We continue to provide trouble-shooting support to both non-CQC regulated and CQC regulated providers** to ensure identified quality concerns do not escalate into major operational or safeguarding issues. The proportion of good or better regulated care settings in Somerset exceeds national, regional and peer group averages.
- **We have introduced a new, secure, electronic safeguarding referral form, launched with care providers at an RCPA Conference in November 2016.** The new form helps to streamline and simplify the referral process and enhance the quality of the information received. Data demonstrates the e-referral form is being well and increasingly utilised by (mainly) providers of care and support services, accounting for 83% of all 'written' referrals received via Somerset Direct by April 2017. Feedback about the form also revealed people were finding the online referral form a useful and preferable option to standard phone/email reporting.
- **We have funded the full development and on-going hosting costs of a dedicated SSAB website** which went live in April 2016; this has proved invaluable in supporting the promotion and further progression of the Safeguarding Adults Board
- **We have developed a local, interactive CQC Ratings Mapping Tool** to support local stakeholders, and inform performance monitoring and benchmarking activity; this is now publically available via: <http://www.somersetintelligence.org.uk/care-quality-commission-ratings.html>
- **We have actively contributed to regional Quality Surveillance Group meetings** and ADASS (Association of Directors of Adult Social Services) Safeguarding Leads meetings, sharing local intelligence and learning for the benefit of other areas. We ensured good attendance from both Local Authority Adult and Childrens Services at the SSAB's June 2016 Learning event, and have promoted the practice briefing sheets and newsletters widely across the Council in order to develop practice and enhance awareness.

- **We have delivered a range of safeguarding-related training and development opportunities for staff within Adult Social Services:**
 - Recognising Adult Abuse (Contract started in November 2016) – 7 (half day) courses ran total of 52 people trained
 - Enquiry Skills – 3 courses (2 x 2 day course & 1 x 1 day refresher) total of 33 people trained
 - Leading Decision Making – 4 courses (2 x 2 day course & 2 x 1 day refresher) total of 41 people trained
 - Mental Capacity Act – 12 courses (2 day course) ran total of 144 people trained

Additionally, staff within the safeguarding service and/or Learning Disability teams have benefitted from independent externally-led training in subjects such as Coercive Control, and in Mental Capacity and Sexual Consent.
- **We have worked to ensure that NHS Providers meet their safeguarding responsibilities** through strengthening our commissioning arrangements and closer monitoring of contracts
- **Our contracting process in 2016-17 reflected the requirements of the Care Act 2014** and supported outcomes-focused, person-centred safeguarding practice through 'Making Safeguarding Personal' and 'Think Family'
- **We have facilitated a working group consisting of our NHS providers to align and strengthen NHS Safeguarding Services and Policies.** The group is collaborating to provide a core training package and schedule that can be both provided by and accessed by all NHS providers
- **We have been active participants in all Somerset Safeguarding Adult Boards meetings**, and provided representation on all the board's sub groups. We have contributed to the content of development plans, policies and protocols relating to the SAB. We have also supported all the Safeguarding Adult Reviews. We display 'Thinking it? Report it' leaflets and posters in our reception areas across all NHS Trusts, primary care and the CCG. The SSAB newsletters have been disseminated across the CCG, all NHS Trusts and Primary Care
- **We have funded development of multi-agency safeguarding training** to deliver integrated and standardised level 3 training for health and care professionals jointly with North Somerset CCG. In 2016/17, through the contract management process, Somerset Partnership Trust reported an average 97% of staff receiving Safeguarding Adults training, Taunton & Somerset NHS Foundation Trust reported 91% and Yeovil Hospital reported 95% of staff who have received Safeguarding Adults training
- **We have worked with the Somerset GP Education Trust to deliver training** to GP's and Practice staff on safeguarding adults, focussing on learning to emerge from the Safeguarding Adult Reviews commissioned by SSAB during 2016/17 with application of the learning to primary care
- **We have contributed to both the strategic and operational processes working with care homes** when there have been serious safeguarding concerns and supported the process of two Nursing and one Learning Disability home closures in 2016/7
- **We commissioned an independent review into our commissioning arrangements** following the closure of a learning disability home. As a result of the review, we have amended our processes and developed tools to assess the quality of a service prior to placement and assess the quality of our reviews of people in receipt of Continuing Healthcare
- **The Care Home Support team have contributed to the development of Safeguarding, Mental Capacity and Deprivation of Liberty Safeguards practice with care home** and have delivered 34 workshops to increase staff confidence and competence in deciding when



to raise safeguarding concerns, and to implement the Mental Capacity

- **We have encouraged staff to attend regional and national safeguarding learning events** to disseminate good practice, and all NHS providers are required to have safeguarding, DoLS, and whistle-blowing policies and to implement the Duty of Candour as part of our contract management
- **We have worked with our providers and adult social care to ensure safeguarding alerts are raised and managed in a coordinated way.** In 2016-17, the CCG responded and took part in 45 whole service safeguarding or quality improvement meetings for care homes with nursing
- **We have a centralised Incident reporting system (Datix)** to enable us to review concerns and outcomes raised by health care professionals. During 2016/17, 120 serious incidents were reported from health providers – higher than 2015/16 when 94 incidents were reported. The highest prevalence of ‘incident types’ remain apparent/actual/suspected self-inflicted harm, there were 11 cases directly related to safeguarding.
- **We are using Care and Treatment reviews in line with NHS England best practice** to involve families and experts by experience in planning care that will achieve the aspirations of people with a learning disability and prevent the need for hospital admission at times of crisis



- **We provide professional policing services, working with partner agencies, in order to keep people safe from harm.** This includes working to prevent Adults at Risk from becoming victims of crime, investigating crimes against them, bringing perpetrators to justice and managing offenders.
- By way of **context**, the Constabulary identified 795 ‘Safeguarding Adult flagged crimes’ and 481 ‘Safeguarding Adult flagged incidents’ in Somerset during 2016/17, falls of 9% and 16% respectively on the previous year
- **Our first responders and specialist interviewers undertook refreshed training for responding to sexual assault.** Both courses relate directly to Adults at Risk. New police recruits and Police Community Support Officers also received this training, all of whom had safeguarding woven into their initial training.

- **We introduced a two year pilot Control Room Mental Health Triage Scheme.** Mental Health nurses are based in the Police Control Room, enabling the Constabulary to meet mental health needs at the first point of contact, ensuring that intervention takes place at the earliest possible moment. Access to both Police and Health information databases ensures that decisions made from that point onwards are fully informed and best placed to manage risk. 874 consultations were completed in March 2017, with Section 136 detentions being avoided on five occasions.
- **With partner agencies, we carried out a review of the process through which a patient travels when Section 136 of the Mental Health Act is being considered** in Avon and Wiltshire, and have developed a model process that is to be tested and piloted to contribute to the prevention of patients’ deterioration into crisis. This work could have benefits for Somerset in due course.
- **We are an active partner in five Multi-Agency Safeguarding Hub arrangements based on local authority areas** - enabling us together to provide the best safeguarding response. The Somerset Adults MASH is developing to a case review and strategy model.

- **We are introducing a risk assessment process to support officers and staff in sharing information more effectively with partners**, helping vulnerability concerns to be referred internally to our Victims & Safeguarding Team and then onwards to partner agencies. This risk assessment process, known as BRAG (Blue, Red, Amber, Green), is designed to improve our understanding of Adults at Risk, safeguarding and vulnerability in a wider context, helping us to consider why information is being shared and how partners are expected to act upon that information.
- **We made effective use of our Constabulary Management Board** to carry out assurance work. For example, the February 2017 meeting focused on Adults at Risk and amongst other things examined: Adults at Risk and Missing Person Demand; Mentally ill people who are reported 'missing' from health-based settings; Missing Persons with a Learning Difficulty - Bristol Assurance Report; and the development of a Delivery Plan for Adults at Risk.
We actively contributed to multi-agency learning through Safeguarding Adults Reviews and Domestic Homicide Reviews across Avon and Somerset and at the end of 2016/17 the Constabulary held two current recommendations from two Safeguarding Adults Reviews, one of which related to a case in Somerset. Progress in implementing recommendations is monitored by our Safeguarding Theme Leads Group and Constabulary Management Board.

- **We have appointed a Deputy Safeguarding Lead for NHS England SW.** Primarily this post will support the whole safeguarding agenda and the ongoing priorities as directed by the National Safeguarding Steering Group.



We have funded numerous projects in local SW CCGs. These include:

- Developing outcome focused regional standards and an assurance tool for CCGs to hold their providers to account in a systematic way with agreed regional benchmarks and evidence criteria. This includes PREVENT, FGM and CSE standards;
- Working with the regional police led Child Sexual Exploitation (CSE) project, provide bespoke nursing leadership to the development of the tool kit and standard operating procedure that will support all professionals in understanding CSE and how to spot it. This includes a “fast track” programme to refer children and young people to a bespoke mental health service;
- Developing a supervision structure and tool kit to support nursing home leaders and their staff in delivering safeguarding supervision within and between nursing homes and improving standards;
- Developing a tool kit to support healthcare professionals in writing Independent Management Reviews (IMRs) including primary care colleagues using audit methodologies and best practice evidence;
- Supporting a local Female Genital Mutilation (FGM) theatre group to deliver the message to young girls in schools and youth clubs and provide a safe place to discuss the issues they face;
- Provide dentists with bespoke safeguarding training that is tailored to their needs and meets their CQC requirements and provide a tool kit for senior dentists to supervise others in safeguarding issues;
- Regional events and training opportunities for designated nursing professionals for Looked after Children and those leading the delivery of the Slavery and Trafficking agenda.

Throughout 2016 and into 2017, NHS England South West has delivered a range of learning experiences for Primary Care

colleagues through e-learning licenses. In addition, the use of the GP reflective tool has been widely shared across all GPs which encourages GPs to look at real cases either with their local practice or as part of multi-agency team discussions. This is supporting the increased engagement by GPs within local case review and case conference processes in their local areas and supporting other GPs via local networks.

Throughout 2016 each CCG has been asked a standard question at each quarterly assurance meeting as part of their routine Key Lines of Enquiries (KLOEs). These questions have covered:

- Their assurance process and governance of their providers;
- Their plans and requirements to deliver the recommendations in both the Goddard and the Wood reports;
- How do their board members demonstrate competencies in line with the requirements within the Intercollegiate Documents;
- Bespoke safeguarding questions as required from CQC inspections or other alerts or investigations.

This assurance process has been developed to ensure all CCGs provide the right level of Board and Executive assurance to their local safeguarding systems and commissioned services and an action plan is now in development with each CCG for improvement in 2017/18.

NHSE SW has a detailed work plan for 2017/18, the key drivers include:

- Improved governance and assurance arrangements of its commissioned services
- Strengthened strategic leadership for safeguarding in SW NHS organisations
- Delivery of the national safeguarding priorities which include; Prevent, Modern Slavery, Child Sexual Exploitation (CSE), Deprivation of Liberty Safeguards (DoLS), Child Protection Information Sharing project (CP-IS), Looked After Children (LAC) and Female Genital Mutilation (FGM). As well as supporting the Independent Inquiry into Child Sexual Abuse (IICSA), the safeguarding reforms in child safeguarding and Unaccompanied Asylum Seeking Children (UASC).
- Supporting STPs in the SW to ensure that the safeguarding agenda remains a priority in local service development.

- We are continuing to work with our partners in health to co-ordinate our approaches to safeguarding training. This will establishing a consistent approach across organisations with an increased scope for joint working.

- A new Learning Framework for Safeguarding has been produced to reflect our multi-agency work on co-ordinating training. We are aiming to implement this new programme as soon as the multi-agency planning has been completed.
- We have been working to improve staff awareness of the Mental Capacity Act. This work has been primarily focused on increasing the number of senior staff who have undertaken our Mental Capacity Act for decision makers e-learning. We have made significant progress, but we will continue to drive this work forward to include an increasing range of hospital staff.
- We have implemented our new vulnerable adult audit programme. This programme covers adult safeguarding, Learning Disabilities, the Mental Capacity Act and restrictive care. This audit approach includes a qualitative notes audit combined with a staff survey.

- We have hosted a Domestic Abuse worker in the Trust to support victims of domestic abuse. This was a fixed term position using funding from the Police and Crime Commissioner. This post was supported by the Somerset Integrated Domestic Abuse Service.
- Funding has been agreed to support the employment of an Independent Domestic Abuse Advisor for the Trust. Discussions about this new role will commence with Somerset Integrated Domestic Abuse Service to ensure that this new post gives our victims of domestic abuse the best possible levels of support.
- We have played an active role on the Safeguarding Adult Board. This has included membership on a number of the Boards sub-groups and the Executive Group.
- We have continued to participate in Safeguarding Adult Reviews and Domestic Homicide Reviews. We have a work plan to improve safeguarding in the Trust. This plan is supported and overseen by our Safeguarding Committee. Our success against this plan is reviewed at the Trusts Quality Assurance Committee.
- We have fully integrated the safeguarding team, including the Trust Learning Disability Lead and the Trust Independent Domestic Violence Advisor
- We have engaged the full-time services of an IDVA to work in conjunction with the Safeguarding Team
- We Have commenced Routine Enquiry as part of the Screening Process for Domestic Abuse with in the Emergency Department for all patients aged 16 +
- We have situated the team in one office with a Single Point of Access contact number, which means all Trust staff know who to contact with any safeguarding/ Mental Capacity/ IDVA and Learning Disability concerns/questions
- We have delivered combined Adult and Children Safeguarding training, incorporating ‘think family’ to all staff levels of the organisation through the Mandatory and Induction training programme
- We have updated the trust intranet safeguarding page incorporating Adult and Children Safeguarding resources available for all staff to access.
- The safeguarding team provide advice, training, ad hoc supervision and support to all staff across the trust.
- The Mental Health Lead for the Trust is co-located in the safeguarding office, enabling seamless communication and information sharing between the safeguarding team and mental health lead.
- We continue to provide targeted training to wards and departments on understanding the Mental Capacity Act and DoLS processes
- We Promote SSAB news and awareness campaigns through our in house e bulletin and intranet.
- We Have developed a rolling modular level 3 training programme (adult and children) , which enables staff to attend modules lasting 2 hours.



- We continue to actively responded to serious case reviews, section 42 requests and where safeguarding concerns have been identified
- We have amalgamated the Child and Adult Safeguarding strategies into one strategy thereby strengthening our approach to safeguarding
- We are working with the partner organisations to develop a county wide training strategy.
- We have commissioned an external review of the Children and Young People unit (for over 18's). The recommendations of this review will be considered and actioned as appropriate.

We have both Executive and Non-Executive Safeguarding representation on the Trust Board



- We have developed a training day in conjunction with Research in Practice for Adults (RiPfA) to be delivered to care providers on a rolling basis. The training is aimed at Managers within care organisations and seeks to promote safeguarding within the Making Safeguarding Personal Framework.
- We have continued to be a source of advice and support to our members in relation to safeguarding matters.
- We collaborated with the Somerset County Council Safeguarding and Quality team in delivery of the 2016 RCPA Annual Conference. The team delivered two workshops on the Council's safeguarding policy and procedures, and contract quality.

- We have refreshed all of our staff training in line with the Care Act 2014.
- Our staff training strategy has been reviewed and updated to ensure that staff receive the appropriate level of training required. There is now mandatory e-learning as well as face to face training covering Adults at Risk, Children and Young People, Child Sexual Exploitation, PREVENT, Domestic Abuse and MARAC and Mental Capacity Act 2005.
- We have increased the hours of our Safeguarding and Mental Health Specialist role. This role has provided additional staff training and advice to staff, which has led to an increase in appropriate referrals to Adult Safeguarding and a decrease in inappropriate referrals.
- A new recording system has been implemented to capture all internal safeguarding alerts and the outcomes. This is in line with 'Making Safeguarding Personal' and also gives an auditing tool to capture training needs.
- There has been an external review commissioned to assess all of our practice around safeguarding. The actions from this are due to be completed by the end of October.
- The internal safeguarding alert forms have been amended to adding outcome desired by the customer, this supports person centred practice – 'Making Safeguarding Personal'.
- We have been active participants in SSAB meetings.
- All policies have been updated to reflect changes brought in by the Care Act 2014.
- Continue to use a dedicated page on our workplace Yammer to highlight changes, share news and updates and also share free additional training for staff to complete.



- We have actively contributed to DHR and Safeguarding reviews where appropriate and have utilised any learning as applicable.
- There have been Internal Management Reviews carried out where we have concerns and where we may be able to learn from our past actions with customers to ensure best practice and to prevent safeguarding issues from arising.



- We have developed an Integrated Safeguarding Service that covers Safeguarding Adults, Safeguarding Children, Multi- Agency Risk Assessment Conferences (MARAC), Multi- Agency Public Protection Arrangements (MAPPA) and PREVENT, (a strand of the Governments CONTEST strategy working with counter-terrorism). The integrated safeguarding service embeds the 'Think-Family' model as the basis for all of its work across the Trust and with our partner agencies.
- We have developed an Integrated Safeguarding Steering Group that considers all of the areas that the Safeguarding Service is responsible for and reinforces the 'Think Family' approach.
- We have developed a safeguarding adults team generic mailbox for our service which has been mirrored by our Somerset County Council (SCC) colleagues, thus enabling clearer communication between us and our SCC safeguarding colleagues.
- We produced name badge stickers for every member of the Trusts 4,000 staff that incorporates the single point of contact (SPOC) number for the Safeguarding Service. The Integrated Safeguarding Service provides telephone advice and guidance service and ad-hoc supervision to staff across all of our services.
- We have developed Safeguarding intranet pages that provide a useful resource for staff. These have internal and external links incorporated within them for all of the forms and documentation staff will need.
- By reconfiguring our existing resources we have strengthened our professional safeguarding team to further enhance the skills mix of the team to provide appropriate responses to concerns from our vast array of community and mental health services.
- Staff have reported increased confidence in the support and training they receive. Up until March 2016 there was one level of safeguarding adults training provided in-house for all staff and we have already trained over 93% of staff. From April 2016 we started to provide higher level training (Level 3) to targeted staff groups to enhance their learning and understanding further and incorporate learning from safeguarding adult reviews and other reviews undertaken.
- Accessing the Safeguarding Service for advice and support via the new single point of contact number has proved really popular. Staff are evidently becoming more aware of potential patient safeguarding issues from the increased profile that safeguarding now has in the Trust. This has been evidenced by a fourfold increase in safeguarding contacts to the team over the last year and increased referrals to the Somerset County Council Safeguarding team.
- We have worked closely alongside our police and Somerset county council safeguarding adult colleagues to develop the weekly safeguarding adults Multi- Agency Safeguarding Hub (MASH) meetings. We already have daily MASH meeting established with Children

Social Care and the Police.

- We worked closely with the SCC Safeguarding Team to co- produce joint Level 3 safeguarding training for all of the staff working within the integrated social care and health community learning disability teams.
- We have completely revised our safeguarding training provision to reflect the Care Act 2014 and the Royal Colleges Intercollegiate Guidance. The trust now provides in-house Levels 1- 5 safeguarding training and has been successful in a bid for NHS England one-off funding to provide safeguarding adults training across the health community of Somerset & North Somerset.
- We have actively contributed to several Safeguarding Adult Reviews and Domestic Homicide Reviews with our partner agencies.
- We are actively involved in the work of the Safeguarding Adult Board and all of the sub-groups, working hard with our board and sub group colleagues to improve safeguarding services across Somerset.
- In addition to the trusts Executive Director responsible for safeguarding we have a Non- Executive Director responsible for safeguarding as well as a Named Doctor for Safeguarding Children supporting the work of the Safeguarding Service and providing appropriate internal challenge.
- The Head of safeguarding has been leading a project with our health partners in Somerset to consider closer alignment of safeguarding services across the health community. The Directors of Nursing in the three provider Trusts are actively supporting this project.
- We have come together as districts and created the District Councils Safeguarding Group which meets quarterly, shares best practice and develops joint initiatives to safeguard vulnerable people.
- We have trained existing and new staff across our organisations to increase understanding of safeguarding responsibilities and routes for referral.
- We have actively contributed to several Safeguarding Adult Reviews and Domestic Homicide Reviews with our partner agencies, and changed policies and procedures where learning from these has indicated this would be beneficial.
- We have trained elected members to understand their safeguarding duties and to act as champions within the community.
- We have reviewed and updated our safeguarding policies and protocols
- We have used the One Team model to provide active support to safeguard vulnerable people.
- We have created safeguarding champions in our organisations who have has increased training on safeguarding matters and who act to provide support and guidance to other staff.
- We have developed and implemented Prevent Action Plans to help stop vulnerable people being drawn into terrorism and harm.
- We are delivering the Positive Lives Programme, with partners, to support vulnerable adults with complex needs gain stable, safe accommodation.





Are you worried about someone?

If you are worried about a vulnerable adult and would like our help, please don't stay silent.

- Phone Adult Social Care on **0300 123 2224**
- Email **adults@somerset.gov.uk**
- In an emergency always contact the police by **dialling 999**
- If it is not an emergency and you want to talk with the police, **dial 101**

We will make urgent enquiries to understand the situation and make decisions about what needs to be done next, to make sure people are safe.

We will always deal with any calls in the strictest confidence.

Somerset Clinical Commissioning Group and update on finance and performance issues

Lead Officer: Sandra Corry, Director of Quality and Patient Safety, Somerset CCG
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Cabinet Member: Hazel Prior-Sankey
Division and Local Member: All

1. Summary

- 1.1. Somerset Clinical Commissioning Group (CCG), the NHS organisation responsible for the planning and funding of local health services, is addressing a number of challenging performance management issues relating to the CCG and wider health community. Somerset CCG has an annual budget of £720 million and commissions health services for a population of approximately 550,000.
- 1.2. On Friday 21 July 2017 NHS England published its 2016/17 Assurance Ratings for all of England's 211 clinical commissioning groups. Somerset Clinical Commissioning Group (CCG) was rated as 'inadequate'.
- 1.3. Somerset CCG's Assurance Rating highlighted poor performance three key areas. A rising budget deficit, slow progress towards developing the county's Sustainability and Transformation Plan (STP) and lack of progress addressing growing patient demand and longer waiting times for treatment.
- 1.4. Mr David Slack, Somerset CCG's former Managing Director, left the organisation after completing a period of notice. Mr Nick Robinson has been appointed Chief Accountable Officer for Somerset CCG and took up his post on Monday 15 August 2017.

2. Issues for consideration / recommendations

- 2.1. The performance of Somerset CCG and the county's Sustainability and Transformation Partnership (STP) is linked to the performance of the county's whole health and social care system.
- 2.2. Somerset CCG and partner NHS Foundation Trusts are working closely together to address the performance issues which led to NHS England's assurance rating. The CCG's priority is to use the opportunity offered through the county's Sustainability and Transformation Plan (STP) to work more effectively with our partners as a whole health care system.
- 2.3. The CCG has jointly addressed the need to reduce its financial deficit through the recent Capped Expenditure Process. The CCG is developing plans through the STP that will continue to improve service quality and better manage demand by focusing upon preventing ill health whilst delivering more health care in the community and in patients' own homes.

- 2.4. On the same day as NHS England published its CCG assurance ratings it also published a sustainability and transformation partnerships (STP) 'dashboard'. This rated Somerset STP at category three, 'making progress'.

The Committee are asked to consider and comment on the update report.

3. Background

- 3.1. NHS England's CCG Assurance Ratings bring together NHS Constitutional standards, such as hospital waiting times for routine diagnosis or treatment, with other performance and finance indicators. It is also used as a guide on how well a CCG is supporting the delivery of the national policy goals set out on NHS England's strategic health policy, the "Five Year Forward View".
- 3.2. NHS England's Assurance Rating for Somerset CCG was based upon the following key areas:-
- 3.3. **Finance:** The CCG ended the 2016/17 financial year with an overspend of £3m which represented a £9.5m variance from the CCG's planned end of year surplus. This overspend was primarily caused by a national increase in the fees for NHS funded nursing care. This cost Somerset CCG £4m. A significant increase in urgent care admissions within Somerset's district and community hospitals cost nearly £9m.
- 3.4. **Somerset Sustainability and Transformation Plan (STP):** NHS England's rating reflects the slow progress to date developing system-wide plans for creating a more joined up health and social care system across the county.
- 3.5. **Better Care:** There is also an expectation that tackling rising patient demand needs to be more effective. Waiting time standards for routine hospital treatment, as well as access to diagnostic tests, cancer and other urgent health care services need to be improved.
- 3.6. With regard to specific clinically commissioned services, NHS England gave Somerset CCG a rating in the following three areas (ratings for diabetes, learning disability and maternity services are expected to be included in next year's, 2017/18, assurance ratings):-
- 3.7. **Cancer services: Rated = 'Good'.**
(One year survival rates for Somerset patients from all cancers are significantly above the national benchmark)
- 3.8. **Mental health services: Rated = 'In need of Improvement'.**
(The indicators used show for 2016/17 a need for further improvement in transforming children and young people's mental health services and reducing adult out of area placements. The county's mental health provider received additional funding to recruit more staff during 2016/17 and has begun providing enhanced mental health services for children and young people from early in 2017/18)
- 3.9. **Dementia services: Rated = 'Inadequate'**
(The diagnosis of dementia in Somerset remains below the national standard – 67% of expected prevalence.

Post diagnostic support is also rated low but this is a reporting issue because the majority of Somerset GP practices no longer participate in the national Quality and Outcomes Framework (QOF). Independent evaluation of the Somerset Practice Quality Scheme has confirmed that there is no evidence of a reduction in the quality of care provided)

- 3.10. Full details of all England's CCG Assurance Ratings for 2016/17 can be found on the NHS England web site at:

<https://www.england.nhs.uk/commissioning/ccg-assess/>

The data relating to the assurance rating is available on [MyNHS](https://www.nhs.uk/Service-Search/performance/search) at <https://www.nhs.uk/Service-Search/performance/search> with links for Cancer, Mental Health and Dementia.

- 3.11. NHS England's sustainability and transformation partnerships (STP) dashboard gives a baseline view of STPs' work, showing the starting point from which they will drive improvements in care. It tracks the combined achievements of local services through 17 performance indicators across nine priority areas, each falling into three core themes of hospital performance, patient-focused change and transformation. See: <https://www.england.nhs.uk/publication/sustainability-and-transformation-partnerships-progress-dashboard-baseline-view/>

3.12. Somerset CCG and the 'Capped Expenditure Process' (CEP)

- 3.13. The Somerset Sustainability and Transformation Plan / Partnership (STP) is required to participate in the Capped Expenditure Process along with another 11 STP areas where financial plans are more than 1.5% away from their permitted budget control totals.

- 3.14. This NHS England programme is designed to ensure communities deliver to the control totals set in a managed and considered way. Somerset CCG had an annual budget of £724 million in 2016/17. It ended that financial year £3 million overspent.

- 3.15. In this financial year (2017/18, Somerset CCG is still required to deliver a savings plan of £12.9m in order to deliver its control total of a £1.7m deficit. This is part of a system wide plan including Yeovil District Hospital NHS Foundation Trust, Taunton and Somerset NHS Foundation Trust, Somerset Partnership NHS Foundation Trust and Somerset County Council.

- 3.16. The Somerset STP financial plan is currently a set of draft proposals and awaits further ratification through the appropriate governance structures for all health service partners.

- 3.17. Plans are expected to be published when NHS England have reviewed them and confirmed their support. The draft savings plans propose to focus on the following areas:

- further savings in provider trusts through reducing locum and agency staff costs
- further savings in provider trusts and the Clinical Commissioning Group by reducing back office and management costs

- improving the flow of patients through hospital reducing their average length of stay particularly through less delays at the point of discharge. Reducing these delays will improve patient care and experience, and will only be done when patients are fit to go home and if necessary appropriate packages of support are in place
 - improving the consistency and responsiveness of assessment processes for continuing healthcare to ensure that packages remain appropriate for patient needs and funding decisions continue to be provided on a fair and consistent basis against national eligibility criteria
 - reducing demand for acute services by improving and investing in primary and community care and other out of hospital services. Building on the good work done in the Symphony project in South Somerset and elsewhere
 - reducing the volume of elective care procedures by ensuring that commissioning policies reflect evidence of which procedures are clinically effective and are consistently applied
- 3.18.** All parts of the Somerset health system are working to ensure they deliver the necessary cost efficiency savings, progress service ‘transformation’ and achieve a balanced financial position.
- 3.19.** Care Quality Commission’s Review into Vocare Ltd and Somerset’s NHS 111 and GP Out of Hours Urgent Care Service (known as Somerset Doctors Urgent Care.)
- 3.20.** On Friday 24 July 2017, the independent health service inspector, the Care Quality Commission (CQC), published its review conducted earlier this year into the standards of service and the management of Somerset’s NHS 111 24 hour health helpline and the county’s GP Out-of-Hours Urgent Care Service, known as Somerset Doctors Urgent Care.
- 3.21.** The CQC rated Somerset’s NHS 111 service as ‘in need of improvement’. Somerset Doctors Urgent Care, as ‘inadequate’ and subject to ‘special measures’.
- 3.22.** Areas identified by the CQC and in need of improvement within Vocare’s GP Out-of-Hours GP Urgent Care Service, included:
- Robust and effective systems and processes to monitor and improve the quality and safety of the services and mitigate risks relating to the health, safety and welfare of service users. This includes staff training, recruitment processes and management of medicines
 - Adequate staffing levels in place to provide timely access to the service for all patients including providing reassurance where there are long waits for a response
 - Complaints and significant events are dealt with consistently with clear explanations of actions taken and the identification of learning or sharing of learning

- Serious incidents, deaths or safeguarding referrals are subject to statutory notifications to the Care Quality Commission

3.23. Areas identified by the CQC and in need of improvement within Vocare's GP Out-of-Hours GP Urgent Care Service, included:

- Robust and effective systems and processes to monitor and improve the quality and safety of the services and mitigate risks relating to the health, safety and welfare of service users. This includes staff training, recruitment processes and management of medicines
- Adequate staffing levels in place to provide timely access to the service for all patients including providing reassurance where there are long waits for a response
- Complaints and significant events are dealt with consistently with clear explanations of actions taken and the identification of learning or sharing of learning
- Serious incidents, deaths or safeguarding referrals are subject to statutory notifications to the Care Quality Commission

3.24. Key areas identified for improvement with Vocare's 24 hour NHS 111 health helpline, included:

- Robust and effective systems and processes in place to assess, monitor and improve the quality and safety of the services provided and mitigate risks relating to the health, safety and welfare of service users
- Adequate professional employment checks for all staff before employment commences
- Accessible and organised system for oversight of risk assessments and safety checks and access to emergency equipment such as first aid and fire safety equipment
- Regular call auditing for staff, including clinician consultations, in line with Vocare policy

3.25. Ongoing NHS Somerset CCG Quality Assurance Process include:

- Fortnightly assurance meeting to review of CQC Action List led by the CCG with 'spot checks' on the evidence that actions are completed
- Additional Thematic Review evidence checks (along key themes of warning notices) to be undertaken by CCG Team (Helen Weldon, Alex Burn and Dr Geoff Sharp) 3 August 2017
- Call Reviews –weekly with SDUC via Urgent Care Team.
- Independent Care Review Audit to assess the extent to which short falls in system controls identified by CCG quality monitoring and CQC inspection are impacting on the delivery of patient care
- Monthly meetings with Vocare SDUC Safeguarding Leads. *Undertaken by CCG Designated Nurse for Safeguarding Children and Children Looked After and CCG Safeguarding Adults Lead*

- Participation in NHS England Information Sharing Calls
- Ongoing Information gathering via networks such as Director of Nurses Networks, CQRMs with other providers, healthcare professional feedback
- Ongoing monitoring at Monthly Contract Review and Quarterly Clinical Quality Review Meetings

3.26. Somerset Clinical Commissioning Group (CCG) is working closely with the Care Quality Commission, NHS England and Vocare Ltd to ensure Vocare deliver the operational improvements needed to their organisation's systems and in line with their agreed action plan.

3.27. CQC - Vocare Ltd - Wellington House - NHS 111 helpline service

Full report: http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5939.pdf

CQC - Vocare Ltd - Wellington House - Somerset Doctors Urgent Care Service

Full report: http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5806.pdf

4. Consultations undertaken

4.1. The performance management issues highlighted in this report have been shared with health and social care STP partners, NHS staff, Healthwatch Somerset, the county's GPs and primary care professionals, the Chairs of Patient Participation Groups and Somerset Local Medical Committee.

4.2. The issues are contributing to the patient and public discussions and engagement around the case for service change and joining up of health and social care services, in order to deliver more care in the community and patient's home.

5. Implications

5.1. Somerset Clinical Commissioning Group is required to fulfil its statutory obligations and this includes delivering national strategic policy objectives whilst balancing its budgets each year. Improved performance and assurance ratings will be dependent upon a commitment to close collaborative working throughout the whole Somerset health and social care system.

Report from Somerset Clinical Commissioning Group

Updated information for Somerset County Council's forthcoming Scrutiny for Policies, Adults and Health Committee.

Dorset CCG Clinical Services Review (Maternity and Paediatrics)

On 20 September 2017, the Board of Dorset Clinical Commissioning Group's (CCG) will be discussing the outcome of their most recent patient and public engagement around their Clinical Services Review and specifically maternity and paediatric services.

The engagement process has not been without controversy as people in Dorset have shared their views about a number of proposals for the future configuration of maternity services and paediatric services.

The maternity and paediatric service proposals developed through Dorset CCG's public engagement processes were informed by the findings of an independent review carried out by the Royal College of Paediatrics and Child Health (RCPCH) between October and December 2015. The review was published in April 2016.

The review considered two potential models of care previously identified by NHS Dorset CCG and local healthcare partners. The RCPCH team identified many good working practices across the county, with a highly committed workforce which is providing excellent care in many areas.

There were also a number of challenges identified including resourcing, recruitment of staff and current facilities (Page 20). The review explored a number of recommendations to ensure services remain sustainable and safe in the future. These included hospitals working closer together for the benefit of local children and parents, and increasing normal births and midwifery led care.

A full copy of the Royal College of Paediatrics and Child Health (RCPCH) review is available online at: <https://www.csr.dorsetsvision.nhs.uk/wp-content/uploads/sites/3/2016/11/pcbc-appendix-l.pdf>

The most recent proposals from Dorset CCG have suggested Dorset County Hospital in Dorchester might share some services with Yeovil District Hospital.

This might see one hospital having a 24-hour children's ward, a special care baby unit, and a consultant-led maternity unit.

A second hospital would have a midwife-led maternity unit and day-time paediatric services.

Dorset CCG has not said which hospital would have which configuration of service at this time. No decision has been made and any specific proposals would only take place after formal public consultation.

Maternity and Paediatric Review

Since the publication of the RCPCH review in April 2016, 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.

This work has been 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.

Somerset CCG is now undertaking its own review of Maternity and Paediatric services for the people of Somerset. This is being led by Dr Rosie Benneyworth, the Clinical Lead for Somerset's Sustainability and Transformation Partnership (STP)

The aim of the review will be to ensure Somerset's services are clinically appropriate for the population we serve and complimentary with the configuration of maternity and paediatric services in neighbouring Devon, Dorset, North Somerset and Bath and North East Somerset.

Future service planning will be informed by patient and public views and once specific service proposals had been developed and these would be subject to further public engagement and formal public consultation.

Recommendations

The Committee are asked to consider and comment on the update report.



Somerset
Clinical Commissioning Group

YEOVIL HEALTH CENTRE: FUTURE SERVICE PROVISION

1 BACKGROUND

- 1.1 The Scrutiny for Policies, Adults and Health received a paper in November 2016 on the future options for the urgent care element of Yeovil Health Centre following expiry of the contract for the service.
- 1.2 The Committee was particularly concerned with access to primary care services for patients in Somerset and requested the CCG to consider access carefully in future service models.
- 1.3 NHS England is responsible for the registered patient list element of the Yeovil Health Centre contract. The CCG is responsible for the future of the 'walk-in' element of the service.
- 1.4 This paper sets out the new arrangements which the CCG has put in place and describes the arrangements that NHS England has made for registered patients.

2 NEW ARRANGEMENTS FOR PATIENTS USING YEOVIL HEALTH CENTRE

- 2.1 Yeovil Health Centre is run by Symphony Healthcare Services (SHS) and acted as:
- a GP facility with 6,500 registered patients
 - an urgent care centre (with capacity for 'walk-in' appointments) serving both the public and registered patients. In 2016/17 Yeovil Health Centre provided 22,582 walk-in appointments.
- 2.2 When first established in 2009, it was the aim of national government to improve access to GP services. National funding enabled new GP 'Walk-in' centres to be opened in every county with extended opening hours from 8.00am in the morning until 8.00pm at night. The extended opening hours were intended to benefit people who were not registered with a GP Practice; people who might do shift work, such as migrant workers or people from socially disadvantaged backgrounds), who might struggle to access conventional GP services.
- 2.3 NHS England has been the commissioner of both the registered list and urgent care elements of Yeovil Health Centre through a single APMS contract. The existing contract came to an end on 31 August 2017. Yeovil Health Centre's registered list of patients has merged with the Oaklands GP Surgery. This is an automatic process and patients do not need to do anything.

In effect Yeovil Health Centre will become a 'Branch Surgery' of the Oaklands GP Surgery. Registered patients on the merged practice list will be able to book an appointment to see a GP / nurse / health professional at either Yeovil Health Centre or Oaklands GP Surgery.

- 2.4 Under the 2013 commissioning reforms, Somerset CCG became responsible for urgent care services and responsibility for the urgent care element of the Yeovil Health Centre contract passes back to the CCG when the existing contract comes to an end. Somerset CCG made the decision to secure an ongoing urgent care service but with some modifications to opening hours which would both release funds and re-focus the health centre's services upon supporting people who most need access to urgent care.
- 2.5 There has been a significant investment in extended GP access with patients able to access appointments until 8pm on weekdays and new additional capacity on weekends.
- 2.6 The Yeovil Health Centre walk-in / Urgent Care Service became a nurse practitioner-led "urgent care service" (with GP / medical oversight) from 1 September 2017. The revised opening hours for the Urgent Care Service are: Weekends only - Saturdays and Sundays between 10am and 6pm. Patients can access the service via NHS 111 who will advise patients on the recommended action to take and book appointments if appropriate. The Urgent Care Service operates from Yeovil District Hospital. It will offer nurse led urgent care and the opening hours reflect times of greatest demand. Nurse practitioners will be able to treat minor injuries and ailments including: infections and rashes, lacerations (that do not require suturing), emergency contraception and advice, stomach aches; hay fever, insect and animal bites, dressing care, minor cuts and bruises, minor burns and strains, minor eye conditions, ear and throat infections skin infections or rashes.
- 2.7 NHS England, the CCG and Symphony Healthcare Services Limited jointly developed and implemented a communication and engagement plan which has included press releases, information leaflets for patients and a series of drop in sessions for patients.

3 NEXT STEPS

- 3.1 The CCG has an agreed monitoring process in place with the provider, which will support evaluation of demand and capacity including wait times, types of conditions managed and percentage of patients managed within the service without the need for onward referral. Complaints and concerns raised and any significant incidents occurring in the service will also be monitored to understand the patient perspective. This information will be reviewed in regular contract review meetings with SHS Ltd which will initially take place on a monthly basis.

4 EQUALITY IMPACT

3.1 An Integrated Equality Equity and Quality Impact Assessment has been undertaken which showed no major risk to patients with protected characteristics.

4 RECOMMENDATION

4.1 The Committee is asked to consider the issues raised in this report and comment on them.

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IMPROVED ACCESS TO GP SERVICES IN SOMERSET

1 INTRODUCTION

- 1.1 In January 2017 Somerset CCG Governing Body approved the proposed service, commissioning route and financial plan for the improved access service.
- 1.2 The 71 Somerset practices have formed into 10 geographically based provider groups to deliver the requirements of improved access. The groupings will provide their collective population with access to same day and pre-bookable appointments from 6:30pm – 8pm on weekdays and at weekends as determined by local population needs. A map showing the local provider group areas is attached as Appendix 1.
- 1.3 Each provider group will be delivering an additional 30 minutes per 1000 weighted population to their collective population as per the national requirement. This will equate to an additional 288 hours a week being delivered across Somerset.
- 1.4 The purpose of this report is to provide the Scrutiny for Policies, Adults and Health Committee with an update on progress on the delivery of improved access across the County.

2 SUMMARY OF SERVICE PROVISION

- 2.1 Patients can book a routine evening and weekend appointment in advance or on the day by contacting their registered practice to find out about appointment availability and to book an appointment.
- 2.2 Appointments will be with a primary care clinician who has been identified at the point of booking the appointment to best meet the needs of the patient.
- 2.3 Not every practice in each group will be open until 8pm every weekday evening and at the weekend. Each group has developed and implemented a rota to collaboratively deliver the national and local requirements of improved access across the week. This does mean that patients may be seen by a primary care clinician at another local practice or have a telephone consultation with a primary care clinician who is not at the patients registered practice.
- 2.4 At the time of booking the appointment, patients are made aware of the location and the name of the consulting clinician and consent to share their record must be obtained. The patient does not have to accept this appointment and should be given the opportunity to book an alternative. If a patient declines for their record to be shared, this will be recorded on the system and by choice, they will be limiting their access to available appointments.

- 2.5 For all booked appointments the primary care clinician undertaking the consultation has the ability to access the patient's full primary care record. Only the consulting clinician will have access to that record and is granted access when the patient presents for their consultation and for 28 days after the scheduled appointment.
- 2.6 70 out of 71 practices are being commissioned by the CCG to provide an improved access service for their registered patients through the Primary Care Improvement Scheme (PCIS). The CCG has received assurance from the 1 practice not participating that they will work with the local provider group to ensure that their patients can access the improved access service.
- 2.7 All provider groups have opted to deliver the national and local requirements of improved access through a rotational model of delivery across the week. This model means that at least one practice in each provider group will be available to their collective population each weekday evening from 6:30pm to 8pm.
- 2.8 Provider groups have concluded that there is very limited demand on Sundays for access to GP services and that Sunday service provision would not offer value for money.
- 2.9 The GP national patient survey supports the position of provider groups that the demand for Sundays is very limited, with only 5% of the Somerset population stating that Sunday appointments would be convenient.
- 2.10 Sunday primary care provision is available in South Somerset and the CCG is currently examining options in Taunton as part of the requirement to implement GP streaming in Emergency Departments.

3 INTENDED OUTCOMES AND BENEFITS REALISATION

- 3.1 Improved access is part of the wider NHS England primary care agenda to build a safe, sustainable and integrated primary care system, whilst maintaining the delivery of high quality patient centred care and ensuring patients are seen by the most appropriate person in a timely fashion.
- 3.2 At a national level, the National Audit Office has raised concerns that the NHS England requirements have not been fully assessed for cost effectiveness. The national pilots through the GP Access Fund have shown mixed results and limited return on investment in many areas. However, improved access remains a key NHS England priority for local implementation.
- 3.3 Our local plans have been informed by national experience and we are confident that our local plan delivers best value possible within the nationally mandated requirements.

- 3.4 We would expect patient satisfaction to increase as a result of extending the access for patients to GP services in the evening and at weekends, utilising the skill mix available to achieve better outcomes for patients.
- 3.5 The CCG will review the data received in quarter two from provider groups to assess the early benefits of the service.

4 NEXT STEPS

- 4.1 The CCG will implement a communications and engagement programme to ensure that patients are aware of the availability of evening and weekend appointments.
- 4.2 There is also work in hand to understand the impact of the national requirement to establish GP-led Urgent Treatment Centres by December 2019.

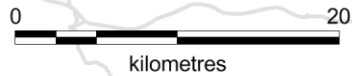
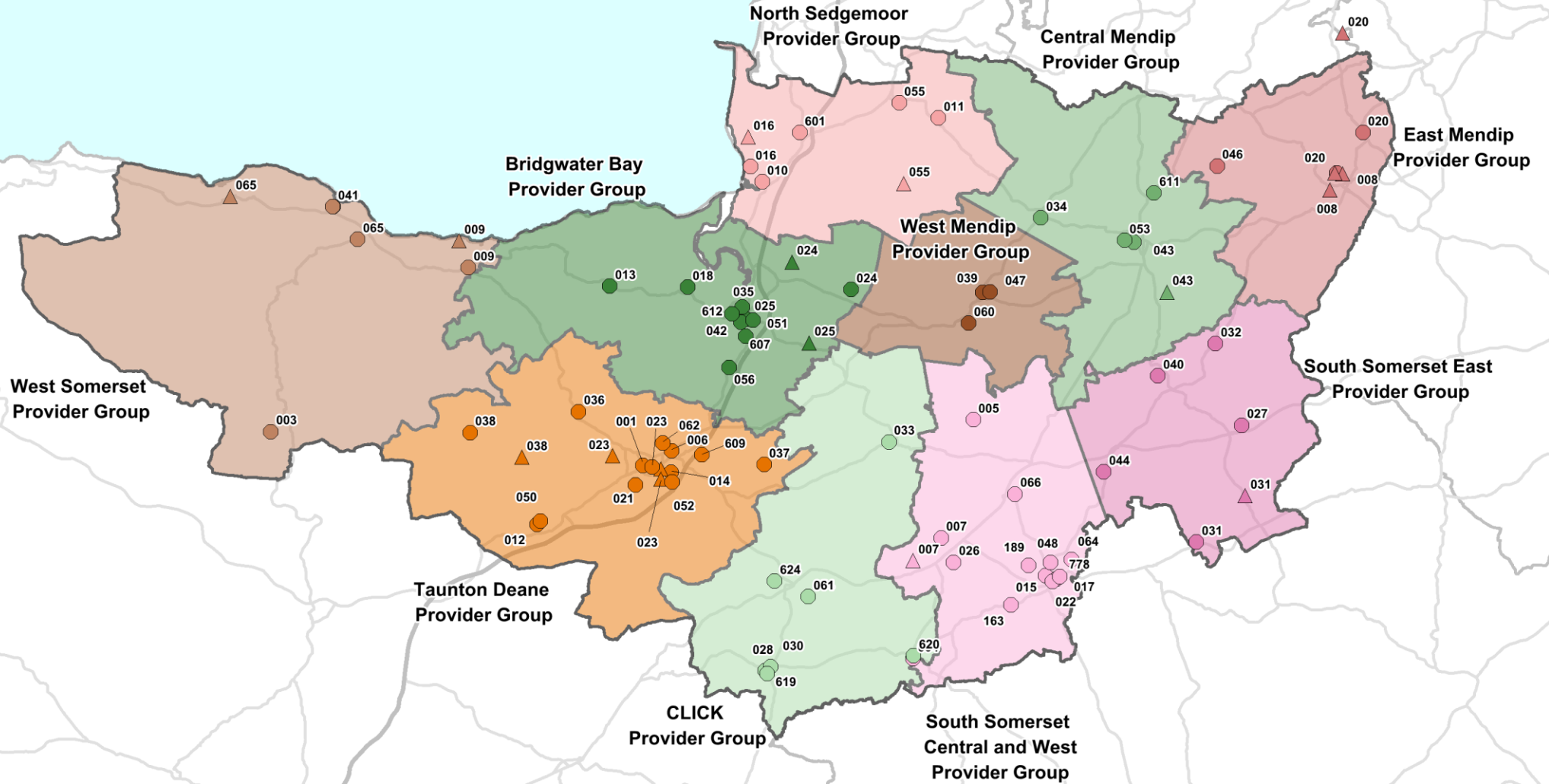
5 RECOMMENDATIONS

- 5.1 The Committee are asked to consider and comment on the update report.

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Somerset CCG GP Provider Groups

Page 79



GP Surgeries
 ○ Main Sugery (71)
 △ Branch (17)

GP Provider Groups

- Bridgwater Bay Provider Group
- Central Mendip Provider Group
- CLICK Provider Group
- East Mendip Provider Group
- North Sedgemoor Provider Group

- South Somerset Central and West Provider Group
- South Somerset East Provider Group
- Taunton Deane Provider Group
- West Mendip Provider Group
- West Somerset Provider Group

South, Central and West
 Commissioning Support Unit
 scwcsu.HealthGIS@nhs.net - 18 Aug 2017
 © Crown copyright and database rights 2017
 Ordnance Survey 100006031.
 Contains Royal Mail data © Royal Mail
 copyright and database right 2017.
 X:\PROJECTS\CCG\CCG - Somerset
 \GP Provider Groups\Workspace
 \Somerset CCG Provider Groups.wor



ID	Practice Name
013	Quantock Medical Centre
018	Cannington Health Centre
024	Polden Medical Practice
024	Woolavington Surgery
025	Cranleigh Gardens Medical Centre
025	Dr Lambert, Bridgwater/westonzoyland
035	East Quay Medical Centre
042	Taunton Road Medical Centre
051	Redgate Medical Centre
056	North Petherton Surgery
607	Somerset Bridge Medical Centre
612	Victoria Park Medical Centre

ID	Practice Name
010	Highbridge Medical Centre
011	Cheddar Medical Centre
016	Burnham Medical Centre
016	Berrow Branch Surgery
055	Axbridge Surgery
055	Wedmore/axbridge
601	Brent Area Medical Centre

ID	Practice Name
002	Wells Health Centre
034	Wells City Practice
043	Park Medical Practice
043	Evercreech Surgery
053	Grove House Surgery
611	Oakhill Surgery

ID	Practice Name
003	Exmoor Medical Centre
009	West Somerset Healthcare
009	Dr Halliday, Williton/watchet
019	Harley House Surgery
041	Irnham Lodge Surgery
065	Dunster & Porlock Surgeries
065	Porlock Medical Centre

ID	Practice Name
008	Frome Medical Centre
008	Dr Ellis, Frome/saffron
008	Locks Hill Surgery
020	Beckington Family Practice
020	Dr Brooks, Beckington/freshford
020	Dr Brooks, Beckington/fromefield
046	Mendip Country Practice

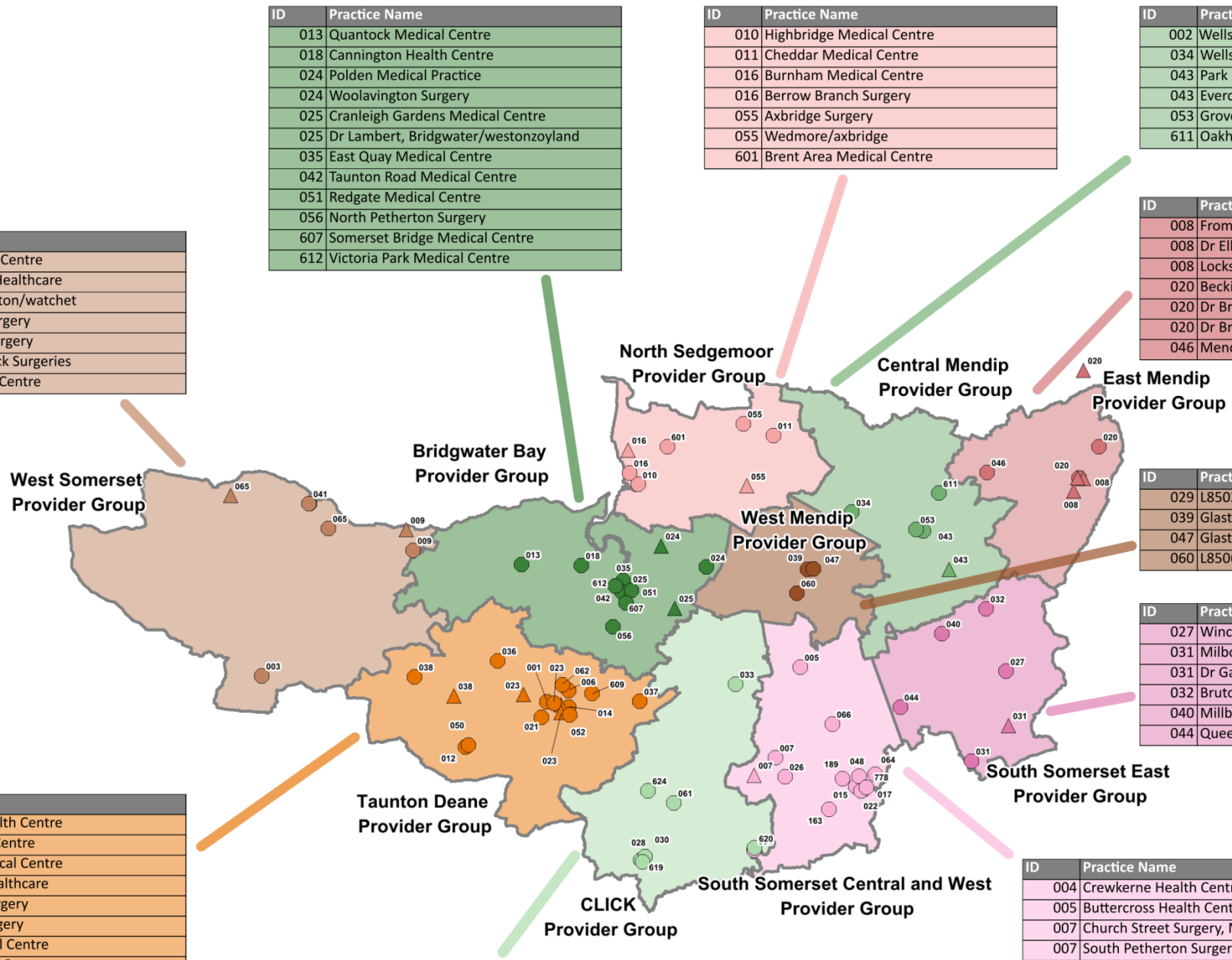
ID	Practice Name
029	L85029 (vine Surgery)
039	Glastonbury Surgery
047	Glastonbury Health Centre
060	L85060 (vine Surgery)

ID	Practice Name
027	Wincanton Health Centre
031	Milborne Port Surgery
031	Dr Gaymer, M Port/templecombe
032	Bruton Surgery
040	Millbrook Surgery, Castle Cary
044	Queen Camel Medical Centre

ID	Practice Name
001	French Weir Health Centre
006	Crown Medical Centre
012	Wellington Medical Centre
014	Taunton Vale Healthcare
014	Victoria Gate Surgery
021	College Way Surgery
023	St James Medical Centre
023	Orchard Medical Centre
023	Kings College Sanatorium
036	Quantock Vale Surgery
037	North Curry
038	Lister House Partnership
038	Milverton Surgery
050	Luson
052	Warwick House Medical Practice
062	Lyngford Park
609	Creech

ID	Practice Name
028	Springmead Surgery, Chard
030	Essex House Medical Centre, Chard
033	Langport Surgery
054	Summervale Surgery
061	The Meadows Surgery
619	Tawstock Medical Centre, Chard
620	West One Surgery
624	Church View Surgery, Ilminster

ID	Practice Name
004	Crewkerne Health Centre, Crewkerne
005	Buttercross Health Centre
007	Church Street Surgery, Martock
007	South Petherton Surgery
015	Preston Grove Medical Centre, Yeovil
017	Penn Hill Surgery, Yeovil
022	Hendford Lodge Medical Centre, Yeovil
026	Hamdon Medical Centre, Stoke-sub-hamdon
048	Ryalls Park Medical Centre, Yeovil
064	Oaklands Surgery, Yeovil
066	Ilchester Surgery, Ilchester
189	Abbey Manor Medical Practice
163	West Coker Surgery
778	Nhs Yeovil Health Centre





Somerset
Partnership

Somerset Partnership
NHS Foundation Trust



The Future of Milverton Branch Surgery September 2017

Page 81



Agenda Item 10

Working together

Everyone counts

Making a difference

Lister House Surgery and Milverton Surgery

Wiveliscombe

3.6 miles by Road

Milverton





Why it is necessary to consider the future of Milverton surgery

- All the partners retired or left in 2016 creating a risk that the surgery may have to close
- During Due Diligence it was clear the financial position that the partnership was facing in the future was not sustainable unless the model of service delivery changed
- Somerset Partnership took over management in September 2016 to support the ongoing provision of Primary Care to the local communities
- First priority was to look to recruit new doctors as all partners left immediately – cost of locums was high and provided lack of continuity
- Second priority was to provide new services to support provision of quality and responsive services for the local communities



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Partnership

Recruitment of GPs

- There is a national shortage of GPs and Somerset has the second highest proportion of GPs approaching retirement.
- Some success with recruitment but also some set backs
- More doctors are joining the practice –an extra 3 GPs have been recruited in recent months
- A team based approach to healthcare has been introduced providing access to specialist nurses, physiotherapists, mental health specialists and Village Agents
- This additional resource has recently enabled appointment times with GPs to be extended

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Working together

Everyone counts

Making a difference

Quality of care and services

- The way that GPs provide care has changed and is now much more of a team approach
- On a daily basis, the Drs, Nurses, Specialist staff and others such as health visitors will meet to discuss cases.
- This approach is seen as best practice and enables discussions to be held which will support patients getting the best possible care
- This means there is less reliance on an individual doctor but also that the patients see the right specialist at the right time



Why are we considering closing Milverton?

- The lack of GPs has made it harder to provide GP sessions at Milverton.
- The building is old and in need of repair and is no longer considered to be at the standard for delivering quality healthcare services.
- GPs feel uncomfortable working there in isolation as it is harder to summon help in an emergency.
- Team working is much harder when working across two sites.



Delivering Safe Services

- The safety of our patients is the top priority
- The number of surgeries held at Milverton has been reduced to maximise the number of patient appointments available
- GPs want to be able to discuss difficult cases with colleagues every day – the need to travel to Milverton prevents this
- Access to the wider team is impossible over two sites – greater efficiency is achieved if the focus on care is at one site
- The current building was noted as not supporting easy access for disabled patients by CQC



What are the options?

1. Continue to run the service as it is.
2. Provide services at Milverton using nurses or other health staff.
3. Provide all services from the main surgery in Wiveliscombe and support patients who will have difficulty accessing services. – this is our preferred option



Why is closing Milverton Surgery the preferred option?

- We can focus the GPs and clinical staff time on providing quality care to local patients
- It enables the team working environment that newer GPs are used to working in – potentially will help with recruitment of doctors
- The national shortage of doctors is not decreasing – however we are seeing an increase in interest in working at Lister House with the new ways of working and the move to a new IT system
- We want to provide long term sustainable primary care services for the local population of Wiveliscombe, Milverton and surrounding areas – focussing care in one building supports this



Somerset
Partnership

Consultation process

- Workshop held with Surgery Staff, Patient Group, Milverton Parish Council representatives to determine the options
- Production of a leaflet to outline the position for the surgery and overall concerns relating to delivery of Primary Care in the Wiveliscombe and Milverton areas
- Meetings held with Milverton Parish Council to discuss issues
- Development of working group to include key stakeholders within Milverton and Lister House Patient Group
- Conversation with owners of Lister House Surgery to understand whether appetite for investment
- Conversation with NHS England to understand potential for support for investment required

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Working together

Everyone counts

Making a difference



Guidelines from NHS England on size of GP practices

Number of patients	2,000	4,000	6,000	8,000	10,000
Type of premises (see notes (i) and (ii))	A	A	B	B	B
Gross internal area (GIA) allowance	199	333	500	667	833

- Size of Lister House Surgery: 675 m²
- Size of Milverton: 134 m²
- Total size of both practices = 809 m²
- Total Patient List at Lister House and Milverton = 6,800



What happens next?

- Public consultation completed on 4 September.
- Public and patient views will be looked at alongside the issues described earlier.
- A report will be written for the Somerset Partnership Board.
- If option 3 remains the preferred option, an application will be made to NHS England.
- NHS England will take the final decision.

Somerset Partnership NHS Foundation Trust – Update on Community Hospitals in Somerset

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

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

Cabinet Member: N/A

Division and Local Member: N/A

1. Summary

- 1.1. There are currently 13 community hospitals within the county of Somerset. The 13 community hospitals in Somerset each play a unique role within their local health economy. These hospitals have developed over time and each hospital provides a different mix of services. A map showing the location of the hospitals is attached at the end of this report.
- 1.2. The hospitals primarily provide inpatient, outpatient, minor injury unit and diagnostic services; however the particular services provided at each hospital vary, as do the providers of some of the services.
- 1.3. Somerset Partnership NHS Foundation Trust is the sole provider of inpatient and minor injury unit services and also provides the management function for the hospitals as a whole, with the exception of Shepton Mallet, where Care UK hold the contract and inpatient services are subcontracted to Somerset Partnership.
- 1.4. The Trust owns 11 of the 13 hospitals. Shepton Mallet Community Hospital is owned by NHS Property Services as part of the Shepton Mallet Health Campus and West Mendip Community Hospital is a PFI building also managed by NHS Property Services. These hospitals are leased by the Trust.
- 1.5. The fabric and condition of the community hospitals varies. Although five of the community hospitals were built or rebuilt within the last 12 years, some of the older premises are below satisfactory standards, particularly the inpatient facilities at Shepton Mallet and Chard.
- 1.6. The Trust has experienced – and continues to experience – significant issues in relation to the recruitment and retention of registered nursing staff in our hospitals. As at 8 September 2017 the Trust had 30.85 wte vacancies for Band 5 Registered General Nurses (RGNs) in community hospital services (20.98% of the total). This has meant the requirement in recent times to temporarily close inpatient wards (e.g. at Minehead) for patient safety reasons. The age profile of the nursing workforce means that in 8 of the 13 hospitals, more than 35% of the existing RGN workforce are already eligible for retirement.
- 1.7. As at 8 September 2017 the Trust had 222 inpatient beds open to patients of which 195 (88.7%) were occupied. 22 of these are dedicated for stroke rehabilitation. These are fully occupied with patients waiting in acute hospitals to transfer in to them, although, similarly to the GP beds, there are a significant number of patients who have a delay in their transfer of care.

2. Issues for consideration / Recommendations

2.1. Scrutiny is asked to note the update on community hospitals in Somerset.

3. Background

3.1. Overview

There are currently 13 community hospitals within the county of Somerset. These are:

Bridgwater	Shepton Mallet
Burnham-on-sea	South Petherton
Chard	Wellington
Crewkerne	West Mendip
Dene Barton	Williton
Frome	Wincanton
Minehead	

Details of the services provided from each hospital can be found on the Trust website at <http://www.sompar.nhs.uk/what-we-do/community-hospitals/>

Services provided from community hospitals include:

- Inpatient beds (222*including 24 dedicated stroke rehabilitation beds located at South Petherton (16) and Williton(6))
- Minor Injury Units (7)
- Assessment services – to help support patients and keep them from being admitted to acute hospitals
- Outpatient clinics including:

Consultant- led services (provided by acute service providers including Taunton & Somerset, Yeovil District Hospital and RUH Bath) - Paediatrics, Diabetes, General Surgery, General Medicine, Care of the Elderly, Gastroenterology, Dermatology, Ear nose and throat, Urology, Gynaecology , Ophthalmology, Rheumatology, and Endocrinology

Specialist Nurse led services - Diabetes, Respiratory, Dermatology, Oncology, Continence, Lymphoedema and Leg Ulcer treatments.

Therapy services - Speech & Language Therapy, Podiatry, Physiotherapy, Occupational Therapy and Audiology.

- Day Care Services (sometime call ambulatory care) including:

Blood Transfusions, IV Medication, PICC Line therapy, balance and safety assessments and classes, Multi-Disciplinary Assessments, support for Long Term Conditions and 24 hour Blood Pressure Monitoring.

Some community hospitals also have specialist services provided within them such as Renal Dialysis (at Frome), birthing units (at Bridgwater and Frome),

The hospitals at Minehead and West Mendip have surgical theatre capacity to provide certain general surgical procedures.

Current inpatient bed numbers as at September 2017 are set out below:

Bridgwater - 30 beds	Shepton Mallet – 10 beds
Burnham-on-sea - 16 beds	South Petherton - 8 beds
Chard - 14 beds	South Petherton stroke unit -16
Crewkerne - 14 beds	Wellington - 11 beds
Dene Barton - 8 beds	West Mendip - 26 beds
Frome - 26 beds	Williton - 16 beds
Minehead – 14 beds	Wincanton - 13 beds

Minor Injury Units are open seven days a week. The opening times are set out below:

Bridgwater - 08:00 - 21:00.
Burnham on Sea 10:00 - 18:00
Chard - 08:00 - 21:00
Frome - 08:00 - 21:00
Glastonbury - 08:00 - 21:00
Minehead - 24 hours.
Shepton Mallet - 08:00 - 21:00

X-ray services (provided by acute trust providers) are available to clinicians at these MIUs and during these times:

Bridgwater 08:30-17:00 (Mon-Fri)
West Mendip 09:00-17:00 (Mon-Fri)
Shepton Mallet 09:00-17:00 (Mon-Fri)
Frome 09:00-17:00 (Mon-Fri)
Minehead 09:00-17:00 (Mon-Fri)

3.2. Activity and Performance

Somerset Partnership is contracted by Somerset Clinical Commissioning Group to provide community hospital inpatient services on the basis of an 'annualised bed days contract' – that is, for a total number of 82,260 beds to be available across the county during the year which can be flexed to respond to higher demand (e.g. in the winter periods) and similarly reduced when demand is lower.

As at 8 September, of the total of 290 community hospital beds potentially available across all 13 sites, 222 beds were open to admissions and 195 were occupied (88.7% of open beds and 67.3% of total bed stock).

Figure 1 below is taken from the 2016 version of the NHS Benchmarking Network's Community Hospitals project. The chart shows the number of community hospital beds for each provider organisation which contributed data, per 100,000 catchment population.

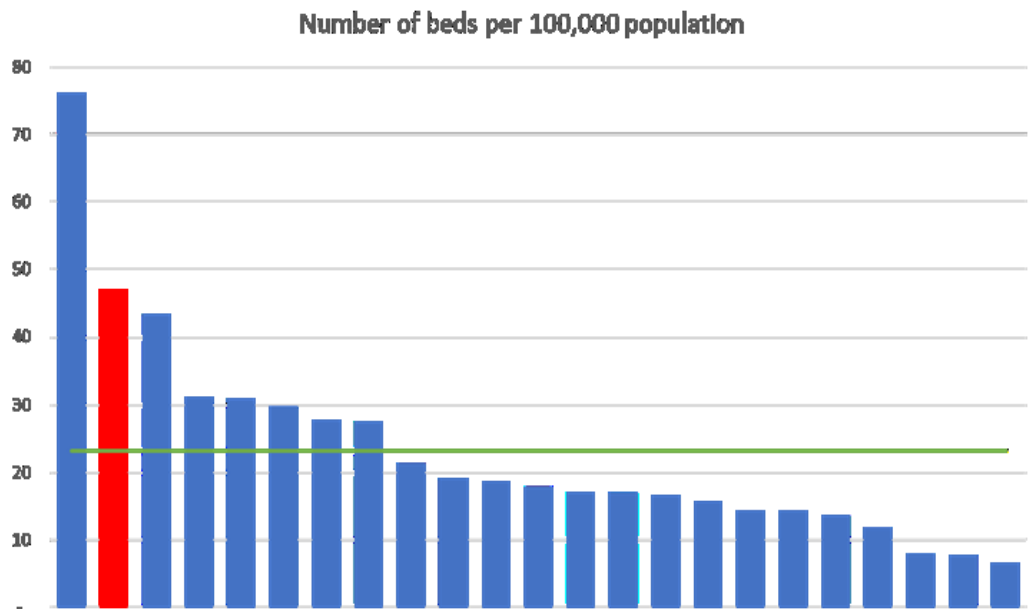


Figure 1 shows that Somerset Partnership, highlighted in red, has 47 beds per 100,000 population served, compared to an average of 23 beds for the other provider organisations which contributed data to the project.

Figure 2 below shows a comparison of the number of community hospital beds per 100,000 population in Somerset, compared to other South West counties and other Clinical Commissioning Group areas nationally which have similar demographic and geographic characteristics to Somerset.

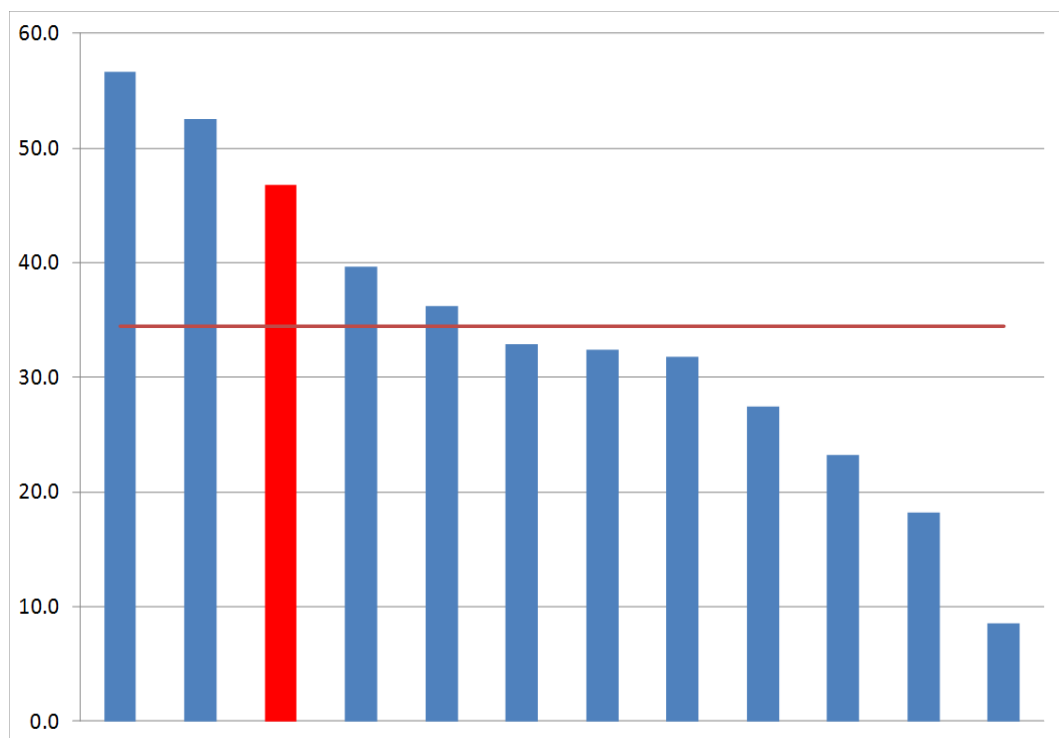


Figure 2 shows that Somerset has 47 beds per 100,000 population served, compared to an average of 34 beds in the other areas.

For the year 2016/17:

- Average bed occupancy for community hospitals across the county for was 91.2% (ranging from 95.9% to 77.7%)
- Average length of stay for a patient in a community hospital bed was 26.3 days (ranging from 36.2 days to 19.6 days).
- An average of 9.4% of patients were subject to a delayed transfer for care – i.e. waiting to leave hospital beyond the time they were well enough to do so (ranging from 15.3% to 3.3%).
- Overall, an average of 46% of patients in community hospital beds lived within 5 miles of the hospital (ranging from 16% to 74%).
- There were a total of 100,511 attendances across the 7 Minor Injury Units.

3.3. Estates and Facilities

Overall, the Trust's current community hospital estate is in a largely good physical condition with five of the hospitals having been newly built or rebuilt within the last 12 years – these are at Bridgwater, South Petherton, Minehead, Frome and West Mendip. Buildings are operationally sound and are safe with a manageable backlog maintenance programme, although the continued use of the portacabins for inpatient services at Shepton Mallet Community Hospital and the first floor inpatient ward at Chard Community Hospital remain areas of sub-optimal estate, categorised as 'unsatisfactory' under NHS estate code standards.

The Trust has commissioned a series of six facet survey reviews of its estate, the first being for Shepton Mallet which has confirmed that the portacabin inpatient areas are beyond economic repair.

The inpatient area at Chard Community Hospital was identified as 'not fit for purpose' by the Care Quality Commission in its inspection report of December 2015 and a redevelopment board has been working to identify options for the redevelopment of the hospital since 2016. The board has identified that there is not currently an affordable solution to redevelop the hospital to achieve estate and CQC compliance standards. A Clinical Sub Group has therefore been established to develop possible alternatives to inpatient care for patients in Chard and the surrounding area. The board brings together senior representation from the local authority, the Somerset acute Trusts, primary care and the voluntary sector.

In working towards the development of the new model it has been important for the board to take into account the output of the various enhanced community services workstreams that have been set up as part of the sustainability and transformation process and also under the leadership of the A&E Delivery Board. Most recently this has focused on Discharge to Assess (Home First) service which was launched in the county in September.

3.4 Operational Issues and Risks

Staffing

Staffing is the most significant challenge across all the community hospitals. The Trust publishes a monthly Safer Staffing report, setting out our performance against the agreed standards for nurse staffing levels in our community hospitals.

The position at the end of July showed that the Trust failed to achieve 100% of safer staffing rates at 9 of the 13 hospitals for daytime shifts and at 3 hospitals for the night shifts.

The Trust currently has 30.85 wte vacancies for Band 5 registered nurses in our community hospitals. Issues with staffing in West Somerset led to the temporary closure of the inpatient ward at Minehead Community Hospital from December 2016 to July 2017. During this period the inpatient beds and the staff were relocated to Williton Community Hospital where the consolidation of beds on one site allowed safer staffing levels to be achieved and patient safety better assured.

Staffing levels in other areas are also of significant concern. In particular, recruitment continues to be extremely challenging in South Somerset, with a recent advertising and radio campaign resulting in only one part time RGN expressing an interest in working at South Petherton Hospital. At the time of this report being produced, vacancy rates for registered general nurses (RGNs) ranged from 20% to 48.7% across the four hospitals in South Somerset.

In the West Somerset area three community hospitals all have vacancy rates in excess of 40%.

The age profile of the registered nursing workforce is also of concern. 8 of the 13 hospitals have more than 35% of the RGN workforce aged 55 or over and therefore eligible to retire immediately.

This is all set against a national context of challenges in recruitment and the availability of trained nursing staff across the whole NHS.

4. Consultations undertaken

- 4.1.** In 2013-15, Somerset CCG undertook a review of community services in Somerset, including community hospital provision, entitled 'Making the Most of Community Services'. This involved extensive engagement on the current and potential future provision of community hospital services in the county. A copy of the final report can be found on the CCG website at <http://www.somersetccg.nhs.uk/about-us/governing-body/meetings-and-papers/governing-body-agenda-and-papers-16-july-2015/>
- 4.2.** The Trust hosts a six monthly League of Friends Forum with representatives from the Leagues of Friends of all 13 community hospitals invited. The latest of these meetings is on 14 September 2017.
- 4.3.** The Chard Redevelopment Board includes representation from the League of Friends and members of the Essex House GP Patient Participation Group are included on the Clinical Sub Group.

4.4. The tendering and provision of services for the Shepton Mallet Health Campus was subject to public consultation and engagement and members of the League of Friends were included on the Project Board.

5. Implications

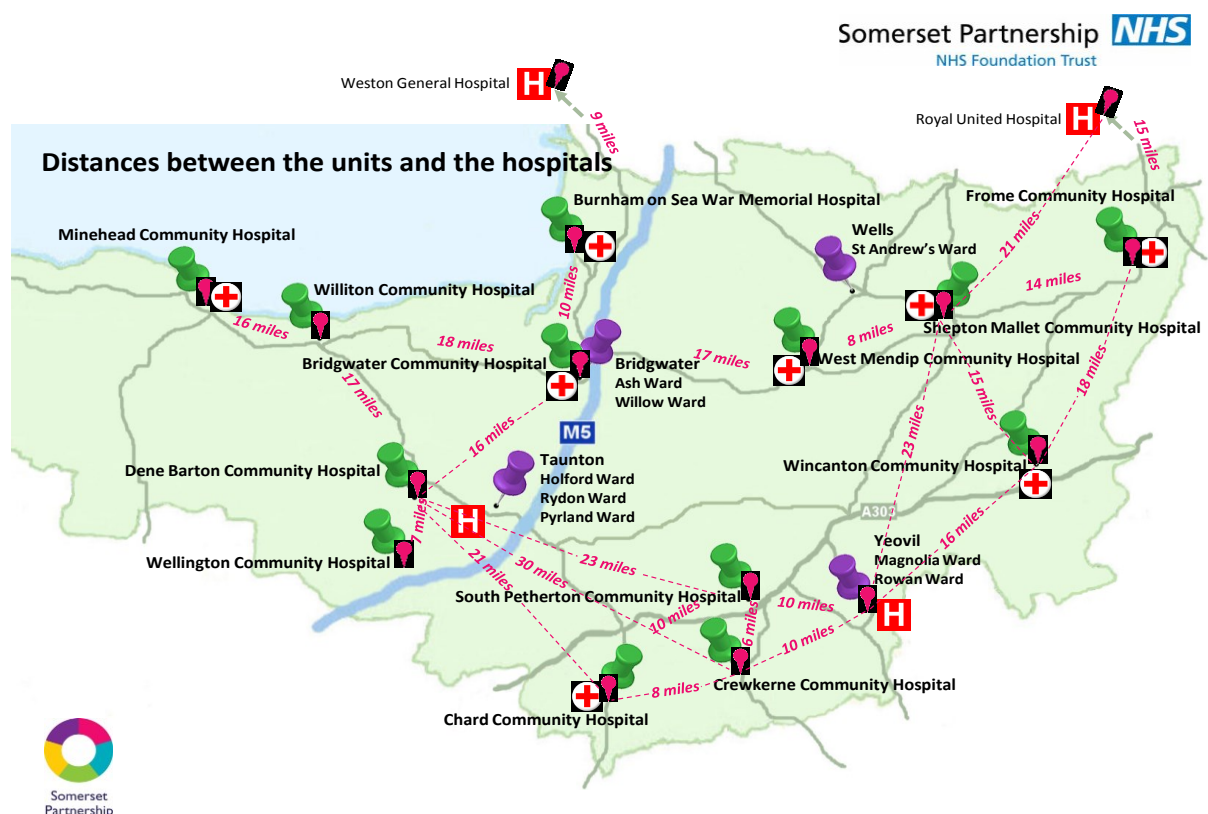
5.1. The future use and configuration of community hospitals in Somerset will form part of the consideration of the Somerset Sustainability and Transformation Partnership and the Somerset CCG's Clinical Commissioning Strategy. In the interim, the pressures on staffing and sustaining inpatient services mean that Somerset Partnership will be required to keep under review the sustainability of services across all 13 community hospital sites in conjunction with Somerset CCG. Discussions are underway with Somerset Clinical Commissioning Group with regard to increasing the number of beds available for specialist stroke rehabilitation within the county to address delays in patients transferring from acute hospitals.

6. Background papers

6.1. Making the Most of Community Services <http://www.somersetccg.nhs.uk/about-us/governing-body/meetings-and-papers/governing-body-agenda-and-papers-16-july-2015/>

6.2. Somerset Partnership NHS Foundation Trust Annual Estates and Facilities Report 2016/17 http://www.sompar.nhs.uk/media/4812/enclosure-n-annual-estates-and-facilities-report-2016_17-final.pdf

6.3. Somerset Partnership NHS Foundation Trust Safer Staffing Report <http://www.sompar.nhs.uk/who-we-are/safer-staffing/>



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Scrutiny for Adults and Health Work Programme – as at 12 September 2017

Agenda item	Meeting Date	Details and Lead Officer
	11 October 2017	
Pharmaceutical Needs Assessment		Pip Tucker
Corporate Performance Monitoring Report – Q1 +1 2017/18		Emma Plummer
Reablement & Discharge to Access		Stephen Chandler
Annual Public Health Report		Trudi Grant/Pip Tucker
NHS 111 and OOH Service Performance Report		Alison Henly (CCG)
Proposal for a joint commissioning function		Trudi Grant
Patient Safety & Quality Report – Q1 2017		Debbie Rigby (CCG)
Suicide Prevention		Jonathan Davies/Debbie Rigby (CCG)
Update on Somerset Sustainability & Transformation Plan including Community Hospitals		Phil Brice
Motorneurone Disease Charter		Heather Twine
No other items to be added to this date	08 November 2017	
Adult Social Care Performance Report		Stephen Chandler
Update on the Learning Disability Service Contract (Dimensions/Discovery)		Stephen Chandler
Community Safety Themed meeting	06 December 2017	
Corporate Performance Monitoring Report – Q2 2017/18		Emma Plummer
Update on Domestic Abuse Services		
	24 January 2017	
Patient Safety & Quality Report – Q2 2017		Sandra Corry (CCG)

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

Scrutiny for Adults and Health Work Programme – as at 12 September 2017

To be added:

- CQC Inspection findings (as applicable)
- Community Safety Conference
- Shared Maternity & Paediatric Services (as applicable)
- Mental Health Promotion and new Prevention Concordat
- Update on the Health & Wellbeing Strategy
- Update on the County Plan
- Drugs and Alcohol services in Somerset update

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>

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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/17/08/01 First published: 14 August 2017	Not before 18th Sep 2017 Director of Children's Services	Issue: AdoptSW, Regional Adoption Agency (RAA) virtual Adoption Panel Decision: Operating an AdoptSW adoption panel is a first step to regionalisation ahead of the move to full regionalisation on 1st April 2018.			Suzanne Lyus, Operations Manager, Resources - Fostering Adoption Placements Tel: 01823357146
FP/17/02/01 First published: 14 February 2017	Not before 22nd Sep 2017 Commercial & Business Services Director	Issue: Award of Contract for the provision of a 3 Classroom Block at Court Fields School, Wellington Decision: To approve the awarding of the contract to the successful contractor	Confidential Financial Report Capital Programme Paper	Part exempt	Carol Bond, Project Manager, Property Programme Team Tel: 01823 355962
FP/17/06/07 First published: 26 June 2017	Not before 25th Sep 2017 Director of Commissioning for Economic and Community Infrastructure, Commercial & Business Services Director	Issue: Authorise the purchase of Land at Cathedral Park, Wells for the development of Wells Technology Enterprise Centre. Decision: Authority to: • Purchase of land at Cathedral Park, Wells for the development of the Wells Technology Enterprise Centre	Any relevant decision paper which have acted as precursors to this decision paper.		Nathaniel Lucas, Senior Economic Development Officer Tel: 01823359210

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<p>FP/17/07/10 First published: 24 July 2017</p>	<p>Not before 25th Sep 2017 Director of Commissioning for Economic and Community Infrastructure, Finance & Performance Director</p>	<p>Issue: Wells Technology Enterprise Centre (WTEC) – Approval to start a procurement process, to accept ERDF/LEP funding and sign the grant funding agreements Decision: Approval to accept the ERDF/LEP funding and sign the grant funding agreements for the WTEC development. Approval to start the procurement process to find a suitable supplier for the development of the WTEC.</p>		<p>Part exempt</p>	<p>Nathaniel Lucas, Senior Economic Development Officer Tel: 01823359210</p>
<p>FP/17/07/09 First published: 24 July 2017</p>	<p>Not before 25th Sep 2017 Finance & Performance Director, Director of Commissioning for Economic and Community Infrastructure</p>	<p>Issue: Wiveliscombe Enterprise Centre (WEC) – Approval to start a procurement process, to accept ERDF/LEP funding and to sign the grant funding agreements Decision: Approval to accept the ERDF/LEP funding and sign the grant funding agreements for the WEC development. Approval to start the procurement process to find a suitable supplier for the development of the WEC.</p>	<p>ERDF grant funding agreement LEP grant funding agreement Equalities Impact Assessment Key Decision to authorise the purchase of the land at Wiveliscombe</p>	<p>Part exempt</p>	<p>Nathaniel Lucas, Senior Economic Development Officer Tel: 01823359210</p>

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<p>FP/17/08/04 First published: 15 August 2017</p>	<p>Not before 25th Sep 2017 Cabinet Member for Resources and Economic Development</p>	<p>Issue: To approve the inclusion of the Welsh Government in the existing SME Business Support for HPC Supply Chain & Nuclear South West Inward Investment Expertise Cross-LEP Contract for which SCC is the accountable body. Decision: Approve the acceptance of £500,000.00 from the Welsh Government to extend the SME Business Support for HPC Supply Chain element of the Contract to include Wales</p>			<p>Julie Wooler, Economic Development & Strategic Tourism Officer</p>
<p>Fp/17/03/11 First published: 29 March 2017</p>	<p>Not before 25th Sep 2017 Cabinet Member for Resources and Economic Development</p>	<p>Issue: Asset Rationalisation : A refreshed approach Decision: Sets out our principles for a refreshed approach to assets and disposals with a more proactive approach working with services in order to deliver the council's priorities</p>			<p>Claire Lovett, Head of Property Tel: 07977412583</p>
<p>FP/17/04/08 First published: 24 April 2017</p>	<p>Not before 26th Sep 2017 Finance & Performance Director, Director of Commissioning for Economic and Community Infrastructure</p>	<p>Issue: Approval to accept Highways England Growth & Housing Fund award toward the M5 J25 improvement scheme. Decision: To accept the funding awarded by Highways England & sign the funding agreement</p>	<p>Copy of the funding agreement to be signed.</p>		<p>Sunita Mills, Service Commissioning Manager Tel: 01823 359763</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/17/07/03 First published: 10 July 2017</p>	<p>Not before 26th Sep 2017 Cabinet Member for Highways and Transport</p>	<p>Issue: To agree to the purchase of the land for the construction of the M5 Junction 25 Highways Improvement Scheme. Decision: The Cabinet Member for Highways and Transport agrees to: • the acquisition of land required for the construction of the M5 Junction 25 highways scheme • the continued development of the scheme.</p>	<p>Cabinet Member Key Decision - M5 Junction 25 – decision to proceed with consultation, design, planning and procurement – 19 Aug 2016 Cabinet Member Key Decision - To agree to enter into a funding agreement with the Heart of the South West Local Enterprise Partnership (HotSW LEP) for the M5 J25 Improvement scheme – 13 Jan 2017</p>	<p>Part exempt</p>	<p>Sunita Mills, Service Commissioning Manager Tel: 01823 359763</p>
<p>FP/17/07/05 First published: 13 July 2017</p>	<p>Not before 25th Sep 2017 Cabinet Member for Highways and Transport</p>	<p>Issue: Award of specialist traffic signals contract. Decision: To approve the procurement of specialist Traffic Signals design services via a Framework contract.</p>	<p>Confidential tender appendix</p>	<p>Part exempt</p>	<p>Bev Norman, Service Manager - Traffic Management, Traffic & Transport Development, John Kitchen, Traffic Control Engineer, Traffic Control, Traffic & Transport Development Tel: 01823358089, Tel: 01823358140</p>

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<p>FP/17/08/01 First published: 9 August 2017</p>	<p>Not before 26th Sep 2017 Cabinet Member for Resources and Economic Development</p>	<p>Issue: Disposal of Surplus Land at Castle Cary Decision: Authority to conclude negotiations for the disposal of surplus (former) farm land (13 acres, land only) at Castle Cary. Authority to conclude negotiations for the disposal of surplus (former) farm land (13 acres, land only) at Castle Cary.</p>	<p>Disposal of Surplus Land</p>		<p>Richard Williams, Commercial & Business Services Director Tel: 01823 359007</p>
<p>FP/17/06/04 First published: 13 June 2017</p>	<p>Not before 27th Sep 2017 Cabinet Member for Resources and Economic Development</p>	<p>Issue: Disposal of Surplus Land and Farms Decision: Authority to conclude negotiations for the disposal of surplus land and farms including those disposals to be conducted via public auction, as appropriate.</p>	<p>Cabinet Minutes June and July 2010: County Farm Review Cabinet Member Key Decision 18 October 2010: County Farm Estate – Outcome of farm by farm reviews Notification of proposed decision for Disposal of Surplus Land and Farms Appendix A - List of proposed surplus assets for disposal Chilton Polden land Edington Middle Thrupe Farm Willetts and Paul's Copse, Donyatt Donyatt Oxenford Farm</p>	<p>Part exempt</p>	<p>Charlie Field, Estates Manager, Corporate Property Tel: 01823355325</p>

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Fp/17/07/07 First published: 19 July 2017	27 Sep 2017 Cabinet	Issue: End of July 2017 Performance Monitoring Report Decision: To consider the latest quarterly performance monitoring report			Emma Plummer, Strategic Manager Performance Tel: 01823 359251
FP/17/07/08 First published: 19 July 2017	27 Sep 2017 Cabinet	Issue: Revenue and Capital Budget Monitoring Report End of July 2017 Decision: to consider the latest quarterly budget monitoring report and any proposed decisions			Elizabeth Watkin, Service Manager - Chief Accountant Tel: 01823359573
FP/17/08/15 First published: 1 September 2017	Not before 2nd Oct 2017 Public Health Director	Issue: New Model of Healthy Weight Services Decision: To agree a new model of healthy weight services from 1st January 2018 at the end of the current contract. This new model will be a population-level approach to encourage healthy eating and physical activity.			Matthew Hibbert, Public Health Specialist
FP/17/07/12 First published: 27 July 2017	Not before 2nd Oct 2017 Cabinet Member for Children and Families	Issue: Creation of a new Academy in Somerset Decision: The Secretary of State for Education has directed via an Academy Order, the conversion to Academy Status for Ashill Community School. This is a technical decision to facilitate the transfer of non fixed assets.	Acadmies Act 2010		Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260

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<p>FP/17/08/16 First published: 1 September 2017</p>	<p>Not before 9th Oct 2017 Cabinet Member for Resources and Economic Development</p>	<p>Issue: Library Service Redesign - Strategy Decision: Agree the recommendation of commissioners (following a strategic review of delivery model options) to continue to manage the Library Service predominantly in-house and not to pursue an alternative / externalised delivery model for the whole service for the next three years. 2. Agree a revised outcomes framework for the Library Service for the period to 2020/21. 3. Agree indicative 3 year financial targets for the Library service budget, to support the delivery of the County Council's wider Medium Term Financial Plan, having regard to potential impacts assessed. 4. Agree a 3 year strategy for the re-design of the service, in order to maximise delivery of outcomes within a reduced financial envelope, noting proposed investment. 5. Endorse the proposed process and timetable for developing and consulting on specific proposals to implement the overarching service re-design strategy.</p>	<p>Appraisal of alternative service delivery model options Library service redesign Cabinet Report - December 2015</p>	<p>Part exempt</p>	<p>Oliver Woodhams, Strategic Manager, Community and Traded Services Tel: 07977400667</p>
<p>FP/16/05/02 First published: 9 January 2017</p>	<p>18 Oct 2017 Cabinet</p>	<p>Issue: Road Safety Strategy Update Decision: To agree to adopt the updated Road Safety Strategy</p>			<p>Sunita Mills, Service Commissioning Manager Tel: 01823 359763</p>

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Fp/17/08/12 First published: 16 August 2017	18 Oct 2017 Cabinet	Issue: County Plan 2017-2021 Decision: to consider the proposed County Plan to recommend to November's Full Council			Simon Clifford, Customers & Communities Director
FP17/7/06 First published: 19 July 2017	18 Oct 2017 Cabinet	Issue: Medium Term Financial Plan 2018/19 - proposed revenue savings Decision: To consider the proposed revenue themed savings and proposed approach			Kevin Nacey Tel: 01823 359014
FP/17/08/03 First published: 15 August 2017	18 Oct 2017 Cabinet	Issue: Updated policy in respect of the introduction of Resident Parking Schemes Decision: To agree the new policy of how resident parking schemes are introduced.			Steve Deakin, Parking Services Manager, Parking Services, Community and Traded Services Tel: 01823355137
FP/17/09/02 First published: 11 September 2017	Not before 30th Oct 2017 Director of Commissioning for Economic and Community Infrastructure	Issue: Somerset Energy Innovation Centre - Building 2 (2,000 sq m) Decision: The acceptance of the offer of ERDF FUNDING (£869,090), subject to legal acceptability of the final funding agreement for the Somerset Energy Innovation Centre, Phase 2			Lynda Madge, Commissioning Manager – Economy & Planning Tel: 01823 356766

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<p>FP/17/09/03 First published: 11 September 2017</p>	<p>Not before 6th Nov 2017 Director of Commissioning for Economic and Community Infrastructure, Finance & Performance Director</p>	<p>Issue: iAero (Yeovil) Aerospace Centre (2,500 sq m) Acceptance of Growth Deal Funding Decision: The acceptance of the offer of Heart of the South West LEP Growth Deal funding, commence the procurement process for a management operator the the iAero (South) Centre, and commence procurement process for the construction of the iAero (South) Centre</p>			<p>Lynda Madge, Commissioning Manager – Economy & Planning Tel: 01823 356766</p>
<p>FP/17/08/05 First published: 16 August 2017</p>	<p>15 Nov 2017 Cabinet</p>	<p>Issue: Quarter 2 Revenue and Capital Budget monitoring reports Decision: to consider the Quarter 2 position in relation to the Council's revenue and capital budgets for 2017/18</p>			<p>Elizabeth Watkin, Service Manager - Chief Accountant Tel: 01823359573</p>
<p>FP/17/08/12 First published: 17 August 2017</p>	<p>15 Nov 2017 Cabinet</p>	<p>Issue: Full Business Case for proposed Joint Strategic Commissioning Function Decision: to consider the full business case for establishing a new Joint Strategic Commissioning Function with NHS England and Somerset CCG</p>			<p>Trudi Grant, Public Health Director Tel: 01823 359015</p>

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Fp/17/08/06 First published: 16 August 2017	15 Nov 2017 Cabinet	Issue: Quarter 2 2017/18 Performance monitoring report Decision: to consider the quarter 2 update against the council's performance targets			Emma Plummer, Strategic Manager Performance Tel: 01823 359251
FP/17/08/07 First published: 16 August 2017	15 Nov 2017 Cabinet	Issue: 2018/19 Proposed Capital Programme Decision: to consider and recommend to November's Full Council the proposed Capital Programme for 2018/19			Elizabeth Watkin, Service Manager - Chief Accountant Tel: 01823359573
FP/17/08/11 First published: 16 August 2017	15 Nov 2017 Cabinet	Issue: 2017/18 Treasury Management mid-year report Decision: to consider and recommend to November's Full Council the mid-year report			Alan Sanford, Principal Investment Officer Tel: 01823 359585
FP/17/09/04 First published: 11 September 2017	Not before 27th Nov 2017 Finance & Performance Director, Director of Commissioning for Economic and Community Infrastructure	Issue: iAero (Yeovil) Aerospace Centre (2,500 sq m) Acceptance of ERDF Funding Decision: The acceptance of the offer of ERDF funding (£2.8 million), for the iAero (Yeovi) Aerospace Centre			Lynda Madge, Commissioning Manager – Economy & Planning Tel: 01823 356766

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<p>FP/17/09/01 First published: 11 September 2017</p>	<p>Not before 4th Dec 2017 Cabinet Member for Children and Families</p>	<p>Issue: Prescribed Alteration to Selworthy School - Implementation Decision: To implement the proposal to expand Selworthy School on to a second site in Taunton</p>			<p>Phil Curd, Service Manager: Specialist Provision and School Transport Tel: 01823 355165</p>
<p>Fp/17/07/04 First published: 12 July 2017</p>	<p>13 Dec 2017 Cabinet</p>	<p>Issue: Family support services for Somerset Decision: To outline the proposed approach and outline business case</p>			<p>Philippa Granthier, Assistant Director - Commissioning and Performance, Children's Services Commissioning Tel: 01823 359054</p>

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