Public Document Pack

Scrutiny for Policies, Adults and Health Committee

Wednesday 5 December 2018

10.00 am Library Meeting Room, Taunton Library, Paul Street, Taunton, TA1 3XZ

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

Cllr H Prior-Sankey (Chair), Cllr M Healey (Vice-Chair), Cllr L Vijeh, Cllr P Clayton, Cllr M Caswell, Cllr A Govier, Cllr B Revans, Cllr A Bown and Cllr G Verdon

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

Issued By Scott Wooldridge, Strategic Manager - Governance and Risk - 27 November 2018

For further information about the meeting, please contact Jennie Murphy on 01823 357628, JZMurphy@somerset.gov.uk or Lindsey Tawse on 01823 355059, ltawse@somerset.gov.uk

Guidance about procedures at the meeting follows the printed agenda.

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

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

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AGENDA

Item Scrutiny for Policies, Adults and Health Committee - 10.00 am Wednesday 5 December 2018

**** 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 07 November 2018** (Pages 5 - 10)

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 Health & Care Strategy Update** (Pages 11 - 60)

To receive the report.

6 **Healthy Weston Programme Update** (Pages 61 - 64)

To receive the report.

7 **Community Hospitals Update** (Pages 65 - 70)

To receive the report.

8 **Scrutiny for Policies, Adults and Health Committee Work Programme** (Pages 71 - 84)

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

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

9 **Any other urgent items of business**

The Chairman may raise any items of urgent business.

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 – Jennie Murphy on Tel: (01823) 357628 or Email: democraticservices@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 Jennie Murphy the Committee's Administrator - by 5pm, 3 clear working days before the meeting (Thursday 29th November 2018). All Public Questions must directly relate to an item on the Committee's agenda and must be submitted in writing by the deadline.

If you require any assistance submitting your question please contact the Democratic Services Team on 01823 357628.

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 Library Meeting Room, Taunton Library, on Wednesday 7 November 2018 at 10.00 am

Present: Cllr H Prior-Sankey (Chair), Cllr P Clayton, Cllr M Caswell, Cllr A Govier, Cllr B Revans, Cllr A Bown, Cllr M Keating and Cllr G Verdon

Other Members present: Cllr M Chilcott, Cllr H Davies, Cllr C Lawrence, Cllr L Leyshon, Cllr J Lock, Cllr T Munt and Cllr L Redman

Apologies for absence: Cllr M Healey and Cllr L Vijeh

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

Cllr B Revans informed the Committee of an interest as his son works for South Weston Ambulance Service.

136 **Minutes from the previous meeting held on 3 Oct 2018** - Agenda Item 3

The Minutes from the previous meeting held on Wednesday 3 October 2018 were agreed subject to the following addition: - the distinction between Critical and non-Critical Services to be included in the minutes as this was fully explained at the meeting. Noncritical - not in a state of crisis or emergency Critical – being in a state of emergency.

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

There were no registered questions.

138 **Healthy Weston Programme Update** - Agenda Item 5

This item was deferred until the next meeting

139 **Integrated Quality, Safety and Performance Report** - Agenda Item 6

The Committee received a report and presentation providing an update on the Somerset CCG Integrated Quality, Safety and Performance. The CCG has established performance monitoring meeting with all providers of healthcare services. This paper gave a high-level summary of escalation issues for quality, safety and performance against the constitutional and other standards for the period 1 April 2018 to 31 July 2018 and provided an analysis for both across the following areas: urgent and emergency care; elective care; mental health; quality indicators.

The Committee welcomed the report and shared the celebration of the 70th birthday of the NHS. The Committee recognised that there were

areas where performance had improved and some that continued to provide a challenge.

Further discussion included: -

- Waiting lists – especially for spinal treatments - clarity regarding the number of patients waiting longer than the target dates. The Committee sought an explanation of what action was taken when the target was breached. These breaches were investigated to establish why they missed the target and appropriate action taken.
- The Committee were informed that there was a 19.1% increase in demand for cancer treatments because of quicker referrals and this has had an impact on waiting times.
- The Committee were concerned to hear that suicide rates in Somerset were high when compared to national levels. The NHS is working with partners and other organisation like The Samaritans to understand what is needed to address this.
- The Committee discussed waiting times for MRI scans and the time between scans and notification of results. There was a belief that was a delay. It was explained that the procedure was the results were communicated by the professional who had requested them, and this could mean results were not immediately communicated.
- The Committee raised some concerns about medication reviews on admission to Hospital and worry this may create. The Committee were assured this was the right place to undertake such reviews and they were carefully handled.
- The Committee discussed the relationship between GP services, Community support and Hospital Services and the positive work being achieved in this area by working together.
- Restraint Incidents – The Committee asked why this appears to have increased and why is it used. The Committee were informed that many of these were because of the way some medications were administered in secure units.

The Committee asked for a glossary of terms as the report contained many acronyms. The Committee also asked for a future presentation from NHS Finance Provider to gain a better understanding of the scrutiny of the NHS provision not covered by this Committee.

140 **Adult Social Care Performance Update** - Agenda Item 7

This report summarised the key progress updates and outcomes from the service's most recent Performance Improvement Meeting (PIMs), independently chaired by Professor John Bolton on 12th October 2018. The reports summarised the key performance updates for Somerset Direct and Adult Social Care. The report highlighted some very positive performances by Somerset Direct (customer satisfaction increased).

Advisers were spending more time on the telephone resolving problems. The Adult Social Care Quality Team have a focus on improving allocation Assessments, faster completing of Assessments and Assessment Outcomes.

Discussion included: -

- Questions about the ongoing training for Somerset Direct staff. They were informed that there was a regular programme of training as well as individual feedback.
- The Committee welcomed the improvements to physiotherapy assessment waiting times.
- The Committee wanted in noted that the impact of the diversion of £3.1m from the service had not hindered the drive to continue to deliver an improving service. The Director of Adult Social Care noted that there is an overall increased capacity in Social Work teams and the slight deterioration in the summer mirrored the National position.
- The apparent reduction in the number of people with learning disability moving into paid employment. This measure only recorded those in employment who were also still getting support from Somerset County Council. The are many more people with learning disabilities who are in paid employment who no longer use SCC services. The Committee asked if it could be informed of the totality of this group as this gave a better understanding of the progress of this group and was told this would be included in the next report.
- The Committee were interested in other organisations who provide direct and indirect services to this group to understand the totality of alternatives available. It was agreed this would be forthcoming in addition to an invitation to a partner being invited to give a presentation to the Committee in future.
- There was a reference to personalisation and personal budgets and it was noted that further information about this would be contained in the next Adult Social Care Performance Report.
- There were questions in relation to GP budgets/shortages and whether this lead to increased use of acute services. An additional report into GP services and the range of services being offered was offered.
- The 111 Service and maintaining performance prior to moving to a new supplier.
- It was noted that in Table C (Adults with Learning Difficulties in Paid Employment) North Yorkshire is a high performer and may have some best practice to share.
- Discussion about Emergency Admissions and re-admissions and the possible impact of early discharge.
- The Committee asked why CAHMS used the term “diagnosable”. An explanation was not available for the Committee.

- Assurance was given that planning for winter pressures and 'flu immunisation was underway.

141 **Corporate Performance Report** - Agenda Item 8

This report provided members with the high-level information on the performance of the outcomes set out in the Council's Vision and reflected the council's progress towards the outcomes in the Council's Business Plan. The report was in a new format and members were invited to comment on this and invited to make any suggestions for further improvement. Members welcomed the new format as it was easy to follow and the new format of measure was clear to follow.

Further points included: -

- The Committee were interested to hear that there was a process for staff to 'trumpet blow' in contrast to the robust system in place to 'whistleblow'.
- The Committee were interested in what use was made of compliments as well as complaints. They were pleased to know that these were shared and celebrated as appropriate.

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

The Committee agreed to make the following changes to the work programme: -

- Add the Heathy Weston Programme to the next meeting (05 Dec) (Agenda Item 6 postponed).
- Add a report from the Primary Care Committee showing how the Primary, Tertiary and Critical Care all work together. To a future meeting
- Add an update in the next Adult Social Care Performance Report on the number of Service users with Learning Disabilities who have ceased to use SCC support and who have secured employment as this information is not captured in any of the reports.
- Consider an item on the NHS financial Position to be brought to a future meeting.
- Consider an item looking at the market management and transformation to include personalised support and micro providers.

143 **Any other urgent items of business** - Agenda Item 10

The was a request to discuss the current position of the proposed closure of the Six Acres Centre in Taunton. Members sought clarification regarding any decision taken and what provision would be in place for current users.

It was agreed a Members' briefing note would be circulated.

(The meeting ended at 12.12 pm)

CHAIR

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Somerset County Council
Scrutiny for Policies, Adults and Health Committee
– 5th December 2018

Somerset Health and Care Strategy

Lead Officer: Rosie Benneyworth
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1. Summary

1.1. In September the Fit for my Future programme produced a case for change which set out a number of emerging proposals to address its findings. This paper outlines each proposal and categorises them into two groups:

- Group A – proposals which will require public consultation and proposals which require further work to determine whether or not they are likely to involve significant change and therefore require public consultation.
- Group B – proposals which can be taken forward more quickly; they would not require a formal consultation process as they would not have a significant impact on the configuration and location of services. These proposals would be taken forward through system level delivery groups.

2. Issues for consideration / Recommendations

2.1. The Scrutiny for Policies, Adults and Health Committee is asked to consider and comment on the proposals as part of the overarching strategy and provide a view on appropriate engagement.

3. Background

3.1. In September the Somerset Health and Care Strategy 'Fit for my Future' programme produced the document "Why do we need to change and what are our change ideas so far?" As well as setting out the case for changing health and care services in Somerset the document sets out a number of emerging proposals to address the case for change.

Further work has been carried out on these proposals and how they could be taken forward. As a result they have been divided into two key groups as follows.

- ***Group A. Proposals potentially involving significant service change.*** This group includes all proposals which will require the consideration of options that would involve significant service change in the configuration and location of services. These proposals would require a formal public engagement and consultation process in line with legislation and NHS guidance on service reconfiguration. Decision making on the implementation of these proposals could only take place after feedback from a public consultation (which it is planned will be carried out between October and December in 2019).

  This group also includes a number of proposals which require more work to determine whether or not they are likely to involve significant change. A work programme has been developed for these which will provide the necessary information by the end of January 2019 to allow the decision making on whether they will form part of Group A or B. Those forming part of Group A will work to the same October to December 2019 public consultation timetable.

Those forming part of Group B will be taken forward as quickly as practicable.

The Group A proposals will continue to be driven by the "Fit for my future" programme.

- ***Group B. Proposals that can be taken forward without formal public consultation.*** These proposals can be taken forward more quickly, through system wide delivery groups. While they would still require significant engagement with relevant patients and local people, they would not require a formal consultation process because they would not have a significant impact on the configuration and location of services.

3.2. Recommended Group A proposals

The proposals have been divided up into three "settings of care" areas; these are acute care, community based care, and mental health care. It is anticipated that a future public consultation will address each of these areas separately.

Acute setting of care

The proposals in this area include the following elements:

Reviewing the configuration of Stroke Services in Somerset
This proposal will identify the optimal configuration for stroke services (including diagnosis, treatment and rehabilitation) in Somerset, to further improve the quality of care for stroke patients in the South West. It is likely that at least one of the options which will need to be considered would involve reducing the number of sites from which acute stroke services are provided, and would therefore involve significant service change.

Reviewing obstetric and acute paediatric services
Both of the two Somerset acute providers have concerns over the long term viability of maintaining two obstetric and acute paediatric services in the county, primarily related to critical mass and staffing. Work undertaken so far by the Maternity and Children's group has identified some pressure for change but has not demonstrated clearly whether it is likely or not that services can continue to be provided to high quality in the future under the current configuration.

It is proposed that the group be asked to progress this work to confirm whether there is a clear case for change for these specific specialties. If there is a case for change, a detailed option appraisal will need to be carried out. The appraisal would need to consider options which could result in services no longer being provided in both the current locations. This would clearly involve a major service change.

Review of other potentially vulnerable acute specialties (including oncology) and potential to separate emergency and elective services to improve patient flow
Since the development of the case for change document the CCG has been working with our two local acute providers to identify where there may be areas where our acute specialities will not be sustainable in the future. A recent meeting with medical directors and a number of lead clinicians from both Trusts has confirmed the need for a more detailed piece of work reporting back by the end of January and covering a range of acute specialties and areas to enable the Governing Body to determine whether there is a need to contemplate significant

service change in these areas.

Community setting of care

Two proposals from the initial work of the strategy could have a significant impact on the future configuration and service profile of our community hospitals and are therefore likely to be subject to public consultation. These are described below.

Develop a network of Urgent Treatment Centres in Somerset
This proposal develops a network of Urgent Treatment Centres across Somerset with a consistent and clear service offer which meets national standards and maximises our ability to address urgent treatment needs without attendance at Emergency Departments. These will replace the existing Minor Injuries Units and provide a wider range of services than they currently offer, including being led by GPs. As Urgent Treatment Centres provide a wider range of services than Minor Injuries Units and will require a different staffing and skill mix and critical mass of patients, we will need to consider options which involve having fewer Urgent Treatment Centres than we have minor injuries units.

Ensuring patients are cared for as close to their home as possible, minimising all unnecessary use of inpatient care
This proposal has emerged from the work of the urgent and emergency care pathway group and the long term conditions/proactive care group. The case for change covering these areas identifies that:

- Patients can have worse outcomes if they stay in hospital inpatient beds longer than they need.
- There are significant numbers of patients currently within inpatient beds who could be cared for at a lower setting of care.

Work is ongoing to review all the relevant evidence, including a recent clinical utilisation audit, to agreed identification of:

- How many patients could be treated at a lower setting of care.
- What this would require in terms of enhanced community based provision and changed clinical models.
- What the impact would be on the number of acute and community hospital beds the system will require in the long term.

Initial indications are that this is a major opportunity to improve quality of care and reduce overall costs of care delivery; it could mean that in the future there will be a need for significantly fewer acute and community hospital beds.
If this is the case it is likely that we will need to consider the impact of a reduced requirement for beds on the configuration of our acute and community hospitals. The development of enhanced community services, and a resulting reduced need for hospitals beds would not in itself constitute a significant service change; however, if this impacts on the viability of specific services at specific sites (or the sites themselves) it is likely that this would be considered to be a major service change, and therefore requiring consultation.

Mental health setting of care

Adult mental health inpatient services
This proposal sets out a review to identify our future needs for mental health inpatient beds for adults of working age and older people. This could have an implication for the number of sites from which we provide mental health inpatient beds, and on whether or not the temporary closure of the older people's mental health unit at Yeovil is continued.

Work is underway to explore the requirements for both adults of a working age and older age adults so that there is a clear understanding of what options will need to be considered and whether these may involve significant service change.

3.3. Recommended Group B proposals

The following proposals should not require formal public consultation as they should not involve a significant change in the location where patients can access existing services (except in some cases ensuring this is closer to their homes than now). Implement a neighbourhood health and wellbeing and team model (incorporating the development of neighbourhood teams, proactive care, frailty and end of life care.)

- Roll out of the integrated diabetes model of care: embedding a replicable coordinated pathway for long term conditions.
- Developing a single, integrated system to access urgent and emergency care in Somerset, addressing every element of urgent and emergency care including primary care, Integrated Urgent Care Service, ambulance services, urgent treatment centres and Emergency Departments.
- Review and transform outpatient services / access to a specialist opinion, in all specialities, to deliver services very differently. This would reduce the need for both first outpatient appointments and follow-ups, streamline and speed up the process and develop a range of new approaches to replace the traditional outpatients' model.
- Implement a business case for tackling tobacco dependence (smoking), through ensuring that the smoking status of all patients admitted to hospital will have smoking status identified and be offered nicotine replacement therapy and support while in hospital and after discharge.
- Commission a single non-surgical oncology service for Somerset, bringing together services, staff and pathways which can connect or operate at a Somerset rather than organisational level.
- Review of diagnostic provision within Somerset to ensure it can address current and future need (elective and cancer) with a specific focus on MRI, CT and endoscopy.
- Develop all components of mental health provision to address service gaps including in the areas of:
    - ~ Common mental health needs – primary and community mental health care

- Complex mental health needs
- Mental health crisis services
- Psychosis services
- Dementia Care

- Learning disabilities; moving to a population based approach, increasing the take up of annual health checks, improving crisis support and improving provision of specialist placements
- Enhancing access to midwife led services (the nature of this proposal may change dependent on the outcome of the obstetric/paediatric review detailed above).
- Reconfiguration of the management of high-risk and complex maternity cases to ensure safer birthing outcomes, through staff specialisation and locality-based expertise. (This primarily involves some patients who would have travelled to Bristol for specialist care going to Taunton instead).
- Integrated children's service focussed on children and families health and wellbeing. The integrated services will cover health and social care, public health and will have effective links with education services. The proposal will focus on supporting and empowering parents, teachers and health care staff alike to promote the emotional and physical health and wellbeing of our future generation and to avoid/prevent ill health and the need for hospital admission.

4. Consultations undertaken

4.1. Not applicable at this stage

5. Implications

5.1. Not applicable

6. Background papers

6.1. Appendix A - Somerset Health and Care Strategy Case for Change

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Fit for my future

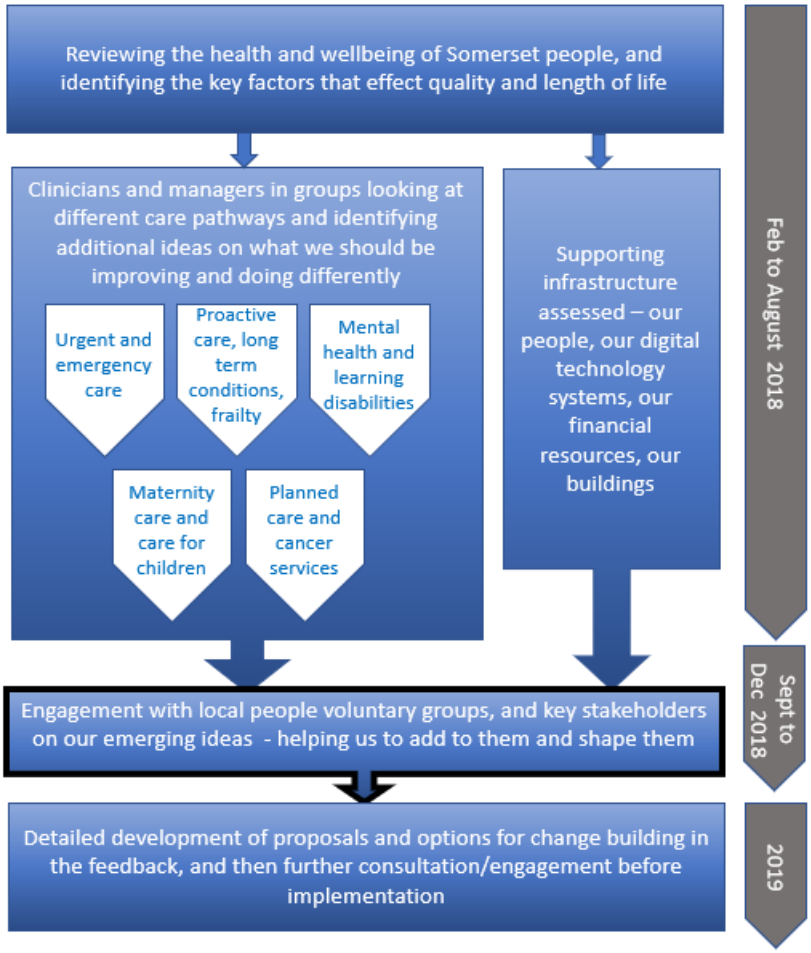
Why do we need to change health and care services in Somerset?

What are our change ideas so far?

Version 3: 12th September 2018

1 What is "Fit for my future" and what is this document for?

"Fit for my Future" is a strategy for how we will support the health and wellbeing of all the people of Somerset by changing the way we commission and deliver health and care services. It is being delivered through a partnership between the Somerset County Council and the Somerset CCG, supported by our major NHS providers. The programme is summarised in the diagram below.



Groups of clinicians and managers have been working together so that we have a better understanding of why we need to change, and the sorts of potential changes we should be working up in detail. They have identified that there are many things we need to do differently if we are going to have the biggest possible positive impact on the health and the quality of life of Somerset people.

We hope local people, voluntary organisations, charities, patients, service users and carers will tell us what they think of these ideas.

The main challenges we have identified so far have been shared at an event with the SEAG (a group of our community stakeholders consisting mainly of voluntary and community sector organisations, patient and carer representatives, Healthwatch, the county council and some health providers). The event was well attended by approximately 45-50 people and their ideas have helped us shape our thinking. This document sets out at a high level:

- Why we think we need to change, and what the most important areas of change are.
- Our initial ideas on what those changes should be – in some cases we have specific proposals, and in others we know that we need to explore a range of possible options, fully engaging with local patients, carers and the public to make sure we identify the best way to deliver care in the future. Our expectation is that some of our proposals may lead to significant changes which will need to be the subject of a full public consultation, which we expect will take place towards the end of 2019. We will not make any permanent decisions on significant changes before that

consultation. However, services are currently facing significant pressures, and in the intervening period before the consultation is concluded it may be necessary to implement temporary service changes to ensure we can provide safe services.

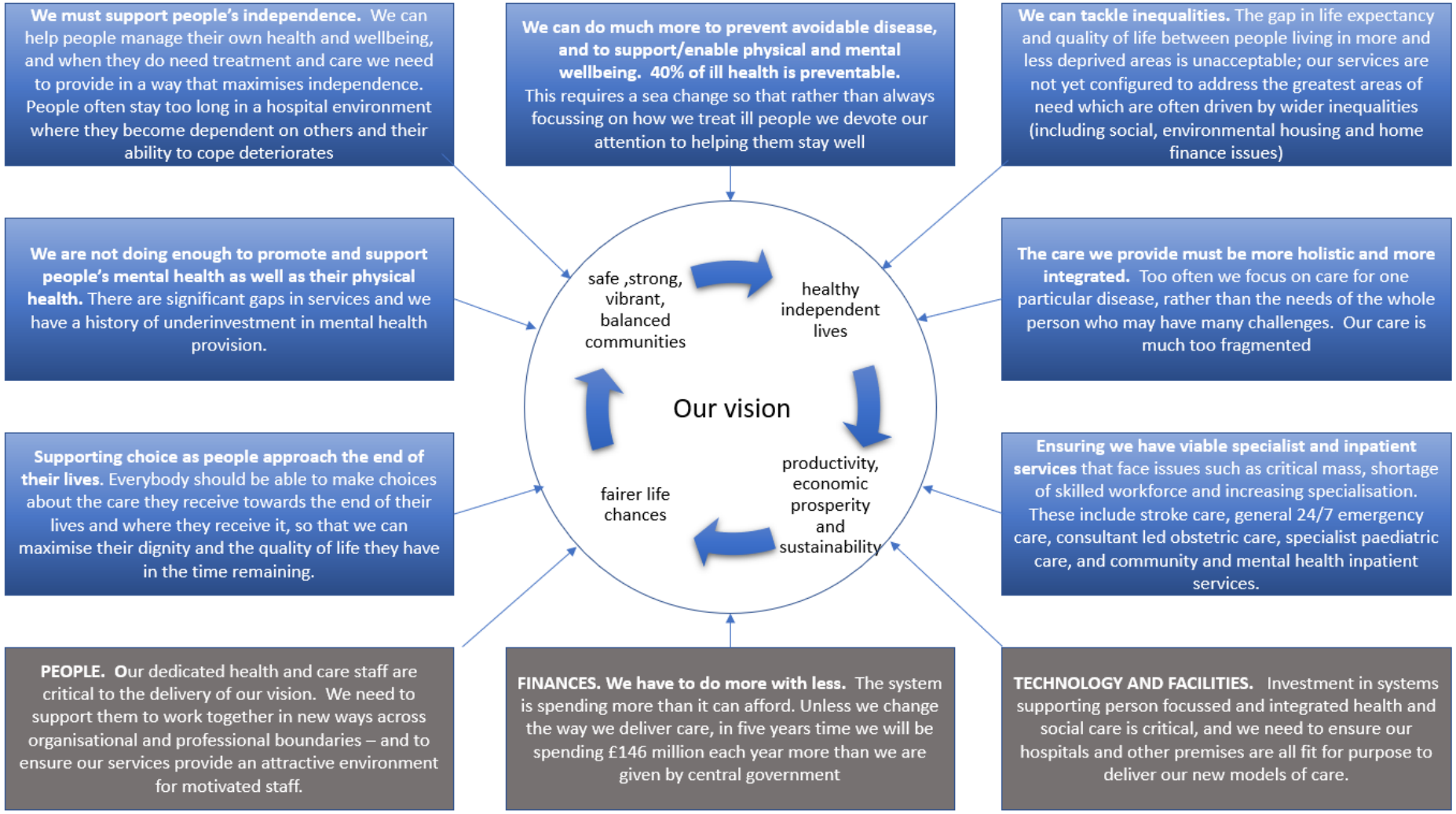
2 Summary - what we have learnt so far about why we need to change

Over 25,000 people currently work within the health and care system in Somerset, supporting our population of around 550,000. Our staff are dedicated and committed, and we have many excellent services that make a huge difference to the quality of life of people in Somerset. However, the health and care system faces major challenges which we need to start addressing now. Services are increasingly stretched, with demand outstripping capacity in many areas. We have a growing and increasingly elderly population, which will have a rising requirement for care. Some of our services will not be viable in the future unless something changes, as we cannot recruit the expert staff we need to support them. There are significant gaps in our services, for example in health and wellbeing, and in mental health. Alongside this we already spend more than we can afford.

These challenges can and will be met – but doing so requires us to change the way we commission and provide services, so that the people of Somerset can receive the health and care services they need. This document sets out the many areas we need to tackle including:

- ***Shifting our focus towards prevention of ill health and the promotion of positive health and wellbeing and tackling inequalities.*** In the past services have been totally focussed on the care of those who need support; we need to be equally focussed on helping people to stay well and preventing illness in the first place. Without this shift the future demand for support will be much higher and we will never be able to ensure that everyone has an equal chance of longevity and a good quality of life.
- ***Moving to more integrated, holistic services based on the needs of the individual and supporting their independence.*** The care any individual needs is unique to them and their circumstances; our services are too often provided in silos, focussed solely on a specific illness or condition. It is too often the case that after an episode of ill health a person loses some of their independence and may be no longer able to live in their own home.
- ***Recognising that mental health is as important as physical health.*** While 1 in 4 of us will experience mental illness at some point in our lives our mental health services are highly stretched and have many gaps. In recent years our investment in mental health provision has not matched that spent on physical health.
- ***Ensuring that when people need emergency and specialist care they have the right access to the skills and expertise they need.*** Some specialist services face challenges in ensuring this, and we may need to concentrate them in fewer locations.
- ***Shifting resources from hospital inpatient services towards community based services supporting people in their own homes and sustaining their independence***. Too many people are currently admitted to hospitals who could be supported better within the community, and too many people stay in hospitals for too long – and when this happens they are less likely to recover their independence.

Figure 1 : The changes we need to make



3 Health and Wellbeing in Somerset

3.1 Why we need to change

Somerset is a largely rural county with a population of 550,000 people, lacking large cities or universities. Its population is relatively older than the national average, and over the next 25 years while the overall population will rise by 15% we expect those over the age of 75 to double, resulting in a significant rise in demand for health and care services.

While Somerset is relatively less deprived than other part of England there are areas with high levels of deprivation. People living in deprived areas in Somerset do not live as long as people from other areas; they are more likely to experience both physical and mental health issues. Deprivation not only impacts on the length of life but its quality. In many cases the differences with people from less deprived areas are linked to lifestyle and environmental factors, including smoking, obesity, housing, income, education and disability. Vulnerability is also often linked to deprivation.

Key facts:

People in our most deprived areas live 4 years less those in the most well off.

They have a 60% higher prevalence of long term conditions, and a 30% greater severity of disease.

People in deprived areas are more likely to have both mental and physical health problems.

People in Somerset are living longer than they used to, but there is an increasing gap between life expectancy and healthy life expectancy; typically, fifteen years of life can be spent with a long-term condition or conditions.

The ageing population brings new challenges:

- The older we get the more likely we are to have more than one long term condition affecting our health. Support for people with multiple conditions is more complex and needs to be much better integrated.
- Dementia is becoming an increasing problem and we could see a doubling of the number of people with dementia by 2035; however, lifestyle choices have a significant impact on the risk of dementia and so this could be partially mitigated.

Mental health is a major issue for Somerset and affects around 70,000 people at any one time. This often influences and is influenced by multiple factors including low educational attainment, social isolation, unemployment and financial and relationship problems. People with a mental health issue often also have poor physical heath.

Key facts:

People with mental health problems are at risk of dying 20 years earlier than other people

Half of all mental health problems are established in childhood (under the age of 14)

Lifestyle end environmental factors have a huge part to play in maintaining health and wellbeing. These include areas such as smoking, diet, exercise, social isolation, and alcohol abuse. It is estimated that lifestyle factors, environmental and societal factors together account for 60% of health issues (compared to genetic inheritance at 30% and healthcare provision at 10%).

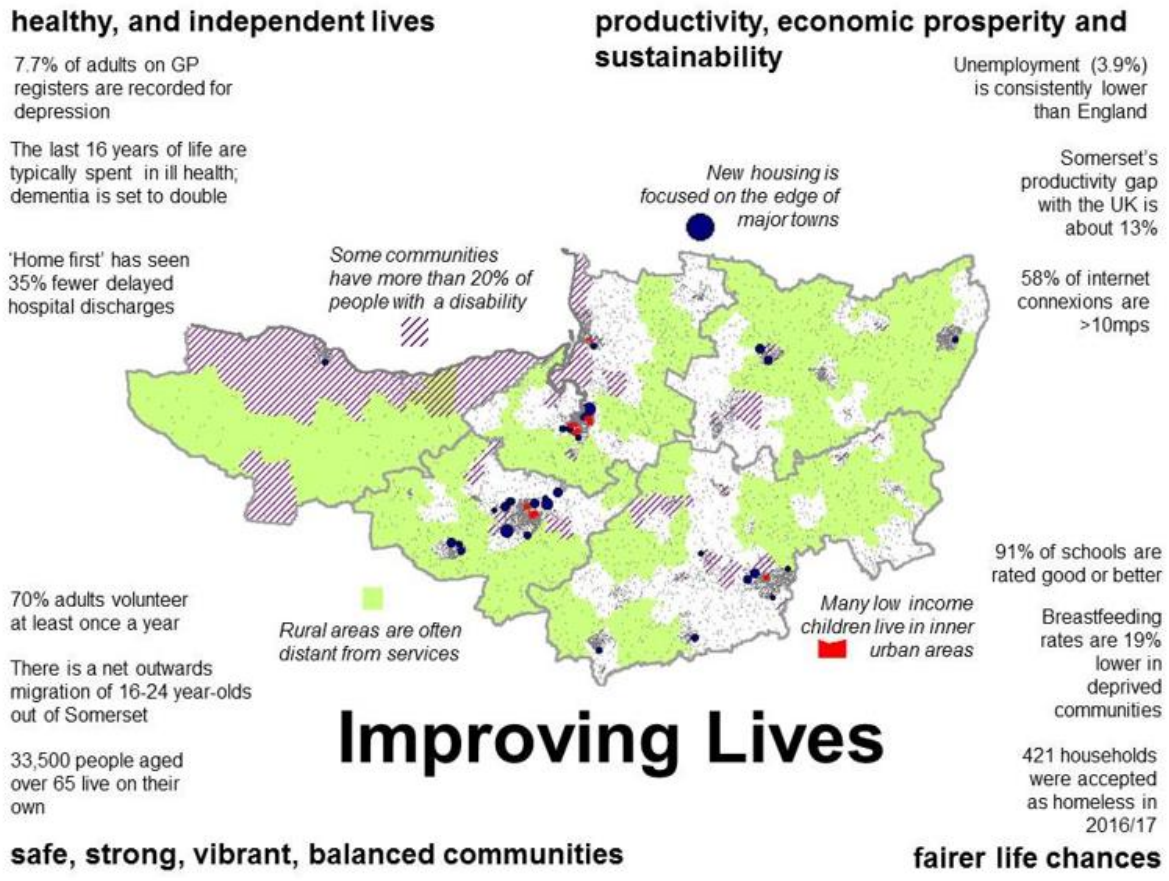
Key facts:

14% of people in Somerset smoke.

Over ¾ of people in Somerset do not exercise to benefit their health and 41% of them are obese.

The most important reason we need to do more to support health and wellbeing and address inequalities is the impact this will have on the quality of longevity of life for individuals. However, doing so will also help address our financial position. It costs far less to help someone stay healthy than it is does to treat and support them when they have become ill.

Figure 2 : Somerset – health and wellbeing at a glance



3.2 Vision for health and wellbeing

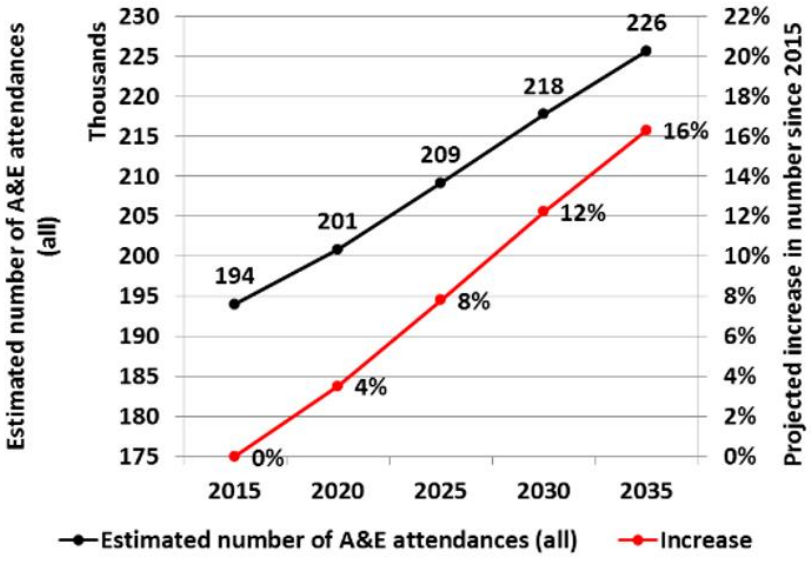
This document has a number of more specific proposals to help deliver this ambition, set out within the following sections.

4 Urgent and emergency care

4.1 Why we need to change

Between 2000 and 4000 people a day access urgent and emergency care in Somerset every day. The majority of this care is provided by GPs who see around 60-70% of urgent care cases on weekdays. Care is also provided through NHS 111, GP Out-of-hours a number of minor injuries/illness units, and through the emergency departments of our acute hospitals.

Demand for acute emergency care has grown significantly with a 5% increase in the number of people attending emergency departments in the last three years. Unless we achieve change through better prevention and providing better care closer to home we can expect that the rise will continue as shown on the right.



Patients who are admitted as an emergency are by far the biggest users of hospital inpatient beds (both in acute and community hospitals). While it is essential to admit acutely ill people as inpatients when they need the facilities and expertise of a hospital it is important for their long term recovery and rehabilitation that we do not keep them there for any longer than necessary. Staying too long in hospital can increase the probability that they will not regain independence. Every unnecessary day a patient stays in hospital increases the likelihood of losing independence. We need to look at the model for both acute and community hospital inpatient provision alongside the development of community services that can increasingly support people in their own homes.

Key facts:

59% of our inpatient beds in acute hospitals in 2017/18 were used by patients staying for more than 10 days, and yet we know that few patients need the facilities of an acute hospital for that length of time.

At any one time we have 300 patients in our acute hospitals who have been there for 10 days or more; there is a major opportunity to improve care and reduce pressure on acute hospital beds.

The key reasons we need to do things differently in the future are:

1. The system is struggling to meet current demand. For example: since April 2016 despite staff working very hard in the Emergency Department and throughout the hospital Musgrove Park Hospital has only been able to meet the standard of 4 hours in A&E for 95% of patients in one month. We expect demand will increase significantly in the future unless we can enable better health and wellbeing support and offer alternative services and more proactive care of people at risk.

2. With better services in the community many people would not need to be admitted to hospital in an emergency or would not need to stay in hospital so long. Whenever it is safe to do so for the clinical treatment needed we need to move from supporting people in hospital beds, where they risk losing independence, to supporting them within the community or closer to home.

3. In some areas our services may not be sustainable in their current form. We need to look at areas such as stroke and 24/7 emergency surgery.

4. We have a large number of relatively small community hospitals; it has proved increasingly difficult to staff them safely, and we need to consider their role and function in the light of our ambition to support more people in their own homes.

5. We do not have comprehensive seven day working in place across our urgent and emergency care services. We need to ensure people are receiving the same quality of urgent and emergency care support throughout 24 hours a day, 7 days a week.

6. Increased need for urgent and emergency care in winter often puts the whole system under pressure and can lead to services being stretched, a worse patient experience, and disruption to planned treatments. For example, we need to exploit all opportunities to reduce demand, for example, through the use of vaccinations to reduce illnesses that peak in winter periods.

7. There are inequities in our provision of urgent care – for example people living closer to acute hospitals use the emergency system more than those who live further away.

8. We need to develop a network of urgent treatment centres in line with the Five Year Forward View national guidance. This will ensure our population has consistent and equitable access to urgent services as part of the urgent care pathway.

9. Clinical staff in the system have told us that they do not have reliable, up to date information about the different services available for people outside of hospital. This means we are not always providing people with the most effective care and support.

10. We need to improve patients' experience of accessing urgent and emergency care. People in Somerset have told us that our urgent and emergency care system is complicated and confusing.

4.2 Our vision for urgent and emergency care

Our fundamental aim is to ensure that when people have urgent or emergency care needs they:

- Know how to access the care they needed.
- Are rapidly seen by the right professional at the right time who can give them the right support.
- Are enabled to return to normal life as quickly as possible, retaining the maximum possible independence.

Develop a single integrated system for accessing urgent and emergency services
What will the proposal deliver? Ease of access to urgent and emergency care service across all of Somerset, which builds on the concept of integrated urgent care ensuring the effective joint working of all the clinical professionals providing these services. The proposal will address every element of urgent and emergency care including primary care, Integrated Urgent Care Service (111, Clinical Assessment Service and face-to-face consultations) ambulance services, urgent treatment centres and Emergency Departments. A key priority is to implement a consult and complete model of care to ensure that more patients have their needs met within a single contact and are only referred to other services where necessary
Why is the proposal important? It is essential that we improve patients' experience by simplifying access to urgent care and ensuring confidence in the services offered. Implementing a consult and complete model of service delivery aiming to complete the episode of care means will mean fewer patients will be referred to other services and be seen by multiple professionals. If a patient is referred to another urgent or emergency care service, this will be carried out in an integrated way and where possible, directly booked. Providing urgent care services to a high and consistent standard, that meet patients' needs will also help to reduce the pressure on emergency departments and reduce the number of people who need to go to hospital for their care.
What are the implications and areas for further work? Some key elements of this proposal will be delivered through the implementation of an Integrated Urgent Care Service. We now need to work closely with primary care, community services, emergency departments and ambulance services to ensure all these elements of the system integrated and work effectively together.

Develop a network of Urgent Treatment Centres
What will the proposal deliver? We will develop a network of Urgent Treatment Centres across Somerset with a consistent and clear service offer which meets national standards and maximises our ability to address urgent treatment needs without attendance at Emergency Departments. These will replace our existing Minor Injuries Units and provide a wider range of services than they currently offer, including being led by GPs.
Why is the proposal important? We will move from a system of Minor Injuries Units with varying levels of service and capabilities to a consistent offer, which will be GP led covering both minor injuries and illnesses and offering both pre-booked and walk in appointments. Patients are less likely to need to travel to Emergency Departments and have more confidence that will be seen in a short timescale. Quick access to diagnostics may help avoid some hospital admissions

What are the implications and areas for further work?

We need to work on the detail of the specification for these services and identify how many Urgent Treatment Centres we will have, and where they will be located. We will involve patients and the public in the option appraisal and then formally consult with the public on the preferred way forward

Invest in community based packages of care to minimise unnecessary hospital stays and reduce demand for hospital beds

What will the proposal deliver? We will commission packages of care within the community with an aim that no patient is admitted to hospital if their needs could be met appropriately in a community setting, and that no patient stays longer in hospital than is necessary for their safe and effective care. This will require a range of health and social care services to be available within people's homes and in the community.

Why is the proposal important? Every day someone stays in hospital longer than required for their clinical care results in increased risk of loss of independence. People recover better in their own homes supported by their own networks. Hospitals are currently overcrowded. This makes it harder to provide a good service for the most acutely ill patients.

What are the implications and areas for further work?

We are currently working to identify how many of the patients currently in both our acute and community hospitals could have their needs met in a "lower" setting of care (for example, in their own home, or a nursing home). This will help us identify what sort of packages of care we need to offer in the community to enable this. For example, we expect we will need to fund more social care in people's homes, and health professionals who will help patient's rehabilitation at home. We will identify the costs of this and work out a plan for delivering it.

We will also look at how this will change demand for our hospital beds. We anticipate that in the future many patients who would have been in hospital will be at home – and this would substantially reduce our requirement for acute and community hospital beds. Another next step is therefore to identify how many fewer beds we will need and what this means for both our acute and community hospitals in the future. The nature and scope of services offered at our hospitals may need to change as a result. If this is the case we will develop a range of options for the future, involving patients and the public in the option appraisal and then formally consulting with the public on the preferred way forward.

Review options to improve quality and sustainability of stroke services
What will the proposal deliver? We need to identify the optimal configuration for stroke services (including diagnosis, treatment and rehabilitation) in Somerset.
Why is the proposal important? Expert stroke clinicians[1] have identified that the quality of care for stroke patients in the South West would improve if we ensured all patients attended larger centres, which are able to offer all the skills and expertise stroke patients need. It is important we identify if this would be the case in Somerset.
What are the implications and areas for further work? We need to identify the possible options for improving stroke care (for example, whether we should retain both our current stroke centres, of just have one) and weigh up their benefits for patients – particularly considering if patient outcomes would be improved by making changes, and also the implications on patients' travel times. We will involve patients and the public in the option appraisal and then formally consult with the public on the preferred way forward.

Review options to enhance the quality and sustainability of vulnerable acute services and improve efficiency in the delivery of both emergency and elective care within our hospitals*
What will the proposal deliver? Some of our emergency services have vulnerabilities relating to staffing and critical mass issues (for example, emergency surgery). We will carry out a review of all services which are potentially unsustainable in the future and identify potential options to make them more viable. While looking at the acute specialties we will also review whether there are better options to enable greater efficiency in both elective and emergency care.
Why is the proposal important? We need to ensure that all our services can continue to provide safe and high quality care long into the future. Clinicians have also identified that sometimes our elective services are disrupted because of peaks in emergency work; this can lead to delayed operations and a poor patient experience.
What are the implications and areas for further work? Work will commence to identify which particular services and specialties are vulnerable, and where there is potential to improve the delivery of emergency/elective care, potentially through achieving greater separation of the two elements. We will then work with expert clinicians in each area to identify what the potential options are for putting those services on a sustainable and efficient footing. We will involve patients and the public in the option appraisal and then formally consult with the public on the preferred way forward

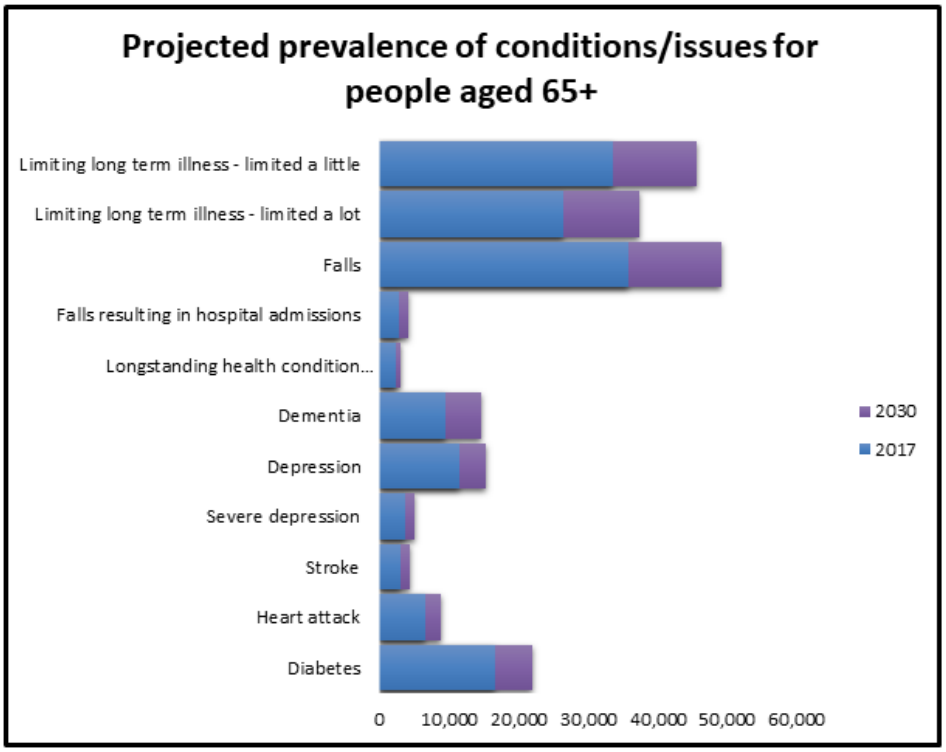
* Note: this is a joint proposal with the planned care workstream (see section 10.3).

[1] "Bigger, better, faster? - An options appraisal for the reconfiguration of emergency heart attack and stroke services for the South West of England". South West Cardiovascular Strategic Clinical Network April 2016

5 Proactive care, long term conditions, and frailty

5.1 Why we need to change

About one third of the population has at least one long term condition/ illness. That equates to 175,000 people in Somerset. Long terms conditions are the major issue affecting the health of the population aged over 65 as can be seen from the figure to the right.



The figure also shows the significant growth we are expecting in long term illnesses.

Many people have more than one long term condition, for example, 50% of people with diabetes have at least two other long term conditions.

People's sense of wellbeing is a major factor in how likely they are to develop physical and mental illnesses. Also, many of the most important risk factors for the development of long term conditions, such as diet and exercise, are modifiable through changes in lifestyle and environmental factors. If we could empower people to improve their health and wellbeing we could substantially reduce the impact of long term conditions on individuals, as well as on health and social care services.

There are inequalities in how healthy people are which linked to deprivation. People in the most deprived areas have a 60% higher prevalence of long term conditions than those in the least deprived areas and 30% greater severity of disease.

NHS services for people with long term conditions have traditionally been focussed on individual conditions and on the treatment of illness rather than helping people to keep well. This approach can lead to disjointed care, particularly as most clinical services have their own specifications and pathways, and people can end up being referred from one service to another.

The feedback we have from people with long term conditions is that we need a more holistic and joined up service, which works better with our communities, providing a single point of contact, and is better at listening.

Although joined up, person-centred care is a top priority, specialist expertise in each individual condition is still vital. Because of their prevalence and impact on people's lives we need to focus particularly in the areas of hypertension, atrial fibrillation, heart failure, diabetes, pulmonary diseases and fractures resulting from falls.

Early diagnosis is essential and there are areas where we could improve this, such as hypertension and atrial fibrillation. If more people were diagnosed early we could reduce the number of people who go on to have a serious stroke.

People living with frailty are likely to have several different issues or problems which, taken individually, might not be very serious but when added together have a large impact on health, confidence and wellbeing. Frailty is not solely age related although it is more prevalent among older people.

Currently we do not have a common Somerset-wide approach to frailty which can result in a variance in the quality of care received.

We also need to focus more on end of life care; 5,500 people die each year in Somerset. Our aim is that all patients close to the end of their life should be able to make choices about their care at that stage. At the moment too, many people are not able to do so; there is inconsistency in the choices people are able to make depending on what their condition is and where they live.

The key reasons we need to do things differently in the future are:

1. We need to work more effectively with local communities and voluntary organisations to promote health and wellbeing in their areas and create informal networks of support outside the traditional NHS and social care boundaries.
2. We must do more to support healthy aging and reduce the impact of long term conditions on people of all ages, but particularly older people. In the past we have focussed more on developing systems to treat illness rather than helping people to stay healthy.
3. Support for people with long term conditions is not sufficiently focussed on addressing inequalities. Risk factors for long term conditions are much higher in those who face other social and environmental challenges – and so we need a particular focus on helping to address these risk factors.
4. Care and support need to be better integrated around the needs of the individual person and their carers and much more linked into the resources available within communities and the voluntary sector. We need to empower patients and carers to make choices about improving their health and wellbeing, and how they live with their conditions.
5. We do not consistently diagnose people early enough and this can influence patient outcomes and quality of life.
6. We do not manage care proactively enough; this can mean patients experience unnecessary crises in their health.

7. Services for people affected by frailty are not sufficiently joined up or consistent across the county

8. Not enough people are currently able to make choices about their care towards the end of their lives; sometimes those choices are limited because of where people live or the particular condition they have.

5.2 Our vision for proactive care, long term conditions and frailty

5.3 Emerging proposals and issues to explore

Working with local communities to improve health and wellbeing
What will the proposal deliver? We will develop a structured programme to work with local communities to improve health and wellbeing and tackle most significant risk factors for long term conditions and support people in managing long term conditions. This will include linking in with and supporting communities and the voluntary sector in developing existing and new networks of support in the community. "Social prescribing" (i.e. offering people access to networks of support rather than traditional care) will be a key component of the programme.
Why is the proposal important? It is always better to help someone to improve their health and wellbeing, rather than to offer them care after they have fallen ill. Traditional health and social care can play an important part in helping people to improve their health and wellbeing, as well as helping in the management long term conditions, but so can local networks and resources, and voluntary groups.
What are the implications and areas for further work? We will work with a wide range of local stakeholders to develop a package of options and ideas which can be used everywhere in Somerset, and then work with each separate locality to identify what will best meet the needs of the specific local population.

Develop integrated neighbourhood teams based around local primary care
What will the proposal deliver? Services integrated around 14 neighbourhood areas, each serving a population of 30-50,000 people based on the registered list of a group of GP practices. The neighbourhood team supporting practices will include co-located staff such as district nurses, integrated rehabilitation teams, complex care, therapy, older people's mental health and social care staff. The neighbourhoods would also be able to access more specialist services where it wouldn't make sense to have this available in every neighbourhood directly, for example, the rapid response team, specialist mental health services and acute hospital services. These services would be redesigned in order to support the neighbourhoods in as flexible a way as possible, and to avoid the need for people to travel to centres outside the neighbourhood as much as possible.
Why is the proposal important? This is a key step in delivering integrated and holistic services that can provide better alternatives than hospital admission. Relations between the team and local primary care will be much stronger, and staff will be better able to focus on the individual needs of patients.
What are the implications and areas for further work? We have established the number of teams we believe we should have. We now need to work on the detailed composition of each team, and a plan for transitioning to the new service.

Support for primary care to deliver proactive care for people with long term conditions
What will the proposal deliver? Our aim is to ensure all GP practices have the support and resources they need to help the people registered with them to improve their health and wellbeing through goal setting, care planning, care co-ordination, health coaching, and working with the local community and its networks of support.
Why is the proposal important? All our primary care staff work hard to support their patients. We want to make sure that everybody has access to the support most likely to meet their needs and help them to improve their health and wellbeing and manage their conditions in the best possible way.
What are the implications and areas for further work? Based on good practice locally and elsewhere we will identify the key elements that should be available wherever patients live, and then work flexibly with local practices to identify how that can best be delivered in a way appropriate to local circumstances.

Develop a unified and consistent approach to supporting people with frailty
What will the proposal deliver? Nearly all our services regularly support people with frailty. Frail people have specific needs for support that may not always be recognised, and we want to develop a consistent set of standards and approaches for working with people with frailty.
Why is the proposal important? It will ensure that we are not just supporting people in relation to their specific illness, but also taking account of the needs that result from their frailty.
What are the implications and areas for further work? We will develop a set of standards and approaches and then work with all service areas so that they are tailored appropriately.

Ensuring people are able to make choices about their care towards the end of their lives
What will the proposal deliver? Many of our services support people who are close to the end of their lives. It is increasingly recognised that we need to do far more to enable people to make choices about where and how their care will be provided in this period. We need to ensure we are consistently offering people appropriate choices about their care in this period.
Why is the proposal important? People currently often end their lives in places they would not choose. End of life care should help people to live as well as possible until they die and to die with dignity, and we must help people to make informed choices about this.
What are the implications and areas for further work? We need to specify what options people should be able to have for care at the end of their lives, and ensure those options are available in all areas, that staff in all services are aware of them, and understand the importance of giving people the information they need to make choices.

Enhancing care for people with diabetes
What will the proposal deliver? We will implement an integrated model of care for diabetes that embraces prevention, self-care, primary care delivery, specialist clinics, inpatient nursing and the Diabetes Super Team, specialist service support and podiatry.
Why is the proposal important? The number of people with diabetes is rising. This has major implications for quality and longevity of life, and this proposal will help reduce incidence and minimise the impact on quality of life of the disease. Patients will be better able to make informed choices about their own health and care, and will have better outcomes, with fewer health complications. Fewer people with diabetes will need to be admitted to hospital.
What are the implications and areas for further work? We will work with patients and staff to develop the detail of the care model, and then develop a detailed plan for its implementation, working closely with the new neighbourhood teams described in an earlier proposal.

6 Mental health services

6.1 Why do we need to change?

Emotional wellbeing and resilience have a major impact on the quality of life for individuals and knock-on implications for local communities and society as a whole. They are therefore of fundamental importance for every area of health and social care provision. However, it is also an area where are there are substantial inequalities. People with mental

Key facts: 3 out of 4 people with physical illness receive treatment, however, only 1 in 4 people with mental health problems do.

People with severe mental illness die on average 15-20 years earlier than other people.

Only 43% of people with mental health issues are in employment compared to 74% of the general population

illnesses experience significantly poorer physical health than the general population and mental health care has historically not received the same priority as physical health care.

Mental health services have to deal with a very wide spectrum of need:

- A relatively small number of people at any one time will have a serious mental illness requiring support from specialist services support – we would expect to have around 75 people under care determined by the Mental Health Act, 1640 people who have a defined care programme, and around 2400 people in contact with specialist treatment services. Together these amount to less than 1% of the Somerset population. Care for these groups is both specialist and resource intensive.

- A much larger number of people face less serious mental health issues. It is estimated that there over 4,600 people on GP registers with a serious mental illness, while 46,000 are recorded as having depression.

The key reasons we need to do things differently in the future are:

1. There are major gaps in current service provision, particularly in community based services; in common with other parts of England this may reflect long term under-investment in mental health. Examples include:

   - Early support for people with less severe mental health problems to prevent the need for more specialist services.

   - Community based services working actively with people with more severe mental health problems to prevent the need for hospital admission, and to facilitate rapid discharge from hospital without the need for readmission.

   - Perinatal mental health.

   - Services to prepare young people with mental issues to deal with the transition into adulthood.

   - Comprehensive support for people with dementia to enable them to stay in their own homes for as long as possible.

2. There has been a historic underinvestment in mental health services over time which impacts on both people's quality of life and longevity.

3. People with mental health issues are not diagnosed and treated early enough.

4. We need a greater focus on supporting independence within the community with more joined up working between health and social care to deal with the totality of an individual's needs.

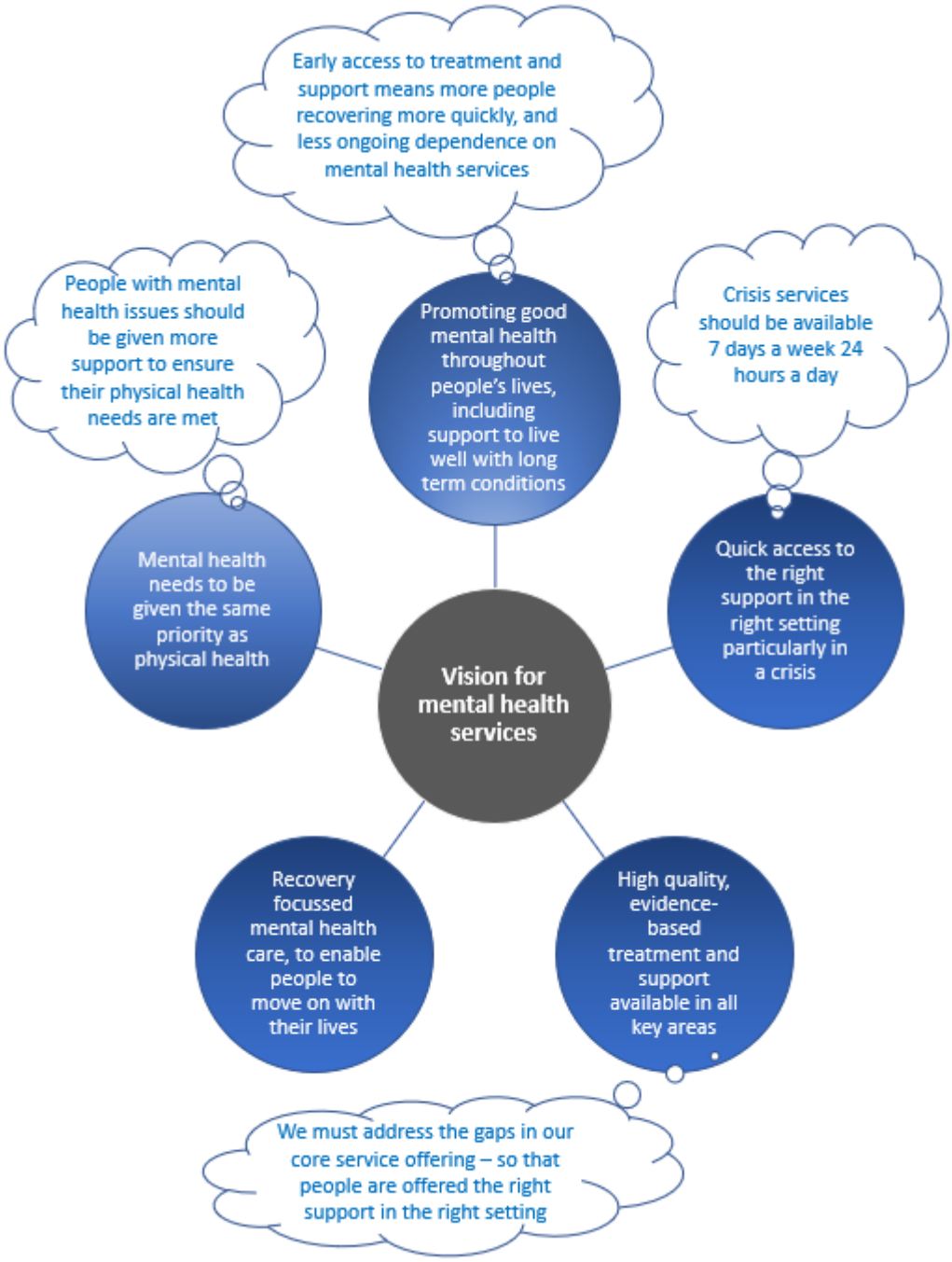
5. Our Improving Access to Psychological Therapies (IAPT) services which support people with predominantly mild to moderate anxiety and depression are unable to meet national standards in terms of access and recovery. We need to do more to support people who do not have serious mental illnesses but who nonetheless need help to recover and regain their quality of life.

6. Services are struggling to meet demand, and there will be a major increase in demand for services for people with dementia (though this increase could be partly mitigated by wider recognition that the risk of dementia can be reduced by approximately 30% through the adoption of healthier lifestyle choices).

7. There are workforce challenges across a number of services which have impacted upon service quality and availability (for example, leading to the temporary closure of a mental health older persons inpatient ward at Yeovil). High readmission rates suggest community services have been unable to deliver the level of care needed to support people after discharge.

8. There is a need to review the capacity and configuration of inpatient services because we have isolated units and challenges in staffing them. We also have an older person's ward which has been temporarily closed. We therefore need to review all of our mental health inpatient services.

6.2 Our vision for mental health care



6.3 Emerging proposals and issues to explore

Enhancing primary care support for people with common/moderate mental health issues
What will the proposal deliver? Primary care link workers will support local practices and provide time limited, low level interventions to people presenting in primary care with mental health needs not appropriate for IAPT but not requiring secondary care, including those previously discharged from secondary care. Link workers would also support improved management of the physical health of people on GP Serious Mental Illness registers.
Why is the proposal important? We are currently struggling to address both the needs of patients who need access to IAPT services, and those with mild to moderate conditions not appropriate for IAPT. The link workers will ensure that people are no longer inappropriately referred to IAPT – thus reducing pressures on IAPT, while at the same time providing a better quality of service to those patients.
What are the implications and areas for further work? The proposal will require additional investment. We are working up the detail of what would be required and how it might be funded.

Increase capacity in community mental health services
What will the proposal deliver? We will enhance the capacity of specialist community based services. These services are currently facing rapidly growing demand.
Why is the proposal important? The proposal aims to improve outcomes for people with complex mental health problems, including those with first episode psychosis, personality disorder, dual diagnosis and ADHD. It will enhance physical healthcare for people with severe mental illness to reduce health inequalities. It will reduce the number of people with mental health problems presenting in crisis and reduce primary and A&E presentations and emergency admissions for people with complex mental health conditions.
What are the implications and areas for further work? The proposal will require additional investment. We are working up the detail of what would be required and how it might be funded. Some of the additional resources may come from increasing efficiency within the teams.

Increase capacity in our home treatment service for people experiencing a mental health crisis and identify alternatives to admission for people in a crisis
What will the proposal deliver? Enhanced home treatment services will mean that 24/7 intensive home support is available as an alternative to admission and to support discharge. The identification and development of other alternatives to admission such as crisis / recovery houses, crisis cafés, a helpline and web or app based support will also help to avoid admissions to mental health beds.
Why is the proposal important? Our inpatient services currently have high occupancy levels and high readmission rates. We need to provide high quality and safe alternatives so that more people can receive the care they need in other settings.
What are the implications and areas for further work? These proposals would require significant additional funding and will therefore be dependent on our ability to identify savings in other areas.

Develop a county wide intensive dementia support service
What will the proposal deliver? We currently have an intensive dementia support service in the east of the county but not the west. The aim of this proposal is to extend the service over the whole county.
Why is the proposal important? The experience from the east of the county is that it has reduced the need to admit people to older people's mental health beds and has been welcomed by carers and patients. Our aim is to improve support in people's homes so that they can remain in familiar surroundings. The service will also support our aim of providing earlier diagnosis and interventions for more people with dementia.
What are the implications and areas for further work? We will need to assess how the introduction of the service will impact on our future requirement for older people's inpatient beds. We will also need to review how the service can be funded as it will also add significantly to costs.

Review the capacity and configuration of our mental health inpatient services for adults of working age and older people
What will the proposal deliver? The review will identify our future needs for inpatient beds for both groups. It will consider the options for how those beds should be configured and delivered and identify the best model for the future.
Why is the proposal important? A number of the proposals above are designed to reduce our use of inpatient services – this may simply reduce current overcrowding, but it may also reduce our overall need for beds. We also need to make a decision on the future of the older people's ward at Yeovil which was temporarily closed, and address concerns that some of our services are in isolated units. This raises issues in terms of quality and staffing.
What are the implications and areas for further work? Our next step is to assess the future need for inpatient services, and to identify potential options. These options may

include moving some inpatient services from current locations if this will provide a better overall model of care. We will explore those options with engagement from service users and the public, and then consult on them formally.

7 Learning disability services

7.1 Why we need to change

There are over 10,000 people in Somerset with some form of learning disability. Of these, 438 have a severe learning disability and 1613 have a moderate learning disability.

Many people with a learning disability have higher levels of health and social care needs than the general population. They have poorer health and they die younger than the general population. These differences could be mitigated with the right services and approaches in place.

Key facts: 50% of people with a learning disability have mental health problems.

Up to one third of people with learning disability also have some form of physical disability.

People with a learning disability are three times more likely to die from causes that can be avoided with good quality healthcare.

Only around 5% of people with learning disabilities are in employment.

People with a learning disability are often isolated, and dependent on others for support. In many cases this support is offered by parents who inevitably experience difficulties with increasing age.

The number of people with some form of learning disability is expected to rise by around 8% by 2030.

Everybody with a learning disability should be offered an annual health check. In Somerset just under 70% received one, but there are concerns over the quality and effectiveness of some of these checks.

People with learning disabilities often have difficulty accessing health services when they need them. Services are not always equipped to communicate effectively with them, and they face challenges in effectively managing their own health care.

There is a smaller number of people with a learning disability with complex support needs, who often have other conditions including mental health problems, autism or physical disabilities. We need to ensure that they are receiving the best standards of care, at times of crisis and longer term, to ensure that they achieve the best possible outcomes.

7.2 Our vision for services

7.3 Emerging proposals and issues to explore

Make it as easy for people with a learning disability to access health and care services as it is for the general population, and enhance access to screening programmes
What will the proposal deliver? The proposal will ensure that all health and care services have identified and acted upon the 'reasonable adjustments' they need to make to enable equity of access for people with a learning disability. It will also increase the number of people with a learning disability who get an annual health check, and who participate in our screening programmes for all disease areas.
Why is the proposal important? The proposal is central to our vision of ensuring that all people with learning disabilities have equitable access to services to significantly improve their experience of healthcare and their health and wellbeing. They will have better health outcomes as a result of earlier diagnosis of health issues, be better informed on their choices, and be better supported to manage their own healthcare.
What are the implications and areas for further work? Our next step is to develop a detailed programme to deliver the proposal.
Provide better support to people with a learning disability when they are experiencing a crisis
What will the proposal deliver? Some people with a learning disability have complex needs which mean their current living situations can break down, putting them at risk of hospital admission or emergency placement. This proposal means that we would be able to provide intensive crisis support to enable them to remain in their own homes and access support within their local communities.
Why is the proposal important? Currently people with a learning disability are at risk of being placed outside Somerset when they experience a crisis, and crisis admissions can lead to long stays in hospital which disrupt people's support networks and make it harder for them to return home. We are committed to people with a learning disability being supported to be part of their own communities.
What are the implications and areas for further work? Our next step is to develop a detailed programme to deliver the proposal.
Improve residential placements for people with learning disabilities
What will the proposal deliver? When people with a learning disability and the most complex needs do need specialist placements, these will be provided in a way that maximises individual outcomes and allows people to continue to be part of their communities and be supported to access community services.
Why is the proposal important? We need to ensure that all people with a learning disability experience the highest standards of care and have the best possible outcomes when they need to be supported in a residential setting.
What are the implications and areas for further work? Our next step is to develop a detailed programme to deliver the proposal

8 Maternity Services

8.1 Why do we need to change?

Every year around 5,500 babies are born in Somerset. Most of these births take place in an acute hospital, but around 700 births take place in the home or in midwife led units. While we offer a range of choices for birth, those choices depend on where women live, for example, only one of our acute hospitals (Musgrove Park at Taunton) offers women the choice of an "alongside" midwife led unit.

Progress has been made in a number of areas, such as a reduction in rates of teenage pregnancy. However, there is more to do to reduce the number of women who smoke during pregnancy, and to support women facing mental health issues during pregnancy and in the first year after birth.

1. We need to ensure safer births and better continuity of care for women throughout their maternity journey. This will help to reduce rates of harm, which in turn will lessen the frequency of maternal and infant mental health, learning disability and special educational needs and disability (SEND) in the future. Outcomes for both teenage mothers and those over 40 need a particular focus as they are higher risk.

2. There are significant challenges across the maternity workforce – including midwifery, neonatal nursing and medical staff and we anticipate that these will become increasingly problematic. We have two relatively small obstetric units (at Musgrove Park and Yeovil Hospitals) and their size may make ensuring quality and safety and viability challenging in the future.

3. We do offer choice of birth location for all women. However, increasing complexity of maternal and infant health means that supporting these choices can be challenging. Also, even in low risk pregnancy, many women are choosing to give birth within obstetric led services, rather than at home or in standalone midwife-led units. "Better births" tells us that nearly 50% of women would prefer to have their baby in an "alongside" midwifery led unit (i.e. a unit next to a consultant obstetric service); this option is only available at Taunton and not at Yeovil or the RUH. We want midwife led care to be "the standard" helping us to reduce the number of caesarean sections.

4. There is currently a lack of consistent and equitable community antenatal and postnatal provision in Somerset. This means some of the early intervention, advice and support may be missing or not consistently available, which will have an adverse effect on decisions made by women and their families.

5. There is significant service gap in terms of perinatal and infant mental health.

8.2 Our vision for services

Our vision echoes that set out in “Better Births”, the national strategy for enhancing maternity care.

8.3 Emerging proposals and issues to explore

Carry out a review to identify the best long term configuration of obstetric care together with "alongside" midwife led care, freestanding units and home birth services
What will the proposal deliver? The identification of the potential future options to best deliver sustainable services in the safest way while also offering the maximum choice for women.
Why is the proposal important? The review is important because of two linked issues. Firstly, we currently have "uneven" care in the county. For example "Better Births" suggests that around 50% of women's preferred choice for births would be an alongside midwife led unit. However, in Somerset this choice is only available at Taunton and not Yeovil. Secondly, we don't know if our existing two obstetric units can continue to comply with and maintain the national standards and requirements for the delivery of high quality services. We need to review these issues and identify the solution that best meets the needs of women and their babies.
What are the implications and areas for further work? We need to work up the detail of possible options, also considering the links with neighbouring services such as at Dorchester, the Royal United Hospital at Bath, and Weston Hospital. We need to understand the potential impact of creating a second alongside midwife led service and what this would mean for the core obstetric service. We will look at options for enhancing the full range of choices. The work needs to fully engage with the public, our staff and particularly with the women who may need these services in the future. Following a full appraisal, we anticipate a formal consultation with the public on the way forward.

Develop single county wide maternity and neonatal service
What will the proposal deliver? A single neonatal and maternity service across the county with integrated clinical leadership
Why is the proposal important? "Better Births" (the national strategy for maternity care) highlights the importance of care being delivered by small teams that can provide personalised care as well as continuity of carer. The focus is on the women and her family. Professional and organisational barriers need to be overcome to achieve this. Our services are relatively small; having two separate workforces and management structures makes this more challenging and does not help us make the best use of the scarce resources we have. A single workforce will make us more likely to be able to sustain a wider range of choices for women in different locations.
What are the implications and areas for further work? This proposal needs to be developed in parallel with the work in the proposal above, so that the service for the future matches the best option for the configuration of care. It will require considerable work with the current provider organisations and consultation and engagement with all staff working in the services.

9 Children's services

9.1 Why do we need to change?

There are 121,000 children and young people in Somerset and 15% of these live in poverty. We have around 2400 families in the troubled families programme, and there are 500 children looked after. 15% of children are identified as having Special Educational Needs or Disability. Many of our children have a long term illness of some kind (14.5%) and 17.5% have a diagnosable mental health condition. There has been significant growth in referrals of children to mental health services.

The rate of children and young people being admitted to hospital for injuries (accidental and deliberate), self-harm (aged 10-24), and substance misuse (aged 15-24) are all higher than England's average, with the rate of alcohol-related admissions in under 18's being significantly higher at over 60%.

The key reasons we need to do things differently in the future for children's services are:

1. To address the key factors in children's lives which affect their health and wellbeing – and which also drive long term life chances as adults.
2. To deliver better joined up care which is less fragmented, and avoids children being "passed round the system"
3. To meet the needs of vulnerable families more consistently.
4. To reduce unplanned admissions of children to hospital. The number of such admissions has increased and many of them are potentially avoidable.
5. To address inconsistencies in the availability of community paediatric services across the county.
6. To improve support for children with behavioural issues.
7. To improve the quality of emotional health and wellbeing services.
8. To improve the transition between children's and adults' services.
9. To ensure our specialist acute children's services including those for young babies are sustainable.

9.2 Vision for services

9.3 Emerging proposals and issues to explore

Develop a structured programme to advance the health and wellbeing of children
What will the proposal deliver? We will develop a structured programme to work with children, their families and local communities to tackle the factors which are most important in affecting children's emotional, mental and physical health and wellbeing and life chances.
Why is the proposal important? Poor outcomes for children are inextricably linked with social and environmental factors and inequalities. Tackling these issues is essential, particularly if we are to help the most vulnerable children and enhances their life chances
What are the implications and areas for further work? We will work with all the key stakeholders to develop a package of options and ideas which can be used everywhere in Somerset and agree an implementation programme.

Develop integrated council wide children's services
What will the proposal deliver? The proposal will identify how we can deliver far more integrated services for children across the county through a range of alliances and more formal arrangements. The integrated services will cover health and social care, public health and will have effective links with education services. The proposal will focus on supporting and empowering parents, teachers and health care staff alike to promote the emotional and physical health and wellbeing of our future generation and to avoid/prevent ill health and the need for hospital admission.
Why is the proposal important? The proposal will ensure our services focus on the holistic needs of children and their families, rather than being fragmented. There will be a renewed emphasis on the prevention of ill health, a reduction in the use of acute services, and stronger support for children with behavioural issues.
What are the implications and areas for further work? We will work with all key stakeholders to identify the desirable scope of the integrated service, and the arrangements for enabling it. It will require considerable work with the current provider organisations and consultation and engagement with all staff working in the services.

10 Planned care including planned care for cancer

10.1 Why do we need to change?

Planned care refers to treatment which follows diagnosis, and which does not have to be carried out as an emergency. Typically, it will involve an initial diagnosis from a GP, a referral to a consultant for a specialist opinion and probably some diagnostic tests, an agreed treatment approach which could be a minor procedure or significant surgery, or, in the case of cancer, it could also include radiotherapy and chemotherapy. There is likely then to be some form of rehabilitation and aftercare.

The cancer pathway is of particular importance because it affects so many people.

Early diagnosis of cancer is critical to survival rates. We know that when cancer is diagnosed as a result of an emergency a good outcome is less likely i.e. patients are twice as likely to die after a late diagnosis. Only 35% of lung tumours and 40% of colorectal cancers are diagnosed in one of the first two stages of cancer.

A wide range of providers offer elective care to the people of Somerset, but the vast majority of the care is provided by the Taunton and Somerset NHS Foundation Trust and the Yeovil District Hospital NHS Foundation Trust. In Somerset certain elective care services are also provided by an Independent Treatment Centre.

We face some key challenges in planned care and cancer care which include:

- Many of the illnesses which result in a need for planned treatment are preventable – especially many cancers.
- We are not meeting national referral to treatment targets.
- We have a model of outpatient services which is not always efficient in its use of specialist consultant time, and also sometimes provides a poor patient experience (for example, too many visits to hospital required prior to formal diagnosis and treatment).
- We have a number of relatively small services which are challenged in terms of their ability to provide a local service.
- We have performance issues in being able to provide diagnostic tests. Our diagnostic services are currently stretched, and we need to improve access times for key diagnostic tests such as CT and MRI. Waiting time after diagnosis can be too long and we are not always meeting the 62 day standard (from urgent GP referral to commencing treatment.)

Our key change priorities are:

1. We need to do far more to address the lifestyle choices that lead to increased risk of cancer recognising the strong correlation of lifestyle risk factors with higher rates of cancer and poorest outcomes.

2. Early and faster diagnosis and treatment of cancer is essential. We have gaps in our screening programmes and we do not always meet national standards in terms of treatment timescales. We need to improve accessibility to diagnostic and screening services and raise awareness of the potential symptoms of cancer

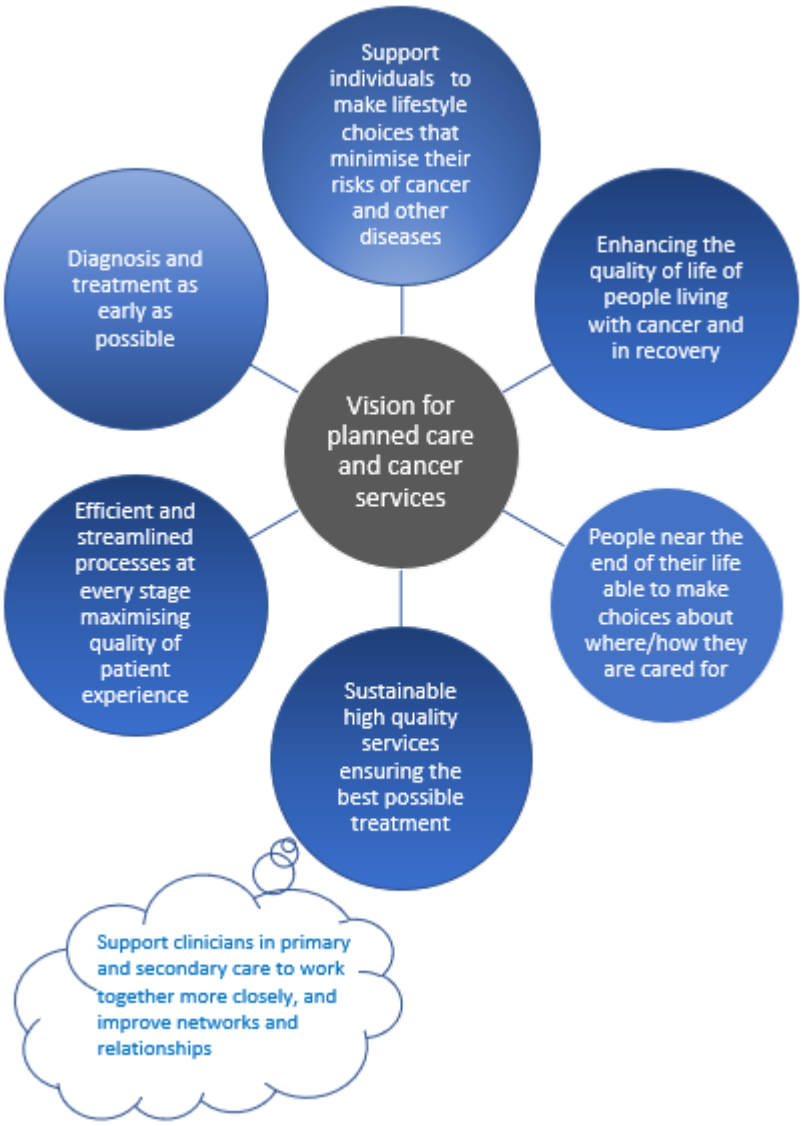
3. To transform the process from referral to diagnosis and decision to treat, moving away from the traditional outpatient model.

4. For general planned care we need to address our under-performance on the 18 week standard and systematically review our pathways to ensure that;

   - Delays are minimised at every stage of the patient journey, and;
   - The right and most cost effective treatment is provided.

5. We need to identify specialties where there is a risk that we may not be able to provide a high quality local service in the future and identify solutions for them.

10.2 Vison for planned care and cancer services



10.3 Emerging proposals and issues to explore

Commission and deliver a single Somerset wide model of care for cancer services
What will the proposal deliver? The aim would be to bring together services, staff and pathways which can connect or operate at a Somerset rather than organisational level. The new model will address vulnerable services, improve our use of scarce resources and look at new staffing models which will provide more resilient services.
Why is the proposal important? We currently have multiple providers of cancer care in the county, and our performance on key targets of importance to cancer patients is not consistently good. The proposal will address earlier diagnosis and treatment and therefore patient outcomes. Commissioning of services also risks being fragmented with different commissioners responsible for different elements of service. We need to ensure that we have a clear integrated and consistent approach to delivering the highest quality of care within resources available.
What are the implications and areas for further work? We will work closely with all relevant commissioners and providers to develop the overall required model. We will also carry out specific reviews of individual services where there may need to be changes to support quality of care and future viability, working closely with patients and the public, and if required carrying out a public consultation on the proposals.

Transform outpatient services
What will the proposal deliver? We will carry out a root and branch review of the planned pathway from initial identification of the problem to a decision to treat. The goal is to deliver services very differently, substantially reducing the need for both first outpatient appointments and follow-ups, streamlining and speeding up the process and developing a range of new approaches to replace the traditional outpatients' model (for example, telephone appointments, virtual clinics, clinical triage protocols and diagnostics up front).
Why is the proposal important? It will reduce the need for patients to attend hospital and improve the patient experience. Clinical conversations will be supported by diagnostics already being available. It will minimise unnecessary treatment and ensure shorter times to treatment. It will enhance the experience of clinicians in primary and secondary care by enabling better joint working
What are the implications and areas for further work? This will require a speciality by specialty review of the current processes and the potential for better ways of working.

Enhance diagnostic capacity
What will the proposal deliver? A county wide review of demand and capacity for all key diagnostics. This will consider both increased potential for efficiency through better use of existing equipment/staff, and the need for additional capacity.
Why is the proposal important? It is critical to our ambition of diagnosing and treating patients in as short a time as possible, and in minimising unnecessary treatments.
What are the implications and areas for further work? The proposal will require extra funds and a system wide approach towards the issue, rather than focussing on individual providers.

Programme to tackle smoking dependence
What will the proposal deliver? The proposal aims to ensure that the smoking status of all patients admitted to hospital will have smoking status identified and be offered nicotine replacement therapy and support while in hospital and after discharge. It is anticipated that between 2500 and 3700 patients would take up this offer. Evidence from elsewhere suggests this would significantly lower readmission rates to hospital.
Why is the proposal important? Smoking is the single main cause of preventable illness and premature death, and the primary reason for the gap in healthy life expectancy between rich and poor. It is particularly important in the reduction of cancer.
What are the implications and areas for further work? Depending on patient uptake the additional direct costs to the system could vary between £770,000 per annum and £1,160,000. Savings should be significantly greater than this as a result of a reduction in future admissions. The key next step is the identification of appropriate funding.

Review options to enhance the quality and sustainability of vulnerable acute services and improve efficiency in the delivery of both emergency and elective care within our hospitals*
What will the proposal deliver? Some of our emergency services have vulnerabilities relating to staffing and critical mass issues (for example, emergency surgery). We will carry out a review of all services which are potentially unsustainable in the future and identify potential options to make them more viable. While looking at the acute specialties we will also review whether there are better options to enable greater efficiency in both elective and emergency care.
Why is the proposal important? We need to ensure that all our services can continue to provide safe and high quality care long into the future. Clinicians have also identified that sometimes our elective services are disrupted because of peaks in emergency work; this can lead to delayed operations and a poor patient experience.

What are the implications and areas for further work? Work will commence to identify which particular services and specialties are vulnerable, and where there is potential to improve the delivery of emergency/elective care, potentially through achieving greater separation of the two elements. We will then work with expert clinicians in each area to identify what the potential options are for putting those services on a sustainable and efficient footing. We will involve patients and the public in the option appraisal and then formally consult with the public on the preferred way forward

* Note: this is a joint proposal with the urgent and emergency care workstream (see section 4.3).

11 Supporting resources – people, technology and the estate

All of our services depend on the support of a high quality and dedicated workforce, supported by the best digital technology, and the right estate/buildings to support care delivery. This section sets out the key drivers for change in these areas.

11.1 Workforce

Over 25,000 people currently work within the health and care system in Somerset, within our hospitals, GP practices, community-based facilities, nursing and residential homes as well as providing care at home. The workforce accounts for around three quarters of the total cost of the NHS in Somerset.

There are national shortages of staff in many key professional areas and these issues are reflected in Somerset. Some of the key workforce challenges we need to tackle are:

- Relatively high levels of turnover in some areas (40% annual turnover in direct care roles) with high levels of vacancies resulting.
- We have an ageing workforce with many professionals in the 50-55 age bracket and therefore able to retire in the near future. This will have a particular impact on our GP services where many of our current GPs will retire over the next 10 years and we already have significant shortages (46% of them will be over 55 in 5 years' time).
- We lack a local university/training base, which makes recruitment and retention harder to achieve.
- The future sustainability and effectiveness of our workforce is also fundamentally dependent on having staff who are motivated and engaged with high levels of personal wellbeing and effective leadership at all levels. This is currently inconsistent across Somerset.

Alongside these challenges we also need to recognise that the way we work in the future will need to change so that:

- Our workforce is focussed on prevention of illness and health promotion as much as on care delivery.
- We challenge our expectations on how we can work differently – for example, can skilled nurses and paramedics carry out work that would in the past have required a GP or specialist doctor?
- We are working much more across organisational boundaries to deliver seamless and holistic care.
- We fully exploit the potential of digital technology to support care delivery.

- We recognise and reinforce those values and behaviours which lead to effective collaborative relationships, trust and integrated working at all levels and across all organisations.

- We have a renewed focus on recruitment and retention, as well as on developing the skills we need internally.

11.2 Technology

In the past individual health and care organisations have developed their own systems for their own needs. Systems have been independent and have not supported any form of integrated or joint working. As we move to implement the Somerset Digital Roadmap we are gradually improving this position. Our key programme is the Somerset Integrated Digital electronic Record (SIDeR) which is a cutting-edge way of sharing patient records in a controlled and secure way across the whole health and care system. This will move us towards paperless systems and our ambition is to achieve this by 2020.

The aim is that this programme will be able to support the joined up and integrated care which we have identified in this document as being key for supporting the health and wellbeing of the local population. Alongside this we will be:

- Enhancing patient access to information.

- Raising awareness and engagement of the local population and staff members in information sharing.

- Developing our use of population health intelligence.

- Improving information sharing with service providers from neighbouring counties.

Without significant progress in delivering this programme we will not be successful in delivering the care models identified in this document, and this will be a key priority to progress.

11.3 The estate

Our physical estate in Somerset includes 66 general practices across 9 commissioning localities, 2 acute hospitals, mental health inpatient facilities at 4 sites and 13 community hospitals.

The key areas where we are working to improve in relation to the estates include:

- Investment in theatres and intensive care facilities, acute assessment and ambulatory care services at Musgrove Park Hospital in Taunton.

- The development of the emergency department and day theatres at Yeovil Hospital.

- Community hospitals which face a range of issues. Some sites (Bridgwater, Minehead and South Petherton) are in excellent condition. Conversely the hospitals at Shepton Mallet and Chard are at the level condition C which means that major investment will be required to maintain service provision there.

Our mental health facilities are mostly in good condition, as is most of the primary care estate.

12 Financial case for change

Both health and social care in Somerset have major financial challenges which all organisations are struggling to meet. Local government funding is being cut, whilst NHS funding is not increasing in line with the demand for services.

- In recent years the Somerset County Council has had to identify an unprecedented level of savings. Adult social care currently represents 30% of council revenue, and it is projected that by 2035 it could have increased to 50%. The Council anticipates that over the next three years, service pressures will outstrip resources available by around £26.1m. A savings programme of over £10m has been established to partially offset this pressure.

- NHS organisations in Somerset have struggled to deliver balanced budgets, primarily because there has been substantial growth in activity, well above the national average which is used for the annual funding allocation. For example, growth in emergency services last year was 10% compared to an average of 3.5% nationally. As a result, the system has been in deficit for the last 3 years and it is anticipated that without the addition of once off support funding the system would overspend by @£61m in 2018/19 (£41 m after support).

- The long term position across health and care is that we predict that by 2022/3 there will be a gap of £147m if we take no action. We have identified an approach for delivering savings and improving efficiency without substantial service change that should reduce the gap to around £42m. However, this means that in order to meet our obligation to “balance the books” we have no choice but to look at radical ways to delivery services more efficiently and effectively, while still maintaining quality and safety of care.

Alongside the challenge of the predicted future financial gap we also have to recognise that there are areas where we know we need to spend more in the future if we are to meet the needs of the local population. These are identified in the earlier sections of this document, and include:

- Health and wellbeing – where the development of new proactive services and programmes will be critical to enabling patients to manage their needs better and reduce the future burden of illness, and therefore the demand for services.

- Mental health services – which face historic under-funding and where there are many service gaps.

- Services within the community to help prevent hospital admissions, and to make it possible for patients to spend less time in hospital beds.

- Digital technology systems to enable the delivery of the new care models we have described.

We will only be able to address our long term financial gap and make these essential investments if we can significantly reduce our expenditure in other areas. Our approach for doing this has three key elements:

- A continuing focus on efficiency and value for money in every part of the system.

- Different organisations working more closely together to avoid duplication and wasted resource – directly reflecting our goal of delivering more seamless and integrated care to patients.

- A significant reduction in

  ~ Unnecessary hospital admissions through both prevention of ill-health and the proactive care of patients with long term conditions, alongside the development of appropriate community based alternatives.

  ~ Unnecessarily long inpatient stays – delivered through appropriate packages of health and social care in the community. This will deliver better outcomes for patients, support long term independence and save significant costs in the provision and staffing of inpatient services.

  ~ Unwarranted clinical variation (variation in care not driven by patient need but by health system performance).

The proposals described within the document will be key to the delivery of this approach.

Somerset County Council
Scrutiny for Policies, Adults and Health Committee
– 7th November 2018

Healthy Weston Programme Update

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1. Summary

1.1. In October 2017 Bristol North Somerset and South Gloucestershire CCG published a Commissioning Context document setting out a clear vision and direction of travel for local services in the Weston & Worle locality. The overall programme to deliver this is called Healthy Weston.

1.2. This report and the associated presentation provides an update on the progress being made through the Programme, with particular reference to the work associated with the future clinical service model at Weston General Hospital. .

2. Issues for consideration / Recommendations

2.1. It is recognised that a number of Somerset residents use health services in the Weston area, particularly Weston General Hospital. Around 20% of the hospital's patient contacts are from Somerset residents – and this equates to around 2% of Somerset CCG's acute hospital activity.

2.2. The aim of this briefing and presentation is to ensure that Adults and Health Scrutiny Committee is appraised of progress and have an opportunity to comment and ask questions about the work to date and our proposed next steps.

3. Background

3.1. The Healthy Weston Programme is working to realise the vision set out in the commissioning context published in October 2017 which has previously been considered by the Somerset Adults and Health Scrutiny Committee.

3.2. Following extensive public dialogue and co-design earlier in 2018, work has been progressing to take forward the opportunities identified to provide better joined-up care for patients. While many of these opportunities are being progressed through "business as usual" processes, some opportunities particularly those that will secure our vision for a strong focused hospital in Weston, have required further focused work. This includes:

- The provision of a long term clinically sustainable and affordable emergency and urgent care that meets the dominant needs of local people
- The ability to retain and recruit to roles in key clinical specialties and critically addressing issues with trainee doctor placements (supervision and satisfaction), which are putting service delivery at risk.
- The ongoing reduction in the number of pregnant women assessed as low

risk who are choosing the local midwife led maternity service at Weston General Hospital;
- The sustainability of some services which may be more appropriately delivered elsewhere at scale, such as complex emergency surgery;
- The ongoing requirement for premium payments to subsidise specific services that would otherwise not be financially viable.
-

3.3. Work has therefore been progressing over the summer to take forward this work and Appendix 1 provides an update on progress and the emerging options that are now being considered.

4. Consultations undertaken

4.1. As previously noted the Bristol North Somerset and South Gloucestershire CCG completed a six month period of public dialogue and co-design earlier in 2018. This culminated in a conference on 19th April 2018.

4.2. The Programme of work has continued, building on the opportunities identified through the public dialogue phase with ongoing opportunities for engagement of the public and key stakeholders.

4.3. BNSSG CCG is working to develop a pre-consultation business case setting out our proposals for assurance by the South West Clinical Senate and NHS England by the end of the December 2018. Our intent is to begin full public consultation as early in 2019 as possible.

5. Implications

5.1. Arrangements are in place to ensure engagement of Somerset CCG and Taunton and Somerset NHS Foundation Trust to ensure that the options for service change are fully aligned.

5.2. We want to ensure that throughout this process we ensure that health overview processes are able to feedback and input into the Programme as required, prior to the planned consultation.

6. Background papers

6.1. Commissioning Context document
https://www.northsomersetccg.nhs.uk/media/medialibrary/2017/10/Healthy_Weston_-_Commissioning_Context_for_North_Somerset_-_October_2017.pdf

Independent Report from the Public Dialogue
https://media.bnssgccg.nhs.uk/attachments/healthy-weston-evidence-centre-report.pdf

Healthy Weston October Update
https://bnssghealthiertogether.org.uk/healthy-weston-programme-update-october-2018/

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Somerset County Council
Scrutiny for Policies, Adults and Health Committee
– 5th December 2018

Community Hospitals Update

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1. PURPOSE

1.1 The purpose of this paper is to provide the committee with an update on the impact of the work that has taken place to reduce the pressures facing the inpatient services within the 13 Community Hospitals operated by Somerset Partnership NHS Foundation Trust.

2. BACKGROUND

2.1 Recruiting and retaining registered nurses continues to pose a significant challenge across England. Within Somerset a number of local geographical areas continue to present a severe and sustained challenge for recruitment and retention.

2.2 Across the Community Hospitals, these shortages still pose risks to the continued provision of high quality safe care due to high levels of unfilled shifts and high levels of temporary staffing.

2.3 Due to the number of vacancies across the Community hospital wards in September/October 2017 the Trust took the decision on patient safety grounds to temporarily consolidate the current Community Hospital bed base onto fewer sites. At that time the inpatient wards at Dene Barton, Chard and Shepton Mallet Community Hospitals were temporarily closed and the beds and staff from those wards were redeployed into other hospitals across the county.

2.4 The temporary closures have subsequently been reviewed on a monthly basis by the Trust Board. During December 2017 and January 2018 the Trust undertook a limited public consultation to gain patient and public views on the impact of the temporary closures and to inform future options. The findings of the consultation were shared with the Board in February 2018.

2.5 In May 2018 the Board approved the re-opening of the 8 bedded inpatient ward in Shepton Mallet, based on a slight improvement in the recruitment of registered nurses. The inpatient ward at Shepton Mallet re-opened on 7 July 2018.

2.6 In June 2018 the multi-agency Somerset A&E Delivery Board established a Community Hospital Resilience Sub Group, chaired by the Somerset Partnership Chief Operating Officer and involving representatives from Somerset CCG; Somerset County Council Adult Social Care; Taunton &

Somerset NHS Foundation Trust; Yeovil District Hospital NHS Foundation Trust and Healthwatch Somerset. With the Community Hospitals operating in some cases very small numbers of beds and having small nursing teams, they

are particularly susceptible to the volatility in the supply of registered nurses at a national and local level. Within this context, the Group has been tasked with monitoring the position of Community Hospital staffing and safety and ensuring that plans are in place to manage the impact of winter pressures in 2018/19 whilst maintaining patient safety.

2.7 Wellington Community Hospital was temporarily closed in July 2017 for essential maintenance work which was completed in September 2018. Following the completion of these works, the Community Hospital Resilience group recommended that there should be a pause in the re-opening of inpatient beds at Wellington Hospital. This was in support of opening an additional five stroke beds (from 28 to 33) at South Petherton and Williton Community Hospitals as previously discussed at Scrutiny Committee. During this period additional staffing has also been deployed at Bridgwater Hospital which plays in a key role in the joint health and social care Home First pathways.

3. CURRENT POSITION

3.1 Having reviewed the key indicators and the prospective staffing position for the next three months, the staffing position has slightly improved, principally due to the intake of newly qualified nurses in September as well as successful recruitment and retention campaigns. However, the longer term prospects remain challenging across the county and there are still a number of hospitals experiencing registered nurse vacancy rates above 20% with some as high as 40%. Against this slightly improved background the Resilience Group has recommended that the Trust moves towards reopening the inpatient beds at Wellington Community Hospital as soon as possible in the New Year, subject to successful recruitment of registered nurses to fill the current 37% shortfall.

3.2 Luke ward at Dene Barton is now being used over the winter to accommodate the outpatient physiotherapy service from Musgrove Park Hospital which will, in turn, enable the provision of additional acute bed capacity for the winter period at Musgrove Park Hospital.

3.3 The staffing situation remains very fragile as winter approaches and staffing levels will need to be kept under review. The Trust plans to speak with local communities to obtain their views on hospital staffing and discuss the criteria that would be use if any temporary closures had to be considered in at any point in the future. The Trust has previously confirmed that it could not envisage being in a position to reopen Chard and Dene Barton inpatient beds over the winter period and that these beds would therefore remain temporarily closed until at least the end of March 2019. This situation will be kept under close review.

3.4 The Community Hospitals continue to work in localised clusters in order to manage their staffing challenges and to share their substantive staff. Matrons and Ward Managers regularly move staff from one site to another to try to manage the risk according to patient need. However, when more than one hospital in a local cluster has staff shortages managers are finding that these movements are becoming increasingly difficult to achieve.

Use of Temporary Staffing and Next Steps

3.5 The availability of temporary staffing continues to prove variable. The nursing bank team fills shifts as it is able but is not able to fill all of the required shifts and this has been more challenging again in recent weeks as escalation has begun in local acute hospitals. The unavailability of temporary staffing can have serious consequences for community hospitals and there continue to be regular occasions when an inability to get additional staffing has resulted in hospitals in having only 1 trained member of staff on at night. These untoward incidents are carefully reviewed by the Trust and known as ‘Red Flag’ events.

3.6 Whilst overseas recruitment may be beginning to have some positive impact within the Somerset acuyte hospitals, this form of recruitment has not previously proven successful for community hospitals. The resilience group and the Trust will continue to monitor the situation carefully over the coming winter period to ensure patient safety remains of paramount importance at all times.

OVERVIEW OF RISK FACTORS BY COMMUNITY HOSPITAL SEPTEMBER 2018

Sep-18

Area	Hospital	Fabric of Inpatient Area	% RGN Vacancies October	Red Flags	% Day Shift Fill rate over 95% (RGN)sept	% Night Shift Fill rate over 95% (RGN)sept	Consistently meeting CHPPD	% Turnover	% of RN workforce over 55 (FTE)	£ Agency Spend	Clinical Care Indicators	Deteriorating Patients (rate per 1000 occupied bed	Bed Occupancy (2)	Current beds	Additional Unstaffed Bed Capacity
1	Frome	Green	12.09	1	83.3	103.3	Red	7.7	26.1	2,233	Red		68.6%	26	0
1	Shepton	Red	0.00	5	83.3	90.0	Green	7.1	30.8	3,301	Green	1.0	81.3%	8	9
1	West Mendip	Greem	22.10	0	88.3	86.7	Green	8.6	24.6	25,310	Green		82.8%	30	3
1 / 2	Wincanton	Green	40.02	11	62.2	93.3	Amber	17.5	25.0	8,930	Green		60.5%	14	10
2	Chard													0	20
2	Crewkerne	Amber	0.00	2	83.3	96.7	Amber	6.9	40.3	940	Amber	1.0	80.7%	20	0
2	South Petherton	Green	13.71	1	83.3	100.0	Green	15.8	26.6	3,525	Amber		90.6%	24	0
2 / 3	Wellington													11	0
3	Bridgwater	Green	25.49	0	98.9	94.4	Red	17.0	30.4	3,301	Red	3.0	86.8%	30	0
3	Burnham	Green	22.11	1	88.9	98.3	Amber	7.4	19.7	2,233	Red		81.7%	20	0
3	Dene Barton													0	19
3	Minehead	Green	17.69	2	83.3	98.3	Amber	13.4	21.9	11,832	Green		79.3%	19	0
3	Williton	Green	16.94	0	119.0	101.7	Red	11.2	25.7	541	Amber		93.5%	20	10
		Key: R: major concerns A: some concerns G: Good	Key: R: 20%+ A: 10-<20%	Key: R: 2 or more A: 1	Key: R: <95% A:95-<100%	Key: R: <95% A: 95-<100%	Key: R: Signif short A: Some short G: Sufficient	Key: R: 16%+ A: 10-<16%	Key: R: 40%+ A: 20-	Key: R: >10K A: 5k – <10k	Key: R: Signif incidents A: some incidents G: no incidents	Key: R: 5 or more A: 1 to <5	Key: R: <80%;>90% G: 83% to 87%	222	71
														293	

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Scrutiny for Adults and Health Work Programme – December 2018

Agenda item	Meeting Date	Details and Lead Officer
	5 December	
Somerset Health and Care Strategy		Rosie Benneyworth, CCG
Community Hospitals update		Andy Heron/Ethna Bashford SomPar
Healthy Weston		Katie Norton, Bristol, North Somerset and South Glos CCG
	30 January 2019	
MTFP 2019/20		Peter Lewis
Nursing Home Support Service (to include update on Cost of Care)		Niki Shaw, SCC
Oral Health Services		NHS England
	13 March 2019	
Discovery Performance Update		Steve Veevers
CCG Quality, Safety and Performance Report		Debbie Rigby
Adult Social Care Performance Report		Mel Lock/Stephen Chandler
	03 April 2019	
Autism Services update		James Slater, Somerset CCG
Dementia Strategy		Fiona Hawker, CCG
Mental Health Services		Stephen Chandler/Mel Lock
Working Age Adults with Learning Disabilities		Stephen Chandler/ Mel Lock
	08 May 2019	
	05 June 2019	
CCG Quality, Safety and Performance Report		Debbie Rigby
Adult Social Care Performance Report		Mel Lock/Stephen Chandler
	03 July 2019	
	11 Sept 2019	
CCG Quality, Safety and Performance Report		Debbie Rigby
Adult Social Care Performance Report		Mel Lock/Stephen Chandler
	02 Oct 2019	

Scrutiny for Adults and Health Work Programme – December 2018

	06 Nov 2019	
	04 Dec 2019	
CCG Quality, Safety and Performance Report		Debbie Rigby
Adult Social Care Performance Report		Mel Lock/Stephen Chandler

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 Lindsey Tawse, Democratic Services Leader, who will assist you in submitting your item. ltawse@somerset.gov.uk 01823 355059. Or the Clerk Jennie Murphy on jzmurphy@somerset.gov.uk

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 Michael Bryant in the Democratic Services Team by telephoning (01823) 357628 or 359500.

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

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/18/08/06 First published: 13 August 2018	28 Nov 2018 Cabinet Member for Children and Families	Issue: Somerset Youth Justice Plan Decision: To approve the Somerset Youth Justice Plan. The Plan sets out how Youth Justice Services will be delivered in Somerset during 2018/19	Youth Justice Plan Report		Lise Bird, Strategic Manager - Prevention,
FP/18/08/03 First published: 7 August 2018	29 Nov 2018 Director of Commissioning and Lead Commissioner for Economic Community Infrastructure	Issue: Extension of the Somerset Local Education Partnership for five years Decision: An agreement is required to a five year extension to the Somerset LEP for the continuation of the services	Somerset LEP Extension		Sue Taylor, Service Manager - Contracts and Performance
FP/18/10/10 First published: 30 October 2018	30 Nov 2018 Cabinet Member for Highways and Transport	Issue: Adoption of the Somerset Bus Strategy Decision: Formal adoption of the strategy following wider public consultation	Cabinet Member Key Decision - Bus Strategy 2018-2026 APPENDIX 1 Somerset Bus Strategy 2018-2026 APPENDIX 2 Bus Passenger Transport Strategy Report on Public Consultation		Mike O'Dowd-Jones, Strategic Commissioning Manager – Highways and Transport Tel: 01823 356238
FP/18/10/11 First published: 30 October 2018	10 Dec 2018 Director of Corporate Affairs	Issue: Microsoft Software Supplier Decision: To agree a 3 year contract award for the supply o Microsoft software licences and support			Andy Kennell Tel: 01823359268

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/18/08/01 First published: 7 August 2018	Not before 10th Dec 2018 ECI Operations Director	Issue: Award of Concession Contract for the Provision of Cashless Parking Services Decision: To award a 5 year contract with an option for a further 2 year period to provide a "pay by phone" option for payment of car parking charges at Council locations within Somerset			Steve Deakin, Parking Services Manager, Parking Services, Community and Traded Services Tel: 01823355137
FP/18/08/02 First published: 7 August 2018	Not before 10th Dec 2018 Director of Children's Services	Issue: Provision of accommodation and support for Unaccompanied Asylum-Seeking Children - Framework Contract Award Decision: A competitive tending process if being carried out for providers to join a framework for contract for semi-independent accomodtion and support			Carrie-Ann Hiscock
FP/18/02/08 First published: 13 February 2018	Not before 10th Dec 2018 Cabinet Member for Highways and Transport	Issue: Taunton Transport Strategy Decision: To agree to adopt the joint (with TDBC) Taunton Transport Strategy			Lucy Bath Tel: 01823 359465

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/18/03/04 First published: 12 March 2018	Not before 10th Dec 2018 Cabinet Member for Highways and Transport	Issue: Procurement for the construction of traffic signals improvements at the Rowbarton junction in Taunton Decision: To commence the process to secure a contractor to deliver the scheme to improve the traffic signals at Rowbarton juntion in Taunton			Sunita Mills, Service Commissioning Manager Tel: 01823 359763
FP/17/09/04 First published: 11 September 2017	Not before 10th Dec 2018 Director of Finance, Legal and Governance, Director of Commissioning and Lead Commissioner for Economic Community Infrastructure	Issue: iAero (Yeovil) Aerospace Centre (2,500 sq m) Acceptance of ERDF Funding Decision: The acceptance of the offer of ERDF funding (£3.5 million), for the iAero (Yeovi) Aerospace Centre			Lynda Madge, Commissioning Manager – Economy & Planning Tel: 01823 356766
FP/18/10/09 First published: 30 October 2018	Not before 10th Dec 2018 Cabinet Member for Adult Social Care, Cabinet Member for Education and Council Transformation	Issue: AIS Renewal and Replacement Contract Award Decision: Renewal for a 12 month period of support contracts for two business applications. Award of a contract to supplier A as detailed in the confidential appendix to the key member decsion report			Stephen Chandler, Director of Adult Social Services Tel: 01823 359025

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/18/03/06 First published: 13 March 2018	Not before 10th Dec 2018 Cabinet Member for Economic Development, Planning and Community Infrastructure	Issue: Community Leisure Services Post 2019 Decision: Agree that SCC does not extend or renew the current contract for community leisure provision. Sites will be made available for disposal to the schools were possible.			Michele Cusack, ECI Commissioning Director
NON-KEY DECISION First published: 28 December 2017	Not before 10th Dec 2018 Director of Commissioning and Lead Commissioner for Economic Community Infrastructure	Issue: Strategy for the Management of the County Farms Estate Decision: To approve the publication of the strategy for the management of the County Farms Estate in accordance with existing policies, taking into account the recommendations from Scrutiny Committee Policies & Place			Claire Lovett, Head of Property Tel: 07977412583
FP/18/11/10 First published: 20 November 2018	20 Dec 2018 Economic and Community Infrastruture Commissioning Director, Cabinet Member for Economic Development, Planning and Community Infrastructure	Issue: Decision to approve revisions to the Connecting Devon and Somerset phase 2 deployment contracts Decision: To approve revisions to the Connecting Devon and Somerset phase 2 deployment contracts			Nathaniel Lucas, Senior Economic Development Officer Tel: 01823359210

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/18/10/03 First published: 23 October 2018	Not before 10th Dec 2018 Cabinet Member for Education and Council Transformation	Issue: A change to the protocol for schools converting to a sponsored academy retaining any surplus revenue balances, and the charging for academy conversions by the authority Decision: To consider the report			Ken Rushton, Service Manager - School Finance Tel: 01823356911
FP/18/11/01 First published: 13 November 2018	13 Dec 2018 Cabinet Member for Highways and Transport	Issue: Decision to extend the contract for Parking Enforcement and Related Services Decision: To extend the existing contract until June 2022 with apprpirate break clauses			Steve Deakin, Parking Services Manager, Parking Services, Community and Traded Services Tel: 01823355137
FP/18/11/03 First published: 16 November 2018	19 Dec 2018 Cabinet Member for Highways and Transport	Issue: County Wide Parking Review Decision: It is proposed to carry out a comprehensive review of each towns on-street parking controls on a rolling programme, looking at each community in turn to ensure a fair balance between the needs of residents, businesses and visitors. Consideration will also be given to ensuring safety; keeping the key routes free of congestion and the appropriateness of existing restrictions. A full consultation exercise for each town will take place with all stakeholders (District, Town/Parish Councils) and the community to identify all issues.			Bev Norman, Service Manager - Traffic Management, Traffic & Transport Development Tel: 01823358089

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/18/11/02 First published: 13 November 2018	19 Dec 2018 Cabinet	Issue: Bishop Fox's Contract Award Decision: To award the contact for Futures for Somerset			Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260
FP/18/09/01 First published: 3 September 2018	19 Dec 2018 Cabinet	Issue: South West Peninsula Framework Contract for Residential Children's Homes Decision: A competitive tendering process is being carried out across the South West Peninsula for residential Children's home providers to join the framework contract commencing from 1 Feb 2019.			Louise Palmer, Strategic Commissioner
FP/18/07/07 First published: 17 July 2018	19 Dec 2018 Cabinet	Issue: Family Support Service Update Decision: Providing an update on the progress of the Family Support Service project, following the Cabinet decision on the 12th February 2018			Alison Bell, Consultant in Public Health, Public Health
FP/18/07/05 First published: 17 July 2018	19 Dec 2018 Cabinet	Issue: Equality Objectives 2019 - 2023 and Equality Commitment Decision: Asking Cabinet to agree a new set of Equality Objectives for 2019 - 2023 and the new Equality Commitment			Tom Rutland Tel: 01823 359221

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/18/09/08 First published: 25 September 2018	19 Dec 2018 Cabinet	Issue: Revenue Budget Monitoring - Month 7 Decision: To consider the report			Peter Lewis, Interim Director of Finance
FP/08/09/09 First published: 25 September 2018	19 Dec 2018 Cabinet	Issue: Capital Budget Monitoring - Month 7 Decision: To consider the report			Peter Lewis, Interim Director of Finance
FP/18/09/10 First published: 2 October 2018	19 Dec 2018 Cabinet	Issue: Decision to conclude the award of a contract for the provision of highway improvements at M5 Junction 25 Decision: The decision is to enter into a contract with the preferred contractor for the construction of the highways scheme to improvem M5 Junction 25			Sunita Mills, Service Commissioning Manager Tel: 01823 359763
FP/18/10/05 First published: 24 October 2018	19 Dec 2018 Cabinet	Issue: County Hall refurbishment - A Block approval of final business case and contract award Decision: Agree the costs to complete the priority 1 improvement works and refurbishment; agree that the ECI Direcitor and Head of Corporate Property can enter the contract to deliver the full cost of the refurbishment in advance of the approval of the 2019/20 full Capital Investement Programme outcome			Claire Lovett, Head of Property Tel: 07977412583

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/18/11/12 First published: 22 November 2018	19 Nov 2018 Cabinet	Issue: Revenue Budget 2019/20 and MTFP Strategy Report Decision: To consider the report.			Peter Lewis, Interim Director of Finance
FP/18/07/10 First published: 30 October 2018	19 Dec 2018 Cabinet	Issue: Award of a contract for the provision of a framework of support services for people with complex, multiple needs Decision: To award a 5 year contract with an option for a further 2 years			Tim Baverstock, Strategic Commissioning Manager - Strategic Commissioning
FP/18/11/11 First published: 21 November 2018	Not before 4th Jan 2019 Cabinet Member for Adult Social Care	Issue: Decision to conclude the establishment of an Open Framework Agreement for Reablement Providers in Somerset Decision: To award an open framework that will ensure continued and new supply of reablement care across the county,mirroring the current arrangement for homecare. This follows interim contractural arrangements that were put in place following the unsuccessful			Tim Baverstock, Strategic Commissioning Manager - Strategic Commissioning
FP/18/06/08 First published: 19 June 2018	Not before 10th Jan 2019 Director of Commissioning and Lead Commissioner for Economic Community Infrastructure	Issue: To approve the appointment of a supplier to deliver the Wiveliscombe Enterprise Centre and Wells Technology Enterprise Centre Decision: To approve the appointment of a supplier			Nathaniel Lucas, Senior Economic Development Officer Tel: 01823359210

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/18/11/04 First published: 16 November 2018	23 Jan 2019 Cabinet	Issue: Proposed Capital Investment Programme 2019/20 Decision: To consider the proposed Capital Investment Programme for 2019/20+ and to recommend this to Council for approval			Peter Lewis, Interim Director of Finance
FP/18/11/07 First published: 16 November 2018	23 Jan 2019 Cabinet	Issue: Revenue Budget Monitoring Update Decision: To provide an update on the 2018/19 Revenue Budget and agree any management actions required			Peter Lewis, Interim Director of Finance
FP/18/10/08 First published: 30 October 2018	23 Jan 2019 Cabinet	Issue: Admission Arrangements for Voluntary Controlled and Community Schools for 2020/2021 Decision: To agree the admission arrangmements for voluntary controlled and community schools for 2020/21			Jane Seaman, Access and Admissions Manager Tel: 01823 355615
fp/18/11/08 First published: 16 November 2018	11 Feb 2019 Cabinet	Issue: Revenue Budget Monitoring Update and Capital Investment Programme update - Quarter 3 2018/19 Decision: To receive an update on the 2018/19 Revenue Budget and Capital Investment Programme delivery as at Q3 2018/19 and agree any management actions required			Peter Lewis, Interim Director of Finance

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/18/11/05 First published: 16 November 2018	11 Feb 2019 Cabinet	Issue: Medium Term Financial Plan 2019-2021 and Annual Budget 2019/20 Decision: To consider the proposed MTFP 2019-2021 and Annual Budget 2019/20 prior to recommending these to Full Council for approval			Peter Lewis, Interim Director of Finance
FP/18/11/06 First published: 16 November 2018	11 Feb 2019 Cabinet	Issue: Treasury Management Strategy 2019/20 Decision: To consider the proposed strategy prior to recommending this to Full Council for approval			Peter Lewis, Interim Director of Finance
FP/18/11/09 First published: 20 November 2018	Not before 4th Feb 2019 Director of Children's Services	Issue: Framework for the delivery of Food Produce to SCC properties Decision: Decision to award contract(s) to the successful supplier(s) following a competitive procurement exercise			Simon Clifford, Customers & Communities Director Tel: 01823359166
FP/18/04/06 First published: 30 April 2018	Not before 3rd Jun 2019 Director of Commissioning and Lead Commissioner for Economic Community Infrastructure	Issue: Procurement of the HotSW Growth Hub Service Decision: To undertake the procurement of a Business Support Service (Growth Hub) on behalf of the HotSW LEP			Melanie Roberts, Service Manager - Economic Policy Tel: 01823359209