

Scrutiny for Policies, Adults and Health Committee

Wednesday 3 April 2019

10.00 am Taunton Library Meeting Room,
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 - 26 March 2019

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

Guidance about procedures at the meeting follows the printed agenda.

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

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



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AGENDA

Item Scrutiny for Policies, Adults and Health Committee - 10.00 am Wednesday 3 April 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 13 March 2019 (Pages 7 - 14)

The Committee is asked to confirm the minutes are accurate.

4 Public Question Time

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

5 Somerset Safeguarding Adults Board (SSAB) (Pages 15 - 24)

To receive the report.

6 Mental Health Services including Deprivation of Liberty update (Pages 25 - 30)

To receive the report.

7 Scrutiny Adults and Health Report Learning Disabilities (Pages 31 - 46)

To receive the report and presentation.

8 Scrutiny Adults and Health Report Dementia Strategy (Pages 47 - 50)

To receive the report.

9 Scrutiny for Policies, Adults and Health Committee Work Programme (Pages 51 - 60)

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

10 Any other urgent items of business

Item Scrutiny for Policies, Adults and Health Committee - 10.00 am Wednesday 3 April 2019

The Chairman may raise any items of urgent business.

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Guidance notes for the meeting

1. Inspection of Papers

Any person wishing to inspect Minutes, reports, or the background papers for any item on the Agenda should contact the Committee Administrator for the meeting – Jennie Murphy 01823 359500 ; 01823 355529 or

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

2. Members' Code of Conduct requirements

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

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

3. Minutes of the Meeting

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

4. Public Question Time

If you wish to speak, please tell Jennie Murphy, the Committee's Administrator, by 5pm 3 clear working days before the meeting (Thursday 28 March). All Public Questions must directly relate to an item on the Committee's agenda and must be submitted in writing by the deadline.

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

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 Taunton Library Meeting Room, Taunton library, Paul Street, Taunton,TA1 3XZ, on Wednesday 13 March 2019 at 10.00 am

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

Other Members present: Cllr M Chilcott, Cllr C Lawrence, Cllr J Lock and Cllr T Munt

Apologies for absence: Cllr M Healey

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

Cllr Revans declared his son works for South West Ambulance Service.

161 **Minutes from the previous meeting held on 30 Jan 2019** - Agenda Item 3

The minutes were agreed and signed.

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

Nigel Behan, Unite Branch Secretary

Q1 Can an updated financial profile be provided which supersedes the attached one from 2016?

Response

Thank you for your continued interest. As there are no significant changes and the Authority is not looking to produce a new business case there is no requirement to have an updated financial profile.

Q2 In light of the updated information in the report - will SCC produce a new version of the Business Case including year 1 and year 2 information and will you publicise it?

Response

As indicated in the previous response. The Authority have no reason to produce a new business case.

Nick Batho, Discovery Stakeholder Group

The Stakeholder group has a number of detailed questions arising from this report. Most of these can addressed at our next engagement meeting on Monday, but there are a few issues Scrutiny might want to explore now.

The first is the question of days lost to sickness. A high number of days lost to sickness must be linked to a high use of agency staff, something I think we all

agree should be avoided. The scorecard shows Discovery staff are consistently above the national average for days lost so I wonder if we might explore why that is and ask for details of the remedial action Discovery has in place to bring these days lost down.

Response

Sickness rates are monitored, and appropriate action is taken. This will be discussed at the next stakeholder meeting.

The second is to ask for confirmation that arrangements are in place to repeat the Customer and Parent/Carer satisfaction and “well being” surveys, which are called for on an annual basis in the contract at PI 33.

Response

Yes, arrangements are in place and these surveys are being undertaken.

And finally, can we have a report against PI 34 which concerns choice and control and asks for the numbers of people with LD who recruit their own staff, choose their support for each activity, have a personalised rota, and how many have a personalised budget, an individual service fund or a direct payment.

Response

Yes, you can have a report against PI 34 and Outcome based Performance Indicators.

As a general point we reiterate our previous comments about the importance of Outcome Based performance indicators which are the only way to really judge what effect Discovery’s Support is having on people’s lives.

Before you can have Outcome Based performance indicators you must know what outcomes you are trying to deliver. For individual Customers, and that’s all LD customers in Somerset, this is done through an up to date careplan. The careplan should identify the customers eligible needs. The Local Authority should commission the outcomes (listed in the care plan) that will guide a Provider to address these needs.

We can see from the report that good progress appears to have been made towards achieving a care plan for all Discovery customers. The next and crucial step is the care plan must be backed up by a Provider written Support Plan which shows what activities Discovery, and all other providers, are going to deliver in order for customers to achieve their outcomes.

The Stakeholder group welcomes Commissioners intentions to report on the uptake of provider Support Plans. We would like to see Scrutiny ask for a specific update both now and in say 6 months time and ask that this report also includes progress on setting up Outcome Based performance indicators for all LD Providers in Somerset.

Response

Agreed.

163 **Somerset CCG Quality Performance Report - Agenda Item 5**

This paper provided the Committee with an update on the Somerset CCG Integrated Quality, Safety and Performance. The CCG has established performance monitoring meeting with all providers of healthcare services, the Committee considered the summary of the escalation issues for quality, safety and performance against the constitutional and other standards for the period 1 August 2018 to 30 November 2018.

The report provided a summary by exception which generally highlighted areas where the performance is not as good as we would want it to be. The Committee agreed this should not detract from all the excellent work in Somerset by health services which are not mentioned.

In 2018/19 the demand for both elective and emergency services in Somerset continued to increase compared to the previous year. This led to increased waiting times particularly for diagnostics and elective treatment. The CCG and Health providers have identified particular areas of pressure and these are monitored with support from the Somerset Referral Management centre to offer alternative choice to individuals. The increase in people who have long waits continues to be a concern against the national target of zero.

The overall Somerset position with regards to the Care Quality Commission (CQC) ratings in the Safety Domain remains challenged, with all Trusts in Somerset rated as Requires Improvement. The CCG has undertaken an analysis constructed by presenting CQC findings and each individual Trusts' consequential action plan, using a high-level summarised descriptors of the CQC lines of enquiry under the safe domain and will continue to work closely with all commissioned services to deliver an improved position. The key lines of enquiry include: Safeguarding and protection from abuse, managing risks, Safe care and treatment, Medicines management, security of records, mandatory training, recruitment checks, Track record and Learning when things go wrong. The Committee noted the report and were keen to celebrate the achievements over the past year. Worth noting is the NHS Staff survey that resulted in Taunton and Somerset NHS Foundation Trust being in the highest 20% nationally for positive staff response, the CCG Safeguarding Children Strategy and Dashboard now complete and Home First quality metrics and contract specification in place with the Trusts.

The Committee suggested that the discharge letters send out after hospital admission should be addressed to the patient and not the GP as this would personalise the service.

The Committee welcomed the focus on suicide prevention and asked for an explanation of 'Kooth'. It was explained that this is a confidential and anonymous web-based service for young people with mental health issues. Such is the success that the CCG is looking to commission additional on-line activity to support this group. There was some discussion about Young People

and Mental Health and the Committee were informed that this was to be discussed at the Scrutiny for Children and Young People later this month.

The Committee asked if those on the waiting list for treatment or investigation were kept informed of progress. They were informed that regular communication was not routine until they had reached the 38-week point. At this stage the patient is critically reviewed to assess the situation.

In terms of the performance of SWAST the Committee were interested to know how the CCG assess the resource requirement for ambulances. There are daily updates on performance while targets are not being met, 'comfort calling' – a call to those waiting for an ambulance to make them aware they have not been forgotten and to make sure the situation has not altered. The CCG has also commissioned some emergency response vehicles based in Somerset to 'hear and treat' or 'see and treat' to reduce the number of patients who are simply transported to A&E for treatment. The pressure on the service is not lack of vehicles but the challenge of retaining trained and qualified staff.

The Committee were interested to learn of any impact the major incident in Salisbury had on the ambulance service. They were informed there were some, but they had been absorbed.

The Committee asked for a more detailed report on the South West Ambulance Service Trust.

The Committee were informed that demand for cancer treatment was up 18%. This is a result of early diagnosis and detection. There had been a slight increase in waiting times but in this case, patients are managed by clinicians.

164 **Performance Report Adults and Social Care - Agenda Item 6**

The Committee considered a report on the performance of Adult Social Care. Key achievements were the focus on managing demand, improving outcomes and improving the number of calls to Somerset Direct that are resolved at the first point of contact. This target for this is 60% and has been over that for the first part of 2019 at 62.5% for February. Somerset County Council's Customer Service team was awarded the best customer service contact centre award in a South West Forum.

There have been improvements in performance of the localities team with overdue assessments being reduced by 89% and an average completion time down from 53 days to 18 days.

The Home First initiative has supported independence and reduced the need for longer term stay in hospital. As this service has developed over the past year it has grown and now on average 75 people are being discharged earlier from hospital onto a Home First pathway to be supported at home.

The Committee were pleased to hear that there is an upward trend in the CQC rating for Somerset Care Homes with 92% of providers being Good or Outstanding in February 2019.

The Committee were interested the inspection of Care Homes. These are formally inspected on a quarterly basis but as healthcare professional visited daily any concerns would be raised appropriately. The quality of the food on offer was questioned. The Committee was assured that all meals are nutritional and balanced but there is also an element of personal choice which is not denied.

The Committee were interested in the challenges for the coming year and they were informed that they continue to be staffing and the reliance on costly Agency Staffing. It was acknowledged that there continues to be a desire to 'grown our own talent' and that some providers are currently offering golden handshakes, and this has the potential to exacerbate the problem.

165 **Discovery - Scrutiny Update** - Agenda Item 7

The Committee considered the update on the performance of the Discovery contract. The report contained performance measured against the Key Performance Indicators (KPI's). Documented some of the transformational activities including day services, employment support and reviews of people supported. In addition, there was a financial update on the programme, a stakeholder update and challenges to quality and performance.

The Committee were interested to note the current performance of the Discovery Contract, to welcome the wider engagement with stakeholders and to see the progress of the reviews of people supported by Discovery.

The report contained details of KPI's associated with the Discovery contract. Somerset commissioners are satisfied that overall the contract is delivering a safe service to the required standards. The commissioners are aware of the staffing difficulties and the impact this has on the quality leading up the restructure. The Committee were informed that there has been detailed work between commissioners and Discovery and it is expected that this is a temporary issue.

The CGC continue to carry out unannounced inspections of Discovery locations in line with their planned inspection regime. The last service to receive such an inspection was Amberleigh. This was rated as Good and some the CQC observed some areas of good practice in supporting people to have choice and control over their lives.

The Committee were interested in an update on Crisis Support as this had been identified as one for concern prior to transfer to discovery, especially Oak House. SCC is supporting Discovery to transform this service and to support the delivery of a new service model the current service will end on 16th March 2019. During this transfer the KPI's for this element of the contract have been suspended.

Employment Services now has the new management structure needed to deliver this key part of the programme. The Committee were pleased to see in the report details of some of the early successes of this programme. In particular, they noted the positive outcomes of the working relationship with Hinkley C in supporting Traineeships leading to employment.

The Committee were keen to ask that Discovery do not refer to “converting people” as this did not set the right connotation. They noted that Somerset did not perform as well as some other places in supporting those with learning difficulties into employment and wanted assurance that this key element of the Discovery contract was rigorously pursued.

The Committee were interested to hear progress on the support being offered to those people who were using the Day Services at Six Acres and Five Ways prior to the announcement of their closure. The Facilities and options put in place are better than those offered by the closed facilities and are kept under review. The Committee heard that the Seahorses facility in Minehead has not worked as well as Discovery would have liked and so some National experts have been asked to visit and offer suggestions for improvement.

The Committee heard that there had been a small underspend, and this has been ringfenced for a Social Value Fund.

The Committee asked about the replacement services available once Six Acres closes and wanted reassurance that there would not be too long a gap between one closing and the other being ready and able to offer the necessary services. The Committee were informed that the new service in Taunton would not replicate that of Six Acres; the rationale for closing Six Acres was to provide better and more support across a wider base. Plans are advanced with a central hub but these remain Commercial in Confidence at this stage.

The Committee were concerned that the quality of the tables in the documentation made it difficult to scrutinise some of the performance. They made a request that in future tables were presented in such a way that they could be read electronically.

The Committee discussed the CQC inspection regime and were concerned that if an inspection failed on one measure of safeguarding this should result in an overall fail in the same way as it would for an Ofsted inspection. It was agreed that the Committee would write to the CQC asking why. This was proposed by Cllr Huxtable and Seconded by Cllr Revans and supported unanimously.

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

The Committee considered and noted the Work Programme and made the following additions: -

Update on the South West Ambulance Service Trust Performance
Briefing on Weston A&E Service
Add Deprivation of Liberty to the Mental Health presentation
Add Discovery Performance to September 19 Meeting
Update on ‘Fit For My Future’.
Update on Sexual Health

167 Any other urgent items of business - Agenda Item 9

There were no other items of business.

(The meeting ended at 12.35 pm)

CHAIRMAN

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Somerset Safeguarding Adults Board Draft Strategic Plan – 2019-22

Lead Officer: Richard Crompton, Independent Chair - SSAB

Author: Stephen Miles, Service Manager - SSAB

Contact Details: 01823 359157

Cabinet Member: Cllr David Huxtable, Cabinet Member – Adult Social Services

Division and Local Member: All

1. Summary

- 1.1. Strong synergies exist between the work of the Somerset Safeguarding Adults Board (SSAB) and the Scrutiny for Policies, Adults and Health Committee, which has a valuable role in the assurance and accountability of the SSAB.
- 1.2. The purpose of this report is to consult with the Scrutiny for Policies, Adults and Health Committee in relation to the SSAB's Strategic Plan for 2019/22.
- 1.3. The Board's role is to have an oversight of safeguarding arrangements within the County, not to deliver services or become involved in the day to day operations of individual organisations, including those of Somerset County Council.
- 1.4. This report is not intended to give an update on the work of the SSAB during 2018/19. A report detailing the SSAB's work over the last year will be presented to the Committee later in the year when it considers the SSAB Annual Report.

2. Issues for consideration / Recommendations

2.1. That the Scrutiny for Policies, Adults and Health Committee:

1. **Notes the contents of this paper alongside the draft 2019-22 Strategic Plan**
2. **Comments on and discusses the proposed strategic priorities for 2019-22**
3. **Continues to promote adult safeguarding across the County Council and in commissioned services**

3. Background

- 3.1. The Somerset Safeguarding Adults Board (SSAB or "the Board") operates as an independently-chaired, multi-agency body under The Care Act 2014. It became statutory from April 2015. The main objective of the SSAB is to seek assurance that local safeguarding arrangements and partner organisations act to help and protect people aged 18 and over who:
 - have needs for care and support; *and*
 - are experiencing, or at risk of, abuse, neglect or exploitation; *and*
 - are unable to protect themselves from the risk of, or experience of, abuse or neglect as a result of their care and support needs.
- 3.2. The SSAB is required by The Care Act 2014 to produce and publish a strategic plan for each financial year. The plan must set out what the Board intends to do

over the next year to help and protect adults at risk of abuse and neglect in Somerset during that timeframe. In common with many other Safeguarding Adults Boards, the Board chose to develop a three-year plan in 2016 that was refreshed annually. We propose to take a similar approach for our next strategic plan that will cover the period from April 2019 to March 2022.

- 3.3.** By its very nature a strategic plan will be high-level and contain objectives that will be updated as work progresses. Our plan also does not reference specific groups of adults in recognition that, while the general level of risk may vary, safeguarding work is rarely group specific.
- 3.4.** Safeguarding is everybody's business, and the Board has a strategic role that is greater than the sum of the operational duties of the core partners.

3.5. The SSAB's Strategic Plan for 2019-22

The development of this strategy has been informed by broad consultation with an expanded Board membership that now includes representatives of people who use services, carers and the third sector. We also included an article about its development in our December newsletter inviting feedback from our readers, and promoted this opportunity through social media. It has been informed by the feedback we received, multi-agency professionals, the findings to emerge from audits, learning to emerge from Safeguarding Adults Reviews both locally and nationally, and the analysis of comparative performance data.

We recognise that we can achieve more by working collectively in partnership and commit ourselves to the objectives contained within the draft plan. Our proposed overarching priorities for 2019-22 are:

- a) Listening and learning:
- Safeguarding is person-led, outcome-focused, enhances involvement, choice and control, and improves quality of life, wellbeing and safety
 - We use learning to enhance practice across the system in Somerset
 - We learn from when things go wrong, both in Somerset and elsewhere, and take appropriate action to reduce risk
- b) Enabling people to keep themselves safe:
- People are aware of what abuse is and how to keep themselves and those that they care for safe
 - People know what to do if they think that they are experiencing abuse or neglect
- c) Working together to safeguard people who can't keep themselves safe:
- Organisations, including the third sector, work together to ensure that multi-agency arrangements are effective, and that people who are unable to keep themselves safe are supported in the least invasive way
 - Policy and guidance reflects best practice and takes a positive approach to risk
 - There is effective working across local, regional and national partnerships on areas of mutual interest
 - The number of inappropriate referrals is reduced through people raising other types of concern in an appropriate way
- d) Making sure we do what we said we would do:
- Somerset has an effective Safeguarding Adults Board which fulfils its statutory responsibilities, has strong leadership and governance

arrangements, and promotes a culture of collective accountability, respectful challenge and continuous learning

- The Board uses data appropriately to understand where risk exists within the system
- The Board can demonstrate progress through the regular monitoring of performance and a robust self-audit and peer challenge processes

3.6. Further information on the tasks that it is proposed will underpin these priorities can found in Appendix A. Some tasks, for example work emerging from the Mendip House Safeguarding Adults Review have been carried over from our existing plan where work remains ongoing. A small number of other tasks, for example those relating to the statutory processes of the Board, remain broadly similar to the 2018/19 Strategic Plan.

3.7. We propose to finalise and publish our strategic plan for 2019-22 following consideration by the Somerset Health and Wellbeing Board.

4. Consultations undertaken

4.1. As part of refreshing the Strategic Plan the SSAB has sought feedback from Healthwatch. In addition, it has sought feedback from the Board's expanded Board membership that now includes representatives of people who use services, carers and the third sector, and through inviting comment from readers of our newsletter and followers on social media.

5. Implications

5.1. Safeguarding activity by its nature is an inherently risky area and has the potential to bring a Council's reputation into discredit and the wider safeguarding system into question. The Strategic Plan, a legal requirement by the Care Act 2014, provides partner agencies and the public with assurances that adult safeguarding is being monitored and scrutinised in Somerset and the SSAB welcomes this opportunity for the Scrutiny for Policies, Adults and Health Committee to comment on the draft 2019-22 plan.

6. Background papers

6.1. Appendix A – Draft SSAB Strategic Plan 2019-22

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

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1: Listening and learning

Desired outcomes:

- Safeguarding is person-led, outcome-focused, enhances involvement, choice and control, and improves quality of life, wellbeing and safety
- We use learning to enhance practice across the system in Somerset
- We learn from when things go wrong, both in Somerset and elsewhere, and take appropriate action to reduce risk

No.	Task	Lead/s	Timescales	Measuring Success
A	Use the views of, and learning from, people who have experienced safeguarding and their carers, both provided directly to the Board and through partner organisations, including the third sector, to inform the work of the Board	Board/ Exec Group	Ongoing	<ul style="list-style-type: none"> • Feedback from people who experience safeguarding and their carers, data and audit demonstrates a greater focus on outcomes • Feedback from people who experience safeguarding and their carers is proactively sought, acted upon and, where appropriate, monitored through the self-audit process
B	Develop, then monitor, quality assurance standards for learning and development	Learning and Development Subgroup	Standards developed during 2019/20	<ul style="list-style-type: none"> • Quality standards are developed, implemented and monitored through the self-audit process • Training reflects a 'think family' approach • Learning opportunity take up and evaluation
C	Share best practice to prevent, minimise and respond to harm.	Learning and Development Subgroup	Ongoing	<ul style="list-style-type: none"> • Best practice is identified and shared on a regular basis through the SSAB website, social media and newsletters • Levels of safeguarding concerns for adults at risk

No.	Task	Lead/s	Timescales	Measuring Success
D	Deliver multi-agency Safeguarding Adults learning opportunities to raise the profile of adult safeguarding, address areas of practice improvement, share lessons learnt from Reviews, and offer workshops to local Safeguarding Leads.	Learning and Development Subgroup	Ongoing	<ul style="list-style-type: none"> Multiagency practitioner feedback demonstrates awareness of safeguarding issues, risks and commitment to develop own practice.
E	Commission, participate in and support Safeguarding Adults Reviews (SARs), ensuring learning from both local and national reviews is widely shared, including supporting the development of the National SAR Library.	Independent Chair / SAR Subgroup	Ongoing	<ul style="list-style-type: none"> Reports are published in full unless publication could be deemed to be detrimental to the person's wellbeing or the person or their family members who act/acted in the persons best interest asks for them not to be Implementation of local recommendations are monitored through the self-audit process Progress regarding national recommendations is reported to the Board Where the threshold for a SAR has not been met learning reviews are used to identify learning to be shared Practice Briefings are published for all local SARs and learning reviews

2: Enabling people to keep themselves safe

Desired outcomes:

- People are aware of what abuse is and how to keep themselves and those that they care for safe
- People know what to do if they think that they are experiencing abuse or neglect

No.	Task	Lead/s	Timescales	Measuring Success
A	Raise public awareness of: <ul style="list-style-type: none"> • the different types of abuse • how people can keep themselves and those that they care for safe • what to do if they think that they are experiencing abuse or neglect, including how to refer themselves to the County Council for safeguarding help and support • what to do about other types of concern; for example, service quality 	Board/ Exec Group	Ongoing	<ul style="list-style-type: none"> • Public feedback demonstrates improved awareness of safeguarding issues • Targeted campaign reach and feedback • Increase in number of referrals made by the person who needs safeguarding themselves • Website analytics and feedback • Social media reach and feedback • Newsletter reach and feedback • Engagement with campaigns including: <ul style="list-style-type: none"> ○ World Elder Abuse Awareness Day ○ 'Stop Adult Abuse' awareness week ○ 16 days of action ○ Rogue trader's week ○ Safeguarding adults week • Continued promotion of the SSAB 'Thinking it, Report it' campaign
B	Through partner organisations, including the third sector, provide targeted information to specific groups/sectors that are identified as being at greater risk	Board/ Exec Group	Ongoing	
C	Plan promotional activities to coincide with local, regional and national campaigns	Business Manager	Ongoing	
D	Work together with Devon, Somerset and Torbay Trading Standards Service to raise awareness of financial abuse and scams	Business Manager	Ongoing	
E	Work together with the Somerset Community Safety Partnership and Avon & Somerset Constabulary to support work to raise public awareness of, and disrupt, County Lines activity	Board/ Exec Group	Ongoing	

3: Working together to safeguard people who can't keep themselves safe

Desired outcomes:

- Organisations, including the third sector, work together to ensure that multi-agency arrangements are effective, and that people who are unable to keep themselves safe are supported in the least invasive way
- Policy and guidance reflects best practice and takes a positive approach to risk
- There is effective working across local, regional and national partnerships on areas on mutual interest
- The number of inappropriate referrals is reduced through people raising other types of concern in an appropriate way

No.	Task	Lead/s	Timescales	Measuring Success
A	Work together to make sure adult safeguarding standards keep people safe and minimise risk of harm, with policies and guidance that supports adults at risk to live their lives as they wish, whilst their rights to freedom from harm are actively supported.	Policy and Procedures Subgroup	Ongoing	<ul style="list-style-type: none"> • Reduction in the number of inappropriate referrals • Any policy or guidance changes required are agreed and implemented • There is guidance in place to support application of the Mental Capacity Act and Deprivation of Liberty Safeguards / the proposed replacement Liberty Protection Safeguards • Appropriate mechanisms are in place to address deficits in multi-agency working, should they occur • There are effective arrangements in place for joint working that can be demonstrated through performance data and the self-audit process • The Board contributes to the development of regional and national policy
B	Enhance local understanding and application of the Mental Capacity Act and Deprivation of Liberty Safeguards (and the proposed replacement Liberty Protection Safeguards)	Mental Capacity Subgroup	Ongoing	
C	Work jointly with the other strategic Partnership Boards in Somerset to keep people safe from harm and improve their health and wellbeing in support of the prevention agenda, reducing duplication of effort and maximising effectiveness.	Independent Chair / Business Manager	Meet 2 x per year, work Ongoing	
D	Work jointly within the region, and through national networks, to both develop our local approaches to safeguarding adults and share good practice and learning with others.	Independent Chair / Business Manager	Quarterly	

4: Making sure we do what we said we would do

Desired outcomes:

- Somerset has an effective Safeguarding Adults Board which fulfils its statutory responsibilities, has strong leadership and governance arrangements, and promotes a culture of collective accountability, respectful challenge and continuous learning
- The Board uses data appropriately to understand where risk exists within the system
- The Board can demonstrate progress through the regular monitoring of performance and a robust self-audit and peer challenge processes

No.	Task	Lead/s	Timescales	Measuring Success
A	Monitoring the implementation of best practice, standards, policies and actions emerging from Reviews (including, but not limited to, SARs, SCRs, DHRs and LeDeR) through an annual audit and peer challenge process	Independent chair / QA Subgroup	Q2/3 Annually	<ul style="list-style-type: none"> • Annual self-audit and peer challenge • Monitoring of implementation of recommendations emerging from Reviews
B	Implement and monitor a multi-agency quarterly performance monitoring process	QA Subgroup MCA Subgroup	Quarterly Quarterly	<ul style="list-style-type: none"> • Dashboard established and monitored quarterly • Monitoring of Advocacy take up • Monitoring of Deprivation of Liberty Safeguards referrals (and the proposed Liberty Protection Safeguards) • Appropriate monitoring arrangements are implemented for the proposed Liberty Protection Safeguards
C	Use data as part of an 'intelligent safeguarding' approach to understand where risks exist within the system and seeks assurance on the implementation of action(s) to address it	Board / Exec Group / QA Subgroup	Quarterly	<ul style="list-style-type: none"> • Data on patterns of referrals and types of abuse is used to inform the work of the Board • Areas of risk, for example the number of people placed by Somerset Commissioners outside of the County and when they were last reviewed, are reported to the Exec Group and Board

No.	Task	Lead/s	Timescales	Measuring Success
D	Monitor progress of the Mental Health Crisis Concordat to improve the experience of people in mental health crisis.	Board	Biannually	<ul style="list-style-type: none"> Levels of assurance are established Appropriate auditing and monitoring arrangements are implemented for any areas of low assurance
E	Seek assurance that young people experience a safe transition to adult services	Exec Group	Q3 2019	
F	Seek assurance that people with multiple vulnerabilities, including those who do not meet safeguarding thresholds, are enabled to keep themselves safe and, if they are unable to, organisations work together effectively to reduce risk	Exec Group	Q3 2019	
G	Seek assurance that there are appropriate arrangements in place for people who are a risk to others, but who may also require safeguarding themselves	Exec Group	Q3 2019	
H	Seek assurance regarding the assurance and monitoring arrangements that commissioners placing people from other parts of the UK in to Somerset have in place	Exec Group	Ongoing	<ul style="list-style-type: none"> Information gathered from services in to which people have been placed is used to establish levels of assurance and identify areas of concern to be raised nationally
I	Support Elected Members and Committee functions to better understand their roles and responsibilities in effectively scrutinising and monitoring the effectiveness of the Board in protecting adults at risk from abuse	Exec Group / Independent Chair	Ongoing	<ul style="list-style-type: none"> Elected Members of Somerset County Council and Members of NHS Somerset Clinical Commissioning Group have the information they need to effectively scrutinise the work of the Board

Somerset County Council

County Council

– 3rd April 2019

Adult Social Care Mental Health Scrutiny Update

Cabinet Member: David Huxtable

Division and Local Member: N/A

Lead Officer: Stephen Chandler, Director Adult Social Care

Author: Dave Partlow, Strategic Manager Mental Health and Safeguarding

Contact Details: DPartlow@somerset.gov.uk

1. Summary

- 1.1. Following the transition of services back to the local authority from Somerset Partnership Trust. The ASC services that supports people with Mental Health is continuing to develop in line with our promoting independence strategy. We are beginning the second phase of the transformation of these services.
- 1.2. As in all ASC services our vision is to ‘Promote Independence in Mental Health this is often translated into the Recovery Model. A strengths-based approach that focuses on the strengths of individuals, families, social networks and communities. Also, central to our approach, is what matters to individuals and their families. We continue to empower people to take control of their lives and their care and support, work with people and their communities to identify and provide sustainable local solutions to help them stay as well as possible and as independent as possible, for as long as possible

2. Operation Service

- 2.1. The service is led by the Strategic Manager Mental Health and Safeguarding who reports to the Assistant Director for Adults There are two locality service managers covering the East and West of the county, a service manager for the AMHP service and out of hours service, and an AMHP professional lead.
- 2.2. The Approved Mental Health Professional is authorised by the local authority and practice for them, although they are fundamentally an autonomous practitioner. They provide a broad range of tasks under the Mental Health Act. Their work involves nearest relatives and carers, making sure service users are properly interviewed in an appropriate manner and ensuring they know what their rights are if they are detained under the Mental Health Act 1983. The Approved Mental Health Professional has the responsibility to co-ordinate an assessment under the Mental Health Act ensuring the least restrictive principle is applied. They need to ensure the person is appropriately interviewed and if admitted to hospital that they are conveyed there in the most humane and dignified manner.
- 2.3. The increasing focus on mental health care and greater awareness of the mental ill health initiated with the publication of the Crisis Care Concordat in 2014 is creating a drive towards the parity of esteem and reducing the stigma that is still associated with mental illness. Following the Policing and Crime Act

2018, police cells are no longer used for the detention of individuals held under section 136 of the Mental Health Act. In addition, the length of time an individual can be held prior to assessment under Section 136 has reduced from 72hrs to 24hrs.

- 2.4 Each locality team is staffed by mental health social workers and ASC workers, who work with people in their communities to promote independence and recovery and also undertake reviews. Out of hours, ASC workers provide an emergency adult social care, homelessness and safeguarding service by telephone. In addition, they work with the AMHPs who are on duty. Each locality team including the AMHP service has a small business support team.
- 2.5 Following the return to the Council, the service remained co-located with Somerset Partnership mental health teams in Somerset Partnership accommodation. In addition, the Locality Teams and AMHP Hub staff continued to utilise Somerset Partnership infrastructure including the use of IT hardware and a continued reliance on the use of RIO (Somerset Partnerships Record system) as a data entry point.

3. Service Provision

- 3.1. The service is provided for people with social care needs arising from or linked to their mental health and who require the knowledge and skills of a specialist mental health service. A formal psychiatric diagnosis is not required for access to the service. It is open to adults age 18 and over and young people transitioning to the service. There is no upper age limit. The AMHP Hub provides Mental Health Act assessments for people of all ages including young people.
- 3.2 The nature of mental health social work means that social workers are required to support and manage some of the most challenging and complex people, they are required to make decisions with and on behalf of people with complex needs, work within complicated legal frameworks, to balance the needs and rights of individuals.
- 3.3 In order to be eligible for mental health social care, the Care Act requires that the individuals need for care and support arises from or are related to significant and complex mental health problems. Further that as a result of the identified needs, that they are unable to achieve identified and specified activities of daily living;
 - Without assistance
 - Where achieving the outcome causes pain, distress or anxiety
 - Where achieving the outcome endangers or is likely to endanger the health and safety of the person or others, or where achieving the outcome takes significantly longer than would normally be expected and this has a significant impact on the person achieving other outcomes,And as a consequence of being unable to achieve these outcomes, there is, or there is likely to be, a significant impact * on the person's wellbeing.
- 3.4 The nature and complexity of illness provides significant challenge for the mental health social work teams, many of the individuals who are supported have substantial and enduring needs. Many have suffered from significant trauma throughout their lives and therefore require the support of a unique

workforce who are dedicated to making a positive difference and to helping the individuals remain as independent as possible.

- 3.5** After accounting for changes in Mental Health reporting this year to align spend with the case management team, there has been an in-year increase of £1.0m against MH Residential and Nursing placements and a rise of £0.5m against MH Community packages this year. Compared to the start of this year, across both MH Residential and Nursing placement numbers have risen by 21 to 237 (an increase of 10% on 216). During the first six months of the current financial year we averaged 218 referrals into the mental health service. Within the last five months of the calendar year this has risen to 231.

4. Implications

- 4.1.** The transition of services back to the Local Authority has enabled the ASC Mental Health teams to focus on its vision of Promoting Independence and Recovery, the significant change management processes required have been complex and multi-faceted. Since that return to SCC our Mental Health Social Care service has been able to work earlier and more holistically with people, with more flexible and varied support. The service is now in a position where this change process can be escalated to develop the provision of Mental Health Social Care to further meet the needs of the people of Somerset and focus on prevention as well as direct care.

5. Operational Development

- 5.1** The Mental Health Work Plan 2019 has been developed alongside the six key areas contained within the Promoting Independence & Person-Centred Approaches in Adult Social Care, 2018/19 Strategy:

1. Prevention and early intervention
2. Managing demand and capacity
3. Short term interventions
4. Long-term care and support
5. Workforce
6. Governance and management

6. Wider Influences and Service Drivers

- 6.1 Promoting Independence** is one of three core principles contained within the 2018/19 Adult Social Care Strategy. In this context mental health care provision provides opportunities to expand on this and to ensure that we work to improve the identification and utilisation of appropriate community services.

- 6.2 Workforce considerations** are fundamental to any service and system development. The recruitment and retention of mental health staff and Approved mental Health professionals in particular remains a significant concern nationally. Given this, how can we create an environment that encourages staff to see mental health as a place they would like to work and how we support and encourage them to develop from within the ASC workforce.

- 6.3 Digital developments** are fundamental to improving working practices and of ensuring that staff are able to make informed decisions based on the

availability of up to date information shared across the health and social care system.

6.4 Increased utilisation of data to drive service improvement and shape the community offering. Only by understanding the demand, where it comes from, how its managed and what outcomes are generated, can we seek to move the service forward.

6.5 Stretch existing commissioned services, should be a fundamental principle. The creation of bespoke services as a starting point for care provision, creates multiple commissioning and financial challenges. It also generates the potential to lose best practice and the generated experience of long-standing partners. By stretching and challenging current providers to adapt care provision if required, we maintain a core providing platform able to meet the individual needs of all clients irrespective of whether they have additional mental health considerations. Examples include:

Accommodation support

New provider Second Step will begin in April supporting those with complex needs (joint with Public Health). Scrutiny and Cabinet have already been advised of the positive difference that this make to people's lives

Reducing 1:1 models of care

A new model for challenging needs without utilising 1:1 is being trialled at Frith House – A “family model” of support which reduces dependence and intrusion of 1:1 and promotes choice, whilst ensuring enhanced levels of support are in place.

6.8 Work with providers to deliver care differently, irrespective of need, we must work with partners to consider how care is delivered, so that it meets the need to promote independence and delivers care in a way that meets the needs of the client whilst maximising efficiencies in service delivery. Whilst we have introduced new housing support and wellbeing services, some of the traditional models of care remain and the focus needs to be recovery, flexibility of support and transitioning away from long term residential care. Examples include:

Dementia reconfiguration transition

The immediate priority of ensuring that previous Somerset Partnership day service users had suitable alternatives has been achieved on time and at a much-reduced cost. This has allowed reinvestment in grant funding for 2018/19 new provision which is already showing results in terms of new provision which is being shaped by communities not by buildings or providers. This approach will continue in 2019/20 to provide more support.

More work is required on best practice and evidence of good outcomes – this is a national focus across health and social care.

7. Priorities & Key Tasks

7.1 Currently the Approved Mental Health Professional Hub is effectively meeting the demand placed on it. However, the current operational reliance on RIO creates a barrier to the Councils ability to generate the fundamental

intelligence that is required in order to review demand, appreciate fully how this is currently created and resourced and how that demand may influence further system redesign.

7.2 There are additional opportunities to improve the AMHP Hub engagement with Mental Health Social Work colleagues to review opportunities to avoid in patient management and the potential to utilise alternatives to placement within a residential setting.

7.3 Key tasks being undertaken include:

- Review the provision of Data
- Analyse the demand profile
- Scope any workforce implications
- Review structure options
- Develop AMHP workforce sustainability
- Consider the Digital strategy
- Increase opportunities to consider alternatives to maintain independence

7.4 Due to the transition of service and the need to create a stable service, the Mental Health Social Work teams have not been in a position to fully benefit from the wider developments and transformational work within Adult Social Care. Advancements in care provision within the community and associated reductions in residential placements have not therefore been optimised.

7.5 The teams by necessity though the transitional period have been externally focused, building service provision as a response to that external relationship. The opportunity now exists to develop and enhance internal links with Adult Social Care Locality Teams and Sourcing and Commissioning colleagues.

7.6 There is further potential to improve the provision of care, by conducting process review, developing the data potential and by creating and expanding the links with internal partners and community providers.

7.7 Key tasks being undertaken include:

- Review the provision of Data
- Analyse the demand profile
- Scope workforce implications
- Review structure options
- Formulate the digital strategy
- Enhance collaboration with Sourcing care
- Enhance collaboration and intelligence sharing with Commissioning
- Develop community services, community agents
- Best practice development in conjunction with ASC Locality teams

7.8 The significant numbers of Deprivation of Liberty Safeguard applications are managed utilising a prioritisation matrix which is in line with both national recommendations and national practice. In addition, the introduction of Liberty Protection Safeguards which will replace the current Deprivation of Liberty Safeguards and Community Deprivation of Liberty scheme. The impact of the legislation will be reviewed, and comprehensive plans developed to respond to

any process change requirements.

8. Recommendations

- 8.1** Progress against the transformation programme will be monitored through the Adults Transformation Board.
- 8.2** Scrutiny are asked to note the content of this report.

Somerset County Council
Scrutiny for Policies, Adults and Health Committee
– 3rd April 2019

Lead Officer: Stephen Chandler, Director Adult Social Care
Author: Emily Fulbrook, Strategic Manager, Community Localities and Steve Veevers, Strategic Manager, Commissioning.
Contact Details: EFulbrook@somerset.gov.uk and SVeevers@somerset.gov.uk
Cabinet Member: David Huxtable
Division and Local Member: All

1. Summary

- 1.1. This report summarises Adult Social Care's continuing development of the Promoting Independence model of delivery for people with a Learning Disability. We are realigning our Strategy to support this continued development. The accompanying presentation provides further detail surrounding the operational and commissioning model that is continuing to be developed.
- 1.2. As in all Adult Social Care services our vision is to 'Promote Independence in Learning Disability services this is often translated into the Progression Model. A strengths-based approach that focuses on the strengths of individuals, families, social networks and communities. Also, central to our approach, is what matters to individuals and their families. We continue to empower people to take control of their lives and their care and support, work with people and their communities to identify and provide sustainable local solutions to help them stay as well as possible and as independent as possible, for as long as possible. The Learning Disability Plan aims to maximise independence and raises ambition to ensure people are supported in the most effective and appropriate way.

2. Issues for consideration / Recommendations

- 2.1. Members of the Scrutiny Committee to note and comment on the updates captured within the cover report and supporting presentation.

3. Background

- 3.1. Adult Social Care 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.
- 3.2. We want all Somerset residents to be able to have equal access to mainstream support within their local community, and tailored assistance to support where they require it. As such, a key priority for the service is the experience of and outcomes achieved by individuals with Learning Disabilities.

3.3. The Learning Disability Plan 2019 has been developed alongside the six key areas contained within the Promoting Independence & Person-Centred Approaches in Adult Social Care, 2018/19 Strategy:

1. Prevention and early intervention
2. Managing demand and capacity
3. Short term interventions
4. Long-term care and support
5. Workforce
6. Governance and management

In practice, our strategy focuses on:

- Maximising independence to support people to remain in their homes and communities, without formal social care support wherever possible
- A changed relationship with the public where we manage expectations and are realistic about what we can do and what we expect from individuals, families and communities
- Working differently with partners to support people to get the right level and type of support at the right time
- Asking staff to think and practice in new and different ways, and to change the conversations we have with those requiring our assistance
- Ensuring we have the right enablers in place to achieve our ambitions.

4. Current Position within Somerset

4.1. Utilising available information and the support of Professor John Bolton we have reviewed Somerset County Council's position against that of other councils the key areas to highlight are –

- Total number of people support with a Learning Disability within Somerset is – 1,794
- Total number of Learning Disability providers within Somerset is - 89 providers that we commission.
- Total number of Out of County Placements - 52 Out of County placements breakdown as follows:
33 in neighbouring counties (mainly Devon, North Somerset and Wiltshire),
19 in other counties that don't directly border Somerset.
- Somerset has the largest number of people with a learning disability receiving care per 100,000 of population in comparison to other Shire counties.

- Somerset has the highest cost per person supported at £18,013pa against the national average of £14,446.

4.2. Over the last few years we have been working towards an integrated Adult Social Care service that supports individuals into mainstream services. We are now taking the next steps in this transformation journey as we recognise that our practice both operationally and commissioning needs to align to a delivery model that is more progressive and ambitious for people with a Learning Disability.

4.3. We need to strengthen our communities to ensure they are inclusive and progressive. We need to enhance the way in which we commission not only services but also creative solutions within the community, transport and housing. Our workforce requires continued development to achieve best possible outcomes for individuals and their families.

5. Operational/Commissioning Developments

5.1. Workshop - Learning Disability workshop held in February with attendance from operational workforce, commissioning and specialist health colleagues. The aim of the day was to develop a collaborative approach to improve the lives of people with a Learning Disability. Explore 'what does promoting independence mean for people with a Learning Disability'. Identify short-term, medium-term and long-term targets and identify the key priorities. Three main themes were discussed – Community Development, Market Shaping and Whole Service Practice Development.

5.2. We know that reablement and rehabilitation has a significant impact on a person's long-term social care needs. We have achieved great successes in working with our older people to support people to remain independent and in their own homes for as long possible by implementing effective, short-term interventions. We know this model can work for everyone in Somerset who needs it.

5.3. We want to enable people to retain their independence and support people to learn new skills. The people we support tell us that they want a life like everyone else; have real friends, real lives and real opportunities for education and employment. We want all people to have opportunity and meaningful lives while recognising that this does not mean long term support services for all.

5.4. Where we have learnt from other areas of adult social care (older people) we want to replicate this and ensure that we are exploring all community solutions, short-term interventions and all other options before commissioning long-term support options for people.

5.5. We want to offer a service to people that can work with to meet specific targets and for that service to be withdrawn once that target has been met. This could be learning to cook, attending the gym, learning to use public transport or accessing the same employment opportunities as everyone else. We want providers to be able to identify strengths and develop people's skills for independence particularly those living in their own home, we aim to work with providers that support this. Where providers are wanting to work towards this we want to work differently and creatively.

5.6. Measuring success – Measuring success is fundamental, The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

ASCOF Measures –

- 2A(1) shows the number of people aged 18-64 placed in Residential & Nursing per 100,000.
- 1C1A is 'Self-Directed Support'.
- 1E – Adults with LD in Paid Employment
- 1G – Adults with LD who live in their own home or with their family

5.7. Over the last few years we have been working to support people to move out of residential services to supported living services. Within this financial year we have supported 23 people to move into a community-based setting. Having a home guarantees a place in the community and is part of how people are accepted as equal citizens. People with learning disabilities are one of the most socially excluded groups in our society and this is primarily a result of an historical segregation of services that unintentionally deny people their own home, choice and control and a decent income; factors which ultimately deny citizenship and social inclusion.

5.8. Transforming Care – The NHSE / ADASS Transforming Care (TC) programme aims to improve the lives of children, young people and adults with a learning disability and/or autism who display behaviours that challenge, including those with a mental health condition. The objectives of the programme – incorporating the lessons learnt from the Winterbourne View abuse scandal – are to reduce the overreliance on specialist beds in secure settings or 52 week residential places. Many people in these specialist placements don't need to be there, and many stay there for far too long – sometimes for years.

5.9. The TC programme requested Local Authorities and CCGs to work closely together, including other relevant partner agencies such as housing and specialist providers, in Transforming Care Partnerships (TCPs) to enable this group of people to be discharged from secure settings and move back into Somerset. These discharges can only take place by designing and commissioning specific community service provision, in line with well-established best practice, to give this group of people the support they need closer to home and within their own community.

5.10. Since the start of the programme (2016) Somerset TCP has discharged 11 patients back into the community: 2 patients in CAMHS beds, 7 patients in CCG beds and 2 patients in NHSE Specialist Commissioning beds.

In March 2019 Somerset TCP has the following Transforming Care in-patient group: 10 patients who are in NHSE Specialist Commissioning beds (of which 2 are CAMHS beds) and 2 patients who are in CCG commissioned beds. Of the total number, 11 in-patients are placed out of county. Within the next 6 months a further 5 discharges are planned to take place. (3 patients from NHSE Specialist Commissioning beds, and 2 from CCG commissioned beds)

5.11. Our Voice Somerset - The Learning Disability Partnership Board wanted to better represent people with learning disabilities and their carers in Somerset, by talking to more people. The "Our Voice Somerset" support networks will work with

the LD partnership board to improve communication and engagement with people with learning disabilities and their families.

The overall aim of the networks is to:

- Give people with learning disabilities in Somerset a stronger voice
- Create links between the partnership board and networks so people can share their experiences and views across the county
- Create stronger links with local communities, empowering people with learning disabilities

5.12. Transformation Board – The launch of the Learning Disability Plan will be implemented in April, this has been discussed within Adult Social Care's Transformation Board with representative from the Registered Care Provider Association. The Transformation Board will continue to monitor delivery, outcomes and benefits alongside the Learning Disability Partnership Board.

6. Next Steps

6.1. Mapping - Working in collaboration with a parent carer representative and using the application Power BI, we have mapped all customers with a Learning Disability and providers. This will enable us to have a greater understanding of where people are and what resources and services are used. This will enable us to understand what is possible in local areas and where areas of intervention could be. This will continue to support us in developing strong communities and community resources.

6.2. Workforce Development – We recognise that we need to strengthen our operational workforce to deliver the outcomes identified within our plan. We will be working with our operational teams to build and develop practice that improve outcomes for individuals with a Learning Disability. We have practice development sessions scheduled throughout the year with the first session being held in May 2019.

6.3. Strengthen Community Connect Approach – Our community connect approach has been instrumental to the achievements made within Adult Social Care. This approach will be fundamental to meet the needs of individuals with a Learning Disability. We will aim to utilise the skills and knowledge within Community Connect to support individuals with low-level needs to access universal services. We will support this development through continued training and engagement within our workforce development sessions.

6.4. Market Place – Adult Social Care have been supporting the development and growth of local organisations and care providers, to help people live progressive and independent lives. There is a well-established Learning Disability Provider Forum, that is well attended throughout the year. ASC are now working in partnership with the Registered Care Provider Association to Co-Chair the forums, bringing a better representation of issues that face the sector.

6.5. Commissioning Development – We have strengthened our commissioning approach and introduced two specific roles to support our continued delivery.

One will be a dedicated reviewing officer that will effectively link between both operations and commissioning. They will work in collaboration with the operational teams completing person-centred reviews, liaising with providers and support in achieving best practice. Another role will focus on provider development and negotiations to support in stimulating and developing the provider market.

- 6.6. Learning Disability Partnership Board** – Consultation from the Learning Disability Partnership Board is essential, we will be presenting the plan to the board in April.
- 6.7. Registered Care Provider Association and Learning Disability Providers** – Collaboration and engagement from our providers will be key to successful delivery of our approach to supporting individuals with a Learning Disability within Somerset. We will be holding an engagement event to share with providers and RCPA members.

7. Background papers

Presentation included to provide further information.

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

Learning Disability – ‘Promoting Independence Strategy’

Somerset County Council

Scrutiny for Policies, Adults and Health Committee

Emily Fulbrook, Strategic Manager – Community Localities

Steve Veevers, Strategic Manager – Commissioning

3rd April 2019



Promoting Independence



- To be ambitious in raising people's independence and improving their lives;
- Maximising independence to support people to remain in their homes and communities, without formal social care support wherever possible
- A changed relationship with the public where we manage expectations and are realistic about what we can do and what we expect from individuals, families and communities
- Working differently with partners to support people to get the right level and type of support at the right time
- Asking staff to think and practice in new and different ways, and to change the conversations we have with those requiring our assistance
- Ensuring we have the right enablers in place to achieve our ambitions

Where are we...



- Total number of people support with a Learning Disability – 1,794
- Total number of learning disability providers within Somerset - 89 providers that we commission with, further number of providers that people use their Personal Budget to employ
- Total number of Out of County Placements - 52 Out of County placements breakdown as follows:
 - 33 in neighbouring counties (mainly Devon, North Somerset and Wiltshire),
 - 19 in other counties that don't directly border Somerset.
- Somerset has the largest number of people with a learning disability receiving care per 100,000 of population in comparison to other Shire counties.
- Somerset has the highest cost per person supported at £18,013pa against the national average of £14,446.

What good looks like in Somerset?



- Sam
 - - Residential provision, shared care provision
 - - History of provider seeking cost increases
 - - Daily impact on life because of the person he shares with. Wears headphones due to noise and provider unwilling to offer full time support
 - - Review identified he could live in supported living
 - - Mum did not believe this could be an option for him
- - Ongoing work with mum and Sam moved into his new supported living placement where he has settled really well.
- - Now doing more for himself and socialising with others
- - Improved relationship with mum

What good looks like in Somerset?



- Tom
- - In Shared Lives and in receipt of DP for respite. He refused respite, in crisis provision, has illegally signed tenancy and very challenging behaviour
- - Review led to BI meeting; plan for respite property to become his home
- - Moved in, with a pa team in place, and shared lives provider became micro provider
- - 28 day review indicated he was happy in "his home", progression evident and ongoing with behaviours reduced and sustainable relationships

Assistive Technology

Oysta Watch

Initial reason for use of Oysta / monitoring system:

PF has 1:1 support provided by LD Provider. He regularly absconds and sees it as a fun 'game' to see if the carers or police can find him.

The watch was provided to help locate PF and so that he is able to contact staff if he is in danger. The ability to locate PF through the GPS tracker and to communicate with him is particularly important as Paul can be a danger to himself and others when unsupervised in the community. The police were being called regularly ("every other day, sometimes it was numerous times in a single day")

Information gained from use:

GPS functionality enables staff to locate PF when he absconds. This enables them to make an informed decision about whether he is safe (e.g. is he at a friends' house or attempting to cross the M5). It also gives peace of mind that he is OK and not lying injured somewhere as they can see movement.

Staff can call PF through the watch.

PF is able to contact staff.

Benefits of this info for service user:

The Oysta watch helps PF to balance the risks of his behaviour with the freedom he enjoys. It is the least restrictive option currently tried.

The ability to communicate through the watch provides a safety mechanism as PF can call for help if in trouble.

It has helped his relationship with the care staff as they have a greater peace of mind rather than feeling frustrated/stressed that he has run off.

If wrongly accused of doing something the care staff can say that he wasn't in the area during that time of the day.



Transforming Care



A 30 year old woman with LD and autism who had a long history of failed placements, including stays in a secure wards and the S136 suite.

She displayed challenging behaviour, assaulted staff and became more and more isolated with the minimal support and interaction in place which was having a detrimental impact on her health and well-being.

Somerset TCP was successful in getting capital funding from NHSE which was used to buy this lady a property and a specialist care provider was appointed.

They worked closely with the lady's family to get to know the patient very well and created a person-centred care plan and positive behaviour support plan.

The care provider also recruited a staff team aligned to this lady's needs and likes through advertising with a person-centred advert and using person-centred questions at interview

The lady moved into her new home in December 2017 and has been living there ever since. She goes out into the community, cooks her own meals with staff and meets up with family and friends. She still uses her behaviours to communicate but this has reduced significantly since she has moved into her own home because she is in the right environment and has a stable team who know her and support her needs well .

What does promoting independence mean for someone with a Learning Disability?



What good looks like in other local authorities;

<https://www.bbc.co.uk/news/av/uk-england-wiltshire-5756767/heights-are-scary-scaffolder-with-down-s-syndrome>

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<https://www.bbc.co.uk/news/av/uk-england-bristol-7090187/how-does-someone-with-autism-go-shopping>

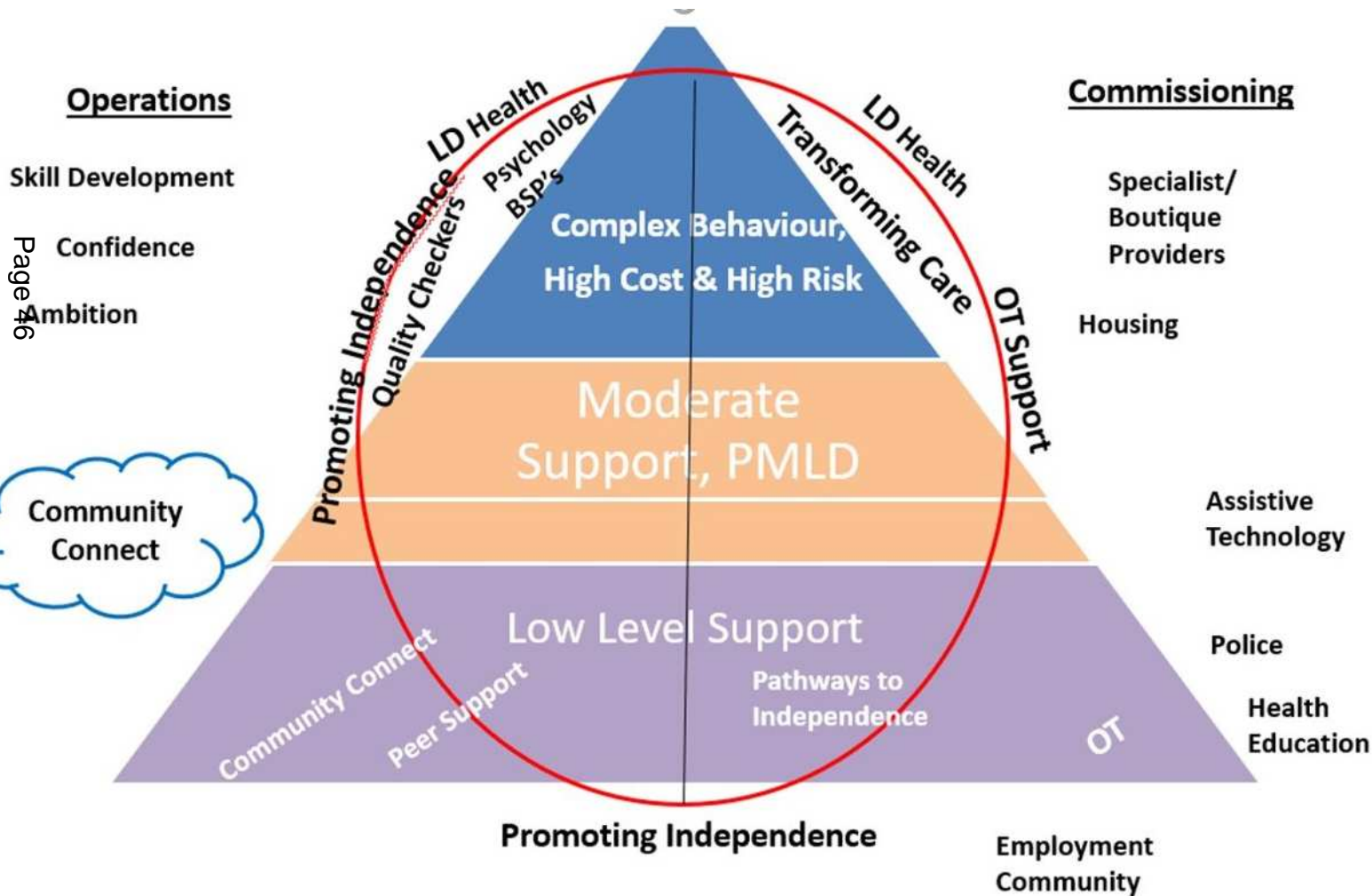
A New Model

Kent's pathways model

<https://www.youtube.com/watch?v=G-qmo4LMSJU#action=s>



Developing our Model



Dementia Strategy

Lead Officer: Dr Alex Murray

Author: Victoria Wright, Mental Health Commissioning Manager

Contact Details: Victoria.wright19@nhs.net

Division and Local Member: All

1. Summary

- 1.1. The current Somerset Dementia Strategy is under review as the previous strategy expired. A rewrite of the current strategy is planned which will be presented to the September Older People's Mental Health and Dementia Collaborative Service Development Group.

A small working group is currently being set up to identify the immediate priorities to improve the support and diagnosis of patients in Somerset suffering from Dementia.

- 1.2. To address Somerset's challenges, we will:
- Continue to focus on prevention and early intervention.
 - Work across health and care to promote people's independence and reduce unnecessary demand on services.

2. Issues for consideration / Recommendations

- 2.1. Issues have been identified with the current viability of the Somerset Memory Assessment Service due to a lack of Consultant Geriatricians; currently the service is at 34% vacancy rate. A meeting is set to take place in April 2018 to look at remodelling of the service to ensure that capacity is maintained across the Healthcare economy in Somerset.
- 2.2. Diagnosis rates of dementia in the population of Somerset are still below national required rate. A paper was presented to the Clinical Executive Committee at Somerset Clinical Commissioning Group on 8 March and it was agreed that an action plan will be devised to outline the resources and actions needed to ensure that Somerset reaches the national diagnosis rate.

Somerset has older than average population and so the incidence of dementia is likely to be higher. In the county there appears to be increasing demand on many services in relation to dementia, including primary care, A&E, acute wards and nursing and residential care homes admissions. Earlier intervention with higher quality community based support will help reduce some of these pressures on services – and improve the quality of life for those who have dementia and their carers.

3. Background

- 3.1. Dementia is a growing challenge. As the population ages and people live for longer, it has become one of the most important health and care issues facing the world. In England it is estimated that around 676,000 people have dementia.

In the whole of the UK, the number of people with dementia is estimated at 850,000.

Dementia mainly affects older people, and after the age of 65, the likelihood of developing dementia roughly doubles every five years. However, for some people dementia can develop earlier, presenting different issues for the person concerned, their carer and their family.

There are around 540,000 carers of people with dementia in England. It is estimated that one in three people will care for a person with dementia in their lifetime. Half of them are employed and it's thought that some 66,000 people have already cut their working hours to care for a family member, whilst 50,000 people have left work altogether.

There is a considerable economic cost associated with the disease estimated at £23 billion a year, which is predicted to triple by 2040. This is more than the cost of cancer, heart disease and stroke.

Somerset County Council have carried out significant work during 2018/19 on community respite solutions and support for people with memory loss or dementia through the day service transformation project. The Adult and Health Commissioning Team are currently administrating the allocation and development of the Community Dementia Development Grant which is already showing positive results in terms of new and improved community based provision, which is being led and shaped by communities. This work will be continuing into 2019/20. Also, a new model for complex dementia needs without utilising 1:1 is being trailed – 'a family model'. More work is required on best practice and evidence of good outcomes but there is growing evidence that prohibitive 1:1 care exacerbates behaviours and different models of care can better manage them and improve outcomes.

3.2. Dementia is a key priority for both NHS England and the Government. In February 2015 the Prime Minister launched his [Challenge on Dementia 2020](#), which set out to build on the achievements of the Prime Minister's Challenge on Dementia 2012-2015. It sets out NHS England's aim that by 2020 we are:

- the best country in the world for dementia care and support for individuals with dementia, their carers and families to live; and
- the best place in the world to undertake research into dementia and other neurodegenerative diseases.

Some of the key aspirations of this vision are:

- Equal access to diagnosis for everyone
- GPs playing a lead role in ensuring coordination and continuity of care for people with dementia
- Every person diagnosed with dementia having meaningful care following their diagnosis
- All NHS staff having received training on dementia appropriate to their role.

One of the 10 priorities identified by NHS England as part of the [Five Year](#)

[Forward View](#) is to upgrade the quality of care and access to mental health and dementia services.

4. Consultations undertaken

- 4.1. Consultations on the emerging Dementia Strategy have taken place as part of the Fit for My Future plan which is jointly held with Somerset County Council and Somerset Clinical Commissioning Group.

5. Implications

- 5.1. If patients are not receiving the appropriate diagnosis this can significantly impact on the support available to them and their families/carers. Diagnosis also enables patients to remain in their own homes as long as possible with their families which are better for the patient.

If diagnosis is not made, then long term this can mean that they are subject to inappropriate prolonged admissions to acute beds which would not be required if the appropriate plans are in place. This is not beneficial to the patient and is a huge cost implication to the health and social care economy.

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Scrutiny for Adults and Health Work Programme – March 2019

Agenda item	Meeting Date	Details and Lead Officer
	03 April 2019	
Somerset Safeguarding Adults Board (SSAB) - Update		Stephen Miles and Richard Crompton
Mental Health Services including Deprivation of Liberty update		Stephen Chandler/Mel Lock Dave Partlow
Learning Disabilities		Emily Fulbrook/ Steve Veevers
Dementia Strategy		Victoria Wright, CCG
	08 May 2019	
Oral Health Services		NHS England
Somerset CCG Finance update		Alison Henley, CCG
Somerset CCG Primary Care Committee update		Michael Bainbridge, CCG
South West Ambulance Service Trust Performance Report		Stephen Boucher, SWAST
	05 June 2019	
CCG Quality, Safety and Performance Report		Debbie Rigby
Adult Social Care Performance Report		Mel Lock/Stephen Chandler
Update on the Temporary Closure of Community Hospital Inpatient Wards		Phi Brice, Somerset Partnership
Relocation of the hydrotherapy Pool and Service from Musgrove Park Hospital		Phil Brice, Somerset Partnership
Fit for My Future Programme Update		Maria Heard, CCG
	03 July 2019	
Proposal for a Review of Somerset Podiatry Clinic Locations		Phil Brice, Somerset Partnership
Proposals to Redevelop the Summerlands Site, Yeovil		Phil Brice, Somerset Partnership
Autism Services update		James Slater, Somerset CCG
Sexual Health Services Update		Michelle Hawkes
	11 Sept 2019	
CCG Quality, Safety and Performance Report		Debbie Rigby
Adult Social Care Performance Report		Mel Lock/Stephen Chandler
Discovery Performance Report – to include		Steve Veevers

Scrutiny for Adults and Health Work Programme – March 2019

Outcomes-based Performance assessment		
	02 Oct 2019	
	06 Nov 2019	
	04 Dec 2019	
CCG Quality, Safety and Performance Report		Debbie Rigby
Adult Social Care Performance Report		Mel Lock/Stephen Chandler
	Jan 2020	
Nursing Home Support Service (NHSS)-		Niki Shaw

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 01823 355059. Or the Clerk Jennie Murphy on jzmurphy@somerset.gov.uk

Add to 2020 Work Programme:-

Somerset County Council Forward Plan of proposed Key Decisions

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

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

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

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

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

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

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

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

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

For general enquiries about the Forward Plan:

- You can view it on the County Council web site at <http://democracy.somerset.gov.uk/mgListPlans.aspx?RPId=134&RD=0&FD=1&bcr=1>
- You can arrange to inspect it at County Hall (in Taunton).
- Alternatively, copies can be obtained from Scott Wooldridge or Michael Bryant in the Democratic Services Team by telephoning (01823) 357628 or 359500.

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

To make representations about proposed decisions:

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

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

FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
FP/18/12/01 First published: 4 December 2018	13 Mar 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	Creation of New Academies - March 2019		Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260
FP/18/10/03 First published: 23 October 2018	Not before 14th Mar 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	Academy Charging		Ken Rushton, Service Manager - School Finance Tel: 01823356911
FP/19/02/02 First published: 12 February 2019	Not before 27th Mar 2019 Cabinet Member for Education and Council Transformation	Issue: Proposed Expansion of Willowdown Primary Academy, Bridgwater from 210 to 420 places Decision: To approve the appointment of a preferred contractor to proceed with a 7 classroom expansion for September 2020	Willowdown - Key Decision Paper		Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260
FP/18/11/09 First published: 20 November 2018	Not before 1st Apr 2019 Director of Children's Services	Issue: Framework for the delivery of Food Produce to SCC properties Decision: Decision to award contract(s) to the successful supplier(s) following a competitive procurement exercise			Simon Clifford, Customers & Communities Director Tel: 01823359166

FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
<p>FP/18/11/11 First published: 21 November 2018</p>	<p>Not before 8th Apr 2019 Cabinet Member for Adult Social Care</p>	<p>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</p>			<p>Tim Baverstock, Strategic Commissioning Manager - Strategic Commissioning</p>
<p>FP/19/01/02 First published: 3 January 2019</p>	<p>Not before 8th Apr 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>

Weekly version of plan published on 5 March 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
FP/19/01/12 First published: 5 February 2019	Not before 8th Apr 2019 Cabinet Member for Public Health and Wellbeing	Issue: Adoption of the Somerset Air Quality Statement Decision: To agree the adoption of the statement			Stewart Brock, Public Health Specialist, Public Health Tel: 01823357235
FP/19/02/01 First published: 12 February 2019	8 Apr 2019 Cabinet Member for Resources	Issue: Disposal of Two County Farms - Spring / Summer 2019 Decision: Authority to conclude negotiations for the disposal of two surplus farms and lands including those disposals to be conducted via a public auction as appropriate			Charlie Field, Estates Manager, Corporate Property Tel: 01823355325
FP/10/01/11 First published: 5 February 2019	Not before 8th Apr 2019 Cabinet Member for Education and Council Transformation	Issue: Bridgwater College Academy Expansion - Funding Decision: To agree funding as required			Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260
FP/19/02/03 First published: 19 February 2019	Not before 8th Apr 2019 Cabinet Member for Children and Families	Issue: Early Years Block - Early Years Single Funding Formula (EYSFF) 2019/20 Decision: The base rate for EYSFF for 2019/20 for 3 and 4 year olds as £3.96 per child hour. The hourly rate for funded 2 year olds to remain the same as 18/19 at £5.04 per child per hour	Cabinet Member Decisions report		Alison Jeffery

Weekly version of plan published on 5 March 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>FP/19/02/06 First published: 26 February 2019</p>	<p>8 Apr 2019 Cabinet Member for Children and Families, Cabinet Member for Education and Council Transformation</p>	<p>Issue: The School Building Condition Programme Decision: The Cabinet Member authorises appropriate officers under delegation to commission and deliver the School Building Condition programme within the allocation of capital funds for 2019/20 as approved by full Council on the 21 February 2019</p>	<p>School Building Condition Programme 2019-20</p>		<p>Paula Hewitt, Director of Commissioning for Economic and Community Infrastructure Tel: 01823 359011</p>
<p>FP/19/02/06 First published: 26 February 2019</p>	<p>8 Apr 2019 Cabinet Member for Education and Council Transformation, Director of Commissioning and Lead Commissioner for Economic Community Infrastructure</p>	<p>Issue: Creation of a new Academy in Somerset Decision: Chilton Trinity</p>			<p>Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260</p>
<p>FP/18/11/10 First published: 20 November 2018</p>	<p>8 Apr 2019 Cabinet Member for Economic Development, Planning and Community Infrastructure, Economic and Community Infrastructure Commissioning Director</p>	<p>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</p>			<p>Nathaniel Lucas, Senior Economic Development Officer Tel: 01823359210</p>

FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
FP/18/11/01 First published: 13 November 2018	8 Apr 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
FP/19/03/01 First published: 5 March 2019	Not before 8th Apr 2019 Director of Commissioning and Lead Commissioner for Economic Community Infrastructure, Cabinet Member for Education and Council Transformation	Issue: Creation of a new Academy in Somerset Decision: Critchill School			Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260
FP/18/12/05 First published: 10 December 2018	13 May 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 their families to be happy, healthy and well-prepared for adulthood.			Philippa Granthier, Assistant Director - Commissioning and Performance, Children's Services Commissioning Tel: 01823 359054
FP/19/03/02 First published:	Not before 13th May 2019 Cabinet	Issue: County Council Business Plan 2019+ Decision: To consider the report			Jan Stafford, Strategic Manager - Customers & Communities Tel: 01823355010

FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
<p>FP/18/12/09 First published: 20 December 2018</p>	<p>Not before 13th May 2019 Cabinet Member for Resources</p>	<p>Issue: Disposal of part of of the Six Acres Day Centre site, Taunton Decision: Disposal of part of the Six Acres Day Centre site, Taunton</p>			<p>Charlie Field, Estates Manager, Corporate Property Tel: 01823355325</p>
<p>FP/18/03/04 First published: 12 March 2018</p>	<p>Not before 13th May 2019 Cabinet Member for Highways and Transport</p>	<p>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</p>			<p>Sunita Mills, Service Commissioning Manager Tel: 01823 359763</p>
<p>FP/18/04/06 First published: 30 April 2018</p>	<p>Not before 3rd Jun 2019 Director of Commissioning and Lead Commissioner for Economic Community Infrastructure</p>	<p>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</p>			<p>Melanie Roberts, Service Manager - Economic Policy Tel: 01823359209</p>