

# Scrutiny for Policies, Adults and Health Committee

Wednesday 30 January 2019

10.00 am Library Meeting Room, 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 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 - 22 January 2019

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

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# AGENDA

Item Scrutiny for Policies, Adults and Health Committee - 10.00 am Wednesday 30 January 2019

**\*\* 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 05 December 2018** (Pages 5 - 8)

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 **Nursing Home Support** (Pages 9 - 14)

To receive the report.

6 **Fair Cost of Care** (Pages 15 - 18)

To receive the report.

7 **Medium Term Financial Plan** (Pages 19 - 62)

To receive the report

8 **Scrutiny for Policies, Adults and Health Committee Work Programme** (Pages 63 - 76)

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 01823 359500 ; 01823 355529 or

Email: [jzmurphy@somerset.gov.uk](mailto:jzmurphy@somerset.gov.uk) They can also be accessed via the council's website on [www.somerset.gov.uk/agendasandpapers](http://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 24 January 2019).**

At the Chair'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 Chair. You may not take a direct part in the debate. The Chair will decide when public participation is to finish.

If there are many people present at the meeting for one particular item, the Chair 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 Committee meeting rooms have infra-red audio transmission systems.

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 Chair 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, Paul Street, Taunton, TA1 3XZ, on Wednesday 5 December 2018 at 10.00 am

**Present:** Cllr H Prior-Sankey (Chair), Cllr M Healey (Vice-Chair), Cllr P Clayton, Cllr M Caswell, Cllr B Revans, Cllr M Keating and Cllr L Redman

**Other Members present:** Cllr M Chilcott, Cllr G Frascini, Cllr D Huxtable, Cllr L Leyshon, Cllr T Munt and Cllr R Williams

**Apologies for absence:** Cllr A Govier, Cllr A Bown and Cllr G Verdon

### 144 **Declarations of Interest** - Agenda Item 2

Cllr Bill Revans declared a personal interest as his son works for South West Ambulance Service.

Cllr Mark Healey MBE declared a personal interest as his wife works for the NHS in Dorset.

### 145 **Minutes from the previous meeting held on 07 November 2018** - Agenda Item 3

The minutes of the previous meeting were approved subject to the following changes:-

1. South Weston Ambulance Service should read South West Ambulance Service
2. Add apologies from the Junior Cabinet Member for Adult Social Care,
3. A request for a full and expanded explanation of Critical and non-Critical services for Adult Social Care in relation to reviews.

### 146 **Public Question Time** - Agenda Item 4

There were no public questions.

### 147 **Somerset Health & Care Strategy Update** - Agenda Item 5

The Committee considered a report which included an update on the Somerset Health and Care Strategy.

The Scrutiny for Policies, Adults and Health Committee considered the report, commented on the proposals and noted the overarching strategy and agreed with the proposals for public engagement.

The Chair welcomed the valuable and interesting public events that have been staged to support engagement. It was noted that future events are to be held in Bridgwater and South Somerset. Views from the public are being encouraged through a variety of means in addition to the events; social media and

engagement with a range of support organisations. With the aim of getting views from the widest possible range of people in Somerset.

The areas out for consultation are:

- Acute Services – including Stroke services, paediatric and obstetric services,
- Community Setting - looking at the whole range of settings beyond hospital beds. Use of Urgent Treatment Centres and phasing out of Minor Injury Units.
- Mental Health Services – looking to deliver best practice and review the current arrangement of two centralised Mental Health Units in a county with a large geographical spread.

Discussion included:-

- The need for the proposed Urgent Treatment Centres to be fully integrated with the 111 service and an understanding that Ambulances would take relevant patients to these units rather than automatically to A&E. A public awareness initiative to make it clear that the 111 service will book an appointment at the nearest suitable unit and is unlikely to be A&E for most people. The purpose of Urgent Treatment Centres is they will relieve the pressure on A&E Departments.
- The purpose of looking at the Mental Health facilities is that the evidence shows that treatment is most effective if it is done with the support of family and friends and not in isolation in a secure ward.
- It was noted that the Children's Services elements will be aligned and that it was proposed to use Social Media and the Somerset Youth Council to ensure this part of the population had the chance to express views.
- The limited use of the Bridgwater Maternity unit was raised, and the Committee were pleased to hear that when not in use it was not staffed and so not a drain on other services. This is part of the wider midwifery service and is only designed for low risk births.
- There was confirmation that the proposed move towards Urgent Treatment Centres was in line and compatible with the plans to merge Somerset Partnership and Musgrove Park Hospital.
- The review of stroke services highlighted the new treatments being used in Bristol and the success of early intervention and use of stroke beds in Community Hospitals. There will be a public consultation exercise in October and November and these plans are still on track.

#### 148 **Healthy Weston Programme Update** - Agenda Item 6

The Committee considered a report and presentation on the Healthy Weston Programme and noted the proposed next steps.

The Committee were informed that 20% of the footfall in Weston Hospital was from Somerset which was why it was important to consult and inform this

Committee. The pressure to change the service at this hospital is driven by demographics and resources:-

- Weston has a higher than national average age patient
- Weston has some very deprived Wards
- There is a great disparity in the local GP:patient loads
- Recruitment and retention of staff is a challenge
- 23% Vacancies at Consultant level
- Weston General is one of the smallest General Hospitals. The subsidy for this is not enough to offset the higher costs.

The Healthy Weston Programme is designed to address some of these issues by trying to move patients away from acute services by better joined up working. Following the public consultation there have been some suggestions that can be acted on immediately but there are others that will need further consultation. The options were laid out in the report and are subject to further discussions with NHS England, and the local governing body.

Further discussion covered:

- The Oncology Unit at Weston and confirmation that this was still open, would remain so and plans were to increase the capacity.
- The extent of the public consultation and confirmation that this generated 3000 individual items of feedback from a very wide cross section of the community.
- Ensuring all plans were 'future proof', it was confirmed that the data used to plan was based on ONS forecasting for the next 30 years.
- Using staff most efficiently by making sure staff operate at the 'top' of their licence. Meaning a Nurse does not do work that can be carried out by an Health Assistant.
- It was asked if staff could be given enhanced pay rates to attract them to Weston. It was confirmed this was not possible as the NHS operated National Pay schemes and any move away from this would increase pay bill and may result in a bidding war with other Hospital Trusts.
- There was discussion about the need for a University of Somerset to develop these skills and have some home-grown students to undertake their clinical experience in local hospitals.

The Committee asked to be kept informed of progress.

#### 149 **Community Hospitals Update** - Agenda Item 7

The Committee welcomed an update on Community Hospitals in Somerset. They were pleased to hear the plans to re-open Wellington Community Hospital early in January 2019.

The Committee noted the report and asked to be kept updated.

The Committee discussed the report and the following arose during that discussion:

- Wellington Community Hospital reopening will see the return of staff who have been redeployed to Williton and Bridgwater but there are still vacancies equivalent to 7.5FTE.

- The impact of Brexit and the return of many European nurses and despite regular recruitment exercises overseas there are still vacancies.
- The matter of a Nursing Degree being delivered in Somerset was again discussed as this would attract nurses and statistics indicate that many student nurses settle near to where they trained.
- The Committee discussed the withdrawal of the Nursing Bursary and the impact this was having on numbers of applicants. It was noted that there was an Apprenticeship route and Councillors were encouraged to make this known in any dealings with local residents.
- The recording of Bed Occupancy was discussed in relation to optimum numbers. It was noted that the optimum ration of patients to nurses was 1 to 8 plus 0.5 HCA so the most efficient ward would have 16 patients and three members of staff.
- The Community Hospital in Shepton Mallet has 9 unused beds. This is because the area is well served for other local facilities and this is kept under review.
- The increasing age of the nursing population with an anticipated 25 % who have already reached retirement age. Many chose to go on working but they all could retire now if they want to. The turnover in Somerset is 13% which is lower than some neighbouring districts.
- Other incentives to make nursing more attractive were discussed and these included; Free Car Parking for Nurses and Travel Discounts.
- When staff leave they are all offered the opportunity to have an exit interview (face to face, on line or via questionnaire) , any emerging issues are fed back to local managers and addressed.

150 **Scrutiny for Policies, Adults and Health Committee Work Programme - Agenda Item 8**

The Committee considered and noted the Work Plan and endorsed the changes made to balance the meetings in the early part of 2019. There was a request to add CCG Financial Report to the March 2019 meeting.

It was also noted that many of the requests made by Cllr Jane Lock had been included in the forward programme apart from an item on the CAB and an update in Universal Credit. It was agreed that this is a District Council matter.

151 **Any other urgent items of business - Agenda Item 9**

There were no other urgent items of business.

**(The meeting ended at 12.08 pm)**

**CHAIRMAN**



## **An Introduction to the Nursing Home Support Service**

Lead Officer: Paul Coles, Service Manager – Quality Assurance, Adult Social Care

Authors: Paul Coles and Michelle Bell (NHSS Registered Nurse, Somerset CCG)

Contact Details: [PColes@somerset.gov.uk](mailto:PColes@somerset.gov.uk)

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

Division and Local Member: All

### **1. Summary**

- 1.1. The purpose of this paper is to introduce the Scrutiny for Policies, Adults and Health Committee to the work, remit and impact of the joint-funded Nursing Home Support Service (NHSS), and to consider the vision for its future with a view to strengthening its role and function in order to better support the delivery of strategic ambitions, improved outcomes, and the achievement of demonstrable savings across key agencies.

### **2. Issues for consideration / Recommendations**

- 2.1. For the Committee to note the work, scope and impact of the NHSS in Somerset.

### **3. Background**

- 3.1. In 2015, a joint NHS Somerset Clinical Commissioning Group/Somerset County Council NHSS was established to support local nursing homes with improving quality, raising standards and reducing avoidable hospital admissions. This was in recognition of the fact that care home residents often become the medically marginalised in spite of having complex health care needs, which may contribute to avoidable ill-health and acute hospital admissions.
- 3.2. Access to community health services for nursing home residents can be variable and is often reliant on the knowledge of care home staff or visiting nurses/General Practitioners to refer for appropriate services. Monitoring of health-funded residents in nursing homes had also highlighted concerns in relation to the basic skills of staff, a lack of appropriate equipment and the inability of care home staff to identify residents at risk of a variety of problems, including pressure ulcers, nutrition, end of life care and an understanding of their responsibilities in respect of the Mental Capacity Act and safeguarding.
- 3.3. The service consists of a registered nurse and a registered social worker; the social work post is currently vacant, with a new appointee starting this month, January 2019). The service is a catalyst to supporting the enhanced communication between nursing homes, the acute sector and primary care support. Its main function is to support nursing homes to improve care quality by providing information, advice and support on a range of different aspects, from enhanced clinical skills to implementing safeguarding, mental capacity and Deprivation of Liberty Safeguards (DoLS) activity.
- 3.4. Nursing homes can self-refer and the NHSS is able to provide trouble shooting intervention or sign posting support over the phone, by email, or through direct visits. They provide 1:1 support to nursing home managers and can also deliver

awareness-raising workshops for entire staff teams.

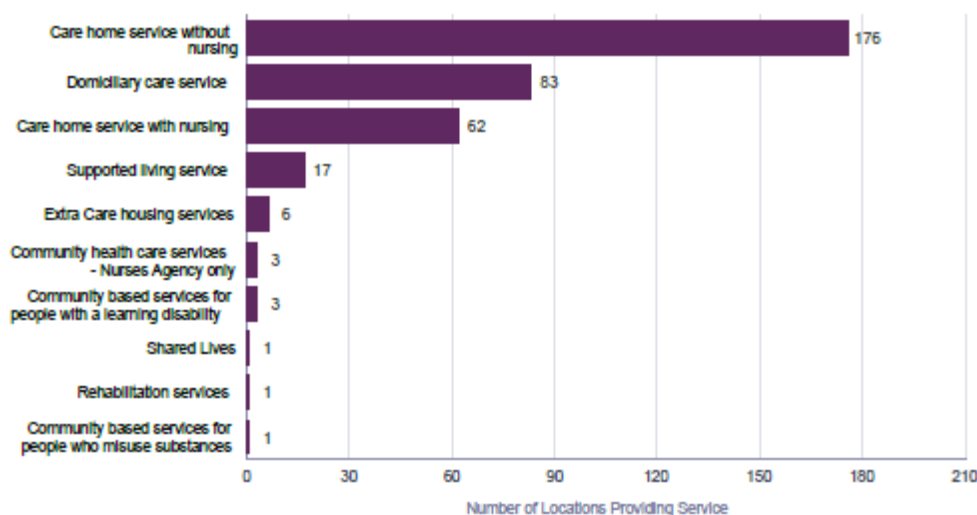
### 3.5. Facts, Figures and local performance

(based on Care Quality Commission (CQC) data through to 1<sup>st</sup> Nov 2018)

There are 312 active regulated social care organisations in Somerset; of these 172 are care homes without nursing offering 3,285 beds, and 62 are care homes with nursing offering 3,285 beds:

#### Active locations in Somerset providing the following services

N.B. Locations can provide more than one type of service



*NB Care homes can register both as a care home service with nursing, and without nursing.*

The NHSS supports 57 registered nursing homes (*NB. The CQC publication does not reflect three recent nursing home closures and two services that do not come under Somerset Clinical Commissioning Group's (CCG) domain*).

3.6. There are currently no nursing homes (or any other care provider in Somerset) with an 'Inadequate' CQC rating. 91% of Nursing Home providers in Somerset are judged to be either Good or Outstanding, representing an increase of 4% since November 2017. This compares positively to a national average of 74%.

### 3.7. Nursing Home Support Service Work Areas:

#### a) Learning and Engagement Meetings (LEMs)

The NHSS run quarterly Learning and Engagement Meetings with both acute hospital trusts, nursing and residential homes. The purpose is to reduce hospital admissions and enhance timely discharges for people who live in care homes. The meetings focus on best practice and are aided by guest speakers providing practice updates. The forums are a good opportunity for care home managers to share learning and feed into the wider health and social care network.

#### b) Enhanced Clinical Skills and Knowledge

The registered nurse within the service works with nursing homes to improve clinical skills. This includes syringe driver competency, focussing on training available to support nursing homes with the competency required for this procedure. There is currently a pilot taking place to support with the

dissemination of NEWS2, an early observation tool, that can be used to identify changes in an individual's clinical presentation. This tool has been implemented in other CCG areas and has proved successful in addressing avoidable hospital admissions.

c) St Margaret's Hospice Project

The Service also works in conjunction with St Margaret's Hospice to design and pilot nursing home end of life training. This has supported homes to enhance their knowledge in relation to end of life and palliative care. 41% of nursing homes in Somerset have attended the training since implementation at the end of 2016. The aim is for all nursing homes to participate in this training by the 2020. The project has made a significant difference to quality of the end of life care, confirmed by hospice community nurse specialists.

d) Training and Development

As part of the commitment to improving training and education within nursing homes, the NHSS in conjunction with Skills for Care has developed a portfolio of training resources that nursing homes can access. This includes enabling access to Learning Curve (NHS training). The service has also implemented quarterly tissue viability, deteriorating patient and observation training. Much of the training available is free of charge or available for a minimal fee. Along with LEMs, the service has supported the implementation of training events, including 'How to Achieve Outstanding' and 'Quality Improvement', involving guest speakers from Safeguarding, DOLs, the CQC and Skills for Care. The service has also offered bespoke training to provider staff on a range of different topics.

e) Somerset Treatment Escalation Plan (STEP)

The purpose of STEP is to respect individual's wishes to inform part of an advanced care plan to reduce unnecessary avoidable hospital admissions. The team are part of the scrutiny, implementation and reporting feedback on how the STEP is working in Somerset.

f) Red Bag Scheme

Due to the LEMs, the service was able to identify a need for better discharge arrangements and support with the implementation of the Red Bag Scheme in Somerset. This allowed for the acute sector to manage and roll out of the project to aid safer and collaborative discharge arrangements back into Nursing Homes.

g) Tissue Viability

The intelligence gathered by the NHSS assisted in evidencing the need for tissue viability support for residents in nursing homes. An enhanced tissue viability service providing advice and support to nursing homes is due to be implemented in January 2019.

h) Sundown Project

This is a CCG initiative that will provide them with a weekly real time bed state tracker, emergency admissions from nursing homes and quarterly quality assurance information that can be accessed to improve quality within nursing homes and assist with providing an overview of nursing provision in Somerset.

i) Quality Concerns

The service supports with information sharing and gathering where quality concerns have been identified in provider settings. This feeds into the wider quality assurance and safeguarding function of both organisations (SCC and the CCG). The service supported with a significant recent care home closure and has gone into nursing homes to support where concerns have been identified. This approach has enabled a reduction in the number of services being supported through the formal Quality Improvement process as well as supporting the reduction in the number of whole service concern safeguarding events.

j) Newsletter

The NHSS issues a bimonthly newsletter, providing updates on clinical skills, sector changes, and aiding communication with provider services.

k) Mapping of Community Services

The NHSS is currently looking to map all health-related services that nursing homes can access to enable a greater understanding of the services available in Somerset and any areas where there is a gap in provision.

l) Proud to Care Somerset

The NHSS has been part of the implementation of Proud to Care Somerset. This is a South west initiative to actively promote care as a career option and assist to bridging the current gap in the recruitment and retention of care staff into the industry.

### **3.8. System-wide benefits of having a Nursing Home Support Service**

- Supports early intervention and prevention, delivering benefits to a range of agencies
- Supports the requirements of the Care Act (2014) in terms of market shaping by supporting independent providers in particular to improve and sustain the quality of care through the delivery of early intervention
- Supports all commissioners in providing assurance of the quality of care and the maintenance of quality standards
- Supports reductions in the number of emergency admissions to hospital from care homes
- Reduces delayed transfers of care from hospitals to care homes by support with individual cases
- Improves transfer of care processes through the implementation of combined acute trust and nursing home provider Learning and Engagement meetings
- Supports reductions in the number of care home residents experiencing pressure ulcers, health care acquired infection and falls resulting in significant harm
- Improved safety and wellbeing for residents of care homes
- Improved outcomes for people at end of life
- A number of homes that were unable to give end of life medication through a syringe driver have purchased or made arrangement to hire a syringe driver and have trained and assessed staff in the competencies required to manage this equipment. This promotes choice for people who are at the end of their life and reduces the call on other services to support with this area of care
- Follow up on the wellbeing of residents who are particularly vulnerable or complex when they have moved to another home following home closure
- Quality and financial benefits
- Offers a tailored / bespoke approach to supporting providers of care

- Delivers targeted training and engagement opportunities
- Supports reductions in calls to Out of Hours services
- Supports reductions in emergency calls to ambulance services
- Supports reductions in health inequalities
- Ensures appropriate DNAR (Do Not Attempt Resuscitation) /STEP are in place, access to syringe drivers, ability to verify expected deaths.

### 3.9. Future developments

It is evident from the improved CQC ratings in Somerset over recent years that the NHSS, though small, is having a positive impact on the quality of care being delivered within nursing homes in Somerset. To enable the service to meet its full remit, further developments are being considered to maximise the service and enable future developments:

#### a) Care Home Task and Finish Group

There are several different initiatives across health and social care that focusses on improvements within the care sector. To enable a more joined up approach, it would be beneficial for a longer standing joint board to be established that enables a strategic oversight and direct in relation to nursing and residential care provision.

#### b) Residential and Domiciliary Care

Due to the focus on nursing home provision, the service, if enhanced, could have a wider systems impact by reaching out to also include residential and domiciliary care providers. This will support with a whole system approach and ensure an enhanced health and social care standard across all sectors of care within Somerset.

#### c) Occupational Therapy Support

The nursing and residential home sector in Somerset have not embraced improvements in relation to provision of equipment and assisted technology. Occupational Therapy input into the service could realise significant financial and resource savings.

#### d) Behavioural Management Support

With the increase in people living with dementia and subsequently exhibiting behaviours that challenge, the team would benefit from having access to specialist support to advice nursing homes on behavioural management plans, reducing the need for costly one to one support and restrictive practices.

#### e) IT systems

An area that needs further consideration is in relation to IT systems. The service currently works across two different systems resulting in duplication in the information that is being stored and the information that health can access and vice versa.

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Somerset County Council  
 Scrutiny for Policies, Adults and Health  
 Committee  
 – 30 January 2019

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## Fair Cost of Care Update

Lead Officer: Tim Baverstock, Strategic Manager – Commissioning - Adult Social Care

Authors: Tim Baverstock

Contact Details: [tdbaverstock@somerset.gov.uk](mailto:tdbaverstock@somerset.gov.uk)

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

Division and Local Member: All

### Background

The Fair Cost of Care exercise, relating to fee levels for 2018-19, was commissioned by Somerset County Council (SCC) to reflect the actual cost of care in the local market. The last time SCC conducted such an exercise was 2013 and since then a number of key factors have changed as have market conditions and the care landscape.

SCC commissioned Valuing Care Ltd to carry out this piece of work in order that it would be independent of the local authority and given their significant experience in this area, having done similar exercises elsewhere. Valuing Care were asked to look at the two key care areas:

- Care at Home fees including reablement
- Care Home fees

### Decision

#### Somerset County Council care at home fees

SCC implemented a higher rate than recommended for Care at Home and less of a differential to the reablement rate:

Care at Home	£18.00
Reablement	£19.00

This was a rise of 7.5% for the basic homecare rate and was estimated to cost circa £3m. Funding for this and other fee rises was via the ASC precept and the Better Care Fund.

#### Somerset County Council options for Care Home fees



We recommended a significant uplift for 2018/19 leading to the following rates:

Standard Residential	£507.13 (Current SCC rate £472)
Specialised Residential Care	£565.49 (Current SCC rate £536)
General Nursing (incl FNC)	£674.23 (Current SCC rate £647)
OPMH Nursing (incl FNC)	£707.29 (Current SCC rate £678)

This was equivalent to between 4.5% and 7.5% and had an impact of £3.4m for SCC in 2018/19. The largest rise was in residential care, recognising the current residents of those services have increasing complex needs and that cost of care had not kept pace.

### Learning Disability Services

LD support was explicitly excluded from the Fair Cost of Care review, as it was recognised that there are structural differences to homecare, specifically around the travel and non-contact time requirements and that residential and supported living models are very different. During 2018/19 we have implemented the Care Funding Calculator to fairly benchmark individual package costs (new and old) across providers

### Update

The rises in homecare and reablement rates were welcomed by the sector and provided some stability to a very fragile provider market. As we look to ensure that more people can remain at home for longer, the availability and quality of provision to provide care at home is crucial and is a sector we should invest in.

Whilst we were able to maintain provision in the county, the rise in rates did not result in a significant rise in availability of additional care or care staff. This is indicative of the current workforce shortages and the limited market for carers. It is not simply a cost issue. Some rural areas remain a challenge, particularly in relation to shorter half hour visits.

In the Care Home sector, the rises were also welcomed and have enabled those in residential care to be funded appropriately whilst upskilling in particular with regard to managing dementia effectively. As you should be aware, we have an oversupply





of care home beds in Somerset and thus the cost paid does not relate to availability, however we must fund existing and new residents appropriately for their needs.

We have seen some home closures in 2018/19 but these were due to various reasons, including quality, vacancy levels and staffing issues.

Quality levels have exceeded expectations this year with 90%+ of providers rated good or above and no inadequate providers at the time of writing.

The 2018/19 process for the cost of care has been carried forward to the 2019/20 work and we have already met with the sector four times with the intention of early notification of budget decisions in January 2019 to help with their planning processes.

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## Medium Term Financial Plan for Adults Services

Lead Officer: Peter Lewis

Author: Peter Lewis, Director of Finance

Contact Details: 01823 359028

Cabinet Member: Mandy Chilcott, Cabinet Member for Resources

Division and Local Member: All

### 1. Summary

- 1.1. The report summarises the key messages from the Medium Term Financial Strategy (2019-22) report presented to Cabinet on 19 December 2018 to enable Scrutiny of relevant service areas ahead of the more detailed budget report being presented to Cabinet and Full Council in February 2019.
- 1.2. The Council recognises the on-going financial challenges confronting it and hence the importance of setting a robust budget for 2019/20 as well as laying foundations for the financial plans for 2020/21 and 2021/22. That means that all the known funding and service demand pressures have been reflected in the budget alongside proposals for reducing spend and hence producing a balanced budget for 2019/20. This produces indicative budgets for each service and this report focuses on those services for which this Scrutiny Committee is responsible.
- 1.3. By way of context, it is important to be aware that since the Cabinet Strategy paper was prepared, the provisional Local Government Financial Settlement has been published by the Ministry of Housing, Communities and Local Government (MLCG), on 13 December 2018. The final Settlement can be expected early in the new year, although significant change would not be anticipated. Alongside the core funding announcements issued in the Settlement, the Council has also received confirmation of several Special and Service specific grants from Government departments. The County's district and borough authorities (the Council Tax collecting authorities) have further up-dated their estimates for the numbers of properties liable for Council Tax next year.
- 1.4. Full details for the funding that the Council will receive will be included in the Cabinet and Full Council reports being prepared for February 2019, while this paper focuses on understanding the services spending requirements and proposed further savings required to be delivered.
- 1.5. It is important for members to understand the on-going risks within approved budgets, the levels of reserves, balances and contingencies, as well as the mitigations aimed at limiting the impact on core services, especially those prioritised in the County Plan. Relevant links will be drawn out in the detail below.

### 2. Issues for consideration / Recommendations

- 2.1. Against a gross revenue budget of more than £800m annually, and a net revenue budget need for 2019/20 of £338m, (as reported in December 2018),

the MTFP Strategy paper showed that funding falls short of spending need by £28m across the next three years. This means the Council must consider what it delivers and how it is delivered to reduce spending in line with funding.

- 2.2. After applying proposed corporate solutions, details of which will be set out in the February 2019 Revenue Budget report, there remained a gap between spending requirement and funding available across all services of £15m in 2019/20 (before the implications of the recent Settlement are factored in). It is not anticipated that these will make a significant difference to the overall financial challenges the Council faces as most of the improved figures are not envisaged to be sustainable beyond 31 March 2020. However, there may be some opportunity to partially replenish some earmarked or General reserves, which would then have a beneficial impact on the resilience of the Council rather than directly on core services.
- 2.3. In the meantime, this paper sets out the relevant service pressures and movements that made up that gap as well as details of the relevant service additional savings to be considered to produce a balanced budget for 2019/20
- 2.4. This Committee is therefore **requested** to review the proposed budget and the specific proposals for change relating to Adults Services and Public Health so that they can comment on them, offer assurance to Cabinet and/or identify any matters for consideration that they would like to highlight to the Cabinet.

### 3. Background

#### 3.1. Spending and Savings Assumptions

This section sets out the main changes to spend and the forecast to deliver previously planned savings for each key service, followed by a summary of the indicative budgets across the MTFP period (2019-22).

The movements represent changes from the existing MTFP (2018-21) agreed in February 2018 and adopt the previously Cabinet agreed key principle of ensuring robust, transparent budgets are set for 2019/20 onwards. This will place the council in the best position to effectively monitor service spending needs and funding.

For each service, the heading in the following paragraphs reflects the net budget for 2019/20 alongside the net movements for service pressures and savings proposals for each of the three years of the MTFP: 2019/20, 2020/21 and 2021/22

#### 3.2. **Adults Services: Indicative net budget for 2019/20 £132.561m, net movements: 2019/20 -£8.588m; 2020/21 £1.038m; 2021/22 £1.626m**

Adult Service has a clear strategy of ensuring that people are able to access the right type and levels of support needed but in a way that maximises the potential for each person to maximise their independence often referred to as 'Promoting Independence'. The success of this approach has enabled the service to manage demand effectively whilst improving access times, levels of satisfaction and workforce satisfaction.

This approach has enabled the service to both deliver the planned savings and

in year savings without impacting on the access to services. Whilst this approach has further opportunities to deliver the savings planned for 2019-20 the strategy will be subject to review as its clear that Somerset's demographics will continue to require an ongoing transformation in support provided.

### 3.3. Pressure movements:

**Table 1** below sets out the incremental service pressures within Adults Services budgets over the MTFP period followed by an explanation for each.

**Table 1: Pressure movements by type for Adults Services**

Pressure Type	2019/20 (£m)	2020/21 (£m)	2021/22 (£m)
Demography	1.000	1.000	1.000
Inflation (General)	2.351	-	-
Inflation (Contract)	0.538	0.506	0.626
Prior year Savings Unachievable	4.151	0.685	-
<b>Total</b>	<b>8.040</b>	<b>2.191</b>	<b>1.626</b>

#### 3.3.1. Demography £1.000m/£1.000m/£1.000m

Demographic growth in Adults services has been largely managed without additional funding over the past 2 years. The one area where there continues to be an increase in pressure year on year is Learning Disabilities, although this has reduced substantially from the position 3 years ago when spend in 2016/17 was £4.7m higher than 2015/16. Because of this we have estimated a demographic increase of £1.000m will be sufficient for Learning Disabilities in 2019/20, 2020/21 and 2021/22.

#### 3.3.2. Inflation (General) £2.351m/£0.000m/£0.000m

The final year of the agreed Council Tax precept for Adult Social Care allows us to increase Council Tax by 1% (increased by 2% in 2017/18 and 3% in 2018/19). This money will be spent entirely on supporting the social care market through fee increases.

#### 3.3.3. Inflation (Contract) £0.538m/£0.506m/£0.626m

Contractual inflation for the Discovery contract is capped at 2% as per agreement made during last year's budget setting. The contract continues to deliver efficiencies in line with the original cost model.

#### 3.3.4. Prior Year Savings Unachievable £4.151m/£0.685m/£0.000m

The prior year (17/18) saving in relation to Reviewing to Improve Lives is partially unachievable (£3.058m). This reflected the significant challenges in implementing changes within LD services. A sustained piece of work will

commence in 2019 to redefine the strategy for support provided to people with an LD, development work with the overall market and a reduction in spend, Scrutiny have planned a specific report on LD later in the spring.

### 3.4. Other movements:

**Table 2** below sets out the incremental service movements (savings and adjustments) within Adults Services budgets over the MTFP period followed by an explanation for each.

**Table 2: Other movements by type for Adults Services**

Type of Movement	2019/20 (£)	2020/21 (£)	2021/22 (£)
In-Year Savings	- 3.018	-	-
Prior Year Savings	- 1.092	- 0.685	-
Technical Adjustments	- 12.519	- 0.468	-
<b>Total</b>	<b>- 16.628</b>	<b>- 1.153</b>	<b>-</b>

#### 3.4.1. In Year Savings -£3.018m/£0.000m/£0.000m

These are the full year effect of the savings that were identified as part of addressing the financial challenge in 2018/19 that were presented to cabinet in September 2018. There is a further £1.000m saving in relation to Supported Housing efficiencies that were made during 2018/19.

#### 3.4.2. Prior Year Savings -£1.092m/-£0.685m/£0.000m

These prior year savings relating to Technology and People (TAP) programme and contract efficiencies have been reversed.

The TAP programme was originally intended to be a 5-year programme commencing late in 2016 and due to conclude in 2021 having made workforce related savings of approximately 10% of salary costs (£7.58m) in that time. To date the programme has achieved £600k of directly attributable savings and a further £294k of partially attributable savings. It is also anticipated that the Adults service will deliver a further £439k of savings in 19/20 as a direct result of the performance insight and targeted improvement opportunities provided by the systems review across locality areas.

The programme has also significantly contributed to service savings made across the organisation as an enabler for example, reduction in travel expenditure due to the introduction of Skype for Business. Furthermore, a conservative estimate of 600 working hours have been saved daily from faster power up and log speeds further to the introduction of new devices and Windows 10 functionality.

The programme closed before the anticipated end date due to the financial imperative focus which has reviewed future MTFP saving targets and reset the 2019/2020 budget. This resulted in a decision to reabsorb the future years

attributed service TAP related savings into an overall organisational target. This decision was based on a confident assumption that the foundation has been laid and tools made available for ongoing technology and people transformation aligned to the organisational redesign which will determine the shape and size of the organisation in the future. Fundamental to delivering ongoing savings and future sustainability will be a focus on the behavioural shifts necessary to change the cultural mindset of the organisation.

#### 3.4.3. Technical Adjustments -£12.519m/-£0.468m/£0.000m

£9.823m of this technical adjustment relates to using the improved Better Care Fund (iBCF) to protect against service cuts. There is a risk around this given that the iBCF is only confirmed until the end of 2019/20. There is also a reduction to the budget of £1.561m due to the removal of the Adult Social Care Support Grant which was given to local authorities for 17/18 and 18/19 only. The remaining technical adjustment which reduces the budget by £1.134m in 19/20 and £0.468m in 2020/21 is in relation to the reducing transformation costs within the Discovery contract.

#### 3.5. **Public Health Services: Indicative net budget for 2019/20 £0.749m, net movements: 2019/20 -£0.274m; 2020/21 £0.000m; 2021/22 £0.000m**

This section of the report relates specifically to the SCC budget that public health manages. From 2019/20 this funding is used only for undertaking the community safety responsibilities of the council and the commissioning of domestic abuse services.

#### 3.6. **Pressure movements:**

**Table 3** below sets out the incremental service pressures within Public Health Services budgets over the MTFP period followed by an explanation for each.

**Table 3: Pressure movements by type for Public Health Services**

Type of Movement	2019/20 (£m)	2020/21 (£m)	2021/22 (£m)
Prior Year Savings reversed	0.126	-	-
<b>Total</b>	<b>0.126</b>	-	-

##### 3.6.1. Prior Year Savings reversed £0.126m/£0.000m/£0.000m

These one-off savings taken in 2017/18 (£0.019m) and 2018/19 (£0.107m) are being returned to Public Health as agreed. These were taken on a one-off basis in advance of the service achieving £0.400m in 2019/20. This saving has been achieved through the recommissioning of substance misuse services.

#### 3.7. **Other movements:**

**Table 4** below sets out the incremental service movements (savings and adjustments) within Public Health Services budgets over the MTFP period followed by an explanation for each.

**Table 4: Other movements by type for Public Health Services**

Type of Movement	2019/20 (£m)	2020/21 (£m)	2021/22 (£m)
Prior Year Savings	- 0.400	-	-
<b>Total</b>	<b>- 0.400</b>	<b>-</b>	<b>-</b>

### 3.7.1. Prior Year Savings -£0.400m/ £0.000m/£0.000m

This is the saving in relation to re-tendering the Drug and Alcohol service in line with the reduced budget amount available.

### 3.8. **Indicative Service Budgets:**

After reflecting the movements above, the indicative budgets for the MTFP period (2019-22) are set out in the table below.

**Table 3** Three-year budget for Adults & Health Services and Public Health compared to the current 2018/19 budget.

Service	2018/19 Budget £m	2019/20 Indicative Budget £m	2020/21 Indicative Budget £m	2021/22 Indicative Budget £m
Adults Services	141.149	132.561	133.599	135.225
Public Health	1.023	0.749	0.749	0.749
<b>Total</b>	<b>142.172</b>	<b>133.309</b>	<b>134.347</b>	<b>135.973</b>

The above figure for Public Health is the net SCC budget. In addition to this, the authority will receive the Public Health grant which is £21.176m in 2019/20, meaning a total of £21.925m will be spent on improving and protecting the Public's Health.

### 3.9. **Further Savings Proposals**

The MTFP Strategy report to Cabinet in December 2018, showed; that there was a funding shortfall of £15m to produce a balanced budget for 2019/20. Services have developed proposals for further reductions in service budgets that would ensure a balanced budget for 2019/20 and that, in some cases, also contribute to additional savings in 2020/21.

- 3.10.** Savings proposals totalling £6.597m have been identified by Adults Services of which £2.937m require a saving decision to take effect from 1 April 2019. Decisions have already been taken on 3 proposals totalling £0.552m and there is a financial adjustment relating to the Reviewing to Improve Lives pressure noted in section 3.4.4 of £3.058m which does not require a decision, as well as £0.050m relating to finance staff that does not require a decision. All of the Adult's Services savings proposals are ongoing and an additional £0.219m has been identified for 2020/21. A summary table of the Proposals for Change can be found in Appendix A (Summary of Adults Savings Proposals from 2019/20).



- 3.11. For Adults & Health Scrutiny the detailed proforma's for the relevant Proposals for Change for this committee can be found at Appendix B
- 3.12. Within the budget for each year is a revenue contingency, which is aimed to provide some resilience in the event that some savings cannot be delivered to the extent planned. It has been assessed, through the use of confidence factors, that the contingency sum is sufficient to address any potential shortfalls to allow for a balanced budget in 2019/20

#### **4. Consultations undertaken**

- 4.1. The savings proposals contained within this report do not require consultations. Within appendix A the proposals and values of savings can be seen

#### **5. Implications**

- 5.1. There are significant financial implications, and these are identified throughout the report.
- 5.2. The detailed proposals for change can be seen in appendix B2. These detail any legal implications associated with each change proposal.
- 5.3. The nature and scale of the savings required means that there will be HR implications arising from this report these can be seen within the detailed proposals for change in appendix B2.

#### **6. Background papers**

- 6.1. Revenue Budget 2019/20 and MTFP Strategy Report to Cabinet 19 December 2018

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



## Appendix A: Summary of Adult's Savings Proposals from 2019/20

Service	Proposals for Decision				Proposals requiring consultation				TOTALS for Proposals for Decision and Proposals Requiring Consultation			
	No. Proposals for Change	Max 19/20	..of which is ongoing savings	<u>Additional</u> ongoing savings from 20/21	No. Proposals for change	Max 19/20	..of which is ongoing savings	<u>Additional</u> ongoing savings from 20/21	No. Proposals for change	Max 19/20	..of which is ongoing savings	<u>Additional</u> ongoing savings from 20/21
Adults Services	6	2937.0	2937.0	219.0	0	0.0	0.0	0.0	6	2937.0	2937.0	219.0
<b>TOTALS</b>	<b>6</b>	<b>2937.0</b>	<b>2937.0</b>	<b>219.0</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>6</b>	<b>2937.0</b>	<b>2937.0</b>	<b>219.0</b>

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## Appendix B1 - Summary of Savings Proposals for 2019 – 2022 for Policies, Adults & Health Scrutiny

Service Area Ref.	Proposal Title	Brief Summary	Sum of Max Value 2019/20 Saving (£,000)	Sum of Max Value 2020/21 Saving (£,000)
<b>Adult's – For Decision</b>				
Adults 1920-01	<b>Rationalisation of Extra Care Housing provision in Somerset</b>	As part of MTFP2, ASC funded support to three Extra Care schemes has been de-commissioned of those schemes that are furthest from the desired model and have no or very little support being delivered in them. Going forward, there is a confidence a further 8 out of the 22 remaining schemes do not provide good value for money and as a model do not support good community support or interactions. It is therefore felt that the ASC funded support could be withdrawn and used in better ways. For clarity the schemes will not close, but it is expected that they would continue as either general needs housing suitable for older people or specialist sheltered housing / Assisted living.	604	219
Adults 1920-03	<b>Review of Care Packages</b>	Adult Social Care (ASC) have a statutory responsibility to carry out reviews under the Care Act on an annual basis. There are currently 6,832 people receiving care and support within the community. ASC are committed to improving individual lives by providing the right kind of support however the service has identified that when carrying out a strengths based person centred review in line with the 'Promoting Independence' strategy show that savings can be achieved. On the basis of progress in 2018 -19 further savings will be delivered whilst still improving outcomes for individuals.	1100	0
Adults 1920-04	<b>KeyRing Grant Reduction</b>	KeyRing network provides a variety of accommodation and housing related support for clients. Moving forward ASC are looking to reprovide the support that is currently given to members in Glastonbury/Street as information suggests that individuals do not need or require this level of support and people have been successfully integrated back into their communities.	15	0
Adults 1920-08	<b>Recommissioning Care Home Dementia Support</b>	The proposal will review existing high cost complex mental health cases who have complex dementia to identify the most appropriate care is being provided to each individual, and to ensure value for money is being achieved in relation to the associated costs of each package of care. At present there are a number of individuals who have high levels of 1.1 support for whom the quality of experience is	100	0

Service Area Ref.	Proposal Title	Brief Summary	Sum of Max Value 2019/20 Saving (£,000)	Sum of Max Value 2020/21 Saving (£,000)
		not as good as expected. As part of this change and reduction we will be looking to recommission alternative delivery models for this client group that supports them to be independent but is more cost effective.		
Adults 1920-09	<b>Managing Demand / Reduction in placements in residential nursing care</b>	This proposal is aligned to the reduction that has been seen in placements in residential and nursing care and over the last few years and the continued change of approach within the ASC sector. This builds upon the reduced dependency on this model of support both as a result of the 'Promoting Independence' strategy and also the focus on keeping people at home with support.	1068	0
Adults 1920-10	<b>Reduction of Independent Assessor support in the deprivation of Liberty safeguards service</b>	The service currently uses a mix of internal and external assessors to manage MCA assessments. The service is proposing to reduce reliance upon independent Best Interest Assessors (BIAs) (Expensive) and ensure maximum effectiveness of our in-house assessors.	50	0

**Appendix B2 –  
Adults & Health  
Proposals for  
Change –  
For decision for 2019  
– 2022**

## Proposal for Change:

### ASC1920-01 – Rationalisation of Extra Care Housing provision in Somerset

Reference:	ASC1920-01
Service Area:	Adults Social Care
Director:	Stephen Chandler
Strategic Manager	Steve Veevers
SAP Node	EHA

1. The proposal is to:	
	<b>Managing Demand</b> - <i>Examine what can be done to influence our demand and reduce service pressures/costs or increase income, including raising fees and charging for services. How could we work across the wider local system with partners, are we picking up costs that should be paid by a different part of the system? Evidence of current and expected future demand will be required as part of future planning.</i>
	<b>Increasing Productivity</b> - <i>Since 2011/12 the Council has made most of its savings through efficiency measures. Like most Councils there is now less scope for traditional efficiency savings. What efficiency/productivity savings are available? What are the biggest expenditure items in your service? Are we getting best value from our contracts? Are we exploring opportunities to negotiate?</i>
	<b>Service Delivery Models</b> - <i>Are you aware of any alternative delivery models that could deliver services differently? What examples from other authorities could we adopt? E.g. commission from another party, joint venture... recognising that some options will have a long lead in times and would not necessarily impact on the financial gap in 2018/19.</i>
<b>X</b>	<b>Reductions in Services</b> - <i>Are there services which partners could provide instead? Are all your services adding value? Are there any services which could safely and legally be stopped? What would the impact be on residents? Could residents be empowered to do it themselves?</i>

2. Outline of the proposed change:
<p>Extra Care Housing (ECH) is provision of accommodation-based care and support to people, allowing them to live independently. Effectively, it is having 24-hour carers based in a building, being on hand to respond to emergencies, planned care or provide group activities. When commissioned well, the model can be highly effective in helping people to stay independent and well for much longer in the community, reducing the need for more intensive settings like residential or nursing care. The presence of core support, as well as the benefit of friendships and networks with other residents are all positive factors for people's wellbeing on vibrant and busy schemes.</p> <p>Somerset County Council currently fund background, night and management staffing (Core) in 23 extra care schemes across the county, some are well utilised, but some have lower levels of care delivered in the schemes. A proportion of these are at a level where the investment in "core" support does not represent value for money or provide a reduction in the "paid for" care to people.</p> <p>The council's commissioners, information systems and recording of care delivery in Extra Care have been instrumental in the development of this proposal that has</p>



considered the usage within the schemes and provided an update of both assessed care (that which people are eligible to receive following a social care assessment) and core staffing (which may be preventing them needing further care or helping people stay independent).

There are a number of schemes where the assessed care delivery hours are considerably low, it is expected to have a minimum of 200 hours for a scheme to make it economically viable for the care provider. Also, some schemes within the current stock do not meet the recommended design for Extra Care Housing. Schemes need to be accessible, or be capable of being adapted, to facilitate the delivery of personal social and health care services. A number of the Somerset schemes have a dispersed bungalow setting over a large area that make it difficult for staff to deliver services effectively and raises concerns for night staff travelling alone.

The recommended model for Extra Care is a single building, with multi occupancy of approximately 40 or 50 units. Best practice research informs us that in order to have a vibrant and balanced community within an Extra Care scheme, residents should have a range of dependency needs, the general principle is that there will be mixed range of assessed care needs with a third of the population having low, another third having medium and the remaining third high.

The proposal would not mean that people need to move from their home, as their right to tenancy in the property will remain, but the proposal is to remove the core care component of the Extra Care Scheme where it is not currently value for money. However, due to the cumulative effect to the market of the removal of the core component across multiple schemes, this must happen in a phased approach to facilitate the transitional period, therefore, a clear programme would need to be developed to enable the savings whilst not overly disrupting the marketplace or providers.

The levels of investment by Somerset County Council vary by scheme, dependent on the number of units of accommodation. The net investment figure is offset by the client contribution of approximately 21% per scheme.

Adult Social Care (ASC) are proposing to remove the core component from 8 schemes in 2019/20 to generate a possible full year saving of £823,000 with 2019/20 savings totalling £604,000.

To ensure minimal disruption a programme will be developed and will be delivered over the year period that will ensure minimal risk to the Housing Provider market.

For clarity, the schemes will not close, but it is expected that they would continue as either general needs housing suitable for older people or specialist "sheltered housing" / assisted living.

It is expected that the residual schemes would be effective and at a level that would represent value for money.

## **2a. Confidence level**

100 %

Initial conversations “in principal” have already occurred with housing providers and care providers and commissioners are confident that the removal of the core component of the least financially viable ECH schemes would be possible to achieve.

This would not adversely affect the provision of specialist housing in Somerset and it is considered that demand for this type of services warrant this correction of this type of accommodation that does not meet the desired model of Extra Care.

The concern of commissioners is the de-stabilisation of the market which could potentially have severe impact on the sustainability of the Care and Housing providers, if the withdrawal is made too quickly.

## **3. Impact on residents, businesses and other organisations:**

Those people living in schemes that are identified for decommissioning will face the removal of the 24-hour care and support provision. Specifically, these schemes have been chosen as they currently have minimal use of the night support and little use of the background staffing. Replacing with a provision of home care, as if people were living in general needs housing, will continue to meet any assessed needs under the Care Act.

Providers who are providing the care under contract will suffer a loss of income and a change to the provision. This may impact on their staffing negatively, for example needing to make redundancies / redeployment of staff that were previously delivering this service. This may need to be taken into account for one off cost out of any saving proposals.

Landlords providing the housing will also have a loss of income from the grant from SCC, provided to them. As specialist Residential Social Landlords (RSL's) they will have social responsibilities to providing specialist accommodation. There may well be a reputational impact on these landlords, although some have already agreed in principal to changes set out.

Adult Social Care will also need to manage the relationship with District Councils who could be disengaged with the proposals due to the change in service being offered. This relationship will be managed by Commissioners to ensure that joint strategic aims are agreed, and any feedback or issues are listened to and resolved to both parties satisfaction.

Further information on impacts can be found in the Equalities Impact Assessment.

**4. Impact on other services we provide:**

This proposal may have an impact on other services, specifically if the current Extra Care Provider, when given notice, opts to not provide the assessed domiciliary / home care to people. If this was to occur then other providers will need to be found, more likely that not from current domiciliary care providers.

There will be also be an impact on operational social work teams in completing reviews or assessments of people that may have not been done recently.

No other impact on other services is expected.

**5. Impact on staff:**

No impact on SCC staff, however, there could be potential impact on provider staff if the service provision was reduced.

**6. Resources and support needed to make the change:**

Would require;

- Commercial and Procurement resource to agree contractual changes required.
- Commissioner resource will be required to agree and negotiate changes.
- Project & Change Manager to lead the delivery of the programme.

**7. Timescale to deliver and major milestones:**

Milestone	Date
Full Council Sign off	Feb 2019
Planning and preparation phase including comms to housing providers (ALL)	March 2019
<b>Tranche 1:</b> TBC de-commissioned schemes	March 2019
<b>Tranche 2:</b> TBC de-commissioned schemes	May 2019
<b>Tranche 3:</b> TBC de-commissioned schemes	July 2019
Delivery of in year savings	September 2019
Commencement of 100% in year savings	January 2020

**8. Risks and opportunities:**

Individual service users may need reviews to ensure continuity of care.

Any delay in the phasing of the decommissioning will reduce the level of savings able to be achieved.

Relationship with District Council maybe negatively impacted by changes.

**9. Dependencies:**

- Contract with care providers
- Grant Agreements with Landlords
- Work being undertaken through FIT.
- District Councils

All dependencies will be managed through the service.

**10. Initial Equality Impact Assessment:**

Please see separate Equalities Impact Assessment.

**11. Consultation and Communications plan:**

Formal Consultation on mitigation of the impact, will be undertaken for all schemes affected. A full consultation and communication plan is in place for each of the identified schemes, ready to be enacted.

**12. Legal Implications:**

There is no statutory duty to provide service, the changes are to be addressed through contractual and grant changes.

Also need to demonstrate how this decision is consistent with the wellbeing duty in the Care Act 2014. Must address market-shaping duty of the local authority under section 5(1) and 5(2)(f) Care Act 2014.

**13a. Financial Implications – net change to service budget in each year:**

Are the savings evidenced based?		Yes			
If no, when is evidence expected?		N/A			
Please note: these figures should be cumulative (as per the approach for MTFP and savings)					
£s	Savings	Income	Growth/Costs	Total	Ongoing or One-off?
2019/20	£ 604,000	£	-£	£ 604,000	Ongoing
2020/21	£ 219,000	£	-£	£ 219,000	Ongoing
2021/22	£			£	
2022/23	£			£	
<b>Total</b>	<b>£ 823,000</b>	<b>£</b>	<b>-£</b>	<b>£ 823,000</b>	

**13b. One off project costs and income (not included in above):**

£s		
2018/19	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
2019/20	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
2020/21	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
<b>TOTAL</b>		<b>£</b>

## Somerset Equality Impact Assessment

<b>Organisation prepared for</b>	<b>Somerset County Council</b>		
<b>Version</b>	<b>V1.0</b>	<b>Date Completed</b>	<b>19<sup>th</sup> November</b>

**Description of what is being impact assessed**

**Rationalisation of Eight Extra Care Schemes to general needs housing**

Extra Care is seen as a valuable and arguably, essential resource for older people in Somerset to have a range of accommodation based support options, as people’s care needs and mobility needs increase. Good extra care allows for flexibility of delivery and wider community involvement. Extra Care Housing, when done well is provision of accommodation-based care and support to people, allowing them to live independently in a building purpose built.

Effectively, it is having carers based permanently in a building, being on hand to respond to emergencies, planned care or provide group activities, supported by a range of technology solutions, community activity and mutual encouragement from peers.

Effective use of the service would mean that people who reside in the schemes have a need for the care, which is not the case in some schemes in Somerset and has led to the decision to decommission some of the least efficient and furthest from the desired model.

The council’s information systems and recording on care delivery in Extra Care have been instrumental in the development of this proposal that has looked at the usage and update of both assessed care (that care which people are eligible to receive following a social care assessment) and core staffing (which may be preventing them needing further care or helping people stay independent)

The proposal would not mean that people need to move from their home, as the property will remain, but the proposal it to remove the core care component of the Extra Care Scheme and people will still retain their assessed care packages, as would anyone living in their own home or general tenancy in the community.

## Evidence

This information in care delivery reports, would indicate that in the identified schemes there is no or very low uptake on the provided “core” care, meaning that there would be little or no impact on the people living in these schemes of removing the core care. People will still be able to receive any care act eligible care or support that they require from a domiciliary care company for their assessed care as with any other person living in their own home in general housing (either rented, owned or from social landlords) This assessed care will be offered to the current care and support provider in the first instance to maintain continuity or support the transfer to another care provider if more appropriate.

Scheme A - currently delivering 35.75 assessed care hours per week  
 Scheme B - currently delivering 85.75 assessed care hours per week  
 Scheme C - currently delivering 62.25 assessed care hours per week  
 Scheme D - currently delivering 34.25 assessed care hours per week  
 Scheme E - currently delivering 67.25 assessed care hours per week  
 Scheme F - currently delivering 63.50 assessed care hours per week  
 Scheme G - currently delivering 84.25 assessed care hours per week  
 Scheme H - currently delivering 103.50 assessed care hours per week

All of the 19 remaining ECH schemes have a higher proportion of women to men, due to the age component of the people living in them.

## Who have you consulted with to assess possible impact on protected groups?

The residents of the eight identified schemes will be engaged with before the removal of the care and following the decision for these schemes. This engagement is specifically about the impact and mitigations of the removal of this service on residents and families. For clarity, this is not a consultation on the decision to decommission the support but helping people to understand the impact of the removal of the care and support and what can help to implement the changes.

This engagement will take the form of letters to residents, engagement meetings in the schemes, information packs and questionnaires for residents and dedicated inbox and telephone number for correspondence.

This will be conducted alongside stakeholder engagement with the care & support provider and landlord to ensure that a range of views are captured about the mitigation that might be needed and any individual residents that might need some specific alternative response.

**Analysis of impact on protected groups**

Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
<b>Age</b>	<ul style="list-style-type: none"> <li>There will be a reduction in the number of specialist housing options for OLDER people with the removal of eight extra care schemes People who live in the effected Extra Care will experience a loss of formal support and wider social networks.</li> <li>People who wish or need to access extra care may need to move further from their current home.</li> </ul>	☒	☐	☐
<b>Disability</b>	<ul style="list-style-type: none"> <li>There will be a reduction in the number of specialist housing options for DISABLED people with the removal of eight extra care schemes People who live in the effected Extra Care will experience a loss of formal support and wider social networks.</li> <li>People who wish or need to access extra care may need to move further from their current home.</li> </ul>	☒	☐	☐
<b>Gender reassignment</b>	<ul style="list-style-type: none"> <li>All people have equal opportunity to access the remaining Extra Care schemes.</li> </ul>	☐	☒	☐
<b>Marriage and civil partnership</b>	<ul style="list-style-type: none"> <li>All people have equal opportunity to access the remaining Extra Care schemes.</li> </ul>	☐	☒	☐
<b>Pregnancy and maternity</b>	<ul style="list-style-type: none"> <li>Not an affected group</li> </ul>	☐	☐	☐

<b>Race and ethnicity</b>	<ul style="list-style-type: none"> <li>All people have equal opportunity to access the remaining Extra Care Schemes.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Religion or belief</b>	<ul style="list-style-type: none"> <li>All people have equal opportunity to access the remaining Extra Care</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Sex</b>	<ul style="list-style-type: none"> <li>A higher proportion of women than men live in extra care, currently at a proportion of 64% to 36%. This means that women may be impacted more than men.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sexual orientation</b>	<ul style="list-style-type: none"> <li>All people have equal opportunity to access the remaining Extra Care schemes.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other, e.g. carers, veterans, homeless, low income, rurality/isolation, etc.</b>	<ul style="list-style-type: none"> <li>With the removal of the background staffing in extra care schemes, people may experience greater social isolation with the loss of some interaction with paid staff.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Negative outcomes action plan</b>				
<b>Action taken/to be taken</b>	<b>Date</b>	<b>Person responsible</b>	<b>How will it be monitored?</b>	<b>Action complete</b>
Monitoring of numbers / demand for extra care	31/12/2018	Vicky Chipchase	Allocation meetings	<input type="checkbox"/>
Development of more modern, cost effective extra care to replace this and other losses. The reason for the long timescale on this action is due to the time it will take to raise funding, identify a site and housing partner and then physically build new extra care schemes.	01/04/2020	Steve Veevers	Extra Care development plan	<input type="checkbox"/>
With the loss of on site care providers, people may experience a reduction in the contact with other people, but Somerset is promoting the use of the “community connect” model, of supporting people to be more active and participative in their local areas.	31/05/2019	Pip Cannons	Community Connect data	<input checked="" type="checkbox"/>



Reviewing individual plans of those potentially affected by the changes.	31/03/2019	Vicky Chipchase	Monthly reviews	<input type="checkbox"/>
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<b>If negative impacts remain, please provide an explanation below.</b>	
The demography of the older population nationally, regionally and locally evidences that women live longer than their male counterparts, meaning that there is a larger older person population than men. This means that there is likely to always be a larger cohort of women than men that live in Extra Care and therefore likely to be disproportionately impacted by any changes.	
<b>Completed by:</b>	<b>Steve Veevers</b>
<b>Date</b>	<b>19<sup>th</sup> November 2018</b>
<b>Signed off by:</b>	<b>Stephen Chandler/Tom Rutland</b>
<b>Date</b>	<b>November 2018</b>
<b>Equality Lead/Manager sign off date:</b>	<b>November 2018</b>
<b>To be reviewed by: (officer name)</b>	<b>Steve Veevers</b>
<b>Review date:</b>	<b>March 2019</b>

## Proposal for Change: ASC1920-03 – Reviews of Care Packages

Corporate Plan Priority:	ASC1920-03
Service Area:	Adults
Director:	Stephen Chandler
Strategic Manager	Emily Fulbrook
SAP Node	EHA

1. The proposal is to:	
X	<b>Managing Demand</b> - <i>Examine what can be done to influence our demand and reduce service pressures/costs or increase income, including raising fees and charging for services. How could we work across the wider local system with partners, are we picking up costs that should be paid by a different part of the system? Evidence of current and expected future demand will be required as part of future planning.</i>
	<b>Increasing Productivity</b> - <i>Since 2011/12 the Council has made most of its savings through efficiency measures. Like most Councils there is now less scope for traditional efficiency savings. What efficiency/productivity savings are available? What are the biggest expenditure items in your service? Are we getting best value from our contracts? Are we exploring opportunities to negotiate?</i>
	<b>Service Delivery Models</b> - <i>Are you aware of any alternative delivery models that could deliver services differently? What examples from other authorities could we adopt? E.g. commission from another party, joint venture... recognising that some options will have a long lead in times and would not necessarily impact on the financial gap in 2018/19.</i>
	<b>Reductions in Services</b> - <i>Are there services which partners could provide instead? Are all your services adding value? Are there any services which could safely and legally be stopped? What would the impact be on residents? Could residents be empowered to do it themselves?</i>

2. Outline of the proposed change:
<p>Adult Social Care (ASC) have a statutory responsibility to carry out reviews under the Care Act on an annual basis. There are currently 6,832 people receiving care and support within the community.</p> <p>ASC are committed to improving individual lives by providing the right kind of support. We aim to raise people's ambitions about what they can achieve and help them to meet those aspirations. ASC have embedded a personalised, progression-based approach to individual reviews to enable people to be as independent as possible. We utilise Care Act guidance to determine assessed eligible need once all areas of natural support, assistive technology, equipment and community assets have been maximised.</p> <p>We will continue to use the methodology implemented in 2018/19 for reviews undertaken in 2019/20;</p> <ul style="list-style-type: none"> <li>• Individuals are involved and able to contribute to their review, if the individual is unable too then a family member will be involved, or a referral will be made for advocacy.</li> <li>• Reviews are holistic, adopting a strength-based approach with the underpinning strategy of 'Promoting Independence'.</li> </ul>

- Planned reviews will be tracked on a weekly basis by the appropriate Teams.
- Review trajectory will be set for monitoring and accountability to the appropriate teams.
- Financial validation will be completed on a fortnightly basis.
- Financial monthly profile target to be set each month.
- Review Tracker and financial validation will be completed by Senior Responsible Officer and Finance Lead.
- Quality Assurance Audits will take place to include individual, family and carer feedback surrounding the quality of review completed.
- Peer Forums provide robust challenge and scrutiny for any increases in Packages of Care or complex case discussions, to ensure that the responses ASC provide are proportionate, timely and meet our statutory obligations in the most effective way for the service and the service user.

Through this approach we have improved Outcomes for individuals and are on track to achieve savings totalling £3.1M in 2018-19. This has resulted in a robust approach including:

- Monthly Review Target assigned across the service – 200 per month
- Performance Reporting to teams and managers – Weekly Basis
- Financial Validation of impact of changes – Fortnightly basis with monthly recording against profile target.
- Quality Assurance Audit – 25 per month across ASC
- Reviews presented at Peer Forum – All planned reviews

## **2a. Confidence level**

100 %

The review methodology and principles will be based on the work undertaken during 2018/19 to deliver target review savings. We therefore have a high level of confidence in being able to achieve the savings identified.

Since April 2018 ASC have completed 2,301 reviews and associated financial validation.

## **3. Impact on residents, businesses and other organisations:**

By completing person centred reviews under the Care Act there will be positive changes made to individual packages of support, by promoting people's independence and raising ambitions. ASC will continue to meet eligible needs, but we may meet them differently that may have a financial saving.

Individuals will be supported to maximise their own support network and develop and maintain community support options.

**4. Impact on other services we provide:**

By working differently and moving away from traditional models of support we will be utilising community options and resources. There may be an impact on community systems that support individuals, ASC have developed strong links with community systems and will be able to effectively monitor any impact.

Links will be made between Operational teams and Strategic Commissioner for Communities, to identify any pressure areas and support in continued market shaping for the future.

**5. Impact on staff:**

No impact on Somerset County Council staff.

**6. Resources and support needed to make the change:**

No additional resource requirements.

**7. Timescale to deliver and major milestones:**

Reviews will be monitored on a monthly basis.

**8. Risks and opportunities:**

As part of the review work being completed there may be individuals who's care, and support needs will increase where the assessed personal budget is not reflective of need and identified outcomes. Review tracking will be implemented as part of the methodology to monitor the financial impact.

**9. Dependencies:**

None

**10. Initial Equality Impact Assessment:**

Impact will be on all client groups across adult social care. No Equalities Impact Assessment required.

**11. Consultation and Communications plan:**

Following conversations with the Corporate Equalities Manager it was agreed that consultation was not required.

**12. Legal Implications:**

What SCC is required to do by law is:

- a. Assess the relevant adult to determine what needs s/he has.
- b. Where SCC is satisfied that on the basis of the needs assessment that the adult has needs for care and support or that a carer has needs for support, it must determine whether any of the needs meet the eligibility criteria under Care Act 2014. Having made this determination as to eligibility, must give the adult concerned a written record of the determination and the reasons for it.
- c. , SCC must
  - i. consider what could be done to meet those needs that do
  - ii. ascertain whether the adult wants to have those needs met by SCC

iii. establish whether the adult is ordinarily resident in Somerset

*Care Act legislation relating to CHC*

Section 22 of the Care Act 2014 places a limit on the care and support that can lawfully be provided to individuals by local authorities. That limit is set out in section 22(1) and is as follows:

*'A local authority may not meet needs under sections 18 to 20 by providing or arranging for the provision of a service or facility that is required to be provided under the National Health Service Act 2006 unless-*

*(a) doing so would be merely incidental or ancillary to doing something else to meet needs under those sections, and*

*(b) the service or facility in question would be of a nature that the local authority could be expected to provide'.*

**13a. Financial Savings – net change to service budget in each year:**

Savings are based on the following;

Since April 2018 ASC have completed 2,301 Care at Home and Direct Payment Reviews, the Full Year Effect savings that are mapped on the basis of savings achieved through this process is predicted at £3.1M

Are the savings evidenced based (evidence should be included with this template)?	Yes
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If no, when is the evidence expected?	N/A
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Please note: these figures should be cumulative

£'000's	Savings	Income Generated	Cost Involved (also see 13b)	Total	Ongoing or One-off?
2019/20	£1,100	£	-£	£1,100	Ongoing
2020/21	£	£	-£	£	
2021/22	£	£	-£	£	
2022/23	£	£	-£	£	
2023/24	£	£	-£	£	
<b>Total</b>	<b>£1,100</b>	<b>£</b>	<b>-£</b>	<b>£1,100</b>	Ongoing

**13b. One-off project costs and income (not included in above):**

£'000's		
2019/20	Capital Costs	-£
	Capital Receipts	£
	Estimate of Redundancy costs	-£
	Estimate of Resource costs to deliver	-£
	Sub-total	£
2020/21	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
2021/22	Capital Costs	-£

	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
	TOTAL	£

## Proposal for Change: ASC1920-04 – Key Ring Grant Reduction

Corporate Plan Priority:	ASC1920-04
Service Area:	Adults
Director:	Stephen Chandler
Strategic Manager	Steve Veevers
SAP Node	EC

1. The proposal is to:	
	<b>Managing Demand</b> - <i>Examine what can be done to influence our demand and reduce service pressures/costs or increase income, including raising fees and charging for services. How could we work across the wider local system with partners, are we picking up costs that should be paid by a different part of the system? Evidence of current and expected future demand will be required as part of future planning.</i>
	<b>Increasing Productivity</b> - <i>Since 2011/12 the Council has made most of its savings through efficiency measures. Like most Councils there is now less scope for traditional efficiency savings. What efficiency/productivity savings are available? What are the biggest expenditure items in your service? Are we getting best value from our contracts? Are we exploring opportunities to negotiate?</i>
	<b>Service Delivery Models</b> - <i>Are you aware of any alternative delivery models that could deliver services differently? What examples from other authorities could we adopt? E.g. commission from another party, joint venture... recognising that some options will have a long lead in times and would not necessarily impact on the financial gap in 2018/19.</i>
<b>X</b>	<b>Reductions in Services</b> - <i>Are there services which partners could provide instead? Are all your services adding value? Are there any services which could safely and legally be stopped? What would the impact be on residents? Could residents be empowered to do it themselves?</i>

2. Outline of the proposed change:
<p>The KeyRing network provides a variety of accommodation and housing related support for clients with a learning disability and / or low-level Mental Health needs. There are two KeyRing networks currently in Somerset, one in Frome which is well used and utilised and a second that covers Glastonbury &amp; Street which is not well utilised. Support is based on tenants (network members) living in their own homes but sharing their skills and talents with each other and with their local communities, with the help of volunteers and community members.</p> <p>Each KeyRing network consist of a community living volunteer and up to 9 individual units or flats which the tenants will individually rent from Housing providers. The network also has Community Support Workers and Supported Living Managers who make sure that members get the support that they need.</p> <p>However, moving forward Adult Social Care are looking to re-provide the support that is currently given to the few members in the Glastonbury/Street area to a different cohort of people, supported by the leaving care team. Data supports that the KeyRing scheme in Glastonbury/Street is not sufficiently utilised and therefore, is not warranted as value for money.</p> <p>With this in mind Adult Social Care are proposing to reduce the grant money to KeyRing. Each of the networks has a maximum 9 units and has a total cost of</p>

£32,000, this proposal is therefore committing to save the authority £15,000. Savings can commence once reviews have been completed which could be before December 2018 but will be completed before the start of the financial year.

**2a. Confidence level**

100 %

Evidence from discussion with KeyRing and those using the service have confirmed it is not value for money and that there is no impact on the end user by reducing the grant in half.

Individual reviews of people currently accessing service are occurring and alternative, low or no cost options are being explored and implemented for people.

**3. Impact on residents, businesses and other organisations:**

The five people currently accessing the KeyRing Scheme will experience a change in service as they are being reassessed, with an emphasis on greater independence, choice and control over their lives. KeyRing is in support of this and assisting in accessing alternative community provision.

**4. Impact on other services we provide:**

No other impact is expected on other services that are provided, apart from the “business as usual” social work intervention of assessment and review.

**5. Impact on staff:**

There is no expected impact on county council staff.

**6. Resources and support needed to make the change:**

Commissioners consider that the changes are able to be made within the current resources but will need a modest level of assistance from contracts and procurement to enact the changes to the grant.

**7. Timescale to deliver and major milestones:**

	Milestone	Date
Reviews of all people to be completed.		December 2018
Grant to be adjusted		March 2019

**8. Risks and opportunities:**

Adult Social Care has been supporting and advising Children’s Social Care on the use of a KeyRing scheme to support a group of young care leavers to have a better outcome than their current residential care.

This will have a positive outcome for their lives as well as the use of high cost residential placements for people.

**9. Dependencies:**

No dependencies.



**10. Initial Equality Impact Assessment:**

The Corporate Equalities Manager has advised that he does not consider the equality duty relevant to this, as a detailed Impact Assessment is being conducted under the People Too workstream in Children's services.

Each of the people currently in receipt of support will be reviewed by a member of Adult Social Care and if there is any ongoing need, this will be assessed and provided for.

**11. Consultation and Communications plan:**

Individual work and assessment is happening with all the people currently using the Glastonbury/Street KeyRing scheme. Alternative provision will be discussed and progressed through this route.

**12. Legal Implications:**

Legal implications will be considered to ensure SCC continues to fulfil its statutory duties in relation to asylum seekers, clients with a learning disability or low-level Mental Health needs, and its duty to prevent needs for care and support (section 2 Care Act 2014).

A variation to the current grant agreement will need to be done, via the contracts team and legal services.

**13a. Financial Savings – net change to service budget in each year:**

Are the savings evidenced based (evidence should be included with this template)?	Yes
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If no, when is the evidence expected?	N/A
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Please note: these figures should be cumulative

£s	Savings	Income Generated	Cost Involved (also see 13b)	Total	Ongoing or One-off?
2019/20	£15,000	£	-£	£15,000	Ongoing
2020/21	£	£	-£	£	
2021/22	£	£	-£	£	
2022/23	£	£	-£	£	
2023/24	£	£	-£	£	
<b>Total</b>	<b>£15,000</b>	<b>£</b>	<b>-£</b>	<b>£15,000</b>	Ongoing

**13b. One-off project costs and income (not included in above):**

£s		
2019/20	Capital Costs	-£
	Capital Receipts	£
	Estimate of Redundancy costs	-£
	Estimate of Resource costs to deliver	-£
	Sub-total	£
2020/21	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£

	Estimate of resource costs to deliver	-£
	Sub-total	£
2021/22	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
	TOTAL	£0

## Proposal for Change: ASC1920-08 – Recommissioning Care Home Dementia Support

Corporate Plan Priority:	ASC1920-08
Service Area:	Adults
Director:	Stephen Chandler
Strategic Manager	Mel Lock
SAP Node	EHA

1. The proposal is to:	
	<b>Managing Demand</b> - <i>Examine what can be done to influence our demand and reduce service pressures/costs or increase income, including raising fees and charging for services. How could we work across the wider local system with partners, are we picking up costs that should be paid by a different part of the system? Evidence of current and expected future demand will be required as part of future planning.</i>
	<b>Increasing Productivity</b> - <i>Since 2011/12 the Council has made most of its savings through efficiency measures. Like most Councils there is now less scope for traditional efficiency savings. What efficiency/productivity savings are available? What are the biggest expenditure items in your service? Are we getting best value from our contracts? Are we exploring opportunities to negotiate?</i>
X	<b>Service Delivery Models</b> - <i>Are you aware of any alternative delivery models that could deliver services differently? What examples from other authorities could we adopt? E.g. commission from another party, joint venture... recognising that some options will have a long lead in times and would not necessarily impact on the financial gap in 2018/19.</i>
X	<b>Reductions in Services</b> - <i>Are there services which partners could provide instead? Are all your services adding value? Are there any services which could safely and legally be stopped? What would the impact be on residents? Could residents be empowered to do it themselves?</i>

2. Outline of the proposed change:	
<p>The proposal will review existing high cost complex mental health cases who have complex dementia to identify the most appropriate care required for each individual and to ensure value for money is being achieved in relation to the associated costs of each package of care. Alongside this we will be looking to recommission alternative delivery models for this client group that supports them to be independent.</p> <p>The primary output of this project will be a shared whole system understanding of all individuals receiving complex packages of care and assurance that their needs are being met and funded in the most appropriate manner</p> <p>This will be accomplished by first scoping the range of people being supported by high cost packages of care: where they are; when they were last reviewed; what the costs are; and the appropriateness of the delivery model of support via a review – prior to the case being re-presented to the complex case panel.</p> <p>There is an expectation that through this process there will be a rebalancing of the commissioning funding streams to be more in line with national policies rather than local historic arrangements, (e.g. the Out of Area Treatment (OAT) budget should only be used for active treatments not s117 after care and vice versa, along with more informed views regarding the proportion of health and social care spend for</p>	

each case, and when Continuing Health Care (CHC) needs considered as the primary funding route.) There is also an expectation of a reduced overall spend on such cases. Where this is achieved the released benefits will be retained by the respective commissioning agencies proportionate to the original investment ratios.

The primary output of this project will be a shared whole system understanding of all individuals receiving complex packages of care and assurance that their needs are being met and funded in the most appropriate manner.

Once this shared data base has been established, (with the appropriate information governance issues in place), a filtration process will be undertaken to identify the priority cases for review.

The criteria for this prioritisation process will include those packages of care that have:

- The highest costs
- The highest levels of individual 1-2-1 support
- Not been reviewed for >12 months (taken in order of highest cost first)

It is anticipated that through unifying patient lists into one single database and applying a structured review process, savings will be identified through the appropriate scrutiny placed on packages of care that may not have been reviewed in a number of years. This will not only release savings but will also ensure that review is undertaken of the care package in place and whether it continues to meet the needs appropriately of the patient

At present the service spends £1m annually, following implementation of the above proposal it is believed that there will be a 10% saving totalling £100,000 savings for 2019/20. 10% because and for illustration purposes, the current spend on the top 10 highest costing complex cases amounts to a gross system cost of £1.145m.

The existing funding apportionment between Somerset CCG and Somerset County Council agreed at the point of funding the patient will be used to apportion the savings provided to the CCG and SCC. For example, if patient x was funded 25% by CCG and 75% by SCC the savings would therefore be apportioned to the same value.

## **2a. Confidence level**

100%

1. The team have been identified and plans in place to start before Christmas.
2. Providers negotiations planned for December 2018.
3. New model of delivery trial started.

## **3. Impact on residents, businesses and other organisations:**

A change in service model will be beneficial to customers and financially beneficial to the health and social care system. There will be no negative consequential impact on residents, businesses or other organisations.

**4. Impact on other services we provide:**

There will be no impact on other services currently provided by Somerset County Council, NHS or Clinical Commissioning Group.

**5. Impact on staff:**

There will be no staffing implications.

**6. Resources and support needed to make the change:**

To undertake this piece of work there is the following resource requirements;

- Commissioner to undertake the scoping and cross referencing of the lists of patients held by the 3 organisations to complete one single agreed list of those patients funded
- 2 Social workers released to undertake the reviews required of the patients
- 1 Community Psychiatric Nurse (CPN) to provide the clinical review (interim basis employed by SCC).

All resource has already been agreed and will be as Business as Usual so no additional costs.

**7. Timescale to deliver and major milestones:**

	Milestone	Date
Provider Negotiations		December 2018
Presentation of the first 5 case to the complex case panel following review		January 2019
Checkpoint meeting following first 5 reviews		January 2019
Review of projects success to inform next steps, if any		June 2019

**8. Risks and opportunities:**

The following risks have been highlighted with mitigation proposed;

Risk	Description	Mitigating actions
This programme of work may not release the savings outlined	It is unclear at present the level of savings that will be released by this process and so a true understanding of this will be identified as the reviews happen.	Fortnightly reviews of the project's success will be undertaken at the complex case panel. Progress will be monitored as part of the ASC MTFP board
Information governance and sharing of information	During this piece of work information on individuals placement/cost will need to be shared in order to enable the review to be undertaken	Ensure that only information which needs to be shared is appropriately shared. Patient Identifiers are removed and coding applied where the database needs to be shared outside the organisation.
Recruitment of CPN	To provide appropriate clinical challenge to the review process, a credible clinician needs to be part of the decision-making process – however recruitment of CPNs is a challenge.	There are a number of retired CPNs within the locality who will be approached to undertake this work on a temporary basis. If this is not successful alternative CPNs will be sought from existing partners.

**9. Dependencies:**

For this proposal to succeed Somerset County Council will need to work in close partnership and formerly acknowledge/manage dependencies with the following;

- NHS
- Clinical Commissioning Group
- Somerset Partnership Foundation Trust
- Provider Market

**10. Initial Equality Impact Assessment (EIA):**

Following consultation with the Equality Impact Manager it was agreed that an EIA was not required. The decision was made based on the fact there will no impact on customers and that this proposal is about recommissioning a new services model that would better meet individuals needs and is cost effective for the health and social care system.

**11. Consultation and Communications plan:**

Following discussions with the Consultation Manager it was agreed that Consultation was not required.

**12. Legal Implications:**

Following agreement from Somerset County Council's Senior Solicitor it was agreed that there would be no Legal implications as a result of this savings proposal.

**13a. Financial Savings – net change to service budget in each year:**

Are the savings evidenced based (evidence should be included with this template)?	Yes
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If no, when is the evidence expected?	N/A
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Please note: these figures should be cumulative

£s	Savings	Income Generated	Cost Involved (also see 13b)	Total	Ongoing or One-off?
2019/20	£ 100,000	£	-£	£100,000	Ongoing
2020/21	£	£	-£	£	
2021/22	£	£	-£	£	
2022/23	£	£	-£	£	
2023/24	£	£	-£	£	
<b>Total</b>	<b>£100,000</b>	<b>£</b>	<b>-£</b>	<b>£100,000</b>	

**13b. One-off project costs and income (not included in above):**

£s		
2019/20	Capital Costs	-£
	Capital Receipts	£
	Estimate of Redundancy costs	-£
	Estimate of Resource costs to deliver	-£
	Sub-total	£

2020/21	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
2021/22	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
TOTAL		£

**Proposal for Change:  
ASC1920-09 – Managing Demand / Reduction in placements in residential and nursing care**

Corporate Plan Priority:	ASC1920-09
Service Area:	Adults
Director:	Stephen Chandler
Strategic Manager	Mel Lock
SAP Node	EHA

<b>1. The proposal is to:</b>	
<b>X</b>	<b>Managing Demand</b> - <i>Examine what can be done to influence our demand and reduce service pressures/costs or increase income, including raising fees and charging for services. How could we work across the wider local system with partners, are we picking up costs that should be paid by a different part of the system? Evidence of current and expected future demand will be required as part of future planning.</i>
	<b>Increasing Productivity</b> - <i>Since 2011/12 the Council has made most of its savings through efficiency measures. Like most Councils there is now less scope for traditional efficiency savings. What efficiency/productivity savings are available? What are the biggest expenditure items in your service? Are we getting best value from our contracts? Are we exploring opportunities to negotiate?</i>
	<b>Service Delivery Models</b> - <i>Are you aware of any alternative delivery models that could deliver services differently? What examples from other authorities could we adopt? E.g. commission from another party, joint venture... recognising that some options will have a long lead in times and would not necessarily impact on the financial gap in 2018/19.</i>
	<b>Reductions in Services</b> - <i>Are there services which partners could provide instead? Are all your services adding value? Are there any services which could safely and legally be stopped? What would the impact be on residents? Could residents be empowered to do it themselves?</i>

<b>2. Outline of the proposed change:</b>
<p>Adult Services in Somerset work to support, promote and enhance strong communities in order that people can live their lives as successfully, safely and independently as possible.</p> <p>Maintaining independence makes people happier, healthier, and helps reduce the need for future services. We believe that people themselves are best placed to determine what help they need and what goals they wish to achieve. The Adult Social Care (ASC) strategy is about promoting individual's wellbeing and independence.</p> <p>The nationally and Somerset picture is that people are choosing to stay in their own homes for as long as possible resulting less people going into residential and nursing care. To support this preferred model of delivery the Somerset Home First model is predicated on supporting people to return home following a hospital admission.</p> <p>This proposal is aligned to the reduction we have seen in in placements in residential and nursing care and over the last few years and the continued change of approach within the ASC sector. The cultural change across ASC has already</p>



seen a reduction in bed-based care in 2017/18 that equated to a saving of 1.012m This was made up of a 1.8% reduction in Residential spend (£0.273m) and a 4.0% reduction in Nursing (£0.739m).

### **2018/19 Modelling**

For 2019/20 the proposal is to continue to reduce the necessary demand by again reducing spend by 6% across both nursing and residential therefore generating the £1,068,000 target that has been put forward. The approach will be the same followed for 2018/19 but with improvements following a review of the approach and discussions around how it could be improved.

As we have this year locality teams, hospital systems and Mental Health Teams will monitor their admissions to residential/nursing care on a weekly/monthly basis against the individual targets. This is monitored through the weekly performance report, monthly performance Improvement meeting and Medium Term Financial Plan delivery board.

### **2a. Confidence level**

100%

2018/19 work has provided evidence that a reduction in demand and therefore cost is viable for 2019/20.

### **3. Impact on residents, businesses and other organisations:**

No impact on residents, business or other organisations.

### **4. Impact on other services we provide:**

No impact on services currently provided by Somerset County Council.

### **5. Impact on staff:**

No staffing implications.

### **6. Resources and support needed to make the change:**

Will continue to monitor via weekly / monthly reports as Business as Usual.

### **7. Timescale to deliver and major milestones:**

**To include date of implementation, key decision points and governance meetings**

N.A - admissions to res/nursing care on a weekly/monthly basis against the individual targets. This is monitored through the weekly performance report, monthly performance Improvement meeting and MTFP delivery board.

### **8. Risks and opportunities:**

Have identified the following risks;

- Over supply of residential and nursing in the market, as we reduce the demand there is a risk of destabilising the market, but opportunity is different models for delivery so the market change.

### **9. Dependencies:**

No dependencies

**10. Initial Equality Impact Assessment:**

Following agreement from the Corporate Equalities Manager it was agreed that an Equalities Impact Assessment was not required.

**11. Consultation and Communications plan:**

Following agreement from the Consultation Manager it was agreed that an Consultation was not required.

**12. Legal Implications:**

Operational team will need clear and robust guidelines on how to identify the appropriate care package to ensure that each service user receives care consistent with their need and therefore that SCC has properly carried out the needs assessment (section 9 Care Act 2014) and determined whether any of the needs meet the eligibility criteria (section 13 Care Act 2014).

**13a. Financial Savings – net change to service budget in each year:**

Are the savings evidenced based (evidence should be included with this template)? Yes

If no, when is the evidence expected? N/A

Please note: these figures should be cumulative

£s	Savings	Income Generated	Cost Involved (also see 13b)	Total	Ongoing or One-off?
2019/20	£1,068,000	£	-£	£1,068,000	Ongoing
2020/21	£	£	-£	£	
2021/22	£	£	-£	£	
2022/23	£	£	-£	£	
2023/24	£	£	-£	£	
<b>Total</b>	<b>£1,068,000</b>	<b>£</b>	<b>-£</b>	<b>£1,068,000</b>	<b>Ongoing</b>

**13b. One-off project costs and income (not included in above):**

£s		
2019/20	Capital Costs	-£
	Capital Receipts	£
	Estimate of Redundancy costs	-£
	Estimate of Resource costs to deliver	-£
	Sub-total	£
2020/21	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
2021/22	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£

## Proposal for Change: ASC1920-10 – Reduction of Independent Assessor support in the Deprivation of Liberty safeguards service

Corporate Plan Priority:	ASC1920-010
Service Area:	Adults
Director:	Stephen Chandler
Strategic Manager	Mel Lock (Lynn Stephens)
SAP Node	EHA

### 1. The proposal is to:

	<b>Managing Demand</b> - <i>Examine what can be done to influence our demand and reduce service pressures/costs or increase income, including raising fees and charging for services. How could we work across the wider local system with partners, are we picking up costs that should be paid by a different part of the system? Evidence of current and expected future demand will be required as part of future planning.</i>
	<b>Increasing Productivity</b> - <i>Since 2011/12 the Council has made most of its savings through efficiency measures. Like most Councils there is now less scope for traditional efficiency savings. What efficiency/productivity savings are available? What are the biggest expenditure items in your service? Are we getting best value from our contracts? Are we exploring opportunities to negotiate?</i>
	<b>Service Delivery Models</b> - <i>Are you aware of any alternative delivery models that could deliver services differently? What examples from other authorities could we adopt? E.g. commission from another party, joint venture... recognising that some options will have a long lead in times and would not necessarily impact on the financial gap in 2018/19.</i>
x	<b>Reductions in Services</b> - <i>Are there services which partners could provide instead? Are all your services adding value? Are there any services which could safely and legally be stopped? What would the impact be on residents? Could residents be empowered to do it themselves?</i>

### 2. Outline of the proposed change:

The Deprivation of Liberty Safeguards (DoLS) require local authorities to carry out a prescribed set of assessments for people in care homes and hospitals who are not able to give consent to their care or treatment arrangements. Most often these are people who have dementia or a learning disability. The assessments require two assessors to consider different aspects of the person's situation, one being a doctor with mental health training, the other being a Best Interests Assessor (BIA), usually a social worker.

Following a 2014 judgement in the Supreme Court (known as 'Cheshire West') the numbers of referrals for this type of assessment increased massively. (In Somerset from 100 in 2013/14 to 1200 in 2014/15 and 2400 in 2015/16) Local authority resources for this work have not been able to keep up with this increase. SCC, in common with many other local authorities has chosen to use independent BIAs to add to its own staffing capacity. Even with this kind of approach, most local authorities including Somerset are only able to carry out a proportion of the overall assessments in a limited number of cases. The Somerset DoLS team receive 40-50 referrals each week and has been able to allocate about 15 referrals for assessment. We therefore have a system for identifying the highest priority cases.

This proposal sets out to reduce reliance upon external independent Best Interest Assessors (BIAs) and ensure maximum effectiveness of our in-house assessors. SCC currently has a team of 6.4 whole time equivalents in house Best Interest Assessors but have used Independent Assessors to assist in managing demand. The service believes that it is possible to reconsider which assessments, we choose to prioritise, and this can reduce the need for assessment further. As we know the national picture is one of Council's being unable to fulfil demand for Deprivation of Liberty assessments following the change to practice after the Cheshire West judgement in 2014.

The estimated assessment totals in 2018/19 is expected to be 646 assessments and 290 of these would be undertaken by Independent assessors.

Assuming similar activity in 2019/20 through redesigning further the approach to prioritisation and assessments a £50,000 saving can be achieved through a reduction of 115 assessments by Independent Assessors from 290 to 175.

Our in-house assessors will constantly see to improve further effectiveness however with a robust reconsideration and risk management of applications we hope to reduce the activity required.

#### **2a. Confidence level**

100%

Reducing use of Independent BIAs is fully within Somerset County Council's control so confidence to achieve this is 100%.

The only factor that could impact upon reduction is if there is an unprecedented number of applications for people who are in the position to legally challenge the Council in relation to having an unlawful deprivation and Council unable to allocate in house resources to cover this eventuality. However, this is a significantly unlikely eventuality.

#### **3. Impact on residents, businesses and other organisations:**

Possible impact on those requiring assessments due to a reduction in capacity to complete Best Interest assessment demand through an amended prioritisation process in allocation of resources.

This could also mean assessments could take longer to be allocated although team would try to ensure those with highest risk are afforded priority. Those with an obvious element of objection would be prioritised to reduce risk of unlawful deprivation.

Impact on care providers that referrals made for their residents who are potentially being deprived of their liberty will not be acted on, therefore the providers will be unlawfully depriving some residents of their liberty. However, this is the current situation in many cases that are not prioritised.

**4. Impact on other services?**

Potential impact on Legal services with risk of additional challenges to unauthorised deprivation of liberties particularly in cases where families and individuals are unhappy about the arrangements made for them.

**5. Impact on staff:**

No risk to substantive Council posts.

Current in-house best interest assessors have work load audited to ensure they are working to full capacity consistent with current workloads due to reprioritisation of assessments.

**6. Resources and support needed to make the change:**

No additional resource requirement.

**7. Timescale to deliver and major milestones:**

**To include date of implementation, key decision points and governance meetings**

To be implemented at April 2019.

Revised prioritisation guidance to be developed by 2<sup>nd</sup> January 2019.

**8. Risks and opportunities:**

Increased risk of unlawful deprivations of liberty occurring as we further streamline the prioritisation process, this has legal costliness and insurance implications. However, the Council along with most councils nationally are currently working with this risk and has been since 2014. The unmanageability of the current system has been widely recognised nationally and new procedures are being planned for launch in 2019.

Mitigation is that DoLS service is only able to partially fulfil its statutory obligation with over 2000 outstanding DoLS applications, so we are currently managing this risk.

Risk of reducing our use of Independent BIAs is that if we provide them with insufficient assessment work they will find working for Somerset will no longer be financially viable for them and they may choose not to undertake any assessments for us. They are under no contractual obligation to Somerset County Council. Therefore, there is a potential risk of a more significant reduction in activity than we have anticipated.

**9. Dependencies:**

No dependencies

**10. Initial Equality Impact Assessment:**

Following conversations with the Corporate Equalities Manager it was agreed that an Equalities Impact Assessment was not required.

**11. Consultation and Communications plan:**

Following conversations with the Consultation Manager it was agreed that a Consultation process was not required.

**12. Legal Implications:**

The only factor that could impact upon reduction is if there is an unprecedented number of applications for people who are in the position to legally challenge the Council in relation to having an unlawful deprivation and Council unable to allocate in house resources to cover this eventuality. However, this is a significantly unlikely eventuality.

**13a. Financial Savings – net change to service budget in each year:**

Are the savings evidenced based (evidence should be included with this template)? Yes

If no, when is the evidence expected? N/A

Please note: these figures should be cumulative

£s	Savings	Income Generated	Cost Involved (also see 13b)	Total	Ongoing or One-off?
2019/20	£50,000	£	-£	£50,000	Ongoing
2020/21	£	£	-£	£	
2021/22	£	£	-£	£	
2022/23	£	£	-£	£	
2023/24	£	£	-£	£	
<b>Total</b>	<b>£50,000</b>	<b>£</b>	<b>-£</b>	<b>£50,000</b>	Ongoing

**13b. One-off project costs and income (not included in above):**

£s		
2019/20	Capital Costs	-£
	Capital Receipts	£
	Estimate of Redundancy costs	-£
	Estimate of Resource costs to deliver	-£
	Sub-total	£
2020/21	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
2021/22	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
<b>TOTAL</b>		<b>£</b>

## Scrutiny for Adults and Health Work Programme – January 2018

Agenda item	Meeting Date	Details and Lead Officer
	<b>30 January 2019</b>	
MTFP 2019/20		Peter Lewis
Nursing Home Support Service Update		Paul Coles/Niki Shaw, SCC
Fair Cost of Care Update		Tim Baverstock/Niki Shaw SCC
	<b>13 March 2019</b>	
Discovery Performance Update		Steve Veevers
CCG Quality, Safety and Performance Report		Debbie Rigby
Adult Social Care Performance Report		Mel Lock/Stephen Chandler
	<b>03 April 2019</b>	
Working Age Adults with Learning Disabilities		Stephen Chandler/ Mel Lock
Autism Services update		James Slater, Somerset CCG
Dementia Strategy		Fiona Hawker, CCG
Mental Health Services		Stephen Chandler/Mel Lock
Somerset Safeguarding Adults Board (SSAB) - Update		Stephen Miles +Independent Chair
	<b>08 May 2019</b>	
Oral Health Services		NHS England
Somerset CCG Financial Update (tbc)		Alison Henley/Debbie Rigby, CCG
Primary Care Committee Update (tbc)		David Freeman/Debbie Rigby, CCG
	<b>05 June 2019</b>	
CCG Quality, Safety and Performance Report		Debbie Rigby
Adult Social Care Performance Report		Mel Lock/Stephen Chandler
	<b>03 July 2019</b>	
	<b>11 Sept 2019</b>	
CCG Quality, Safety and Performance Report		Debbie Rigby
Adult Social Care Performance Report		Mel Lock/Stephen Chandler
	<b>02 Oct 2019</b>	
	<b>06 Nov 2019</b>	

## Scrutiny for Adults and Health Work Programme – January 2018

	<b>04 Dec 2019</b>	
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 Team Leader, who will assist you in submitting your item. [ltawse@somerset.gov.uk](mailto:ltawse@somerset.gov.uk) 01823 355059. Or the Clerk Jennie Murphy on [jzmurphy@somerset.gov.uk](mailto: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](http://www.adobe.com)  
Please note that it could take up to 2 minutes to download this PDF document depending on your Internet connection speed.

To make representations about proposed decisions:

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

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

Weekly version of plan published on 1 January 2019

FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
<p><b>FP/18/10/09</b> First published: 30 October 2018</p>	<p>7 Jan 2019 Cabinet Member for Adult Social Care</p>	<p>Issue: AIS Renewal and Replacement Contract Award Decision: Extension of the current support and maintenance contract for the Adults Information System (AIS), the Council's existing Adult Social Care (ASC) case management application and approves the award of the call-off contract for an Adult Social Care software application</p>	<p>Renewal &amp; Replacement of the Adults Information System Tender Evaluation Report - Replacement Adults Social Care System_111218 AIS Replacement_Key Decision_Project Risks Appendix 3_261118 AIS KMD Glossary</p>		<p>Stephen Chandler, Director of Adult Social Services Tel: 01823 359025</p>
<p><b>FP/18/11/03</b> First published: 16 November 2018</p>	<p>14 Jan 2019 Cabinet Member for Highways and Transport</p>	<p>Issue: Parking Policy Review and Implementation Plan 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.</p>	<p>Parking review Key Decisions Nov 2018 v5 (003)_ Parking Review and Implementation Plan Nov18 - Appendix A V4 Parking Review and Implementation Plan - Appendix B V3</p>		<p>Bev Norman, Service Manager - Traffic Management, Traffic &amp; Transport Development Tel: 01823358089</p>

Weekly version of plan published on 1 January 2019

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
<b>FP/18/12/106</b> First published: 17 December 2018	Not before 21st Jan 2019 HR & OD Director	Issue: Step-Up to Social Work Contract Extension Decision: To agree to continue the contract ith the University of the West of England			Vickie Wright
<b>FP/18/11/11</b> First published: 21 November 2018	Not before 21st 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 contractual arrangements that were put in place following the unsuccessful			Tim Baverstock, Strategic Commissioning Manager - Strategic Commissioning
<b>FP/18/10/03</b> First published: 23 October 2018	Not before 23rd Jan 2019 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

Weekly version of plan published on 1 January 2019

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
<b>FP/18/07/05</b> First published: 17 July 2018	23 Jan 2019 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
<b>FP/18/11/04</b> 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
<b>FP/18/11/07</b> 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
<b>FP/18/10/08</b> 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 arrangements for voluntary controlled and community schools for 2020/21			Jane Seaman, Access and Admissions Manager Tel: 01823 355615

FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
<p><b>FP/19/01/02</b> First published: 3 January 2019</p>	<p>Not before 28th Jan 2019 Interim Finance Director</p>	<p>Issue: Acceptance of European Regional Development Funding for the Heart of the South West Inward Investment Project Decision: Approval for Somerset County Council (SCC), in its capacity as the accountable body for the Heart of the South West Local Enterprise Partnership, to accept £1,181,308 of European Regional Development Funding (ERDF) for the Heart of the South West Inward Investment Project and to enter into an associated funding agreement with the Ministry for Housing, Communities and Local Government (MHCLG)</p>			<p>Paul Hickson, Strategic Manager - Economy and Planning Tel: 07977 400838</p>
<p><b>FP/18/12/08</b> First published: 18 December 2018</p>	<p>28 Jan 2019 Cabinet Member for Children and Families</p>	<p>Issue: Decision to extend contracts for Pathway to Independence (P2i) service for young people in Somerset Decision:</p>			<p>Rowina Clift-Shanley, Senior Programme Manager , Business Change</p>
<p><b>FP/18/12/07</b> First published: 20 December 2018</p>	<p>28 Jan 2019 Director for Economic and Community Infrastructure Commissioning</p>	<p>Issue: Decision to make a funding agreement with Taunton Deane Borough Council for a contribution to the M5 Junction 25 Improvement Scheme Decision: To sign a funding agreement and accept a £1.5m contribution to the construction of the highways improvement scheme.</p>			<p>Sunita Mills, Service Commissioning Manager Tel: 01823 359763</p>

Weekly version of plan published on 1 January 2019

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
<b>FP/18/10/11</b> First published: 30 October 2018	28 Jan 2019 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
<b>FP/18/03/04</b> First published: 12 March 2018	Not before 28th Jan 2019 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 junction in Taunton			Sunita Mills, Service Commissioning Manager Tel: 01823 359763
<b>FP/18/02/08</b> First published: 13 February 2018	Not before 28th Jan 2019 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
<b>FP/17/09/04</b> First published: 11 September 2017	Not before 28th Jan 2019 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

Weekly version of plan published on 1 January 2019

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
<b>FP/18/11/01</b> First published: 13 November 2018	28 Jan 2019 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 appropriate break clauses			Steve Deakin, Parking Services Manager, Parking Services, Community and Traded Services Tel: 01823355137
<b>FP/18/08/01</b> First published: 7 August 2018	Not before 28th Jan 2019 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
<b>FP/19/01/03</b> First published: 3 January 2019	28 Jan 2019 Cabinet Member for Highways and Transport, Cabinet Member for Resources and Economic Development	Issue: Somerset County Council Land Drainage Enforcement Policy Decision: To approve and agree the implementation of a Land Drainage Enforcement policy for the County Council's powers under the Land Drainage Act 1991			Martin Young, Finance Strategy Manager Tel: 01823 359057
<b>FP/18/06/08</b> First published: 19 June 2018	Not before 28th 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



Weekly version of plan published on 1 January 2019

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
<b>FO/18/12/03</b> First published: 10 December 2018	Not before 28th Jan 2019 Cabinet Member for Highways and Transport	Issue: Allocation of Budget 2018 Maintenance Grant Decision: To consider this report			Mike O'Dowd-Jones, Strategic Commissioning Manager – Highways and Transport Tel: 01823 356238
<b>FP/18/12/02</b> First published: 10 December 2018	Not before 28th Jan 2019 Cabinet Member for Highways and Transport, Cabinet Member for Economic Development, Planning and Community Infrastructure	Issue: Somerset County Council Land Drainage Enforcement Policy Decision: To approve and agree the implementation of a Land Drainage Enforcement for the County Council's powers under the Land Drainage Act 1991			Daniel Martin, Service Manager – Flood Risk Management Tel: 01823356994
<b>FP/18/11/10</b> First published: 20 November 2018	4 Feb 2019 Economic and Community Infrastructure 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
<b>FP/18/12/09</b> First published: 20 December 2018	Not before 4th Feb 2019 Cabinet Member for Resources	Issue: Disposal of part of the Six Acres Day Centre site, Taunton Decision: Disposal of part of the Six Acres Day Centre site, Taunton			Charlie Field, Estates Manager, Corporate Property Tel: 01823355325

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FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
<p><b>FP/18/11/09</b> First published: 20 November 2018</p>	<p>Not before 4th Feb 2019 Director of Children's Services</p>	<p>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</p>			<p>Simon Clifford, Customers &amp; Communities Director Tel: 01823359166</p>
<p><b>fp/18/11/08</b> First published: 16 November 2018</p>	<p>11 Feb 2019 Cabinet</p>	<p>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</p>			<p>Peter Lewis, Interim Director of Finance</p>

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FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
<p><b>fp/18/11/05</b> First published: 16 November 2018</p>	<p>11 Feb 2019 Cabinet</p>	<p>Issue: Medium Term Financial Plan 2019-2022 and Annual Budget 2019/20 Decision: To consider the proposed MTFP 2019-2022 and Annual Budget 2019/20, including the nature of expenditure, income and proposals for change (across all council services) required to produce a balanced and robust budget, along with proposed council tax levels and precepts to district councils, prior to recommending these to Full Council for approval in February 2019. Details of the specific proposals for change will be considered by the three Scrutiny Committees during January 2019.</p>			<p>Peter Lewis, Interim Director of Finance</p>
<p><b>FP/18/12/07</b> First published: 18 December 2018</p>	<p>11 Feb 2019 Cabinet</p>	<p>Issue: Investment Strategy Decision: To consider a proposed Investment Strategy for the council in order to support the delivery of council priorities</p>			<p>Peter Lewis, Interim Director of Finance</p>
<p><b>FP/18/11/06</b> First published: 16 November 2018</p>	<p>11 Feb 2019 Cabinet</p>	<p>Issue: Treasury Management Strategy 2019/20 Decision: To consider the proposed strategy prior to recommending this to Full Council for approval</p>			<p>Peter Lewis, Interim Director of Finance</p>

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FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
<b>FP/18/12/04</b> First published: 10 December 2018	20 Mar 2019 Cabinet	Issue: Award of Contract Bridgwater Special School Decision: To consider the report			Phil Curd, Service Manager: Specialist Provision and School Transport Tel: 01823 355165
<b>FP/18/12/01</b> First published: 4 December 2018	14 Feb 2019 Cabinet Member for Education and Council Transformation, Director of Commissioning and Lead Commissioner for Economic Community Infrastructure	Issue: Creation of New Academies in Somerset Decision: Brent Knoll Church of England Primary School; Charlton Horethorne Church of England Primary School; North Cadbury C of E Primary School; Pawlett Primary School			Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260
<b>FP/18/12/05</b> First published: 10 December 2018	Not before 1st Apr 2019 Cabinet	Issue: The Somerset Children and Young Peoples Plan 2019-2022 Decision: The Children and Young Peoples Plan 2019-2022 is a multi-agency partnership vision for all children, young people and thier families to be happy, healthy and well-prepared for adulthood.			Philippa Granthier, Assistant Director - Commissioning and Performance, Children's Services Commissioning Tel: 01823 359054
<b>FP/18/04/06</b> 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