

Scrutiny for Policies, Adults and Health Committee

Wednesday 8 May 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 - 30 April 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



RNID typetalk

AGENDA

Item Scrutiny for Policies, Adults and Health Committee - 10.00 am Wednesday 8 May 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 03 April 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 CCG Finance update** (Pages 15 - 28)

6 **South Western Ambulance Service Trust Performance Report** (Pages 29 - 56)

To receive the report.

7 **Somerset Primary Care Committee Update** (Pages 57 - 62)

To receive the report.

8 **Somerset Oral Health update** (Pages 63 - 72)

To receive the report.

9 **Somerset County Council Business Plan** (Pages 73 - 98)

To receive the report.

10 **Scrutiny for Policies, Adults and Health Committee Work Programme** (Pages 99 - 110)

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

Item Scrutiny for Policies, Adults and Health Committee - 10.00 am Wednesday 8 May 2019

11 **Any other urgent items of business**

The Chairman may raise any items of urgent business.

This page is intentionally left blank

Guidance notes for the meeting

1. Inspection of Papers

Any person wishing to inspect Minutes, reports, or the background papers for any item on the Agenda should contact the Committee Administrator for the meeting – Jennie Murphy on Tel: 01823 359500 or 01823 355529 or Email: jzmurphy@somerset.gov.uk or democraticservices@somerset.gov.uk They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers

2. Members' Code of Conduct requirements

When considering the declaration of interests and their actions as a councillor, Members are reminded of the requirements of the Members' Code of Conduct and the underpinning Principles of Public Life: Honesty; Integrity; Selflessness; Objectivity; Accountability; Openness; Leadership. The Code of Conduct can be viewed at: <http://www.somerset.gov.uk/organisation/key-documents/the-councils-constitution/>

3. Minutes of the Meeting

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

4. Public Question Time

If you wish to speak, please tell Jennie Murphy the Committee's Administrator - by 5pm, 3 clear working days before the meeting (01 May 2019). All Public Questions must directly relate to an item on the Committee's agenda and must be submitted in writing by the deadline.

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

At the 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, Paul Street, Taunton, TA1 3XZ, on Wednesday 3 April 2019 at 10.00 am

Present: Cllr H Prior-Sankey (Chair), Cllr M Healey (Vice-Chair), Cllr P Clayton, Cllr A Govier, Cllr M Keating(sub) and Cllr J Lock (sub)

Other Members present: Cllr M Chilcott, Cllr Leyshon, Cllr Fraschini, Cllr Redman

Apologies for absence: Cllr M Caswell, Cllr B Revans, Cllr A Bown and Cllr G Verdon

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

Cllr Healy declared that his wife works as a Mental Health Officer in Dorset.

169 **Minutes from the previous meeting held on 13 March 2019** - Agenda Item 3

These were agreed subject to the following changes:-

- add Cllrs Fraschini, and Redman to the Other Members present list.
- Change the proposer for the recommendation to Cllr Revans and the seconder to Cllr Keating.

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

There were no public questions.

171 **Somerset Safeguarding Adults Board (SSAB)** - Agenda Item 5

The Committee considered a report from the Somerset Safeguarding Adults Board (SSAB). The report outlined the 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. The purpose of the report is to consult with Scrutiny for Policies, Adults and Health Committee in relation to the Strategic Plan for 2019/2022.

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.

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. The Board propose to take a similar approach for the next strategic plan that will cover the period from April 2019 to March 2022.

The process of consultation forms the final element of the Strategic Plan. This has included using social media, listening to service users, listening to peer challenges and a well circulated newsletter. Directly consulting Scrutiny forms part of this exercise.

The Committee welcomed the comprehensive report and during discussion the following areas were discussed: -

- The Committee were interested to hear how dynamic the plan was and how quickly it could respond to changes and new challenges. The events at Mendip House was an example of how events can arise unexpectedly. The Committee were assured that the Safeguarding Board were quick to learn from this and it resulted in more robust understanding of the risks. Another challenge has been the County Lines activities. This has in the main involved young people in the movement of illegal drugs, but vulnerable young adults have been targeted. By raising this there has been a concerted multi-agency response which has heightened awareness of the risk.
- The Committee sought reassurance that Somerset was striving to be a difficult area for County Lines to operate and not a soft target. To this end the Committee were keen to make sure the transition from Child Services to Adult Services was a smooth one and that there was a focus on making sure this transition was fully supported.
- The Committee wanted to make sure that the wider aspects of exploitation were covered. These included community based, social media and coercive control were all considered and included in the safeguarding plans. They were informed that this was all covered and the partnerships that the Safeguarding Board had ensured that all were aware of the risks. Telephone and internet-based scams were also discussed. The emphasis here was to make sure people are able to look after themselves by being aware of this type of scam.
- The Committee were pleased to hear that there was a proactive approach to safeguarding but wanted to know which other agencies were included. The Committee were informed that all agencies with a statutory responsibility were involved and many had Board members in common; including the Fire Service.
- The Committee sought reassurance that vulnerable people would not 'fall through the safeguarding net'. They were told that communication between all the agencies with a statutory responsibility has improved communication, shared lessons learnt, undertook joint planning and had 'spot test' audits to support the peer challenge approach.
- The Committee asked if it was clear to Somerset residents where they should go if there were concerns about safeguarding. They were informed that Somerset is a ground-breaking council in the area and the model used here has been shared at a national level. Somerset Direct is the single point of contact and access to the services and through a

system of case file audits and routine assessments the service can be confident that no-one should be missed.

The Scrutiny for Policies, Adults and Health Committee:

Noted the contents of the report alongside the draft 2019-22 Strategic Plan.

Agreed to continue to promote adult safeguarding across the County Council and in commissioned services.

172 Mental Health Services including Deprivation of Liberty update - Agenda Item 6

The Committee considered the report into Adult Social Care (ASC) – Mental Health. The report set out the current position 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 promoting independence strategy. The second phase of the transformation of these services has recently begun. As in all ASC services the 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 the approach, is what matters to individuals and their families. Somerset ASC continues 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 new in-house 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 Approved Mental; Health Professionals (AMHP) service and out of hours service, and an AMHP professional lead.

The AMHP 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.

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 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.

The 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

The Committee were informed that there has been an issue at a national level since the legislation on Deprivation of Liberty as the legislation as first written led to more deprivations of liberty being recorded. The prioritising matrix led to the mechanically recording of some cases that was not appropriate; for example someone unconscious in hospital or someone in a safe place who has an expected gradual decline in their health. This will be replaced by the Liberty Protection Safeguards which should give a more accurate mechanism and better more appropriate recording.

The Committee discussed the report and welcomed the detailed presentation which conveyed a passionate commitment to delivering the best mental health support for Somerset residents. The Committee were keen to recognise the pressures on those working in the mental health field and the training demands on these professional to keep their skills up to date. It was recognised the training need to become an AMHP and the shortage of qualified people in this area. Recruitment and retention remains a challenge across many services in Somerset and mental health is no exception. To address this recruitment methods have been broadened to include social media and looking to get Department of Health approval to widen the range of people who can qualify as an AMHP (for example look to retrain paramedics).

By bringing the service in house it has been possible to make the Social Workers feel more valued and give them greater autonomy over their work. There has been some work with schools to capitalise on the emerging interest in psychology at A 'Level and to translate that into an interest in working in the mental health field.

The Committee asked about the upward trend in residential and nursing placements. The Committee were informed that there was some work in hand to understand this. Early indications were that it reflected an increase in the number of elderly people with dementia being placed into this care. The policy of the mental health service was to put alternative support in place at the earliest opportunity to help people stay away from restrictive care and move towards greater independence for longer.

The Scrutiny for Policies, Adults and Health: -

Welcomed the report and asked for a further update in six months' time.

173 **Scrutiny Adults and Health Report Learning Disabilities - Agenda Item 7**

The committee received a report on Adult Social Care's continuing development of the Promoting Independence model of delivery for people with a Learning Disability. The Committee heard that the strategy was being realigned to support its continued development. As in all Adult Social Care services the 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 the approach, is what matters to individuals and their families. Adult Social Care continues 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.

Examples of some of the innovative ways that Somerset Adult Social Care were shared with the Committee. The use of an Oysta watch to keep track of an individual who wanted to be able to wander freely but who needed to keep in touch. Using this watch he knew he was safe and that he could be found if necessary, but it gave him the freedom he desired. This innovation had received national recognition. The Committee were shown two videos that showed how, with a little imagination and support, people with learning difficulties can work and live independent lives. These videos offered a vision of what opportunities Somerset would like to be able to offer. Making the most of assisted technology, boutique suppliers and having an open mind about possibilities will deliver this vision.

The Committee welcomed this approach but were interested to note that Somerset has the highest number of people learning difficulties recorded compared to national figures and appears to spend 2% more than other similar local authorities. It was explained that the figures did not compare like with like as Kent for example have very good community-based support and this cost is spread out across many individuals – hence lower per head. Somerset needs to get smarter in the way it spends. A different way of supporting people will enable the County to support more people with the same money. It is not always best to spend on individual support when more is offered by a community-based project. A good example of this is the Minehead Café. Here people can get individual support to pay a bill at the same time as interacting with others; such a provision can help many more and cost less.

The Committee were interested to know if the increase in individual cost could be attributed to the awarding of the contract to Discovery. It was confirmed that this was not the case. The cost of individual budgets had been on the increase for the last five years and could not be attributed to the Discovery contract.

The Committee were interested in the number of people being supported by a personal budget and the ASCOF measures (Adult Social Care Outcome Framework). It was confirmed that these were contained in the performance report and would be shared in a briefing note with members. The Discovery outcomes will be included in an update for Scrutiny in October.

The Committee were informed that 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.

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.

Diagnosis rates of dementia in the population of Somerset are 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.

There has been some progress made since the paper was submitted to the Committee. The service in Somerset has been remodelled to have specialist nurses working in Primary Care to focus the specialist clinicians on the most complex cases.

The Committee discussed the report and the following points were raised:

- The Committee were interested in the measures being implemented to help family care for their relatives at home. There was a question about VAT on additions to property to house elderly relatives. It was agreed that would be brought to the attention of the Somerset Housing Strategy.
- The importance of early diagnosis as this can assist in putting support in place. The fear that encouraging early diagnosis might lead to early loss of driving licence is an important factor in rural communities where the car can often be the only lifeline to independence.

The Committee welcomed the report but were concerned that it was being presented as a strategy yet there was not a strategy attached. It was agreed that the Committee would be presented with a strategic document once the alternative model was fully worked through. This would be presented to the Committee in six months and it would be added to the work programme.

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

The Committee agreed to the following changes to the Work Programme: -

- Add Dementia Strategy to the October meeting,

- Ensure the report from South West Ambulance Service report does not slip from the May agenda,
- Add a report on support for people with Physical Difficulties to an autumn agenda.

The Committee considered and noted the Council's Forward Plan of proposed key decisions in forthcoming months including Cabinet meetings up to date.

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

There were no other items of business.

(The meeting ended at 12.49 pm)

CHAIR

This page is intentionally left blank

Somerset County Council
Scrutiny for Policies, Adults and Health Committee

- 8 May 2019

CCG Finance Report

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

Author: Alison Henly, Director of Finance, Performance and Contracting

Contact Details: alison.henly@nhs.net

1 INTRODUCTION

- 1.1 The purpose of this report is to update the Scrutiny for Policies, Adults and Health Committee on Somerset Clinical Commissioning Group's financial performance for the financial year 2018/19 as at 31 January 2019.
- 1.2 The Clinical Commissioning Group has a planned in-year deficit position of £9m for 2018/19 and is currently expecting to deliver this position. This is under-pinned by a requirement to deliver Quality, Innovation, Productivity and Prevention (QIPP) plans and mitigate any in year risks as they arise.
- 1.3 Subject to a quarterly review by NHS England on achievement of the financial plan and adherence to the conditions of the Commissioner Sustainability Fund, the Clinical Commissioning Group will be eligible to receive £9m Commissioner Sustainability Funding (CSF). Full receipt of this funding would enable the Clinical Commissioning Group to deliver a balanced position for 2018/19, subject to full mitigation of in year risks. To encourage sensible profiling of plans and to discourage phasing of savings plans towards the latter part of the year, the payment of CSF funds is weighted towards the latter part of the year. Clinical Commissioning Groups will be eligible for 10% of the total allocation for quarter 1, 25% for quarter 2, 30% for quarter 3, and the balance of 35% for the final quarter of the year.
- 1.4 The Clinical Commissioning Group has demonstrated achievement of the CSF conditions for the first three quarters of 2018/19 and has been confirmed eligible for receipt of CSF for this period. These conditions include delivery of the financial plan for the first three quarters of the year and also development of a recovery plan. The first three quarter's CSF funding has been received by the Clinical Commissioning Group and equates to 65% of the total available CSF annual allocation, at a total value of £5,850,000.
- 1.5 It should be noted that the Clinical Commissioning Group has a cumulative debt from 2017/18 of £3.556m to repay as part of the Financial Recovery Plan being developed with NHS England.
- 1.6 The following areas will be reported on in this paper:
 - forecast outturn
 - Revenue Resource Limit
 - financial performance highlights and exceptions
 - Quality, Innovation, Productivity and Prevention (QIPP)
 - risks and mitigations
 - cash

- better payments practice code
- capital
- system position

2 FINANCE REPORT

Forecast Outturn

- 2.1 As noted in the introduction to this report, the Clinical Commissioning Group has a planned in-year reported £9m deficit position before CSF.
- 2.2 Receipt of the first three quarter's CSF funds of £5,850,000 reduces this planned deficit to £3.15m, as demonstrated in Table 3 of this report.
- 2.3 As at the end of January 2019, the Clinical Commissioning Group is expecting to achieve this position, through full mitigation of risks by targeting and identifying QIPP plans and cost savings programmes. However, there still remains a risk to delivery as detailed later in this report.

Revenue Resource Limit

- 2.4 The annual revenue resource limit has increased to £757.842m at month 10, which includes core Clinical Commissioning Group programme funding of £745.89m, and running cost allocations of £11.95m. A number of adjustments to resource allocation were made during month 10, and these are detailed within Table 1 below.
- 2.5 In addition, the Clinical Commissioning Group has a carried forward deficit of £3.556m, however this is not applied to the in year allocation.
- 2.6 Table 1 below shows the breakdown of resources available to the Clinical Commissioning Group in 2018/19.

Table 1: 2018/19 In Year Revenue Resource Limit

	2018/19 £'000
Initial Allocations	722,642
<i>(including growth of):</i>	14,449
Recurrent Adjustments:	
* Recurrent 2017/18 from NHS England	2,276
* Primary Care Improving Access funding	3,302
* NHS Property Services – market rents adjustment	313
* Yeovil Health Centre	1,066
* Mental Health Collaborative fees	310
* Certificate of visual impairment (CVI) payments	10
* Immunology commissioning	(35)
* Flu and Pneumococcal Vaccine funding 2018/19	(783)
Specialised Services	
Identification Rules adjustment	3,421
National Tariff	
Price change adjustment	(4,917)
Additional Allocation	
Share of national £600m	6,066

Non Recurrent Adjustments:	
* Paramedic Rebanding	481
* Health and Social Care Network	503
* GPFV Resilience Programme	318
* GP WiFi maintenance	41
* Maternity System Early Adopter site	396
* Local Maternity System implementation fund and project support	188
* Individual Placement and Support Transformation Fund (Q1 to Q4)	222
* Perinatal Services Development fund	420
* STP infrastructure funding	198
* LD Transformation funding	137
* Digital Diabetes Pilot/Diabetes Transformation fund/National Diabetes Prevention Programme	151
* LD Mortality reviews	34
* Medicines Optimisation in Care Homes (Q1 to Q4)	195
* Urgent and Emergency Care Transformation (Q1 to Q4)	182
* Integrated Urgent Care Transformation	75
* 2018 GP OOH Services funding allocation	21
* Excess Treatment Programme	(15)
* NHS 111 Service Support	550
* Primary Care Support	50
* Charge exempt overseas visitors	(779)
* Cancer waiting target improvement support	233
* Endoscopy Pilot Project	25
* Organisational Development Somerset System	16
* Quality Premium	1,120
* NHSE SW support funding	1,500
* AfC pay award uplift (programme costs)	39
* CAMHS/CYP waiting time initiatives	70
Commissioner Sustainability Fund allocation Q1 to Q3	5,850
Running Costs (including AfC pay award uplift)	11,950
Total In Year Allocation	757,842

Financial Performance Highlights and Exceptions

2.7 Specific elements of the financial position to be highlighted at this point are:

▪ Acute Services

- * **National Tariff Suspension:** As per the Somerset system Memorandum of Understanding (MoU), payment at national tariff has been suspended for acute STP providers. However, both Yeovil and Taunton are reporting significant forecast variances against their planned contract activity baseline, and in line with the MoU the Clinical Commissioning Group are required to fund the cost of additional activity.
- * The Somerset system Directors of Finance have agreed an open and transparent approach to be used for evidencing and agreeing additional costs in relation to activity over performance. This approach has been used to finalise additional cost assumptions for the full 2018/19 financial year and this is reflected within the forecast outturn position as reported at month 10. This includes a cost pressure of £2.89m in respect of the

Taunton and Somerset NHS Foundation Trust contract and £1.22m with Yeovil District Hospital NHS Foundation Trust.

- * By finalising financial positions across the Somerset health system in advance of the financial year end this provides assurance of income and cost levels for each organisation and allows partners to focus on delivery of the system Financial Recovery Plan.
 - * **Taunton and Somerset NHS Foundation Trust:** The main areas showing additional costs being incurred in excess of plan include non-elective admissions, outpatients and direct access blood testing.
 - * **Yeovil District Hospital NHS Foundation Trust:** The main areas showing additional costs being incurred in excess of plan are non-elective admissions and A&E.
 - * **Out of County and Independent Sector Acute Contracts:** The reported forecast financial position for Out of County and Independent Sector acute contracts has deteriorated slightly from that reported at month 9. This is due to a deterioration in the forecast position in respect of contracts with the Royal United Hospital Bath NHS Foundation Trust, and with independent sector providers, particularly Nuffield Health Taunton Hospital.
 - * **Royal United Hospital Bath NHS Foundation Trust:** The revised forecast position in respect of this contract has been updated to reflect the latest year end settlement proposal made by the Clinical Commissioning Group to the Trust. This offer takes into consideration anticipated levels of both elective and non elective activity for the remainder of the financial year, which are anticipated to be above planned levels. The Clinical Commissioning Group is currently waiting on a response from the Trust with regard to this settlement offer.
 - * **Independent Sector Providers:** Activity with independent sector acute providers is no longer anticipated to be below planned levels for the year. The current forecast now anticipates delivery on plan. Activity levels at the Nuffield Health Taunton Hospital have increased within the last few months and this increase is anticipated to continue for the remainder of the financial year.
- **Other Community and Partnerships**
 - * **Pooled Budgets:** Local Authority reporting as at month 9 indicates a current projected annual overspend to the Clinical Commissioning Group of £1.48m in respect of the Learning Disabilities pooled budget.
 - * Based on performance of this budget in previous years, the Clinical Commissioning Group made allowance within its financial plan for a cost pressure arising and are assuming that the planned budget will accommodate any cost pressure, and also deliver an underspend of £1.35m for the year. This is a small deterioration to the previously reported position.
 - **Wheelchair Services**

- * Due to actions put in place to address a significant overspend against the wheelchair services contract in 2017/18 and additional planned funds put in place for 2018/19 to address activity cost pressures, it is now anticipated that this contract will deliver under budget in 2018/19.
- **Funded Nursing Care**
 - * A cost pressure of £0.24m is anticipated against the Funded Nursing Care budget in relation to national fee increases.
- **Primary Care Prescribing**
 - * A small overspend of £50,000 is reported in respect of home oxygen supply services. This reflects a cost pressure arising from oxygen supply price increases effective from 1 October 2018.
 - * An over commitment is now anticipated against GP Prescribing budgets due to cost pressures associated with generic drug shortages. In previous months this cost pressure has been contained within budget, but latest reports show that this is no longer manageable for the remainder of the financial year. The current forecast only reflects the level of cost pressure reported to date and a further risk is included within Table 6 to reflect the potential cost pressure for the remainder of the financial year.
- **Other Primary Care**
 - * **Primary Care Improvement Scheme:** It is anticipated that there will be slippage against the Primary Care Improvement Scheme Enhanced Service (PCIS) during 2018/19. This has been assumed at £1.375m within the current forecast.
 - * The reported financial position also reflects the receipt of funding from NHS England to mitigate cost pressures associated with the provision of NHS 111 services within Somerset. This is in recognition of the challenges on workforce for the remainder of the contract with Vocare and additional support agreed with Devon Doctors over the winter period.
 - * Additional underspends are anticipated against budgets for GP Local Enhanced Services, particularly anti-coagulation services.
 - * Separate discussions are taking place with the GP Board regarding the application of GP Transformation funds available during 2018/19. This funding is currently assumed as fully committed in the current financial year.
- **Other Programmes and Reserves**

- * Included in the position reported against Other Programmes and Reserves are growth and investment reserves set aside during the planning process, which are anticipated not to be required this financial year. Some of these uncommitted reserves have been utilised in order to contribute to delivery of the Clinical Commissioning Group's outstanding £0.4m QIPP challenge.
 - * The reported forecast position includes anticipated costs associated with Learning Disability patient placements within the community. These costs were previously reported as a financial risk. These are additional costs to the Clinical Commissioning Group which have materialised as a result of the Transforming Care agenda. Transforming Care focuses on improving health and care services so that more people can live in the community, with the right support and close to home, rather than in an inpatient setting.
 - * The reported forecast position also now includes anticipated costs associated with the aftercare of Mental Health S117 patients who have been discharged from hospital. These costs have previously been reported as a financial risk. These are shared costs between health and social care and negotiations are ongoing with the Local Authority to determine the funding contributions to be made by each organisation on a case by case basis.
- **Corporate Running Costs**
 - * The Clinical Commissioning Group's corporate running costs are forecast to be £650,000 under budget for the financial year. This is due to staff vacancies throughout the year, partially driven by a staffing restructure and a recruitment freeze prior to this coming in to effect. This saving has previously been held as a mitigation to offset financial risks which have now crystallised and are included within the current reported forecast outturn.
- **QIPP Challenge**
 - * An additional QIPP challenge of £0.4m was identified within the Clinical Commissioning Group's planned financial position for 2018/19. This has now been mitigated by savings and uncommitted funds identified in year, and this is reflected within the forecast position presented in Table 2 below.
- **Contingencies and Reserves**
 - * A level of slippage is currently anticipated in respect of investment reserves set aside for developments to mental health services in 2018/19. The Clinical Commissioning Group is considering ways that this investment funding could still be put to effective use to develop mental health services in year.

2.8 Table 2 below shows the forecast end of year position on key reporting lines based on the January 2019 information.

Table 2: 2018/19 Analysis of Programme Expenditure

Expenditure	Annual Budget £'000	Forecast Expenditure £'000	Forecast Variance £'000	Previous reported Variance £'000	Variance Change
Somerset STP Providers	422,967	427,082	4,115	4,115	Static
Other Acute Commissioning	119,602	119,517	(85)	(260)	Deterioration
Other Community and Partnerships	34,115	32,107	(2,008)	(1,908)	Improvement
Continuing Care and Funded Nursing Care	46,751	46,991	240	240	Static
Prescribing	77,578	77,843	265	50	Deterioration
Other Primary Care	24,264	22,331	(1,933)	(1,383)	Improvement
Better Care Fund	12,758	12,758	0	0	Static
Other Programmes	10,418	10,792	374	(54)	Deterioration
Corporate Running Costs	11,760	11,110	(650)	(650)	Static
Contingencies and Reserves	779	461	(318)	(150)	Improvement
Planned Deficit (adjusted for receipt of Q1 to Q3 CSF funds)	(3,150)	0	3,150	5,850	Improvement
Total Expenditure	757,842	760,992	3,150	5,850	Improvement

Key:

Improved forecast position compared to previous month	Improvement
Static forecast position compared to previous month – favourable variance	Static
Static forecast position compared to previous month – adverse variance	Static
Deteriorated forecast position compared to previous month	Deterioration

2.9 Table 3 below demonstrates that the Clinical Commissioning Group are expecting to meet the planned deficit control total of £9m as agreed with NHS England and confirms receipt of the first three quarter's CSF funding allocation of £5.85m. This has the impact of reducing the control total to £3.15m for 2018/19, against which the balance of CSF will be released to achieve an in year breakeven position. This is shown in Table 3 below.

Table 3: 2018/19 Planned Financial Position

Description	£m
2018/19 in-year planned deficit	9.0
0.5% mandated reserve	0.0
Commissioner Sustainability Fund received (Q1 to Q3)	(5.85)
End of financial year deficit	3.15
Expected Commissioner Sustainability Fund	(3.15)
Expected in year reported position	0.0
Carried forward surplus / (deficit)	3.6
Cumulative Financial Position	3.6

Recurring Underlying Financial Position

2.10 Table 4 below demonstrates the recurring underlying financial position of the Clinical Commissioning Group, accounting for non-recurrent cost commitments, non-recurrent financial benefits and full year effects.

Table 4: Recurring Underlying Financial Position

	£'000	£'000
Total Clinical Commissioning Group allocation 2018/19	757,842	
Less: non recurrent allocation	(12,331)	
Total recurrent allocation 2018/19		745,511
Total forecast expenditure 2018/19	760,992	
Less: non recurrent resource allocations and other commitments:		
Paramedic rebanding	(481)	
GPFV Resilience Programme	(318)	
GP wifi maintenance	(41)	
Maternity System Early Adopter site	(396)	
Local Maternity System implementation fund and project support	(188)	
Individual Placement and Support (IPS) Transformation Fund (Q1 to Q4)	(222)	
Perinatal Services Development fund	(420)	
STP infrastructure funding	(198)	
Organisational Development Somerset System	(16)	
LD Transforming Care funding	(137)	
Digital Diabetes Pilot/Diabetes Transformation Fund	(151)	
LD Mortality Reviews	(34)	
Medicines Optimisation in Care Homes (Q1 to Q4)	(195)	
Urgent and Emergency Care Transformation (Q1 and Q4)	(182)	
Integrated Urgent Care Transformation	(75)	
Charge exempt overseas visitors	779	
Cancer waiting target improvement support	(233)	
Primary Care Support	(50)	

Endoscopy Pilot Project	(25)	
Quality Premium	(1,120)	
NHSE SW funding support	(1,500)	
CAMHS/CYP waiting times initiatives	(70)	
AfC Pay Award uplift	(128)	
Additional costs associated with OOH and 111 service provision	(550)	
Somerset Clinical Strategy	(2,400)	
Add: Non recurrent QIPP/Benefits		
Carried forward Primary Care transformation funds	1,695	
Primary Care improvement scheme saving	405	
EDF income (final year)	295	
Running Cost staff vacancies	851	
Add: Full Year Effect of cost commitments		
Transforming Care Placements	200	
Total Recurring Expenditure 2018/19		756,087
2018/19 Underlying Surplus/(Deficit) Position		(10,576)

Quality, Innovation, Productivity and Prevention (QIPP)

- 2.11 As identified in the opening budgets, the QIPP target for 2018/19 is £28m, including £9.3m demand management linked to the agreement of secondary care contracts.
- 2.12 Table 5 below summarises the QIPP plans and indicates current delivery against these plans in the form of a RAG rating indicator.

Table 5: 2018/19 QIPP Plans

Description	£m	Delivery
Demand Management	9.3	Red
Home First	2.1	Green
Psychiatric Liaison	1.2	Red
Stranded patients	2.9	Yellow
Procedures of limited clinical value	0.6	Green
Extended PIFU	0.6	Green
Advice and Guidance	0.2	Green
GP Prescribing	5.3	Green
Continuing Healthcare	5.0	Green
Extended Consultant Connect	0.5	Green
Extended GP variation	0.2	Green
Other	0.1	Green
TOTAL QIPP	28.0	

- 2.13 The corporate risk register is routinely updated to reflect risks around the delivery of QIPP plans which are under achieving and may impact on the financial position.

2.14 Areas where projected savings are not achieving planned levels will be reported through variations within the 'Highlight and exceptions' section above or highlighted in the risks section, below, with appropriate mitigations.

Risks and Mitigations

2.15 In addition to the cost commitments detailed within the reported financial position, the Clinical Commissioning Group has a further financial risk in respect of Primary Care prescribing costs, as detailed in Table 6 below. A number of measures are being pursued to mitigate any remaining risk, including flexibilities that could be released to ensure delivery of the Clinical Commissioning Group's financial position.

Table 6: 2018/19 Risks

Risks and Mitigations	2018/19 Risk Value £'000
NCSO/Cat M prescribing cost pressure	1,320
S117 cases	0
Cat M drugs margin benefit	(400)
Other identified mitigations	(920)
Total Net Risks	0

2.16 The majority of cost pressures previously reported as risks are now either assumed as forecast overspends within the reported financial position, or are considered as unlikely to materialise. Similarly, a number of previously identified mitigations are now reported as underspends within the current financial forecast position.

2.17 The Clinical Commissioning Group identified in the opening plan a requirement to hold a 0.5% local contingency, equivalent to £3.7m, to manage any in year risks. This has been released into the financial position, as part of the planning process, based on the reduced level of risk expected to be seen through agreement of the contractual Memorandum of Understanding.

Cash

2.18 The Clinical Commissioning Group is required to manage its cash to minimum levels by the end of the financial year; however during the year the level will vary. The forecast and actual end of month balances are shown in Table 7 below.

Table 7: Cash Balances

Month end	Actual Cash and cash equivalents held £'000	Forecast Level cash and cash equivalents held £'000
April 2018	2,309	709
May 2018	1,342	687
June 2018	4,221	803
July 2018	2,165	697
August 2018	559	686
September 2018	901	692
October 2018	1,279	718
November 2018	479	699

December 2018	797	741
January 2019	169	749

Better Payment Practice Code (BPPC)

2.19 The Clinical Commissioning Group is required as part of its administrative duty to pay 95% of all creditors within 30 days of receipt of goods or valid invoice. Table 8 below shows the current cumulative position for April 2018 to January 2019. Performance to date exceeds the target of 95%.

Table 8: Better Payment Practice Code Performance

NON NHS PAYABLES	Number	£'000
Non-NHS trade invoices paid in the year	8,136	105,542
Non-NHS trade invoices paid within target	8,113	105,482
Percentage of Non-NHS trade invoices paid within target	99.7%	99.9%
NHS PAYABLES	Number	£'000
NHS invoices paid in the year	2,824	448,980
NHS invoices paid within target	2,821	448,372
Percentage of NHS invoices paid within target	99.9%	99.9%

Capital

2.20 Table 9 below sets out the most up to date position regarding capital schemes, allocation and progress made in 2018/19.

2.21 Once agreement on schemes is received from NHS England, progress on programme areas can commence.

Table 9: 2018/19 Capital Plan

Capital Scheme	Allocation	Progress
CCG Corporate Capital IM&T Refresh	£35,000 as at 31 January 2019	The CCG have had £35,000 agreed and have submitted plans for a further £15,000. Spending plans have now been put in place for the agreed £35,000 funding.

Somerset System Position

System Overview

2.22 As at the end of January 2019, the Somerset health system is reporting a year to date adverse variance to plan of £3.63m. The system year end forecast is not anticipated to deliver to control totals, with Yeovil District Hospital NHS Foundation Trust reporting an adverse forecast variance of £3.43m, and Taunton and Somerset NHS Foundation Trust reporting an adverse forecast variance of £8.78m at month 10. This includes the loss of PSF funds that would result from non delivery of the Trusts' planned control total in Q4. The Trusts continue to work to improve on this position during the remainder of the financial year.

2.23 Additional significant risks to delivery of financial plans remain within the system, including those reported by the Clinical Commissioning Group in Table 6, the continued challenge for providers to fully deliver Cost Improvement Plans (CIP), potential cost pressures associated with additional agency expenditure requirements at Taunton and Somerset NHS Foundation Trust and additional cost commitments required for escalation capacity over the winter period.

Table 10: Performance against organisation specific and system control totals

Organisation	YTD month 10			Forecast			
	Plan	Actual	Variance	Plan (excluding CSF/PSF)	Plan (including CSF/PSF)	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
CCG	(1,650)	(1,650)	0	(9,000)	0	0	0
T&S	(5,815)	(8,158)	(2,343)	(10,336)	(4,464)	(13,248)	(8,784)
Somerset Partnership	3,152	3,161	9	1,808	4,111	4,111	0
YDH	(15,391)	(16,686)	(1,295)	(19,886)	(16,744)	(20,178)	(3,434)
System	(19,704)	(23,333)	(3,629)	(37,414)	(17,097)	(29,315)	(12,218)

2.24 The table above shows forecast figures assuming receipt of the full Commissioner Sustainability Funds (CSF) available to the Clinical Commissioning Group for 2018/19. In line with NHSE guidance, all external reporting for the Clinical Commissioning Group currently shows a £3.15m deficit (£9m adjusted by £5.85m CSF received for Quarters 1 to 3) to reflect the balance of CSF which remains at risk.

2.25 Based on the forecast outturn projections at the end of December, Somerset Partnership NHS Foundation Trust are expecting to achieve the control total element of the Provider Sustainability Fund (PSF), which is weighted at a minimum of 70% of the funds available. However, Yeovil District Hospital NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust will not achieve full PSF based on their forecast adverse variance against plan, and this is reflected in their reported financial positions.

2.26 The remaining 30% of the PSF is linked to A&E performance, with providers required to achieve performance in 2018/19 that is the better of either 90% or the equivalent to the same quarter from 2017/18.

3 CONCLUSION

3.1 The Scrutiny for Policies, Adults and Health Committee is asked to note the financial report as at January 2019.

3.2 There are significant challenges in delivering the financial position in 2018/19 and further actions will need to be taken to deliver the planned in-year deficit position, including:

- delivery of outcomes from the Turnaround work programmes
- continued challenge to any potential non-essential expenditure

This page is intentionally left blank



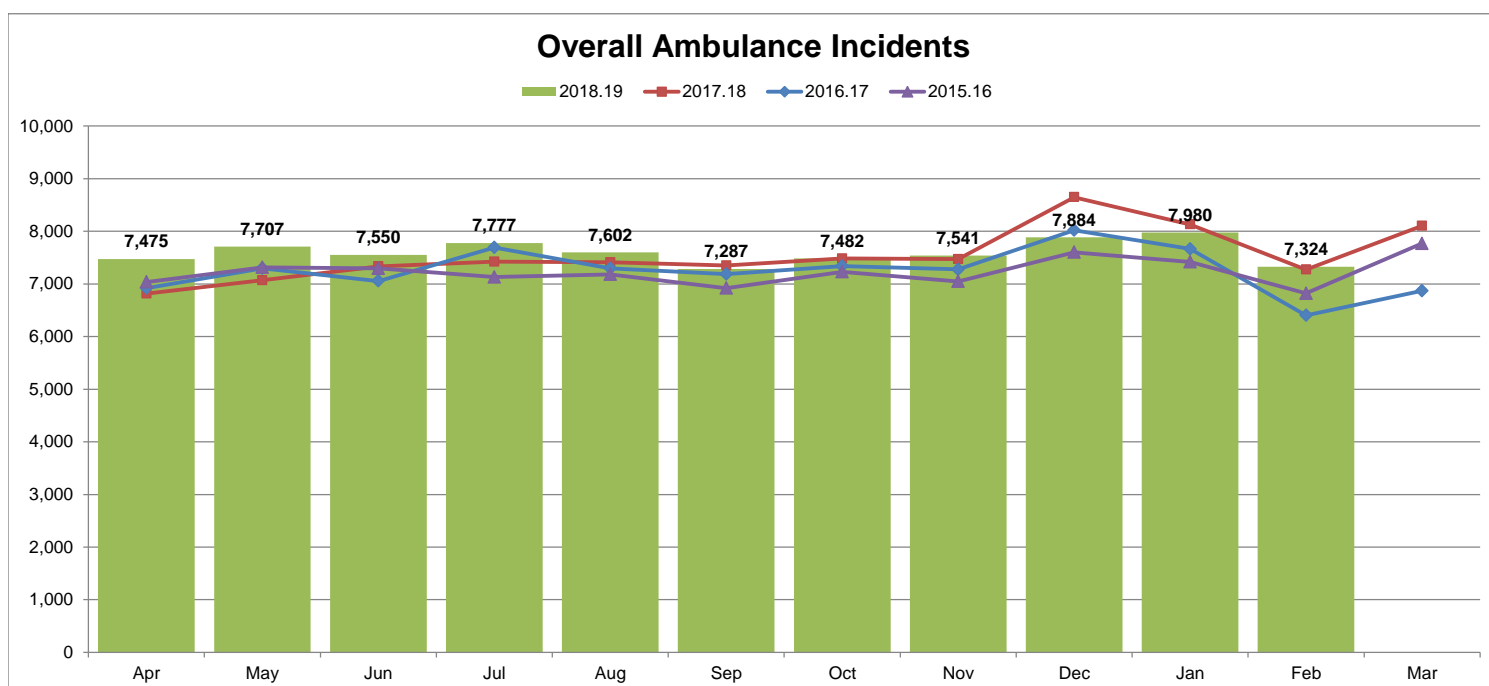
CCG & STP Information Pack

Somerset Performance report 2018 - 2019

Overall Activity

Somerset CCG
February 2019

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year Total	YTD
2015.16	7,037	7,314	7,295	7,131	7,182	6,921	7,229	7,049	7,602	7,419	6,821	7,770	86,770	79,000
2016.17	6,921	7,295	7,056	7,690	7,296	7,186	7,339	7,276	8,020	7,665	6,402	6,869	87,015	80,146
2017.18	6,817	7,071	7,334	7,424	7,410	7,351	7,483	7,471	8,649	8,132	7,275	8,105	90,522	82,417
2018.19	7,475	7,707	7,550	7,777	7,602	7,287	7,482	7,541	7,884	7,980	7,324			83,609
Variance 2018.19 - 2017.18	658	636	216	353	192	-64	-1	70	-765	-152	49			1,192
% Variance 2018.19 - 2017.18	9.65%	8.99%	2.95%	4.75%	2.59%	-0.87%	-0.01%	0.94%	-8.84%	-1.87%	0.67%			1.45%



Average Number of Ambulance Incidents per day

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Daily Av
2015.16	235	236	243	230	232	231	233	235	245	239	244	251	237
2016.17	231	235	235	248	235	240	237	243	259	247	229	222	240
2017.18	227	228	244	239	239	245	241	249	279	262	260	261	247
2018.19	249	249	252	251	245	243	241	251	254	257	262		250

Source of Incidents

Somerset CCG
February 2019

Ambulance Incidents originated from three identified source groups:

Healthcare Professional (HCP) - Incidents originating from a Healthcare Professional who has had contact with the patient and recommended an ambulance response

NHS 111 - Incidents where the patient has initially contacted the NHS 111 Service and an ambulance response is required following triage

Public (999) - All other sources of ambulance incidents (including general public and other emergency services)

2017.18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Public (999)	4,435	4,759	4,999	5,035	5,013	4,927	4,939	4,830	5,566	5,120	4,711	5,403
Healthcare Professional (HCP)	1,017	1,032	1,051	927	1,058	1,028	1,019	1,050	1,099	1,188	1,065	1,069
NHS 111 Service	1,365	1,280	1,284	1,462	1,339	1,396	1,525	1,591	1,984	1,824	1,499	1,633
Total	6,817	7,071	7,334	7,424	7,410	7,351	7,483	7,471	8,649	8,132	7,275	8,105

Total	YTD
17.18	17.18
59,737	54,334
12,603	11,534
18,182	16,549
90,522	82,417

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Public (999)	65.06%	67.30%	68.16%	67.82%	67.65%	67.02%	66.00%	64.65%	64.35%	62.96%	64.76%	66.66%
Healthcare Professional (HCP)	14.92%	14.59%	14.33%	12.49%	14.28%	13.98%	13.62%	14.05%	12.71%	14.61%	14.64%	13.19%
NHS 111 Service	20.02%	18.10%	17.51%	19.69%	18.07%	18.99%	20.38%	21.30%	22.94%	22.43%	20.60%	20.15%

% Total	% YTD
17.18	17.18
65.99%	65.93%
13.92%	13.99%
20.09%	20.08%

2018.19

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Public (999)	4,934	5,119	5,127	5,406	5,239	5,014	4,911	4,889	5,309	5,314	4,950	
Healthcare Professional (HCP)	992	1,002	964	958	1,040	991	1,103	1,119	1,185	1,356	1,121	
Somerset Performance report 2	1,549	1,586	1,459	1,413	1,323	1,282	1,468	1,533	1,390	1,310	1,253	
Total	7,475	7,707	7,550	7,777	7,602	7,287	7,482	7,541	7,884	7,980	7,324	

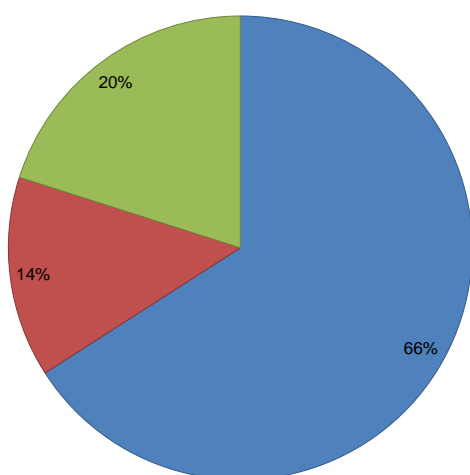
YTD	YTD	Var	% Var
18.19	17.18		
56,212	54,334	1,878	3.46%
11,831	11,534	297	2.57%
15,566	16,549	-983	-5.94%
83,609	82,417	1,192	1.45%

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Public (999)	66.0%	66.4%	67.9%	69.5%	68.9%	68.8%	65.6%	64.8%	67.3%	66.6%	67.6%	
Healthcare Professional (HCP)	13.3%	13.0%	12.8%	12.3%	13.7%	13.6%	14.7%	14.8%	15.0%	17.0%	15.3%	
NHS 111 Service	20.7%	20.6%	19.3%	18.2%	17.4%	17.6%	19.6%	20.3%	17.6%	16.4%	17.1%	

% YTD
18.19
67.23%
14.15%
18.62%

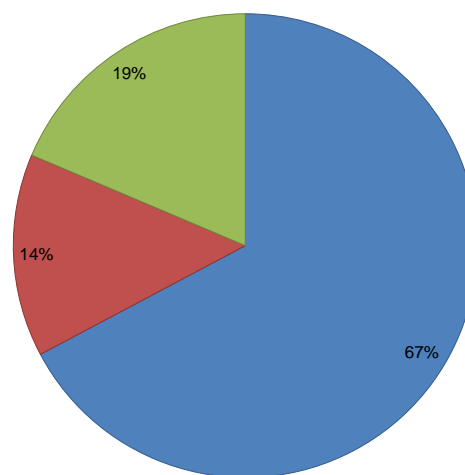
2017.18 - Year to Date Call Source

Public (999) Healthcare Professional (HCP) NHS 111 Service



2018.19 - Year to Date Call Source

Public (999) Healthcare Professional (HCP) NHS 111 Service



Outcome of Incidents

Somerset CCG
February 2019

2017.18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total 17.18	YTD 17.18
Hear & Treat	652	664	811	682	734	733	689	618	1,006	701	762	944	8,996	8,052
See & Treat	2,193	2,307	2,427	2,591	2,468	2,433	2,446	2,474	2,939	2,740	2,345	2,654	30,017	27,363
See & Convey Non ED	451	465	476	420	460	443	450	434	435	440	406	408	5,288	4,880
See & Convey ED	3,521	3,635	3,620	3,731	3,748	3,742	3,898	3,945	4,269	4,251	3,762	4,099	46,221	42,122
Total	6,817	7,071	7,334	7,424	7,410	7,351	7,483	7,471	8,649	8,132	7,275	8,105	90,522	82,417

	%												Total 17.18	YTD 17.18
Hear & Treat	9.56%	9.39%	11.06%	9.19%	9.91%	9.97%	9.21%	8.27%	11.63%	8.62%	10.47%	11.65%	9.94%	9.77%
See & Treat	32.17%	32.63%	33.09%	34.90%	33.31%	33.10%	32.69%	33.11%	33.98%	33.69%	32.23%	32.75%	33.16%	33.20%
See & Convey Non ED	6.62%	6.58%	6.49%	5.66%	6.21%	6.03%	6.01%	5.81%	5.03%	5.41%	5.58%	5.03%	5.84%	5.92%
See & Convey ED	51.65%	51.41%	49.36%	50.26%	50.58%	50.90%	52.09%	52.80%	49.36%	52.27%	51.71%	50.57%	51.06%	51.11%

2018.19

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total 18.19
Hear & Treat	786	845	762	933	873	850	822	817	843	859	873		9,263
See & Treat	2,298	2,402	2,494	2,507	2,367	2,191	2,291	2,242	2,426	2,426	2,256		25,900
See & Convey Non ED	393	375	359	340	393	333	351	382	336	403	280		3,945
See & Convey ED	3,998	4,085	3,935	3,997	3,969	3,913	4,018	4,100	4,279	4,292	3,915		44,501
Total	7,475	7,707	7,550	7,777	7,602	7,287	7,482	7,541	7,884	7,980	7,324		83,609

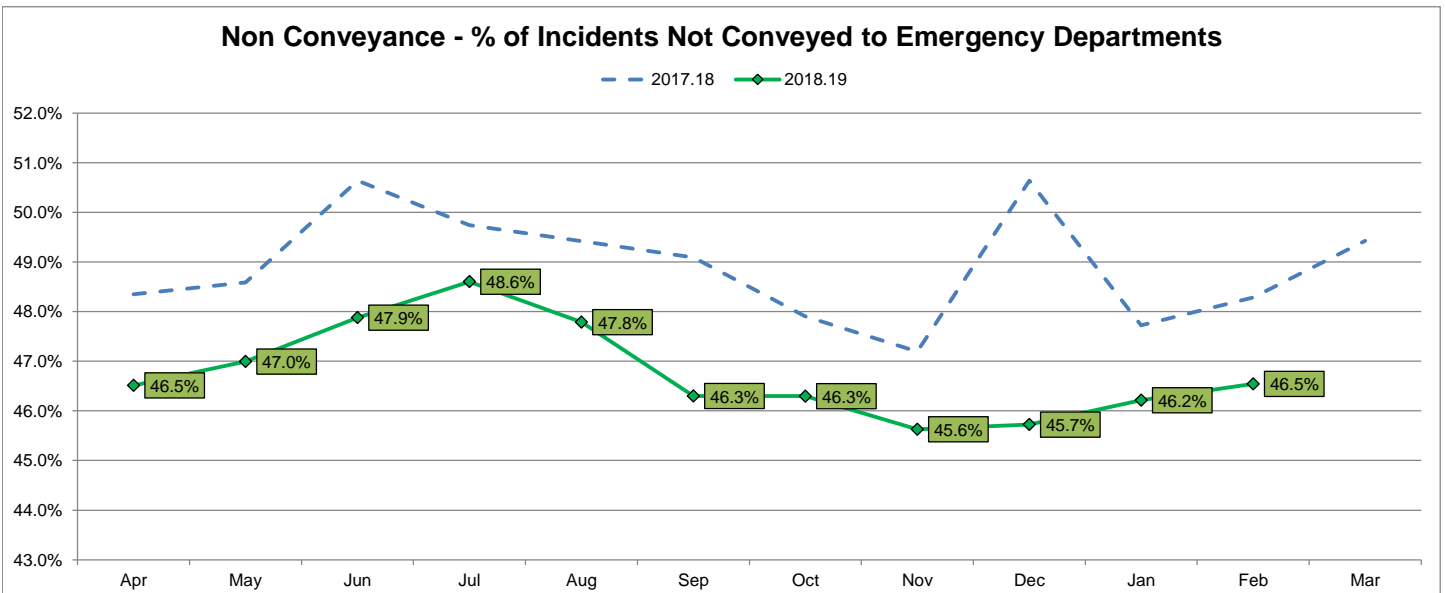
Somerset Performance report 2018 - 2019

Hear & Treat	10.5%	11.0%	10.1%	12.0%	11.5%	11.7%	11.0%	10.8%	10.7%	10.8%	11.9%		11.08%
See & Treat	30.7%	31.2%	33.0%	32.2%	31.1%	30.1%	30.6%	29.7%	30.8%	30.4%	30.8%		30.98%
See & Convey Non ED	5.3%	4.9%	4.8%	4.4%	5.2%	4.6%	4.7%	5.1%	4.3%	5.1%	3.8%		4.72%
See & Convey ED	53.5%	53.0%	52.1%	51.4%	52.2%	53.7%	53.7%	54.4%	54.3%	53.8%	53.5%		53.23%

Right Care, Right Place, Right Time

% of incidents resolved without a conveyance to an Emergency Department - resolved through Hear & Treat, See & Treat and See & Convey Non ED

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2017.18	48.3%	48.6%	50.6%	49.7%	49.4%	49.1%	47.9%	47.2%	50.6%	47.7%	48.3%	49.4%	48.9%
2018.19	46.5%	47.0%	47.9%	48.6%	47.8%	46.3%	46.3%	45.6%	45.7%	46.2%	46.5%		46.8%
Variance	-1.8%	-1.6%	-2.8%	-1.1%	-1.6%	-2.8%	-1.6%	-1.6%	-4.9%	-1.5%	-1.7%		-2.2%



Category 1 Response Times

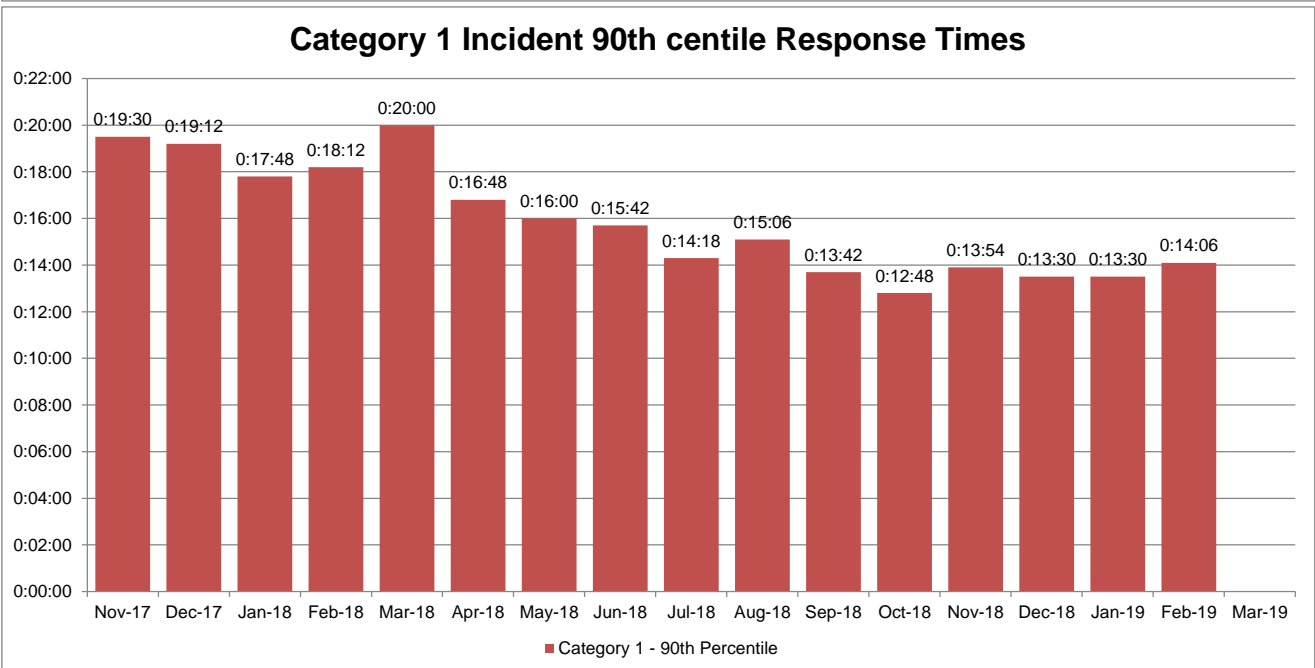
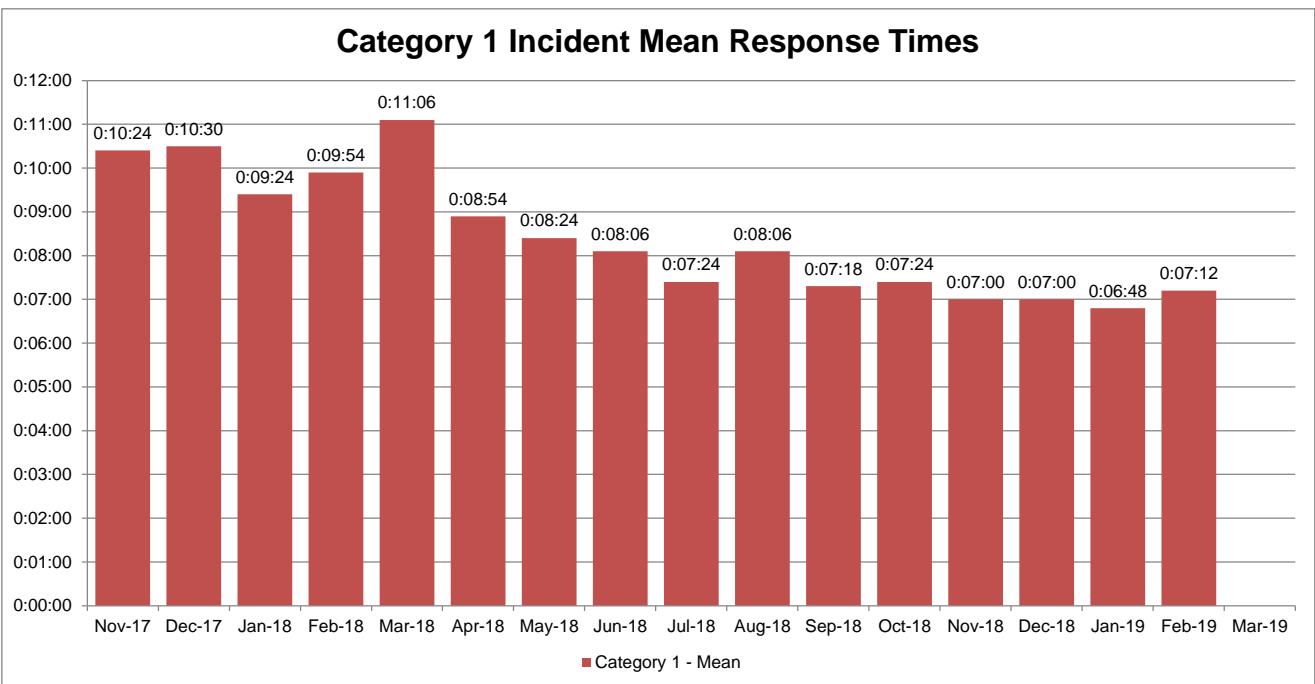
Somerset CCG
February 2019

2017.18 - Data only available after ARP 2.3 (introduced November 2017)

	Nov-17	Dec-18	Jan-19	Feb-19	Mar-19
Number of Category 1 Incidents with a Response	106	513	536	507	564
Category 1 - Mean	0:10:24	0:10:30	0:09:24	0:09:54	0:11:06
Category 1 - 90th Percentile	0:19:30	0:19:12	0:17:48	0:18:12	0:20:00

2018.19

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Number of Category 1 Incidents with a Response	516	515	516	437	426	379	415	411	396	387	370	
Category 1 - Mean	0:08:54	0:08:24	0:08:06	0:07:24	0:08:06	0:07:18	0:07:24	0:07:00	0:07:00	0:06:48	0:07:12	
Category 1 - 90th Percentile	0:16:48	0:16:00	0:15:42	0:14:18	0:15:06	0:13:42	0:12:48	0:13:54	0:13:30	0:13:30	0:14:06	

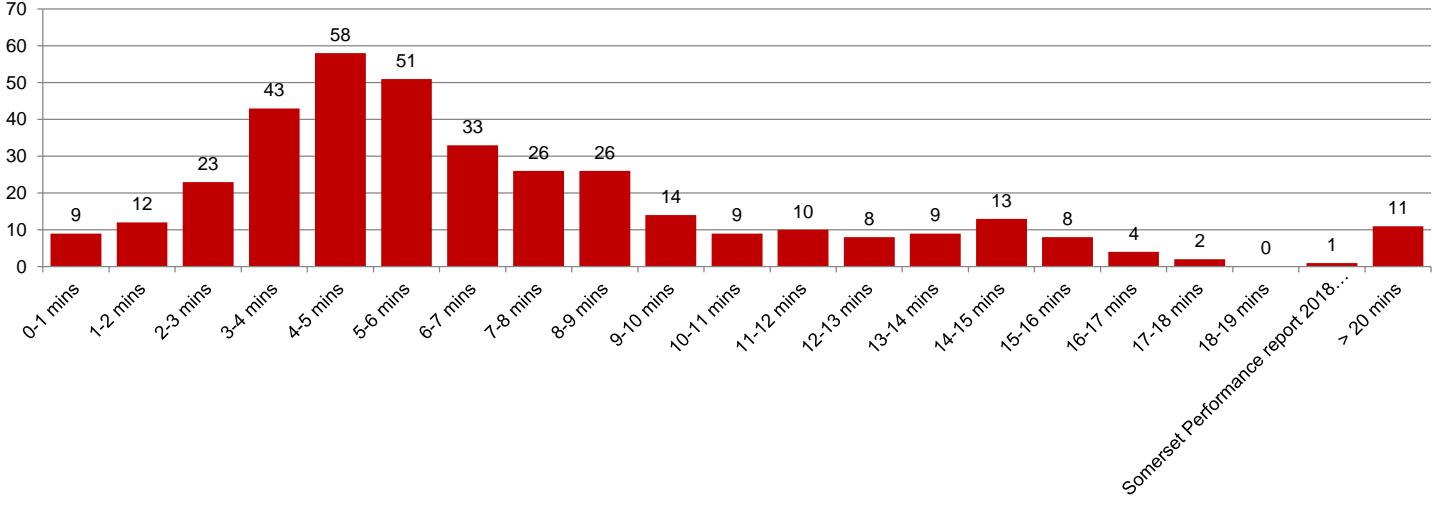


Category 1 Response Time Profile

Somerset CCG
February 2019

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
0-1 mins	13	6	9	11	9	5	7	14	8	11	9		102
1-2 mins	8	15	14	13	17	19	9	20	20	17	12		164
2-3 mins	27	43	45	43	36	32	30	33	50	31	23		393
3-4 mins	37	36	41	47	33	41	53	51	40	52	43		474
4-5 mins	54	56	59	54	47	63	51	55	66	47	58		610
5-6 mins	56	58	58	55	51	28	46	53	31	53	51		540
6-7 mins	51	45	55	34	45	42	54	45	33	35	33		472
7-8 mins	41	29	47	30	24	27	36	16	28	22	26		326
8-9 mins	29	40	30	21	31	12	19	23	17	27	26		275
9-10 mins	26	36	24	26	23	17	21	21	18	15	14		241
10-11 mins	25	24	24	14	18	18	17	12	13	13	9		187
11-12 mins	24	18	18	19	16	14	17	6	15	10	10		167
12-13 mins	18	18	21	11	15	12	14	11	14	9	8		151
13-14 mins	15	13	9	12	11	12	6	11	12	12	9		122
14-15 mins	19	9	2	13	6	9	5	10	3	8	13		97
15-16 mins	11	17	13	9	10	5	7	7	6	7	8		100
16-17 mins	12	8	7	4	2	6	5	1	4	4	4		57
17-18 mins	8	10	5	7	3	2	2	4	2	4	2		49
18-19 mins	7	6	6	2	3	6	1	4	6	3			44
Somerset Performance report 2018 - 2	10	6	7	1	1	1	2	2	4	2	1		37
> 20 mins	25	22	22	12	25	8	13	12	7	5	11		162

Category 1 Time Profile - Current Month



Category 2 Response Times

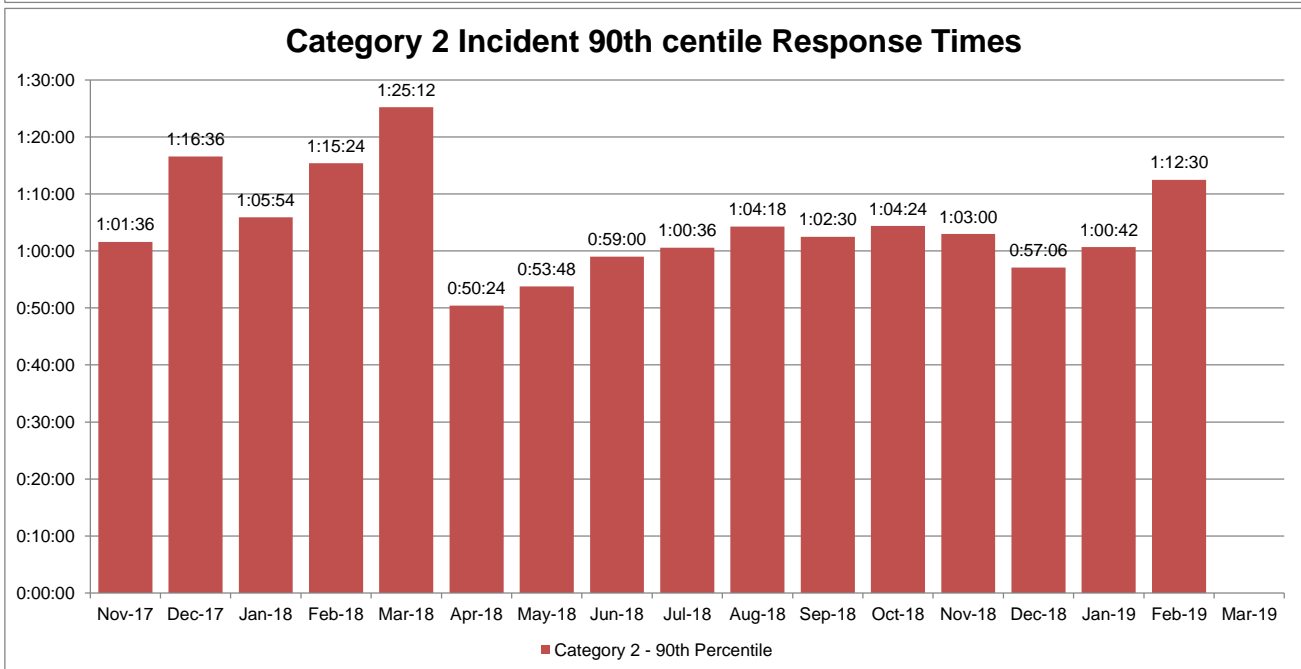
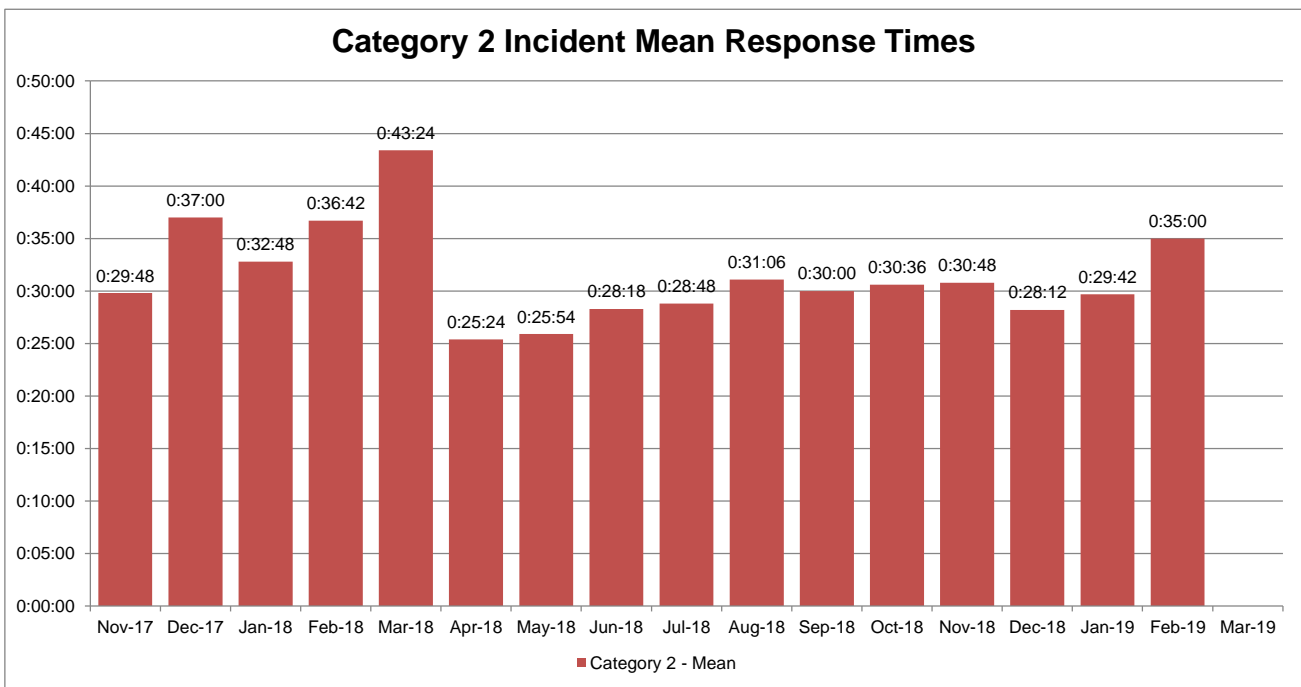
Somerset CCG
February 2019

2017.18 - Data only available after ARP 2.3 (introduced November 2017)

	Nov-17	Dec-18	Jan-19	Feb-19	Mar-19
Number of Category 2 Incidents with a Response	959	4,110	3,922	3,474	3,953
Category 2 - Mean	0:29:48	0:37:00	0:32:48	0:36:42	0:43:24
Category 2 - 90th Percentile	1:01:36	1:16:36	1:05:54	1:15:24	1:25:12

2018.19

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Number of Category 2 Incidents with a Response	3,530	3,650	3,701	3,881	3,849	3,686	3,849	3,937	4,153	4,175	3,862	
Category 2 - Mean	0:25:24	0:25:54	0:28:18	0:28:48	0:31:06	0:30:00	0:30:36	0:30:48	0:28:12	0:29:42	0:35:00	
Category 2 - 90th Percentile	0:50:24	0:53:48	0:59:00	1:00:36	1:04:18	1:02:30	1:04:24	1:03:00	0:57:06	1:00:42	1:12:30	



Category 3 Response Times

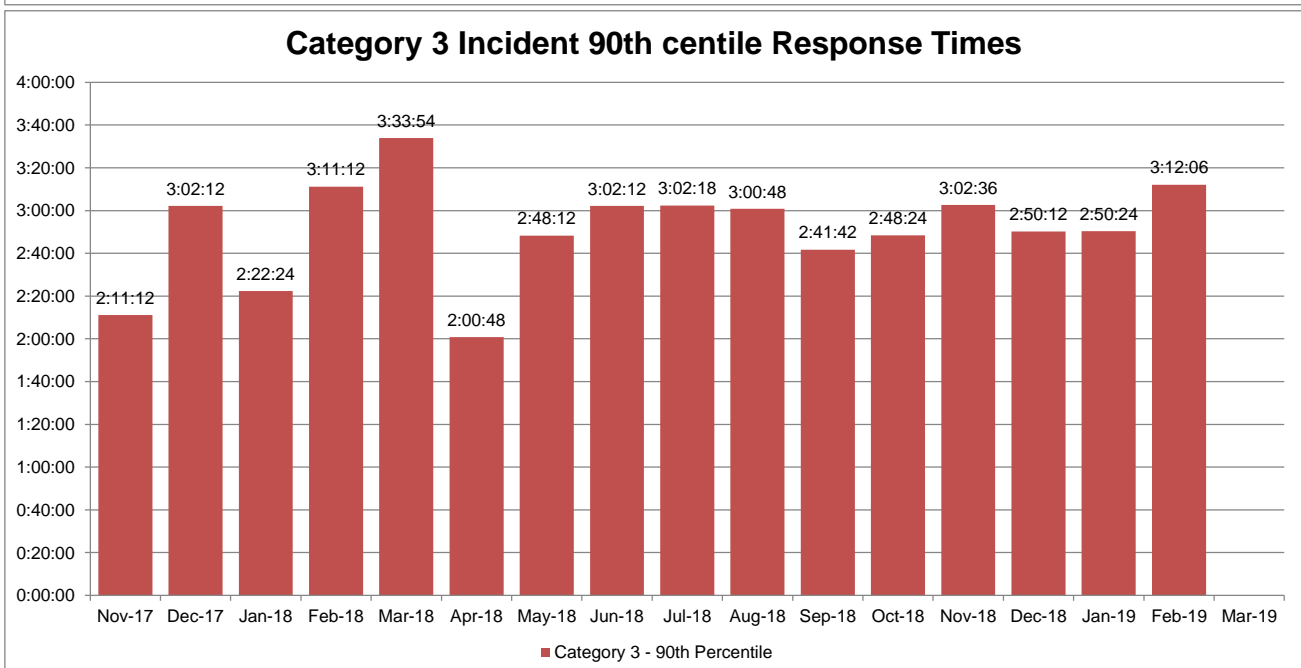
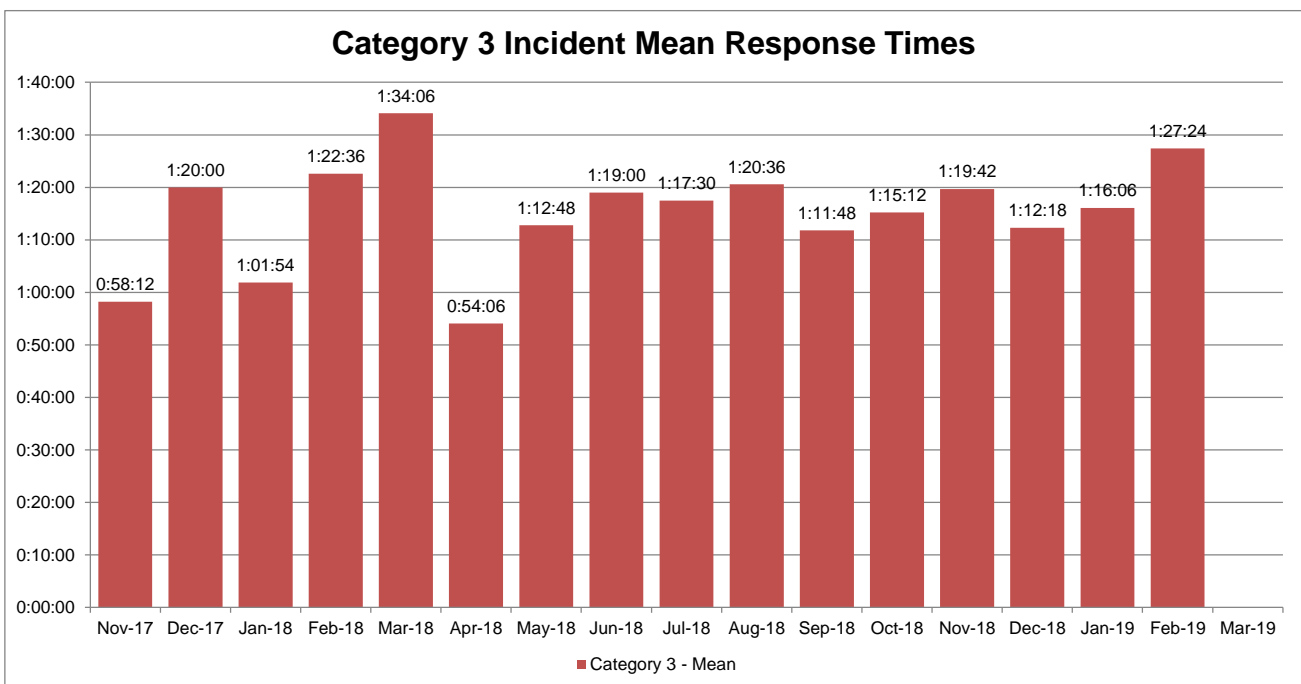
Somerset CCG
February 2019

2017.18 - Data only available after ARP 2.3 (introduced November 2017)

	Nov-17	Dec-18	Jan-19	Feb-19	Mar-19
Number of Category 3 Incidents with a Response	537	2,212	2,083	1,790	1,910
Category 3 - Mean	0:58:12	1:20:00	1:01:54	1:22:36	1:34:06
Category 3 - 90th Percentile	2:11:12	3:02:12	2:22:24	3:11:12	3:33:54

2018.19

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Number of Category 3 Incidents with a Response	1,932	1,968	1,914	1,877	1,823	1,808	1,761	1,798	1,779	1,828	1,635	
Category 3 - Mean	0:54:06	1:12:48	1:19:00	1:17:30	1:20:36	1:11:48	1:15:12	1:19:42	1:12:18	1:16:06	1:27:24	
Category 3 - 90th Percentile	2:00:48	2:48:12	3:02:12	3:02:18	3:00:48	2:41:42	2:48:24	3:02:36	2:50:12	2:50:24	3:12:06	



Category 4 (999) Response Times

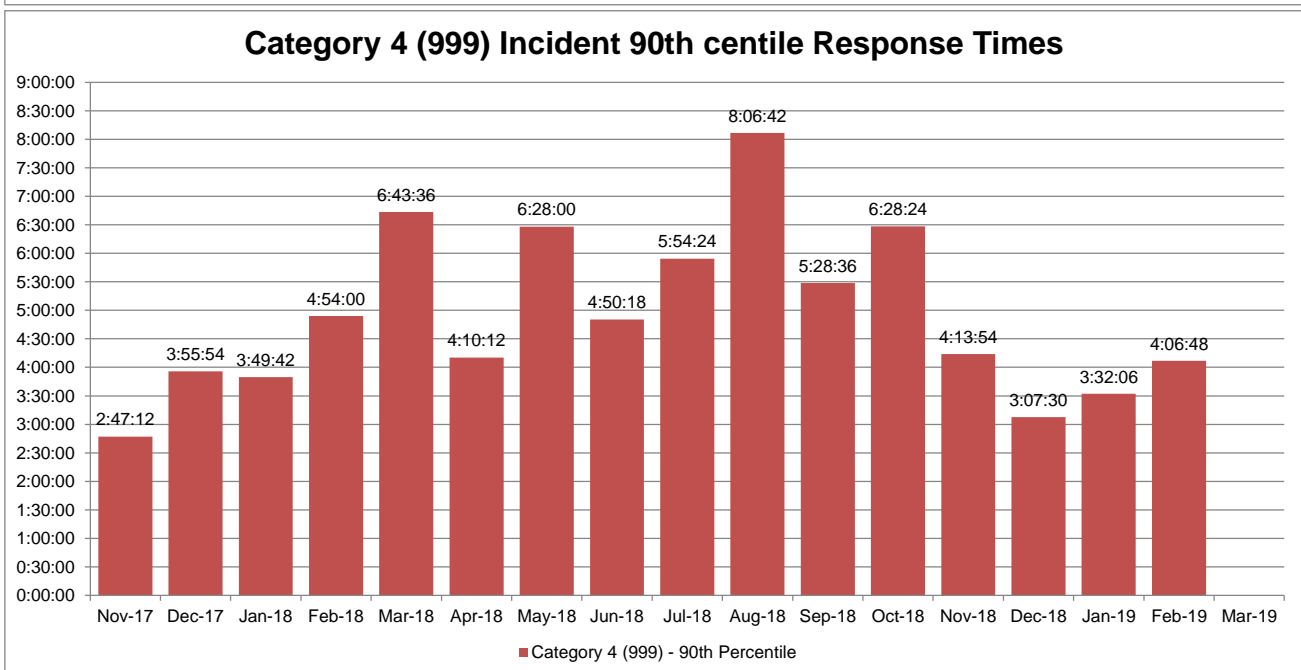
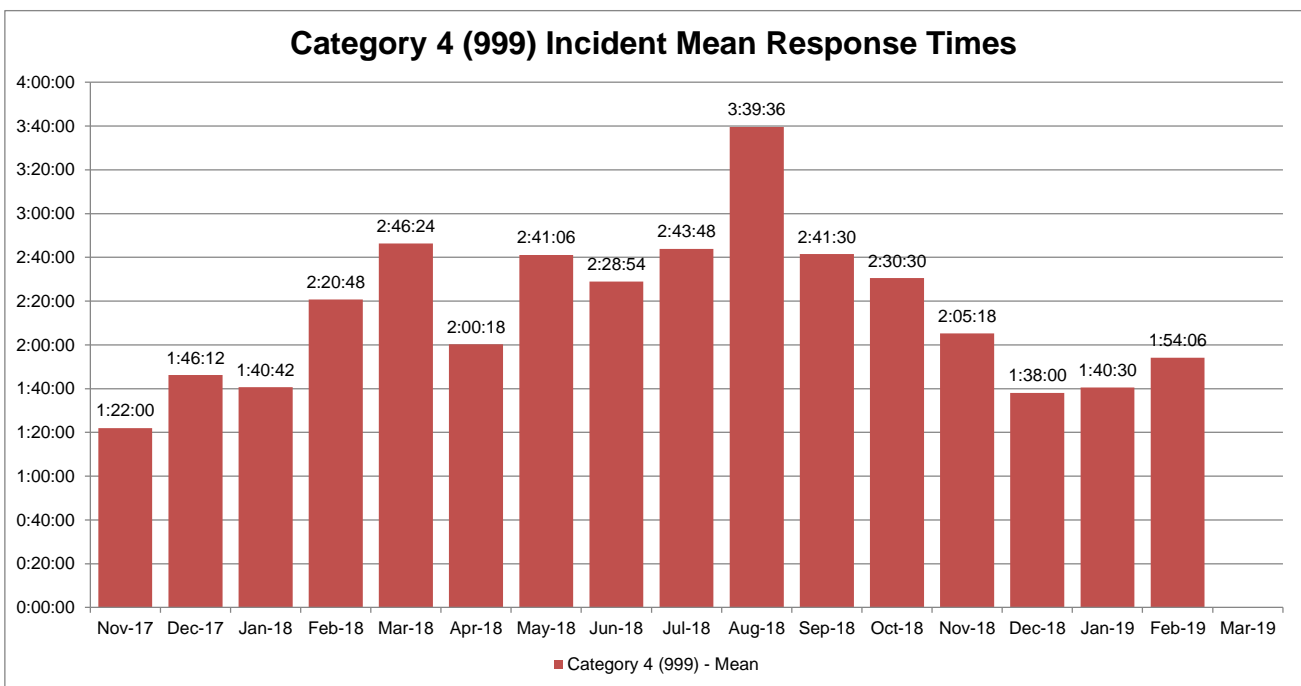
Somerset CCG
February 2019

2017.18 - Data only available after ARP 2.3 (introduced November 2017)

	Nov-17	Dec-18	Jan-19	Feb-19	Mar-19
Number of Category 4 (999) Incidents with a Response	53	172	189	101	92
Category 4 (999) - Mean	1:22:00	1:46:12	1:40:42	2:20:48	2:46:24
Category 4 (999) - 90th Percentile	2:47:12	3:55:54	3:49:42	4:54:00	6:43:36

2018.19

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Number of Category 4 (999) Incidents with a Response	108	88	71	81	59	72	76	69	149	199	147	
Category 4 (999) - Mean	2:00:18	2:41:06	2:28:54	2:43:48	3:39:36	2:41:30	2:30:30	2:05:18	1:38:00	1:40:30	1:54:06	
Category 4 (999) - 90th Percentile	4:10:12	6:28:00	4:50:18	5:54:24	8:06:42	5:28:36	6:28:24	4:13:54	3:07:30	3:32:06	4:06:48	



This page is intentionally left blank



Somerset Performance Report

Steve Boucher
County Commander
Somerset

Adults & Health Scrutiny
Committee Meeting
8th May 2019



Ambulance Response Programme

Category		
Category 1 Average ≤ 7 minutes 90 th centile ≤ 15 minutes	Time critical life-threatening event needing immediate intervention and/or resuscitation EG: cardiac/respiratory arrest, airway obstruction, ineffective breathing, unconscious with abnormal or noisy breathing, hanging. Mortality rates high where a difference of one minute in response time is likely to affect outcome and there is evidence to support the fastest response	
Category 2 Average ≤ 18 minutes 90 th centile ≤ 40 minutes	EG: Probable MI, stroke, major burns sepsis, serious injury,	Potentially serious conditions that may require rapid assessment, urgent on-scene intervention and/or urgent transport. Mortality rates are lower; a difference of an extra 15 minutes response time is likely to affect outcome and there is evidence to support early dispatch.
Category 3 Average ≤ 60 minutes 90 th centile ≤ 120 minutes	EG: Hyperglycaemia, isolated limb fractures, non-major burns, abdominal pain	Urgent problem (not immediately life-threatening) that needs treatment to relieve suffering (e.g. pain control) and transport or assessment and management at scene with referral where needed within a clinically appropriate timeframe. Mortality rates are very low or zero; a difference of one hour or more might affect outcome and there is evidence to support alternative pathways of care.
Category 4 Average - being monitored 90 th centile ≤ 180 minutes	999 calls that may require a face to face ambulance clinician assessment	Problems that are not urgent but need assessment (face to face or telephone) and possibly transport within a clinically appropriate timeframe.
Category 5 EOC Clinician Hear & Treat 90 th centile ≤ 180 minutes	EG: Home management advice or referral	Calls which do not require an ambulance response but do require onward referral or attendance of non-ambulance provider in line with locally agreed plans or dispositions, or can be closed with advice (Hear & Treat)



Operational efficiencies

SWASFT May 2016 Planned Rosters (with equal staff hours)

CCG/Statistic	Mean				
	Cat1	Cat1T	Cat2 (R/T)	Cat3 (R/T)	Cat4 (R/T)
NHS Somerset CCG	0:07:29	0:12:51	1:05:23	2:05:04	2:53:15

SWASFT Implemented ORH Recommended Rosters

CCG/Statistic	Mean				
	Cat1	Cat1T	Cat2 (R/T)	Cat3 (R/T)	Cat4 (R/T)
NHS Somerset CCG	0:07:10	0:12:39	0:31:47	1:06:15	1:35:47
Standard	0:07:00	0:19:00	0:18:00	0:40:00	1:30:00



Somerset CCG Activity

Page 42

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015.16	7,037	7,314	7,295	7,131	7,182	6,921	7,229	7,049	7,602	7,419	6,821	7,770
2016.17	6,921	7,295	7,056	7,690	7,296	7,186	7,339	7,276	8,020	7,665	6,402	6,869
2017.18	6,817	7,071	7,334	7,424	7,410	7,351	7,483	7,471	8,649	8,132	7,275	8,105
2018.19	7,475	7,707	7,550	7,777	7,602	7,287	7,482	7,541	7,884	7,980	7,324	
Variance 2018.19 - 2017.18	658	636	216	353	192	-64	-1	70	-765	-152	49	
% Variance 2018.19 - 2017.18	9.65%	8.99%	2.95%	4.75%	2.59%	-0.87%	-0.01%	0.94%	-8.84%	-1.87%	0.67%	



Source of incidents

2017.18

Page 43

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Public (999)	65.06%	67.30%	68.16%	67.82%	67.65%	67.02%	66.00%	64.65%	64.35%	62.96%	64.76%	66.66%
Healthcare Professional (HCP)	14.92%	14.59%	14.33%	12.49%	14.28%	13.98%	13.62%	14.05%	12.71%	14.61%	14.64%	13.19%
NHS 111 Service	20.02%	18.10%	17.51%	19.69%	18.07%	18.99%	20.38%	21.30%	22.94%	22.43%	20.60%	20.15%

2018.19

1 1 1 1 1 1 1 1 1 1 1 #N/A

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Public (999)	66.0%	66.4%	67.9%	69.5%	68.9%	68.8%	65.6%	64.8%	67.3%	66.6%	67.6%	
Healthcare Professional (HCP)	13.3%	13.0%	12.8%	12.3%	13.7%	13.6%	14.7%	14.8%	15.0%	17.0%	15.3%	
NHS 111 Service	20.7%	20.6%	19.3%	18.2%	17.4%	17.6%	19.6%	20.3%	17.6%	16.4%	17.1%	



Outcome of incidents

2017.18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Hear & Treat	9.56%	9.39%	11.06%	9.19%	9.91%	9.97%	9.21%	8.27%	11.63%	8.62%	10.47%	11.65%
See & Treat	32.17%	32.63%	33.09%	34.90%	33.31%	33.10%	32.69%	33.11%	33.98%	33.69%	32.23%	32.75%
See & Convey Non ED	6.62%	6.58%	6.49%	5.66%	6.21%	6.03%	6.01%	5.81%	5.03%	5.41%	5.58%	5.03%
See & Convey ED	51.65%	51.41%	49.36%	50.26%	50.58%	50.90%	52.09%	52.80%	49.36%	52.27%	51.71%	50.57%

Total 17.18	YTD 17.18
9.94%	9.77%
33.16%	33.20%
5.84%	5.92%
51.06%	51.11%

9.94%	9.77%
33.16%	33.20%
5.84%	5.92%
51.06%	51.11%

2018.19

	4391	4460	4294	4337	4362	4246	4369	4482	4615	4695	4195	#N/A
Hear & Treat	10.5%	11.0%	10.1%	12.0%	11.5%	11.7%	11.0%	10.8%	10.7%	10.8%	11.9%	
See & Treat	30.7%	31.2%	33.0%	32.2%	31.1%	30.1%	30.6%	29.7%	30.8%	30.4%	30.8%	
See & Convey Non ED	5.3%	4.9%	4.8%	4.4%	5.2%	4.6%	4.7%	5.1%	4.3%	5.1%	3.8%	
See & Convey ED	53.5%	53.0%	52.1%	51.4%	52.2%	53.7%	53.7%	54.4%	54.3%	53.8%	53.5%	

11.08%
30.98%
4.72%
53.23%

Right Care, Right Place, Right Time

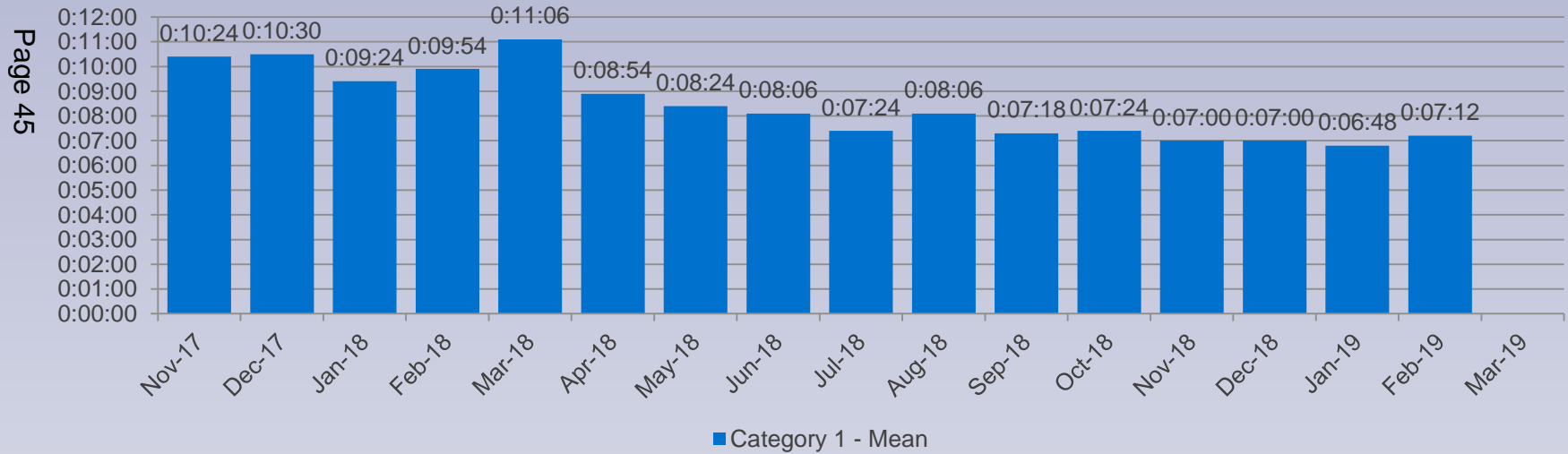
% of incidents resolved without a conveyance to an Emergency Department - resolved through Hear & Treat, See & Treat and See & Convey Non ED

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017.18	48.3%	48.6%	50.6%	49.7%	49.4%	49.1%	47.9%	47.2%	50.6%	47.7%	48.3%	49.4%
2018.19	46.5%	47.0%	47.9%	48.6%	47.8%	46.3%	46.3%	45.6%	45.7%	46.2%	46.5%	
Variance	-1.8%	-1.6%	-2.8%	-1.1%	-1.6%	-2.8%	-1.6%	-1.6%	-4.9%	-1.5%	-1.7%	

YTD
48.9%
46.8%
-2.2%

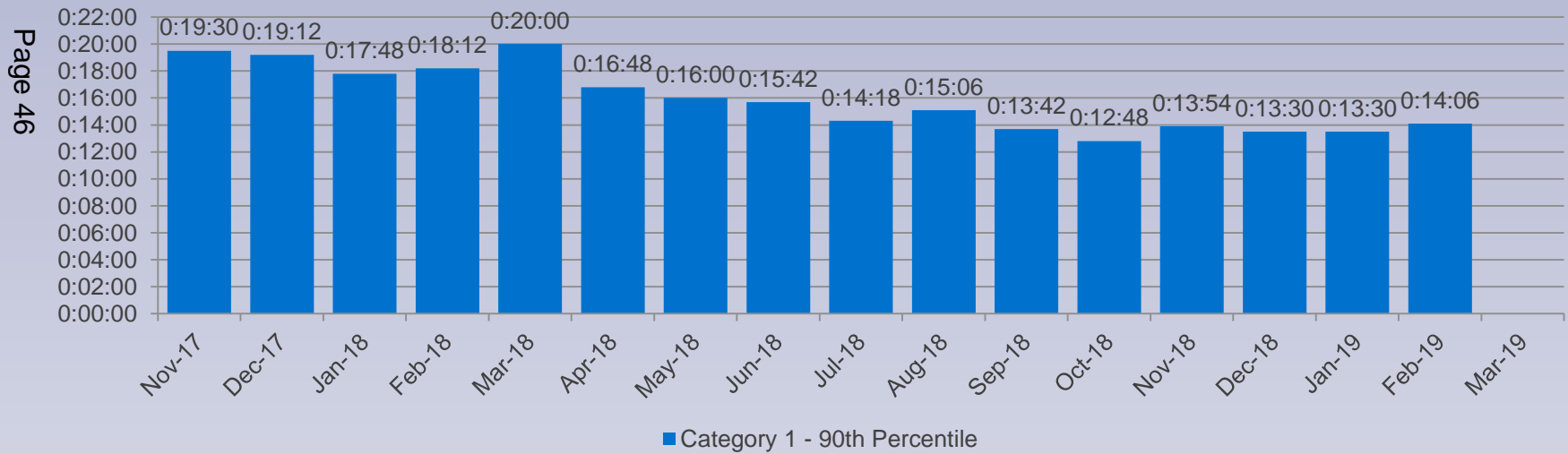


Category 1 Incident Mean Response Times



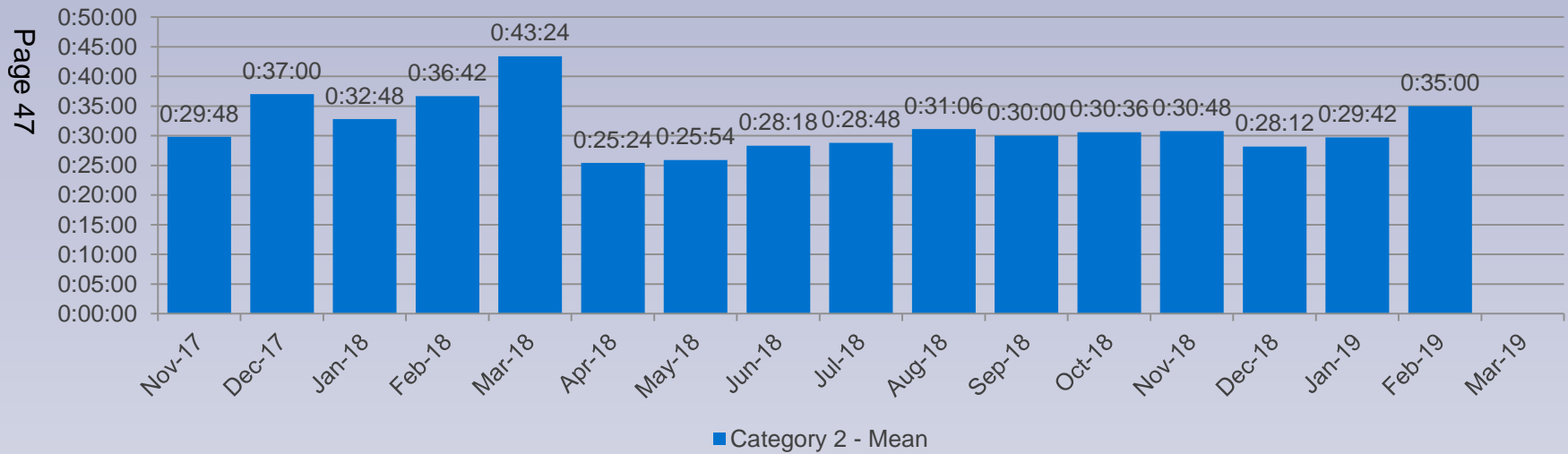


Category 1 Incident 90th centile Response Times



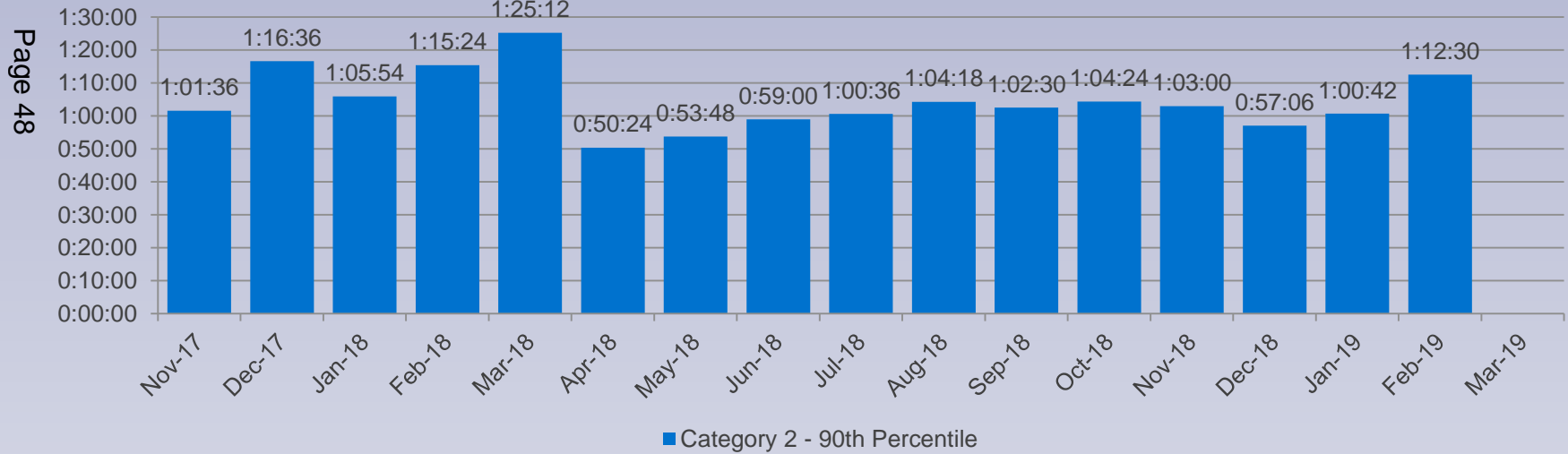


Category 2 Incident Mean Response Times



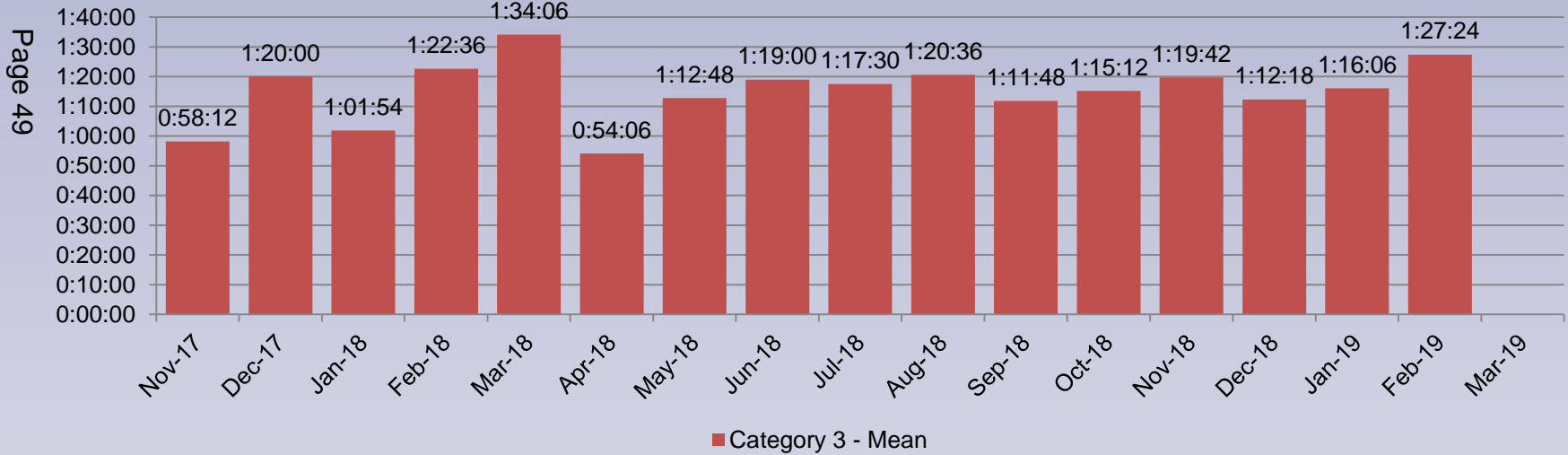


Category 2 Incident 90th centile Response Times



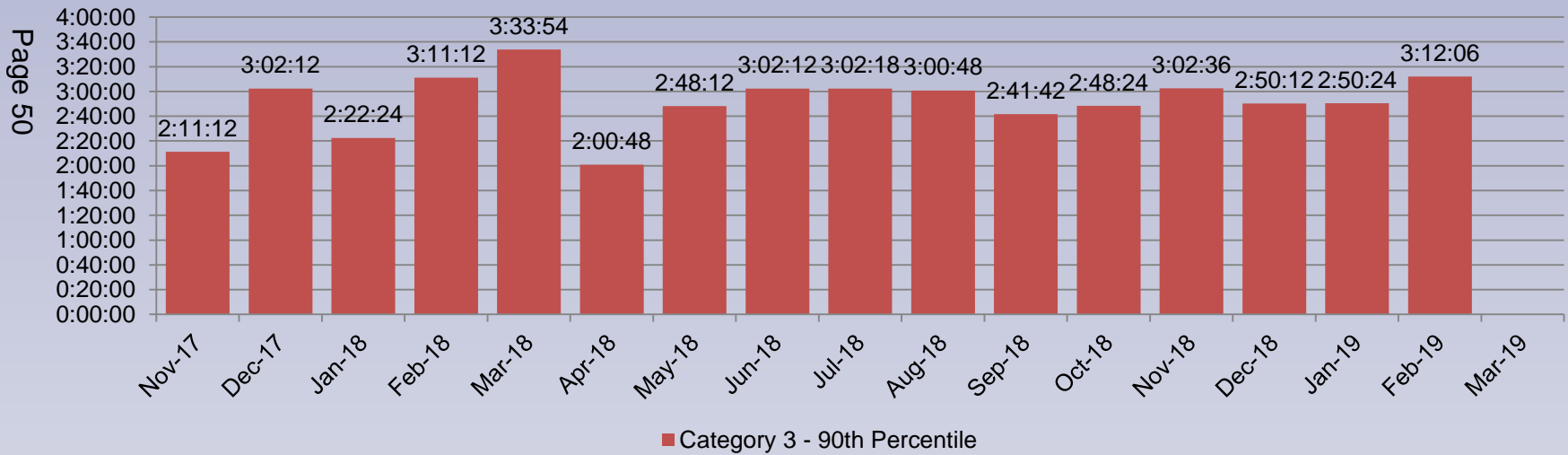


Category 3 Incident Mean Response Times



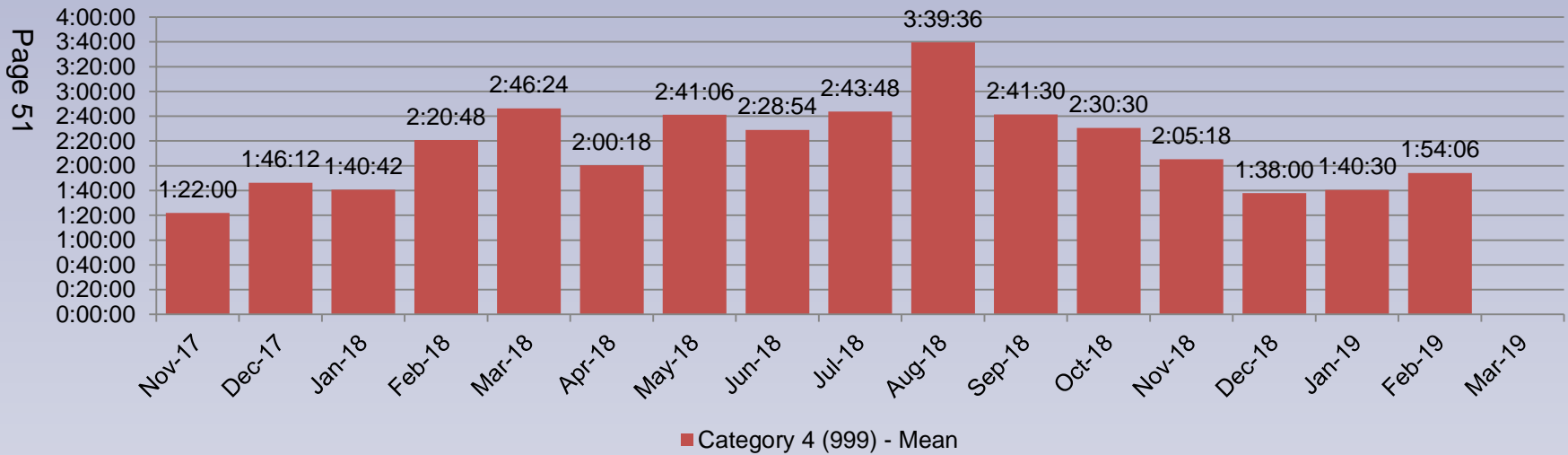


Category 3 Incident 90th centile Response Times





Category 4 (999) Incident Mean Response Times





• Incident waiting stack

- At any given time, the number of operational resources available will be less than the volume of calls from patients requiring a response;
- This results in a “waiting stack” of patient requests for help that require allocation to an ambulance;
- The stack contains:
 - Patient requests for help that have been triaged and allocated a category (1 to 4), but are waiting to be allocated a resource, or to be reviewed by a Clinical Hub Clinician.
 - Incidents received from any route (including calls from HCPs);
 - Incidents which are both within and breaching nationally recommended response times.



STP Action Plan

- NHS111
- High Intensity Users
- HCP Calls & Lower Acuity
- Frailty and Alternative Pathways
- Mental Health
- Handover Delays

SWASFT 241 Plan



Aims and Principles

- Improve Trust-wide ARP performance standards;
- Provides a realistic and affordable plan;
- Contains three key elements:
 - People;
 - Fleet;
 - Funding.

Key Risks

- Delivery of pace of change required by NHSE/I;
- Scale of recruitment;
- Assumption of flat activity growth through delivery of STP Demand Management Plans;
- Delay in delivery of the fleet or equipment.

People

- Investment from Commissioners WEF 1 April 2019;
- 241 WTE additional staff recruited and trained over 2 years;
- Locations subject to external modelling.

Fleet

- £6.72m from HM Treasury - STP Capital Funding;
- 63 Converted Fiat Ducato Vans added to the Trust's fleet.

Funding

- Planning guidance for 2018/19 recommended **2.3%** investment for ambulance trusts
- £12m investment over 2 years
- All CCGs have approved the recurrent investment.



Key changes and local initiatives

- County based Operational Management structure
- GP 999 car
- Reduction in staff turnover
- Recruitment of additional Operational Staff including Graduate Paramedics
- Recruitment of additional Community First Responders
- Joint working on High Intensity Users and Hospital Handover Plans



Questions?

Somerset CCG Primary Care Committee update

Lead Officer: Adrian Boyce, Chief Operating Officer, NHS Somerset CCG
Author: Michael Bainbridge, Associate Director of Primary Care, NHS Somerset CCG
Contact Details: email: michael.bainbridge@nhs.net
Cabinet Member:
Division and Local Member:

1. Summary

- 1.1. The Committee has previously considered access to primary care and primary care workforce. This paper summarises the recent work and forward plans of the CCG Primary Care Commissioning Committee.

The paper explains that the Committee will:

- Encourage individuals and communities to take control of their own health and wellbeing
- Promote joined up person-centred care
- Use IT innovations to allow access to healthcare
- Ensure that we have stable, viable providers of primary care
- Improve urgent care services
- Support continuous quality improvement

- 1.2. This paper relates to the following County Plan priority outcomes:

- Somerset is a safer and healthier place.
- Somerset is a place where people and communities have good quality services they need.

2. Issues for consideration / Recommendations

- 2.1. Members are asked to discuss the developments set out in this paper and highlight areas for future prioritisation as part of the development of the primary care strategy for Somerset.
- 2.2. The Health and Wellbeing Board also has a key role in the development of health services in Somerset.

3. Background

- 3.1. Somerset CCG has been in a joint commissioning relationship with NHS England in respect of GP services since 2016. On 1 April 2019 the CCG took full commissioning responsibility for GP services from NHS England. As part of this change, the previous Primary Care Joint Committee has been disbanded and a new Primary Care Commissioning Committee has been created.

The Primary Care Committee has robust arrangements to prevent any real or perceived conflict of interest, given that the CCG is a clinically-led organisation with GPs as members.

- 3.2.** The previous Joint Committee oversaw the development of a strategy which sets out the vision for Primary Care Medical Services in Somerset during the years 2016-2020. There is a national requirement for a new primary care strategy to be developed by June 2019 and this will be a key task for the new Committee.
- 3.3.** However, the Committee already has a substantial programme of work in hand, based on national and local priorities for GP services. These are described in more detail below, but in summary they are:
- To ensure that the NHS Long Term Plan is delivered
 - To increase the workforce in GP teams
 - To create new 'Primary Care Networks' serving 30-50,000 patients
 - Creating a 'Digital First' GP service and improving access
 - To increase continuity of care
 - To reduce unwarranted variation
 - To ensure that GP services are resilient and sustainable
 - To promote the effective organisation of GP services.
- 3.4.** The implications of these priorities for GP services are described in more detail below.

4. Ensuring the NHS Long Term Plan is delivered

The NHS Long Term Plan sets out how the additional funding provided by the government for the NHS will be used to improve the service. The role of GP services in delivering the Long Term Plan is secured by the new national five-year GP contract settlement 'Investment and Evolution'. Seven clinical priority areas are identified over the five year period, and each will have specific targets and priorities within it. The seven priority areas are:

1. Medication review and optimisation
2. Enhanced health in care homes
3. Anticipatory care for patients with multiple long-term conditions
4. Personalised care
5. Early cancer diagnosis
6. Cardiovascular disease prevention and diagnosis
7. Reducing health inequalities.

5. Increasing the workforce in GP teams

As the Committee is aware, Somerset suffered a decline in GP numbers from 2013 onwards. Thankfully, and due to much hard work by an alliance of stakeholders, the GP workforce in Somerset is now growing. The table below summarises this trend.

Date	GPs in Somerset (headcount)
January 2017	483
December 2017	498
March 2018	520
September 2018	521
January 2019	542

There are new national commitments to increase the supply of GPs and nurses for the primary care workforce which are very welcome. Locally, we have a strong alliance which comes together in the Somerset Training Hub to ensure that we take full advantage of national schemes.

In addition, the new national contract provides reimbursement for five groups of staff to work with networks of local practices. These are:

1. Social prescribing link workers
2. Clinical pharmacists
3. Physiotherapists
4. Paramedics
5. Physician Associates

Funding for these new roles is phased over the next five years. Work is already in hand in Somerset to ensure we increase we get the best effect from this new investment.

Local access to general practice is important in a rural county, and the number of sites providing GP services should remain approximately the same as currently. There may be some opportunities for rationalisation of estate, particularly in urban areas, and these will be considered as part of the CCG Local Estates Strategy.

6. New 'Primary Care Networks' serving 30-50,000 patients

New Primary Care Networks serving 30,000 to 50,000 populations will begin work on 1 July 2019. Each will be led by an accountable Clinical Director and will be responsible for delivering the seven clinical priority areas set out above.

The intention is that the new networks will form strong collaborative relationships with local stakeholders including communities, voluntary sector groups, local councils, community pharmacy, other NHS services and others to ensure that care is more joined up and people are helped to lead healthy independent lives.

It is important to note that although GP surgeries will be working together in Primary Care Networks, local access to general practice is important in a rural county, and the number of sites providing GP services should remain approximately the same as currently. There may be some opportunities for rationalisation of estate, particularly in urban areas, and these will be considered as part of the CCG Local Estates Strategy.

Urgent and emergency care accounts for more than 50% of the NHS budget. In general practice in Somerset 39% of patients contacting their practice for an appointment would like a same day appointment. Currently over 40% of appointments are provided on the same day. It can be very difficult for practices to meet that demand, without sacrificing the continuity of care that is one of the most important aspects of general practice. Primary Care Networks offer a new opportunity to address this dilemma.

We will commission service models which provide both access and continuity, and which allow practices to respond more rapidly to patients who may be acutely ill. Such models may well involve practices working together across a

locality to deliver home visits for example.

7. A 'Digital First' GP service and improving access

The NHS has been slow to take up digital innovations but there is now a strong focus on catching up. There are two particular areas of focus.

Firstly, the NHS will make much greater use of sophisticated predictive analytical tools, including artificial intelligence, to identify patients most at risk of adverse outcomes and those most likely to benefit from an intervention.

Secondly, patients will increasingly have online access to GP services, for example through the NHS app. This will include access to online consultations. Currently 22 of the 66 practices in Somerset offer, or will offer in the near future, online consultations.

8. Increasing continuity of care

There is very clear and strong research evidence which shows that continuity of care is linked to individual and population health outcomes including mortality.

The traditional model of GP continuity of care has been under pressure because of a number of factors. This is reflected in a reduction in continuity of care both in Somerset and nationally.

Our local priorities for stopping the decline in continuity of care and gradually increasing it are:

- Promoting models of General Practice that have higher levels of continuity, for example each patient having their own identified GP
- Increasing team-based continuity of care, where a number of people are involved in the care of a patient, co-ordinated by an accountable GP
- Improving the single shared care record so that key information is available to clinicians wherever and whenever it is needed.

9. Reducing unwarranted variation

It is important that each patient receives care tailored to their own needs. However it is also important that patients receive an equitable service wherever they live and whichever GP surgery they are registered at.

The CCG has instigated a programme of practice visits which takes data including on variation, to each practice and discusses how unwarranted variation may be reduced. The CCG as commissioner of GP services is able to take contractual action where necessary.

10. Ensuring that GP services are resilient and sustainable

Somerset has had no unplanned practice closures or GP contract resignations.

This is a significant achievement which has been due to the hard work and commitment of a wide range of stakeholders.

There is a substantial programme of work that promotes resilience in GP services in Somerset, for example by promoting efficient new models of dealing with letters to GPs which can free up significant amounts of GP time.

11. Effective organisation of GP services

The CCG has supported the resilience and effectiveness of individual GP surgeries, the development of Primary Care Networks and has also worked to ensure that at county level there are organisations which are delivering benefit. These include the three NHS Foundation Trusts in Somerset, each of which is involved in running GP surgeries, and Somerset Primary Healthcare. Somerset Primary Healthcare is a county-wide organisation which each practice has a stake in, and which offers the opportunity to exploit efficiencies of scale, for example in developing practice clinical IT systems.

12. Conclusion

This paper gives a very brief overview of the large and complicated programme of work to improve GP services in Somerset. The CCG is happy to provide detailed information about GP services at any time to the Committee.

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

This page is intentionally left blank

Somerset County Council
Scrutiny for Polices and Place Committee
– 8th May 2019

Oral Health Services

Lead Officer: Alison Bell Public Health SCC & Tessa Fielding NHS England

Author: Emily Hutt Public Health SCC & Tessa Fielding NHS England

Contact Details: exhutt@somerset.gov.uk

Cabinet Member: Christine Lawrence

Division and Local Member:

1. Summary

- 1.1.** This paper has two areas of focus, firstly it aims to provide a picture on how SCC are meeting their statutory responsibilities around oral health including the oral health promotion service commissioned by SCC public health .

The second focus is the provision of primary dental care via NHS dentists, commissioned by NHS England. The NHS dental contracts have been extended for a further 2 years (Procurement of future dental services to commence 2021 is underway)

The duty of the local authority, under the Health and Social Care Act (2012), is to provide or make arrangements to secure the provision of an oral health promotion programme and oral health survey.

Further detail;

- oral health surveys to facilitate

- i) assessment and monitoring of oral health needs
- ii) planning and evaluation of oral health promotion programmes
- iii) planning and evaluation of the arrangements for provision of dental services as part of the health service
- iv) where there are water fluoridation programmes, the monitoring and reporting of the effect of these programmes

Local Authorities also have the responsibility for delivering the Healthy Child Programme, via the Public Health Nursing service. This includes oral health promotion.

NHSE have responsibility for dental commissioning. This is the commissioning of dentists across Somerset to provide free NHS dental services to the population.

- 1.2.** The oral health promotion strategy and commissioning programme supports the vision in Somerset's County Plan to help people help themselves and target our resources where they are needed most. The oral health strategy and the commissioning of, an all age, oral health promotion service supports the

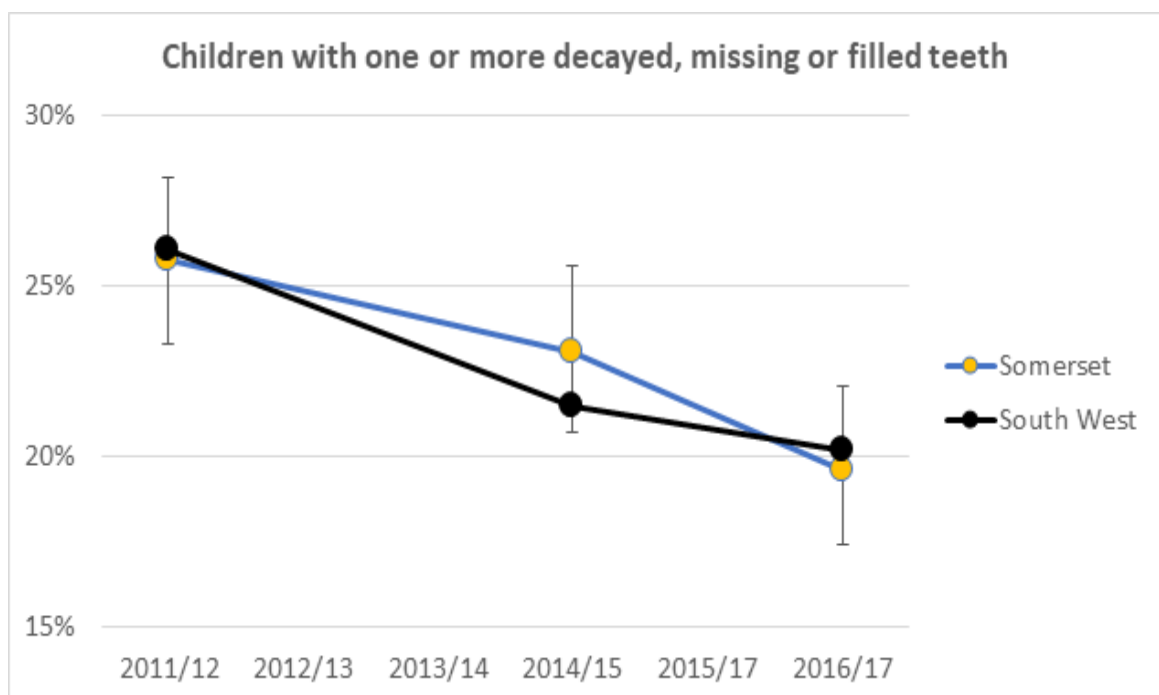
population to develop healthy behaviours and promotes behaviour change to improve the oral health of Somerset's population.

2. Issues for consideration

2.1 Oral health is an important public health issue. The UK has an ageing population, with the largest increase in the 85-years and over age group, which has implications both for personal oral health care and for dental service provision. Oral health of adults has improved over the last 50 years and more are likely to keep some of their teeth throughout their lives. Adults who keep their teeth for life will be more likely to need complex dental care to restore and maintain their teeth.

Oral diseases can cause pain and discomfort, sleepless nights, loss of function and self-esteem. Daily oral hygiene, diet and dental visits are important to maintain our teeth and gums. Poor oral health can be a sign or a symptom of neglect.

The dental epidemiological survey, commissioned by Somerset County Council, but delivered by Public Health England (PHE) manages the participation of schools to support the surveillance of oral health need both locally and nationally. The most recent survey findings show the level of children with decayed, missing, filled (Dmf) teeth in Somerset is declining as the recent trend, from 23% in 2011/12 to 19% in 2016/17. In England the rate has also been reducing but at a slower rate, the England rate is 23% in 2016/17.



Levels of tooth extraction in Somerset show a fairly consistent trend for the period 2012-2016. It is hypothesised that the level of tooth extraction may decrease with the falling levels of Dmft, future data will give a clear picture.

Children Looked After guidance states all children who have been in care for at least 12 months must have seen a dentist in the last year. In our role as corporate parents should ensure this is promoted. The indicator Somerset County Council tend to use is “% of Children Looked After for more than one year OR since 1 April for YTD, that have had their Dental Checks” and the current figure is 71.3% and this is a considerable improvement of the figure we were reporting a couple of months ago when the numbers was around 65%.

It is worth noting that this is not a validated figure, due to a number of issues, the figure reported in LCS [the children social care case management system] is not fully accurate and the validated number once records have been fully checked tends to be around 84%.

New Public Health England and the chief dental officer guidance recommends attendance at a dentist for all children by age 1 year.

Delivering better oral health –Dental practices have a responsibility to take preventative action during routine visits. The evidence for protecting oral health recommends applying fluoride varnish to children at risk of poor oral health in routine check-ups.

Pain and discomfort lead to poorer quality of life. A negative impact on socialising, school and work attendance due to the unmet need of accessing a dentist i.e. universal access to a dentist/visiting 6 monthly of as often as recommended set out in delivering better oral health.

- 2.2** The demand for services exceeds the available workforce and capacity of practices to take on new patients. NHS places continue to be made available, but there continues to be growing demand which NHS services are not currently able to meet.

Work is underway at a national level to identify solutions to the dental recruitment and retention pressures in NHS dental services, and to understand and address the constraints of the current national NHS dental contract mechanisms.

We recognise the issue with access to an NHS dentist. We are working to support the population of Somerset to access preventive advice and support. For future action, Public Health aim to support NHSE to increase access to supportive oral health promotion and targeted interventions across the county to support the population to achieve and maintain good oral health.

3. Background

- 3.1.** Many chronic non-communicable diseases share a set of common risk conditions and factors. These risk factors include smoking, poor diet, stress, alcohol consumption, poor hygiene and injuries. Using a common risk factor approach to address the underlying determinants of poor oral health will help ensure that services can prevent or improve a wide range of conditions. Interventions with individuals and communities, with a focus on early year's prevention, will help develop good oral health behaviours and reduce inequalities in oral health outcomes throughout the life-course.

Public Health England, Department of Health's evidenced based toolkit for prevention, Delivering Better Oral Health (Updated 2017) aims to ensure that consistent advice is given as part of preventively orientated treatment plans in primary care. The document enables other health and social care partners to access the correct preventive messages to improve coherence between dental teams and other agencies.

NICE [PH55] (updated 2017), there are **recommendations for local authorities** and partners, regarding oral health improvement NICE makes a series of recommendations, some of which are relevant to adult services.

- Recommendation 7 Ensure frontline health and social care staff can give advice on the importance of oral health
- Recommendation 8 Incorporate oral health promotion in existing services for all children, young people and adults at high risk of poor oral health PHE (2016)

Public Health England's (PHE) rapid evidence review and return on investment tool (ROI) (2016) allows effectiveness data on oral health interventions to be used to estimate the potential economic benefits from each intervention. The tool uses the best available evidence to estimate the reduction in tooth decay as a result of the intervention, the costs of delivering each of the programmes and the cost savings. Somerset County Council uses the ROI tool to inform their commissioning decisions.

The tool states return on investment in targeted programmes for:

- supervised tooth brushing
- fluoride varnish
- provision of toothbrushes and paste by post health visitors
- water fluoridation

The evidence highlights the importance of increasing access to dental services to address inequalities in oral health by promoting good oral health behaviours and attendance at a dentist throughout the life-course.

Key oral health messages

- Reduce the consumption of foods and drinks that contain sugars
- Increase access to fluoride - Brush teeth twice daily with a fluoride toothpaste
- Take your child to the dentist when the first tooth erupts – and then on a regular basis

Somerset County Council has an oral health improvement strategy, the action plan can be seen in appendix 1.

Somerset County Council commission an all age oral health improvement service. This is a targeted provision, with some universal elements. The service is informed by the PHE ROI tool and Somerset Oral Health Profile. The key performance indicators (KPI's) include supervised tooth brushing, fluoride varnish and face to face training of targeted professionals. The service has a KPI to increase the reach and uptake of the wider workforce training (eLearning).

Somerset County Council provide a free and fully accessible eLearning, hosted on the learning centre. The earning is built on the evidence and key messages in Delivering Better Oral Health. The eLearning includes Somerset specific information.

4. Current Situation

4.1. DENTISTRY

Historically, access to NHS dental services has been difficult both nationally and locally with parts of the South and South West of England having the greatest challenges. Following the organisational changes within the NHS in 2013, the responsibility for the commissioning of NHS dental services transferred from Primary Care Trusts to NHS England.

Since the introduction of the present NHS dental contract in April 2006, there had been a steady rise in the number of patients who have been able to access a NHS dentist.

The tables below show national, regional and local authority comparative data, broken down into child and adult population.

Children – Regional Data

Commissioning Region Name	12-month Child Patient Seen Total ¹			Change from previous quarter	Change from previous year	Patient seen as % of Population
	Jan-18	Oct-18	Jan-19	Oct-18 - Jan-19	Jan-18 - Jan-19	
Bristol, North Somerset, Somerset and South Gloucestershire	189,617	189,534	190,107	573	490	62.5%
Bristol, City of	60,308	60,151	60,488	337	180	64.6%
Mendip	14,642	14,703	14,473	-230	-169	61.9%
North Somerset	28,308	28,404	28,430	26	122	66.0%
Sedgemoor	13,581	13,669	13,668	-1	87	55.4%
South Gloucestershire	32,114	32,660	32,693	33	579	56.6%
South Somerset	20,032	19,805	20,004	199	-28	61.0%
Taunton Deane	15,417	14,604	14,770	166	-647	62.4%
West Somerset	3,000	3,107	3,133	26	133	58.8%

Adults – Regional Data

Commissioning Region Name	24-month Patient Seen Total ¹			Change from previous quarter	Change from previous year	Patient seen as % of Population
	Jan-18	Oct-18	Jan-19	Oct-18 - Jan-19	Jan-18 - Jan-19	
Bristol, North Somerset, Somerset and South Gloucestershire	659,321	657,308	656,632	-676	-2,689	55.1%
Bristol, City of	199,843	199,906	200,093	187	250	55.2%
Mendip	48,555	49,122	48,803	-319	248	54.4%
North Somerset	89,026	88,977	89,125	148	99	52.8%
Sedgemoor	51,090	50,414	49,905	-509	-1,185	51.6%
Significantly lower than national position	,111	116,904	116,863	-41	752	53.4%
Not significantly different to national position	,196	74,217	74,082	-135	-1,114	55.4%
Significantly higher than national position	,004	54,904	54,627	-277	-2,377	59.2%
	,587	20,020	20,215	195	628	69.3%

Improving Access for patients

NHS England is working to achieve improvements in access to dental services by:

- Working with dental providers to ensure existing contracts are delivering to their maximum potential. We review the under and over performance of our dental contracts on a regular basis, and as part of reconciling activity to contract payment, explore with those contractors with the most variance what they are doing to address under performance. We are able to procure new contracts in an area where there is insufficient dental access but need to be able to ensure the workforce can be secured by a new contractor.
- Commissioning additional NHS work from dental practices that have

capacity.

- Practices are working with the Dental Helpline to ensure that as NHS places become available they are made available to those patients who are on the helpline waiting list. The team are able to help individual patients secure the best waiting list for them according to their location and ability to travel, and continuously review where and when places are becoming available and ensure patients are allocated to a practice as quickly as possible when places become available.
- Developing plans to commission dental services to meet those areas of demand within available resources. We have a Local Dental Network and a number of Managed Clinical Networks for dentistry through which we work with dentists, public health and the dental school to develop referral pathways and identify initiatives to increase dental capacity in the community. The limiting factor currently is workforce and we are engaging with the national NHS England dental workforce team to look at more innovative ways to attract dental staff to the area and other parts of our geography where it is hard to recruit. We intend to have some firm plans later in the year.
- Working with practices as part of the dental contract reform programme to test an alternative contract model. We have a small number of practices piloting a new prototype contract model as part of the national work looking at contract reform, as it is considered that the current contract disincentives dentists undertaking NHS dental work. The outcome of this work will feed into a national contract review process.

5. Background papers

5. Public Health England, Department of Health (2017) *Delivering better oral health*, available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf

Public Health England, Local government association (2016) *Tackling poor oral health in children local governments public health role*, available at: <https://www.local.gov.uk/tackling-poor-oral-health-children-local-governments-public-health-role>

Somerset Oral Health Strategy (2015)

Appendices

1 Oral Health Strategy Action Plan

Improve diet and reduce the consumption of sugary foods, drinks, alcohol and tobacco

- **Healthy food and drink policies in early years, school and workplace settings**
- **'Make Every Contact Count': Consider oral health in all contacts**
- **Signpost those ready to change their behaviours to services that can support them e.g. stop smoking**
- **Raise awareness of the risk factors and early symptoms of oral cancer**

Increase the availability of fluoride

- **Ensure all young children and parents have access to fluoride toothpaste and tooth-brushing information**
- **Provide targeted community-based fluoride varnishing and education programmes**
- **Signpost people to primary dental care for further oral health education and preventive treatments (such as fluoride varnishing and fissure sealants)**

Improving oral hygiene

- **Ensure that the wider professional workforce have access to training and information on oral health**
- **Promote supervised tooth-brushing schemes in early years settings and primary schools**
- **Support supervised tooth-brushing schemes in schools with children at increased risk of poor oral health**
- **Integrate oral health and dental registration into home visits**

and assessments by health & social care workers

Addressing inequalities in oral health

- **Promote good oral health behaviours and attendance at a dentist throughout the life-course (prenatally onwards)**
- **Provide targeted and evidence-based interventions to populations at increased risk of poor oral health (e.g. supervised tooth-brushing schemes and community fluoride varnishing)**
- **Equip the wider health and social care workforce with the knowledge and skills to recognise those at risk of poor oral health and the link with neglect and/or complex social circumstances**
- **Ensure all dental, health and social care staff receive safeguarding children and adult training and are aware of how to refer those raising concern**

Increasing access to dental services

- **All services to seize opportunities to a) signpost parents to primary dental care, and b) to ensure that information is available on how to access dental care, and the associated costs/eligibility for support with healthcare cost.**

This page is intentionally left blank

Somerset County Council – Business Plan 2019/20

Lead Officer: Simon Clifford, Director of Corporate Affairs

Author: Amy Shepherd, Corporate Planning and Performance Manager

Contact Details: 01823 359225 or AAShepherd@somerset.gov.uk

Cabinet Member: Leader of the Council

Division and Local Member: All

1. Summary

- 1.1. The County Council Vision is all about improving lives in Somerset by creating:
 - A thriving and productive County that is ambitious and confident
 - A County of resilient, well-connected and compassionate communities working to reduce inequalities.
 - A County where all partners actively work together for the benefit of our residents, communities and businesses and the environment in which we all live.
 - A County that provides you with right information, advice and guidance to help you help yourself and directs support to those who need it most
- 1.2. Somerset County Council's Business Plan states what the County Council will aim to achieve with partners and communities to deliver the County Vision.
- 1.3. The Business Plan was originally approved in 2018, a refresh exercise has taken place to develop a 2019/20 version.
- 1.4. Once approved the existing Business Plan interactive website that promotes the work of the Council to be public and partners, will be updated.
- 1.5. The intention is also to review our performance monitoring arrangements to ensure the measures we use to track the progress of the Business Plan are effective. This includes updating scorecards and the Corporate Performance Report.

2. Issues for consideration / Recommendations

- 2.1. The Scrutiny Committee is asked to consider and comment upon the draft 2019/20 Business Plan, available at Appendix 1.

3. Background

- 3.1. The Business Plan contains 4 'strategic outcomes' that translate the Vision. Beneath each strategic outcome are 4 key priorities for the council. Each priority is delivered by a range of activities.
- 3.2. Detail of how the activities under each priority in the Business Plan will be delivered is included in Service Plans which are developed by individual work areas. The templates for Service Planning for 2019/20 have been amended to ensure links to the Business Plan are clear. Financial information will also be included in each Service Plan to enable the Council to move a step closer to a

costed Business Plan. The deadline for completion of Service Plans is 30th April 2019.

- 3.3. The content of Service Plans is then used to set individual employee objectives.
- 3.4. This approach enables a clear 'golden thread' from County Vision through to Individual Work Plans; the thread is clear between employee objectives, to Service Plan objectives, Business Plan priorities and the County Vision.
- 3.5. Progress against the plan is monitored at a number of levels throughout the council, from project management, service scorecards and individual reports to scrutiny through to the SLT monthly performance review meetings and the Corporate Performance Report being reported to Cabinet on a quarterly basis. In these reports the link back to the Business Plan is made clear to allow for the strategic importance of the performance to be underpinned.
- 3.6. Following approval of the 2019/20 Business Plan, the interactive business plan microsite will be updated. The microsite will be accessible to the public, members, partners and stakeholders outlining the business of the council. The microsite will also be communicated with staff through mechanisms including Core Brief, Our Somerset and a link to the microsite will be available from the intranet.

4. Consultations undertaken and amendments made:

- 4.1. To inform the refresh of the Business Plan, meetings have taken place with SLT Directors either individually or by attendance at Management Team meetings.
- 4.2. Each Director / work area has reviewed the existing activities included in the 2018/19 Business Plan and suggested the amendment to or deletion of activities for the 2019/20 Business Plan. In addition, some activities have been added.
- 4.3. The Strategic Outcomes have not been amended and apart from tweaks to working the Business Plan priorities remain the same for 2019/20.
- 4.4. Two additional priorities have been added to the section of the Business Plan entitled: Meeting the Council's challenges: sustainability, quality and focus.

The five priorities are now:

- Organisational Re-Design (new)
- Our Culture and approach
- A digital and technology-enabled council
- Effective and resilient delivery
- Reduce demand for high cost services (new)

These priorities have been amended to reflect the councils focus on organisational re-design and work to reduce demand for high cost services.

- 4.5. As part of the refresh exercise, a mapping exercise has taken place against the design principles within the organisational vision statement for the organisational redesign and where the links weren't clear, dialogue has taken place with Directors.
- 4.6. The suggested amendments to the Business Plan have been amalgamated into

a new 2019/20 version which is available at Appendix 1.

5. Implications

- 5.1.** The Business Plan is a forward-looking document. By its nature therefore, some activities require further work to define scope, funding and resource requirements. Where this is the case delivery will be subject to the Council's decision-making processes and MTFP requirements.
- 5.2.** Furthermore, successful delivery of the Business Plan requires the County Council to work in partnership. In the case of forward-looking activities delivery will be subject to the policy, financial and decision-making frameworks in which partners operate.
- 5.3.** The projects, programmes and activities referred to in the Business Plan will be subject to appropriate impact assessments on an individual basis.

6. Background papers

- 6.1.** Business Plan 2018-19 Microsite: <http://www.somerset.digital/businessplan/>
- 6.2.** County Vision <http://intranet.somerset.gov.uk/planning-and-performance/strategic-planning/our-county-vision/>

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

This page is intentionally left blank



Somerset County Council

Business Plan 2019-20

Welcome to our Business Plan for 2019/20

This is Somerset County Council's Business Plan for 2019/20. It outlines how we will work with partners and communities to deliver the County Council's 'Vision for Somerset' in the most efficient way possible for Somerset's taxpayers.

The County Council Vision

Our Vision is all about improving lives in Somerset by creating:

- A thriving and productive County that is ambitious and confident.
- A County of resilient, well-connected and compassionate communities working to reduce inequalities.
- A County where all partners actively work together for the benefit of our residents, communities and businesses and the environment in which we all live.
- A County that provides you with right information, advice and guidance to help you help yourself and directs support to those who need it most.

Our Business Plan explains how we will work towards this Vision over the next three years. We will review the Plan every year to keep it up to date.

Delivering the County Council Vision

What the Council does is about making the most of the County's strengths by working together and being prepared to do things in different ways: We don't just 'fix problems'.

To deliver the Vision, we will:

- Help people to help themselves.
- Direct our resources to where they are needed most.
- Work with all our partners.

The people of Somerset have also told us what our priorities should be, which are reflected in the Vision and this Business Plan:

- Helping vulnerable and elderly people.
- Investing in Somerset's economy and infrastructure.
- Attracting jobs and more apprenticeships.

Our strengths: What Somerset has to offer

Somerset boasts significant strengths. These are a strong foundation on which to improve lives in the county:

- Our economy is worth £11bn, the same size as Liverpool or Sheffield.
- Somerset has low unemployment and a mixed economy.
- We have many good schools.
- SCC works well with our partners. They consider us a 'partner of choice'.
-
- We have a fine natural environment and rich cultural heritage.

- A wide range of voluntary and community organisations contribute immensely to residents' wellbeing.

Somerset's challenges

Despite our strengths Somerset has challenges to overcome:

- Economic productivity that remains below the national and regional average.
- Poorer levels of public sector funding compared to other areas.
- Meeting the needs of a growing and ageing Somerset population.
- Inequalities in:
 - Educational outcomes.
 - Economic opportunity.
 - Access to services.
 - Life chances and aspirations.
- The need for more housing and infrastructure.
- Many people and communities remain digitally excluded or unable access fast and reliable broadband coverage.
- Many people suffer from poor physical or mental health and wellbeing.

The Council's own challenges and drivers

To be properly equipped to deliver, the Council has to understand its own drivers:

- We must always put our residents at the heart of everything we do.
- We have responsibilities across a range of partnership strategies:
 - [Improving Lives Strategy](#)
 - [Heart of the South West Productivity Strategy](#).
 - [Somerset Health and Care Strategy "Fit for the future"](#).
 - [Adults' Promoting Independence Strategy](#).
 - [Children and Young People's Plan](#).
 - [Somerset Growth Plan](#).

And challenges...

- The uncertainty over the future of Local Government Funding (Fairer Funding Review (FFR), Business Rate Retention (BRR), Spending Review) makes future funding planning less certain than for the last four years.
- Continuous improvements to our Children's Services to get to 'good'.
- The Council has a wide range of statutory responsibilities which we must meet.

Why a Business Plan?

The Business Plan says what the Council will do to deliver its Vision. The key to success is working with all our partners and making use of the County's many strengths and assets.

- It will focus our work on achieving better outcomes for our residents and communities.
- It helps us be informed when having to make difficult choices at a time when we have fewer resources than ever before and increasing demand for our services.

- It shows our partners precisely what our objectives are and what we are doing to achieve them.

The Business Plan also says how we will develop the capacity and capability we need.

To make the most of Somerset's strengths we will:

- Work with individuals, communities, providers, businesses, other public, voluntary and community sector organisations. We want to work collaboratively and be their partner of choice.
- Work to retain the talent that we have in the County whilst attracting the additional expertise and resources that our economy needs.
- Work with businesses to grow and develop our economy.
- Promote Somerset as a great place to live and work.

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.
- Protect vulnerable children and adults and support them to achieve their potential.
- Work with our partners to provide the physical, digital and employment infrastructure that our economy and communities need.
- Work to create a County where people can aspire and achieve without being held back by their background or circumstances.
- Work with health partners and the police to tackle mental and emotional wellbeing issues and the harm they cause.
- Demonstrate Social Value and Value for Money in all that we do.

Meeting the Council's challenges

The Council must be confident, capable and financially sustainable if it is to deliver the Business Plan. So that we are equipped to deal with the challenges and grasp the opportunities ahead, we will:

- Address our financial challenge, ensure the council lives within its means.
- Make sure our internal financial and decision-making processes continue to be robust. Focus on 'getting to good' in Children's Services.
- Continuously develop and improve the way we work, find better ways of doing things and embrace new technology.
- Work with partners and communities.
- To improve outcomes, we need to make better use of high-quality information and data.

To achieve this the Business Plan sets five organisational development priorities for the Council.

- Organisational Redesign.
- Our culture and approach.
- Become a digital- and technology-enabled council.

- Effective and resilient delivery.
- Reduce demand for high-cost services.

Everyone in the Council has a responsibility to consider and reflect the Business Plan in their service planning, budget setting and performance management. Everything in the Business Plan is subject to availability of funding and our decision-making processes.

DRAFT

Delivering the County Council Vision: our Plan for 2019-20

The Business Plan contains four strategic outcomes that show what the Council will focus on to deliver its Vision and improve lives. Beneath each strategic outcome sits four key priorities and a range of activities. By lining up these activities, priorities and strategic outcomes with the Vision we can plan ahead, monitor progress and above all ensure that we are working within our financial means.

The Business Plan shows our strong ambitions. This means that some activities are aspirational, and funding will need to be secured and formal decisions taken before they can begin.

A county infrastructure that drives productivity, supports economic prosperity and sustainable public services	Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment	Fairer life chances and opportunity for all	Improved health and wellbeing and more people living healthy and independent lives for longer
<ol style="list-style-type: none"> 1. Ensure that the Council is financially sustainable and: <ul style="list-style-type: none"> ○ Has sustainable services. ○ Makes decisions based on evidence and need. ○ Has the organisational, people and digital capacities and capabilities to deliver efficiently and effectively. 2. Enable economic and housing growth by: <ul style="list-style-type: none"> ○ Maintaining and improving transport infrastructure and digital connectivity. ○ Working more effectively with developers and District Council planning colleagues. 3. Create the climate for enterprise and innovation that businesses need to grow and collaborate. 4. Deliver the Heart of the South West Productivity Strategy and influence the local Industrial Strategy for the benefit of Somerset. 	<ol style="list-style-type: none"> 1. Support development of stronger communities including working with them to increase their resilience and create the right conditions for them to thrive and help each other. 2. Work with partners and communities to protect and enhance the environment, manage our water better and produce less waste. 3. Make sure that Somerset remains a safe place to live, work and visit. 4. Support and promote enjoyment of Somerset's rich heritage, culture and natural environment. 	<ol style="list-style-type: none"> 1. Tackle inequalities and poor social mobility across Somerset so everyone can realise their potential and give more to our economy and society. 2. Maintain the Council's focus and commitment to make Somerset a place where all children are healthy, safe, and have good physical and emotional wellbeing. 3. Ensure all children in Somerset have access to high quality schools, high quality educational, professional and support services, teachers and leadership teams. 4. Equip Somerset's workforce of the future with the skills they need and enable them to aspire and achieve in Somerset's economy. 	<ol style="list-style-type: none"> 1. Explore, define and implement robust health and social care integration. 2. Focus efforts on prevention and improving health and wellbeing outcomes, especially for those in greatest need. 3. Foster an environment which promotes healthier choices and supports people to take responsibility for their own health and wellbeing. 4. Support people to remain independent and within their homes and communities, without formal social care support wherever possible and for as long as possible.

Strategic Outcome

A county infrastructure that drives productivity, supports economic prosperity and sustainable public services

Priority

1. Ensure that the Council is financially sustainable and:

- **Has sustainable services.**
- **Makes decisions based on evidence and need.**
- **Has the organisational, people and digital capacities and capabilities to deliver efficiently and effectively.**

Activity to deliver this priority

The Council's top priority of being a financially sustainable remains. To achieve this, we will:

- Focus primarily on delivering financial sustainability during this financial year.
- Implement the Medium-Term Financial Plan (2019-22) and plan early for the next MTFP (2020-2023)
- Lobby Central Government and other funding providers
- Seek grant and partnership funding.

Provide financial support, guidance and governance to key economic and environmental projects.

Develop a transformation plan and adhere to financial parameters supported by:

- Developing a strategy for managing demand in high-cost services.
- Providing robust challenge and financial control.

Commence discussions on local government review for Somerset.

Embed our People Strategy to improve the way we work with stakeholders.

Implement our library redesign programme to provide a modern and sustainable libraries service.

Complete County Hall A Block accommodation project to release revenue funding as part of asset rationalisation.

Work with Somerset District Councils and other partners to manage the investment of a Somerset growth and productivity fund, financed by the 2019/20 Somerset Business Rates pilot.

Provide Business Intelligence and other management information to support better outcomes, through:

- The use of the JSNA in SCC's Commissioning Processes.
- Effective commissioning and delivery of services based on need.
- Effective management information to monitor performance.

Ensure our IT systems promote and enhance collaborative working and data sharing with

public sector and other partners.
Develop and embed a Data Strategy that works in common with our partners.
Find new ways to map data at levels that support better, more focussed commissioning and decision-making.
<p>Improve our asset management across the Corporate Property estate:</p> <ul style="list-style-type: none"> • Manage the Council's property estate to make the most efficient use of our buildings and land, including rationalising our estate, sharing space and generating income. • Reducing costs and generating income through making our estate sustainable.

Priority
<p>2. Enable economic and housing growth by:</p> <ul style="list-style-type: none"> ○ Maintaining and improving transport infrastructure and digital connectivity. ○ Working more effectively with developers and District Council planning colleagues.
Activity to deliver this priority:
Deliver phase 2 of the Connecting Devon and Somerset Programme to roll-out superfast broadband to more homes and businesses.
<p>Deliver highways improvements, including:</p> <ul style="list-style-type: none"> • Colley Lane in Bridgwater. • Junction 25 of the M5. • Western Corridor, Yeovil. • Develop Toneway
Continue to press for improvements to the A303/A358 and rail services to and from Somerset.
Undertake Department for Transport Band 3 Assessment.
Work with the rail sector to deliver improvements to stations including at Taunton and Bridgwater.
Develop stronger communities by enabling delivery of infrastructure that supports economic and housing growth and community wellbeing.
Work with our District Council partners to deliver the access and education improvements funded by the Housing Infrastructure Fund.
Work with the Somerset Rivers Authority on new or improved infrastructure for economic benefit.
Embed a Sub-Regional Transport Board for the south west peninsula to lead on strategic transport issues that improve regional productivity and drive economic growth and ensure effectiveness.

Priority
3. Create the climate for enterprise and innovation that businesses need to grow and collaborate.
Activity to deliver this priority:
<p>Deliver enterprise and innovation space for new and growing businesses to develop. This could include:</p> <ul style="list-style-type: none"> • New enterprise Centres at Bruton, Wiveliscombe and Wells. Examine feasibility of future scheme at Ilminster / Chard. • Phases of the Somerset Energy Innovation Centre. • Taunton Geovation Hub / Digital Innovation Centre. • The Somerset Grow-on Programme. • Working with partners to deliver the Huntspill Enterprise Zone and Energy Centre. <p>Deliver the iAero centre in Yeovil to drive innovation in the south west's aerospace industry.</p>

Priority
4. Deliver the Heart of the South West Productivity Strategy and influence the local Industrial Strategy for the benefit of Somerset.
Activity to deliver this priority:
<p>Work with the Local Enterprise Partnership to develop a Local Industrial Strategy (LIS) for the Heart of the South West consistent with the version of the Productivity Strategy. Develop a pipeline of Somerset investment consistent with core priorities of the LIS.</p> <p>Work with partners to identify opportunities in addition to the LIS to deliver priorities from the Productivity Strategy that improve skills, enterprise and infrastructure in Somerset.</p>

Strategic Outcome

Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment

Priority

1. Support development of stronger communities including working with them to increase their resilience and create the right conditions for them to thrive and help each other.

Activity to deliver this priority:

Increase the effectiveness of the voluntary, community and social enterprise sector, by:

- Supporting a greater role for the Voluntary, Community and Social Enterprise sector.

Work with partners and communities to make Somerset a more inclusive county for vulnerable children and adults and provide access to the right advice, guidance and support to improve the resilience of parents and carers.

Work with partners to improve practice and outcomes in our Early Help work.

Adoption of neighbourhood approach to:

- Promote independence, empower communities and support people in their community wherever possible.

Develop stronger, more resilient communities by building on local resources including:

- Embed and establish public health nursing within SCC.
- Community Connect.
- Village Agents.
- Community use of libraries.

Work with communities to increase community transport options.

Manage our contracts with partners to ensure they deliver the outcomes our communities need.

Provide access to the right advice and information and facilitate greater customer self-service via digital channels. Enabling our customers to resolve their problems quicker and ensuring our communities become more self-sufficient.

Increase business contributions to the Somerset Fund.

Seek to extend peer support programmes in public health services.

Development of a cross-generational place-based approach to improving lives.

Priority
2. Work with partners and communities to protect and enhance the environment, manage our water better and recycle more waste
Activity to deliver this priority:
Deliver our duties as Lead Local Flood Authority with responsibility for local sources of flooding. Continue supporting the work of the Somerset Rivers Authority [SRA] partnership and deliver additionally funded projects, such as Sponge, to promote sustainable drainage and reduce the impact of flooding.
Continue to Lobby Government to put the SRA on a sustainable financial basis.
Work with Somerset's District Councils and wider partners to develop a Somerset wide Climate Change Strategy and progress to making Somerset Carbon Neutral by 2030.
Through the Somerset Waste Partnership deliver the Recycle More Project increase the opportunities for residents to recycle plastics and other materials.
Ensure the impacts of minerals and waste developments on our environment are properly mitigated through the planning system.
Implement a strategy and timetable for Somerset to become a single-use plastic free authority.

Priority
3. Make sure that Somerset remains a safe place to live, work and visit.
Activity to deliver this priority:
Ensure that work effectively with partners, especially health and the Police, to secure improved safeguarding outcomes for children.
Delivery of 'Our Plan' the joint community safety plan for 2017-2021 which includes Safer Somerset Partnership and the Police and Crime Commissioner.
Work with communities and partners to reduce exploitation of vulnerable residents, especially frauds and scams targeting the elderly and vulnerable.
Redefine the Vulnerability Pathway for those socially excluded.
Undertake thematic reviews of families displaying multiple vulnerabilities.
Deliver high-quality commissioned services that help people stay and feel safe.
Work with partners to prevent the risk of radicalisation and extremism in Somerset and its residents by embedding Prevent training for all specified authorities.
Work with particularly vulnerable communities to strengthen infection control, to reduce burden

on health and social care services and improve outcomes.

Work with the Somerset Local Authorities Civil Contingencies Unit and Local Resilience Forum to:

- Increase partners' overall resilience.
- Maintain the wellbeing of Somerset's communities and most vulnerable people.

Work in partnership to ensure that adult safeguarding arrangements are efficient and effective, and that people who are unable to keep themselves safe are supported in the least invasive way.

Priority

4. Support and promote enjoyment of Somerset's rich heritage, culture and natural environment

Activity to deliver this priority:

Encourage individuals and communities to get involved in Somerset's heritage.

Support community and cultural activities and events to improve quality of life and people's enjoyment of their free time.

Support and promote the leisure, health and wellbeing value of our natural environment, and make it accessible to all.

Use Council assets to facilitate enjoyment of the County, including:

- Libraries.
- Dillington House.
- Kilve Court.
- Greatwood
- Charterhouse

Provide opportunities for vulnerable groups through the services we provide and our contracts.

Consider social value across all commissioning, procurement and partnership activity.

Support the development of new park runs.

Increase the number of schools using Somerset Outdoor and Residential Services (SORLS) / outdoor facilities including the Shed at Frogmary Farm to engage with the natural environment.

Outcome

Priority

1. Tackle inequalities and poor social mobility across Somerset so everyone can realise their potential and give more to our economy and society.

Activity to deliver this priority:

Have a coherent vision amongst stakeholders for children's and lifelong learning to reduce gaps in educational attainment.

Work with institutions and stakeholders to focus on increasing the educational achievement of children in Somerset.

Improve educational attainment of all vulnerable groups.

Increase the proportion of children who are 'school ready'.

Support the West Somerset Opportunity Area Action Plan to increase social mobility and opportunity in the district and learn lessons for the County.

Promote and support digital inclusion throughout the County and within the County Council, empowering our residents to help themselves wherever possible.

Work with EDF Energy and the Hinkley Point businesses to ensure that the Hinkley Point C project delivers opportunities for local people.

Support the work of the Education and Business Partnership with the Somerset Chamber of Commerce.

With partners, enhance people's ability to make the best use of opportunities available to them through:

- The South West Heritage Trust.
- Libraries.
- Schools (including Independents).
- Carers and care providers.

Encourage gender-pay gap transparency amongst partners and providers.

Remove barriers for those on the edge of the labour market.

Promote and support digital inclusion throughout the County and within the County Council:

- School nurse digital offer by 2020.

Priority

2. Maintain the Council's focus and commitment to make Somerset a place where all children are healthy, safe, and have good physical and emotional wellbeing.
Activity to deliver this priority:
Improve the emotional wellbeing and mental health of children and young people, in particular: <ul style="list-style-type: none"> Supporting the Somerset wide system to review the commissioning of Child and Adolescent Mental Health Services.
Implement the new 'Working Together' guidance and develop the new safeguarding partnership arrangements.
Implement the new child death overview arrangements (pan-Dorset and Somerset).
Improve the consistency of social work practice.
Through our Sufficiency Statement, increase the range and quality of local care placements for Children Looked After.
Delivery of Zing Somerset physical activity and healthy eating support and advice delivered for all ages at a community level.
Improve the health and wellbeing of children and young people, through improved joint working with the CCG around joint pathways for children from prevention through to treatment and longer-term management.
Deliver the National Health Child Programme – which ensures the best start for every child in Somerset.
Promote healthier lifestyles for children and develop support for schools to promote the health and wellbeing of children and young people.
Work with schools to maintain safe practices and environments in the County's schools and academies.

Priority
3. Ensure all children in Somerset have access to high quality schools, high quality educational, professional and support services, teachers and leadership teams.
Activity to deliver this priority:
Renew our 0-25 SEND Strategy, including a strong approach to transitions.
Manage and deliver the schools and early-years building programme over the next five years.
Develop support for schools to promote the health and wellbeing of children and young people through the use of the Wellbeing Framework.
Improve transitions for children going through the education system.
Build on the existing programme of teacher training and apprenticeships to deliver a high-

quality education workforce that meets the needs of Somerset's early years settings and schools.
Coordinate and monitor school improvement arrangements in Somerset.
Increase leadership capacity in the education system.
Support schools to provide effective careers advice.
Improve schools' commissioning capacity and capability.
Work with partners and communities to improve outcomes at Early Years Foundation Stage.

Priority
4. Equip the workforce of the future with the skills they need and enable them to aspire and achieve in Somerset's economy.
Activity to deliver this priority:
Ensure that all children and adults, especially those who are vulnerable, have pathways into employment, further education or training, including through: <ul style="list-style-type: none"> • The Education Business Partnership. • Developing digital skills. • Other social value and work experience schemes. • Provide more key skills training, particularly for young people and adults.
Recruitment of Social Workers.
Work with partners to create an attractive Higher Education Provision across Somerset.
Work with partners to develop Productivity Strategy programmes on skills and workforce development.
Work with our partners to increase the numbers of apprentices in Somerset.
Develop our apprenticeship and graduate offer and increase the number of apprentices at SCC.

Strategic Outcome	Improved health and wellbeing and more people living healthy, safe and independent lives for longer
--------------------------	---

Priority

1. Explore, define and implement robust health and social care integration

Activity to deliver this priority:

Further develop joint commissioning arrangements between the council, Clinical Commissioning Group and NHS England to provide more effective and joined-up health and social care. By:

- Developing a joint Health and Social Care Strategy (Fit for my Future), focusing on prevention and offering people the care they need closer to their homes.
- Developing a joint approach to the commissioning of emotional health and wellbeing and mental health services.
- Develop a children’s commissioning approach across health, education and social care.

Continue to provide leadership to organisational change and development in children’s social care, education and social care for adults.

Priority

2. Focus efforts on prevention and improving health and wellbeing outcomes, especially for those in greatest need.

Activity to deliver this priority:

Take full advantage of opportunities to support vulnerable young people and adults’ access to employment, housing and leisure.

Develop the “Stop Smoking Support” offer.

Develop the ‘Team Around the School’ model to provide consistently high-quality outcomes.

Lead the commissioning and delivery of open access integrated sexual health services across the health and social care system, to ensure continually improving outcomes.

Expand the community development approach to promoting healthy eating and physical activity to new areas.

Develop a programme of work around Cardio Vascular Disease prevention.

SCC to progress towards Unicef Baby Friendly gold standard award.

Priority
3. Foster an environment which promotes healthier choices and supports people to take responsibility for their own health and wellbeing.
Activity to deliver this priority:
Work with partners and stakeholders to refresh identify priorities and the 10-year outcomes to improve the lives of the population.
Continue to work with partners to tackle health inequalities, review health checks for children looked after and the uptake of child development reviews at 2 in the most deprived communities and sexual health training for people working with learning disabilities. .
Support children and young people to make informed life choices using the chat health application as a digital solution to support public health nursing.
Provide advice, guidance and support to improve the resilience of parents and carers.
Maintain a focus on high-performing drug and alcohol treatment services, and other action, to tackle the harm caused by substance misuse.
Through the self-harm multiagency group implement a self-harm protocol to reduce self-harming behaviours in Children and Young People.
Work with partners to develop the Somerset Housing Strategy.

Priority
4. Support people to remain independent and within their homes and communities, without formal social care support wherever possible and for as long as possible.
Activity to deliver this priority:
Work to ensure that people have easy access to solutions to their problems and can achieve good outcomes without needing formal care.
Work with health partners to enable the speedy discharge of patients from hospital and ensure that: <ul style="list-style-type: none"> • They achieve the best possible outcomes. • Are supported by timely, targeted and effective reablement.
Improve the Local Offer for young people 18-25 (SEND and leaving care).
Work collaboratively with our provider market, health commissioners and the CQC to ensure the quality of local provision is closely monitored and enhanced.
Ensure there is timely, targeted and effective use of reablement and rehabilitation, including use of assistive technology, which has a focus on enabling independence and avoids the over-prescription of care.

Reduce the use of long-term residential care and target nursing care for those with the most complex needs.

Adopt a community development approach to commissioning which nurtures community care, responds to identified need and offers people a great choice of local, flexible services and support.

Improve work flow and enhance practice so our staff are able to respond to people's needs in a timely and effective way.

Be an effective first point of contact for the public and professionals, ensuring all conversations are person centred, strength-based and solution focused.

Secure sufficient, personalised home care and support delivered where and when people need it.

Work with partners to implement falls prevention.

DRAFT

Meeting the Council's challenges: sustainability, quality and focus

Council must be confident and capable if it is to deliver the Vision and Business Plan. These organisational priorities fall into five broad categories and a set of activities that will equip it to deal with the challenges, and grasp the opportunities, ahead. The Council will use them to develop and deliver its Service Plans.

Organisational Re-Design

Activity to deliver this priority:
Deliver baseline financial information around existing activities.
Advise on costs of proposed new arrangements and identify benefits and risks.
Identify risks around what we will no longer be doing.
Hold rigor around the existing whilst moving towards the new. Comparing old with new.
Ensure redesign does not adversely impact Central Government returns.

Our culture and approach

Activity to deliver this priority:
Communicate and embed our People Strategy across the Council and with the communities and organisations we work with.
Embed the Commissioning Operating Model and commissioning approach across the council and with partners, including: <ul style="list-style-type: none">• Developing and implementing the Commissioning Gateway.• Delivering Somerset Academy Cohorts 2 and 3.• Commissioning learning and development activity.
Embed an evidence-led approach to commissioning and decision-making, supported by effective performance management.
Ensure we commission or deliver safe, effective services that are focussed on improving outcomes and meeting statutory duties.
Retain a positive reputation for the Council and good customer satisfaction.
Aim to deliver the best customer service.
Communicate and campaign with the public to deliver the County Vision.
Communicate, engage and consult with the public on our plans, especially those with protected characteristics.
Build positive relationships between Councillors and officers.
Create and deliver a Leadership Development programme, starting with our Senior Leadership

Team.
Develop and embed a core set of leadership attributes across the organisation.
Embed a prevention and demand management approach across Somerset County Council

A digital- and technology-enabled council

Activity to deliver this priority:
Roll out our Cloud First ICT strategy to increase resilience and better data security.
Fully exploit and embed our technology to deliver productivity improvements and behaviour change, enabling greater capability and capacity in the organisation.
Develop a Digital Strategy to lead transformation across the council.
Integrate asset management data and functionality into corporate ICT systems.
Deliver the Digital Customer initiative, empowering digital customers by: <ul style="list-style-type: none"> • Redesigning of customer interactions to increase online transactions • Increase online self-help and signposting • Reduce failure demand • Increase customer satisfaction

Effective and resilient delivery

Activity to deliver this priority:
Retain and improve financial management including: <ul style="list-style-type: none"> • Avoiding and addressing overspend. • Dealing with third party spend through effective procurement and contract management including: <ul style="list-style-type: none"> ○ Proactive management of significant supplier relationships. ○ Pursuing opportunities for collaborative procurement with partners. • Freeing the Council from internal process and burdens that are not sustainable, serve little purpose or do not support outcomes. • Identifying and acting upon commercial opportunities.
Through the Council's Asset Management Plan make best use of County Council assets to support accessible, responsive and sustainable services.
Implement and deliver our commercial approach to asset management, specifically to: <ul style="list-style-type: none"> • Exploit commercial investment and revenue generating opportunities. • Maximise income from selling assets, including for development purposes.
Meet our Constitutional and statutory requirements for reporting, decision-making and

transparency.

Reduce Demand for High Cost Services

Activity to deliver this priority:

Improve work with parents with drug and alcohol abuse and mental health issues that affect their parenting.

DRAFT

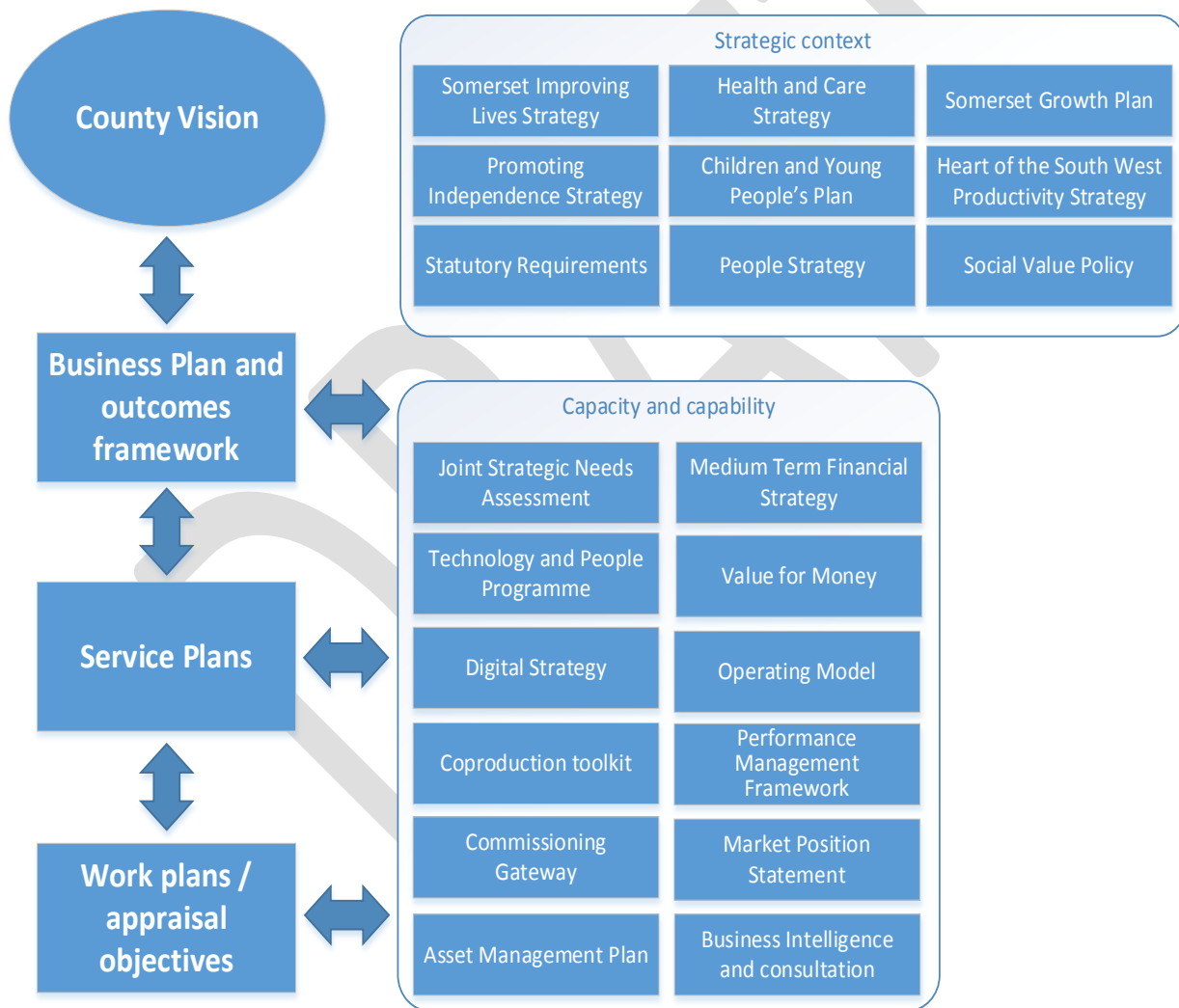
Delivering the Business Plan

Everything we do must support delivery of the activities, priorities and strategic outcomes in the Business Plan. If not, we must ask ourselves whether what we are doing is necessary.

Service Planning

The Business Plan has a key role in Service Planning. It creates a ‘golden thread’ from the Vision to individual Service Plans and performance management.

High-level measures for each priority will show how success will be seen at a strategic outcome and priority level. Service Plans identify specific metrics for each activity or intention. The diagram below shows the relationship between the Business Plan, performance management and service planning.



Using the tools available to us

There are a wide range of strategies, tools and approaches that support and guide all that we do. This diagram shows the strategic context that we work in, and the key capacity and capability tools that should be used to design and deliver the most appropriate services – including finding ways for a service to be provided in the community.

Scrutiny for Adults and Health Work Programme – April 2019

Agenda item	Meeting Date	Details and Lead Officer
	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
Somerset County Council Business Plan		Simon Clifford
	05 June 2019	
CCG Quality, Safety and Performance Report		Debbie Rigby
Adult Social Care Performance Report		Mel Lock/Stephen Chandler
Proposals to Redevelop the Summerlands Site, Yeovil		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
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
Autism Services update		Andrew Keefe, 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 Outcomes-based Performance assessment		Steve Veevers
Somerset Safeguarding Adults Board (SSAB) - Update		Stephen Miles and Richard Crompton
	02 Oct 2019	
Strategy for people with physical disability		Stephen Chandler/Mel Lock

Scrutiny for Adults and Health Work Programme – April 2019

Dementia Strategy (tbc)		Victoria Wright
Mental Health Services (tbc)		Dave Partlow
	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>

Weekly version of plan published on 1 April 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/19/03/05 First published: 26 March 2019	29 Apr 2019 Cabinet Member for Education and Council Transformation	Issue: Use of the DfE Special Provision Capital Fund Allocation Decision: To consider the report	Use of DfE Special Provision Capital Fund Allocation		Phil Curd, Service Manager: Specialist Provision and School Transport Tel: 01823 355165
FP/18/11/09 First published: 20 November 2018	7 May 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	Award of Contract for Food Produce Decision report v2		Simon Clifford, Customers & Communities Director Tel: 01823359166
FP/19/01/02 First published: 3 January 2019	Not before 13th May 2019 Interim Finance Director	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)	Heart of the South West Inward Investment Project		Paul Hickson, Strategic Manager - Economy and Planning Tel: 07977 400838

Weekly version of plan published on 1 April 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/10/01/11 First published: 5 February 2019</p>	<p>Not before 13th May 2019 Cabinet Member for Education and Council Transformation</p>	<p>Issue: Bridgwater College Academy Expansion - Funding Decision: To agree funding as required</p>			<p>Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260</p>
<p>FP/18/11/10 First published: 20 November 2018</p>	<p>13 May 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>
<p>FP/18/11/01 First published: 13 November 2018</p>	<p>13 May 2019 Cabinet Member for Highways and Transport</p>	<p>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</p>			<p>Steve Deakin, Parking Services Manager, Parking Services, Community and Traded Services Tel: 01823355137</p>

Weekly version of plan published on 1 April 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/18/11/11 First published: 21 November 2018</p>	<p>Not before 13th May 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/19/02/01 First published: 12 February 2019</p>	<p>13 May 2019 Cabinet Member for Resources</p>	<p>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</p>			<p>Charlie Field, Estates Manager, Corporate Property Tel: 01823355325</p>
<p>FP/18/12/05 First published: 10 December 2018</p>	<p>13 May 2019 Cabinet</p>	<p>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.</p>			<p>Philippa Granthier, Assistant Director - Commissioning and Performance, Children's Services Commissioning Tel: 01823 359054</p>

Weekly version of plan published on 1 April 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/19/03/02 First published: 19 March 2019	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/19/04/02 First published: 3 April 2019	13 May 2019 Cabinet	Issue: Future Support Arrangements for Young Carers Decision: To consider report			Julian Wooster, Director of Children's Services Tel: 01823 359544
FP/19/01/12 First published: 5 February 2019	Not before 13th May 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/19/03/06 First published: 26 March 2019	13 May 2019 Cabinet Member for Children and Families	Issue: Delivery of Specialist Projects Decision: To consider this report			Phil Curd, Service Manager: Specialist Provision and School Transport Tel: 01823 355165
FP/19/04/03 First published: 3 April 2019	13 May 2019 Director of Commissioning and Lead Commissioner for Economic Community Infrastructure, Cabinet Member for Education and Council Transformation	Issue: Creation of New Academies Decision: Spaxton Primary, Crowcombe Primary, Stogumber Primary, Sogursey Primary, Heathfield Secondary, Milford Primary			Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260

FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
FP/18/03/04 First published: 12 March 2018	Not before 13th May 2019 Cabinet Member for Highways and Transport	Issue: Procurement for the construction of traffic signals improvements at the Rowbarton junction in Taunton Decision: To commence the process to secure a contractor to deliver the scheme to improve the traffic signals at Rowbarton junction in Taunton			Sunita Mills, Service Commissioning Manager Tel: 01823 359763
FP/19/03/04 First published: 26 March 2019	Not before 20th May 2019 Cabinet Member for Public Health and Wellbeing	Issue: Award of the Translation and Interpretation Contracts Decision: To consider this report			Tom Rutland Tel: 01823 359221
FP/19/04/10 First published: 15 April 2019	Not before 20th May 2019 Public Health Director	Issue: Translation and Interpretation Contract Award Decision: To agree to award contacts for translation and interpretation in relation to SCC, School, Early Years and Polish Link Workers			Tom Rutland Tel: 01823 359221
FP/19/02/12 First published: 29 April 2019	Not before 20th May 2019 Interim Finance Director, Cabinet Member for Economic Development, Planning and Community Infrastructure	Issue: To accept ERDF grant funding for the Bruton Enterprise Centre and sign the subsequent terms and conditions of finding agreements Decision: To agree to accpet ERDF grant funding for the construction of the Brutin Enterprise Centre and to sign the subsequent terms and conditions of funding agreements	Decision allocating funding for the accelerator programme		Katriona Lovelock, Economic Development Officer Tel: 01823 359873

Weekly version of plan published on 1 April 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/19/03/03 First published: 26 March 2019	Not before 27th May 2019 Interim Finance Director, Director for Economic and Community Infrastructure Commissioning	Issue: Somerset Energy Innovation Centre (Phase 3) - acceptance of Growth Deal 3 Funding Decision: Approves acceptance of Heart of the South West Growth Deal 3 funding £2,542,755 for the development of phase 3 of the Somerset Energy Innovation Centre and approve the decision to proceed with the construction of SEIC 3			Julie Wooler, Economic Development & Strategic Tourism Officer
FP/19/04/13 First published: 29 April 2019	Not before 20th May 2019 Cabinet Member for Economic Development, Planning and Community Infrastructure	Issue: Decision to appoint a contractor from a framework for the delivery of the Bruton Enterprise Centre Decision: To agree to appoint a supplier for the delivery of the Bruton Enterprise Centre			Katriona Lovelock, Economic Development Officer Tel: 01823 359873
FP/19/04/01 First published: 3 April 2019	Not before 27th May 2019 Director of Corporate Affairs	Issue: The award of a contract for the provision of replacement end of life mobile devices & connections Decision: To approve the award of a three-year contract.			Andy Kennell Tel: 01823359268
FP/18/04/06 First published: 30 April 2018	Not before 3rd Jun 2019 Director of Commissioning and Lead Commissioner for Economic Community Infrastructure	Issue: Procurement of the HotSW Growth Hub Service Decision: To undertake the procurement of a Business Support Service (Growth Hub) on behalf of the HotSW LEP			Melanie Roberts, Service Manager - Economic Policy Tel: 01823359209

Weekly version of plan published on 1 April 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/19/04/04 First published: 5 April 2019	10 Jun 2019 Cabinet	Issue: Approval for in-year Capital Funding for Transporting Somerset Decision: To seek a supplementary 2019/20 capital approval for Transporting Somerset, which would need to be ratified by Full Council on 15th May following consideration by Cabinet	Confidential Appendix		John Perrett, Service Manager, Transporting Somerset ECI Tel: 01823 356968
FP/19/04/05 First published: 9 April 2019	10 Jun 2019 Cabinet	Issue: Policies and Principles of School and Early Years Place Planning Decision: The policies and principles by which the Local Authority (LA) plans early years and school places have been reviewed and updated.			Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260
FP/19/04/14 First published: 29 April 2019	10 Jun 2019 Cabinet	Issue: 2019/19 Q4 Transformation Update Decision: To consider the report			Louise Day, Strategic Manager - Business Change Tel: 01823359069
FP/19/04/06 First published: 9 April 2019	10 Jun 2019 Cabinet	Issue: 2018/19 Budget Outturn Report Decision: To consider this report			Elizabeth Watkin, Service Manager - Chief Accountant Tel: 01823359573
FP/10/04/19 First published: 9 April 2019	10 Jun 2019 Cabinet	Issue: Revenue Budget Monitoring Decision: To consider this report			Elizabeth Watkin, Service Manager - Chief Accountant Tel: 01823359573

Weekly version of plan published on 1 April 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/19/04/11 First published: 24 April 2019</p>	<p>8 Jul 2019 Cabinet</p>	<p>Issue: Development of the Medium Term Financial Plan 2020/21 Decision: To receive an update on the Council's financial position and the proposals for the development of the MTFP 2020/21</p>			<p>Amy Shepherd, Corporate Performance Officer Tel: 01823 359225</p>